NCAER National Data Innovation Center
Measurement Brief | 2024 - 02

Gender and Ageing

Welcome to the fifth issue of GenderTalk from the NCAER-National Data Innovation Centre's Gender Hub. Nancy Folbre and colleagues in the 2005 special issue of Feminist Economics - Gender and Ageing noted that the public discussion on ageing, even in developed countries, has focused more on the financial burden that the increasing number of elderly populations will impose on younger generations, while the gendered aspect of this demographic transformation has largely been ignored in the public discourse. In this issue of GenderTalk, we examine population ageing in India from a gendered perspective.

GenderTalk is a space where scholars, policymakers, and civil society members can engage with each other on a theme vital to women's well-being in India. In this edition, we bring you the following:

1. Gender and Ageing: Challenges Faced by Elderly Women in India.

Debasis Barik, NCAER

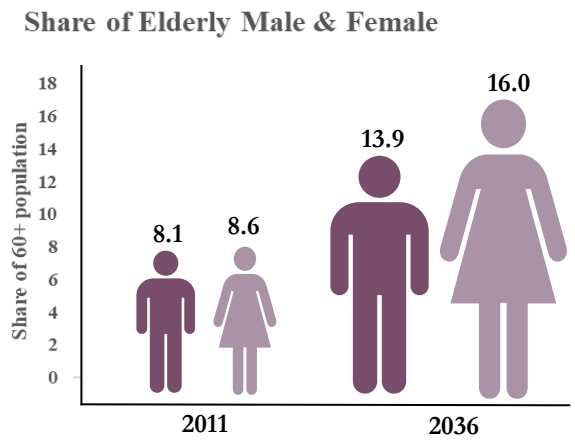
Gender plays a significant role in the ageing process. Men and women age differently. The consequences of the differential ageing process on men and women are not limited to financial issues alone but stretch further to their relative position in the family, their physical and mental health, care needs, etc. Stuckelberger (1997) noted that "Women everywhere are living longer than men, but the longevity of women is offset by a higher sickness rate than that of men; women suffer more from non-lethal diseases".

The most significant manifestation of exclusive concern with women when considering gender and ageing was evident in the Madrid International Plan of Action on Ageing, emanating from

the Second World Assembly on Ageing sponsored by the United Nations in 2002 (United Nations, 2002). The Plan explicitly advocated "the integration of a gender perspective into all policies, programmes and legislation" dealing with ageing (United Nations, 2002: paragraph 8) and also made it clear that "the situation of older women everywhere must be a priority for policy actions."

The gradual improvements in mortality conditions have helped avert premature adult deaths in India, leading to a rise in life expectancy among the population. According to the United Nations, India became the world's most populous country in April 2023, surpassing China's population of 1.41 billion. This comes with a sharp rise in its older population. The share of the elderly aged 60 years and above went up from 7.4% in 2001 to 8.6% in 2011. The report of the Technical Group on Population Projections (2020) projected this figure will further increase to 15.0% by 2036. During this period, while both the elderly males and females will more than double in number, the growth will be much higher for females than males (Figure 1).

Figure 1: : Projected share of elderly male and female population between 2011 and 2036



Source: Report of the Technical Group on Population Projection, April 2020.

While ageing itself poses enormous challenges to society like increasing economic dependency and care needs, its impact varies between males and females. Higher levels of widowhood and associated socio-cultural and economic deprivations (International Institute for Population Sciences, 2023) leads to feminisation of ageing (higher share of women than men among the elderly) in old age.

There has been an increasing trend towards independent living, and many older person across the world live alone (Bennett & Dixon, 2006). The trend of independent living is much more common in developed countries that have stronger social safety nets and public support systems for the elderly. However, there remains important differences in gender, age and marital status of older persons who live alone (United Nations, 2005). The trend of living alone has also been increasing in Asian countries (Yeung & Cheung, 2015). The family remains the major source of economic and social support for the elderly in India. However, the social fabric has changed with globalisation, leading to migration and a decline in joint families (Niranjan et al., 2005; Shah, 2005). The prevalence of one-person households is low in India compared to other Asian countries. However, the share of these households is rising continuously. Between 2001 and 2011, the number of one-person households in India increased from 7 million to 9 million (nearly 4% of all 'normal' households which excludes houseless and institutional households) (Dommaraju, 2015) and was expected to increase to 5.5% in 2030 and 6.7% in 2050 (Purkayastha et al., 2022). In 2007–08, the majority of those living in one-person households were aged over 55, female and widowed, divorced or separated, lived in rural areas and did not own a house.

Fertility decline has also contributed to a gradual rise in one-child households and daughter-only households. Given the reliance on sons for financial and residential support in India, the decline in the presence of sons poses an additional challenge. As a result, Sahoo and Nagarajan (2020) observed an increasing trend in daughter preference in both high and low son-preference states in India.

Elderly, widowed women are often left with little support and also experience greater incidence of morbidities that are functionally restricting (Dommaraju, 2015). Chen (1997) portrayed a grim picture of widowed Indian women, who face social and economic exclusions after the death of their spouse. Yan et al. (2024) reported that the ownership of and control over agricultural family land in rural India was rare among elderly women, which was associated with lower decision-making power on household affairs. Chattopadhyay et al. (2022) noted that vulnerable (i.e., rural, living alone, divorced/separated) elderly females work more than their male counterparts.

Along with these socio-economic disadvantages, elderly women in India face a significant health burden. Apart from non-communicable diseases like hypertension, heart disease, and diabetes, they also suffer from various health issues as a result of poor reproductive health during their childbearing years (Lee et al., 2014; Pradhan et al., 2023). Lower levels of investments in human capital like in nutrition and education during early life among women are associated with a female disadvantage in late-life health and well-being (Angrisani et al., 2020; Pati et al., 2023).

This issue of GenderTalk brings together some of the scholarly work on gender and ageing in the Indian context. The articles cover issues like living arrangements, widowhood, time use, and the health of elderly Indians through a gender lens.

While government welfare programmes like the National Old Age Pension Scheme and Annapurna Yojana try to help the destitute elderly, these programmes are not adequate either in magnitude or in coverage to meet the needs of the existing older population and are likely to be further strained with growing demand.

While government welfare programmes like the National Old Age Pension Scheme and Annapurna Yojana try to help the destitute elderly, these programmes are not adequate either in magnitude or in coverage to meet the needs of the existing older population and are likely to be further strained with growing demand.

To confront the challenges that elderly women face in India needs a multi-sectoral approach. In the Conversation section of this issue, we have also incorporated experiences of one of the few civil society organisations working to support the elderly population, HelpAge India.


Photo Source: Canva

References:

Angrisani, M., Jain, U., & Lee, J. (2020). *Sex differences in cognitive health among older adults in India.* Journal of the American Geriatrics Society, 68, S20-S28.

Bennett, J., & Dixon, M. (2006). Single person households and social policy: Looking forwards. Joseph Rowntree Foundation.
Census of India (2011): *"Population Projections for India and States 2011 – 2036",* A Report of National Commission on Population, Published in April, 2020.

Chattopadhyay, A., Khan, J., Bloom, D. E., Sinha, D., Nayak, I., Gupta, S., Lee, J., & Perianayagam, A. (2022). *Insights into labor force participation among older adults: Evidence from the longitudinal ageing study in India.* Journal of Population Ageing, 15(1), 39-59.

Chen, M. A. (1997). *Listening to widows in rural India. Women: A cultural review*, 8(3), 311-318.

Dommaraju, P. (2015). *One-person households in India.* Demographic Research, 32, 1239-1266.

International Institute for Population Sciences (2023). *India Ageing Report 2023, Caring for Our Elders: Institutional Responses.* UNPF.

Lee, J., Shih, R., Feeney, K., & Langa, K. M. (2014). *Gender disparity in late-life cognitive functioning in India: findings from the longitudinal aging study in India.* Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 69(4), 603-611.

Niranjan, S., Nair, S., & Roy, T. (2005). *A socio-demographic analysis of the size and structure of the family in India.* Journal of Comparative Family Studies, 36(4), 623-652.

Pati, S., Sinha, A., Verma, P., Kshatri, J., Kanungo, S., Sahoo, K. C., Mahapatra, P., Pati, S., Delpino, F. M., & Krolow, A. (2023). *Childhood health and educational disadvantage are associated with adult multimorbidity in the global south: Findings from a cross-sectional analysis of nationally representative surveys in India and Brazil.* J Epidemiol Community Health, 77(10), 617-624.

Pradhan, M. R., Mondal, S., & Mudi, P. K. (2023). *Gynecological morbidity and treatment-seeking among older adult (aged 45–59) women in India.* Reproductive Health, 20(1), 64.

Purkayastha, N., Dhillon, P., Ali, B., & Hazarika, J. (2022). *Changing Patterns of One-Person and One-Couple-Only Households in India. Journal of Population Ageing, 1-19.*
Sahoo, H., & Nagarajan, R. (2020). "Daughter-Only" Families in Selected High and Low Son Preference States in India: A Comparative Analysis. Indian Journal of Human Development, 14(2), 234-256.

Shah, A. (2005). *Family studies: Retrospect and prospect.* Economic and Political Weekly, 19-22.

Stuckelberger, A. (1997). *Men and women age differently.* World Health, 50(4), 8-9.

United Nations. (2002). *Report of the Second World Assembly on Ageing: Madrid*, 8-12 April 2002. New York: United Nations.

United Nations, Department of Economic and Social Affairs, Population Division (2005). *Living Arrangements of Older Persons Around the World. New York: United Nations.* Sales No. E.05.XIII.9.

Yan, H. X., Desai, S., & Barik, D. (2024). *Gender and Generation: Landownership and Older Indians' Autonomy. Feminist Economics*, 30(1), 172-210.

Yeung, W.-J. J., & Cheung, A. K.-L. (2015). *Living alone: One-person households in Asia.* Demographic Research, 32, 1099-1112.

Dr. Debasis Barik, *Senior Fellow at the NCAER National Data Innovation Centre, is an esteemed demographer specialising in economic demography and the environmental adaptation of Indian households. His influential research, featured in prestigious journals like World Development, Health Economics, etc., contributes to key large scale surveys including IHDS.*

2. Financial Dependency and Choices of Living among the Elderly Population in India

Sujoy Kumar Majumdar, Raiganj University & Brotin Saha, Gangarampur College

The ageing of the population is an irreversible and unavoidable phenomenon that is the result of the demographic transition, occurring in all societies. In light of declining fertility and mortality rates, the age-distribution centre has moved toward the higher age group over time. According to the UN Report on World Population Ageing (2015), several developing nations are experiencing rapid population ageing compared with developed countries. Ageing in India is expected to accelerate over the coming years compared to other developing countries (Alam, 2004). Since the 1990s, the overall population growth rate has slowed, growing at a diminishing rate (Census of India, 2011). People are living longer, and both the absolute number of the elderly and their relative share are growing rapidly. Based on Table 1, the trend of ageing in the Indian population can be seen in different censuses.

Table 1: Overall Population vs. Elderly Population in India, 1991-2031

Year	Overall Population (in million)	Decadal Growth Rate	Elderly Population (in million)	Decadal Growth Rate	Share of Elderly Population to Overall Population^
1981	683.1		43.2		6.32%
1991	846.4	23.9%	56.6	31.0%	6.75%
2001	1028.7	21.5%	76.6	35.3%	7.45%
2011	1210.8	17.7%	103.8	35.5%	8.57%
2021	1361.3	12.4%	137.9	32.9%	10.1%
2031	1475.5	8.4%	193.8	40.5%	13.1%

Sources: 1. Census of India 2011;
2. NSO (2021). A Report by the National Statistics Office, Govt. of India.

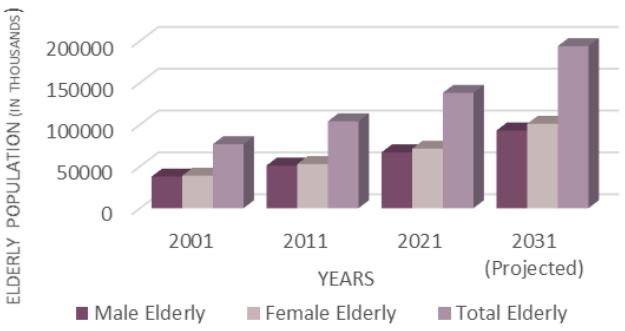
*Notes: *Elderly means the residents with age 60 years & above. ^Authors' calculations; ** Projected figures;*

As per Census of India data for the decade ending in 2011, there were 103,849,040 older adults of age 60 years and above in the country, which is over 8 per cent of the population. In the subsequent two decades, even though India was able to reduce its growth rate to 5 and 4 per cent, its burgeoning elderly cohort never showed signs of reprieve. The decadal growth rate of the older segment of the population, which so far remained confined to around 35 per cent, is projected to grow to 40 per cent with the share of old people in the population going beyond 13 per cent.

With the growing geriatric cohort, the decadal trend shows that women usually dominate this population sub-group (Figure 1). Thus, sex-ratio among the elderly favours women and is expected to continue for the country as a whole.

Traditionally, women marry older men. In light of this, women may generally live longer but they often become widows after the death of their husband, which is natural for biological and physiological reasons. Compared to developed nations with higher economic development, the economic and social situation of the

Fig 1: Sex-wise Decadal Trend of Elderly Population (in thousands)



elderly is a cause for concern in developing nations like India, because most women do not have either social or economic security. With an increased proportion of women, the problems might only get aggravated. In the absence of a spouse, a feeling of loneliness looms large among them.

As urbanisation and globalisation accelerate in India, traditional values and norms are gradually being replaced (Rajan and Kumar, 2003). The socio-economic transformation, as may be seen in the context of changes in the value system, the migration of young and working-age family members to urban areas for jobs, and an increase in the participation of women in the workforce, is affecting the socio-filial lives of the elderly (Siva Raju, 2011). The nucleation of families is the biggest area of concern in the living arena because the elderly lack the physical and financial support that they deeply need. Despite all these factors, families have always been considered to be the strongest source of support for the elderly. In several survey rounds, the National Sample Survey of India has collected information about the living arrangements of elderly people. Herewith are the data on the living patterns of the aged from the three most recent rounds in 2004, 2014 and 2018. The NSS survey schedule on Household Social Consumption on Health asks elderly citizens about their living pattern with the following options: living with spouse only, living with spouse and other members, living without spouse but with children, living without spouse but with other relationships, living without spouse but with non-relatives, living alone in old-age homes, etc. These patterns are further divided into "co-residence with spouse only", "co-residence with children", and "living alone with other relatives or non-relatives".

The survey data reveals a common trend: about 75 to 80 per cent of older citizens prefer to live with their children (Table 2). It is intuitively possible for older men (around 15 to 20 per cent) to remain with their spouses for a longer

period than older women (around 10 per cent), for many of them to get widowed. As a result, elderly women may be even more vulnerable because they stay in other people's houses with distant relatives or non-relatives or in old age homes, in greater numbers than male elderly people.

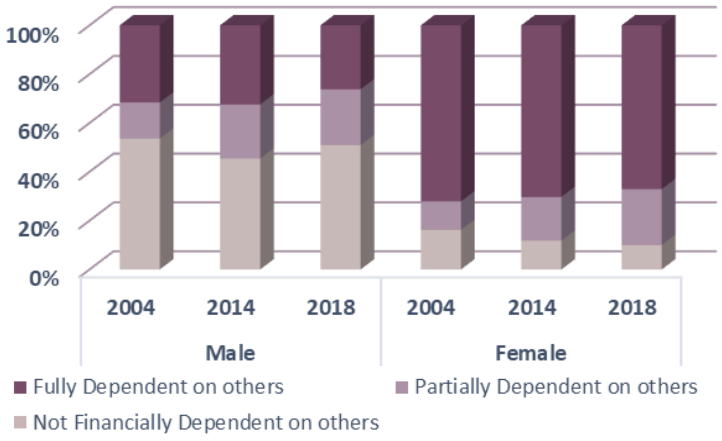
Table 2 : Elderly (Sex-wise) and Trend of Co-residence

Population Sub-group	Survey Year	Percentage of Elderly Persons			
		Co-resided with Spouse only	Co-resided with Children	Living alone or with other relations & non relations	All
Male	2004	15.5	77.4	7.1	100
	2014	19.1	77.9	3	100
	2018	17.9	78.6	3.5	100
Female	2004	8.4	76.2	15.4	100
	2014	10.7	78.5	10.8	100
	2018	10.4	78.4	11.2	100
Person	2004	12	76.9	11.1	100
	2014	14.8	78.3	6.9	100
	2018	14.1	78.5	7.4	100

Source: NSS unit-level data from60thRound (2004), 71st Round (2014) & 75th Round (2018)

The financial prowess of elderly people slows down as they get older. The strongly expressed preference is for co-residence with children and is attributed to the desire for economic support. The NSS data also provide information on the extent of economic dependency among older citizens. In the last three survey rounds, there has been clear evidence of gender discrimination in the area of economic sovereignty. It is widely believed that men are the primary bread earners in any family.

Fig 2 : Elderly(Sex-wise) and Their Extent of Economic Independence



Source: : NSS unit-level data of 60thRound (2004), 71st Round (2014) & 75thRound (2018)

Over 50% remain financially independent and are not dependent as they get older. In contrast, over 70 per cent of the female elderly are fully dependent on others for their financial needs.

Men have primary earning potential during their working age, so over 50% remain financially independent and are not dependent as they get older. In contrast, over 70 per cent of the female elderly are fully dependent on others for their financial needs. Indian women often have little or no paid work and are faced with insufficient income, making them entirely dependent on their families.

Is the preference in co-residence pattern associated with financial dependency?

One reason why elderly individuals in a family prefer to stay with their children and family, is to secure economic support. It can be observed that elderly parents, on 50% occasions, prefer staying with their children due to their high level of financial dependence. When older persons have economic liberty, 51 per cent of them choose to stay with their spouses only in order to not depend on others for their daily expenses. However, 33 per cent stay only with their spouse, even if they are financially dependent. It might be that such an elderly couple has married daughters and are forced to live alone (Table3).

Table 3: Financial independence by residency pattern among elderly population in India

	Co-resided with Spouse only	Co-resided with Children	Living alone or with other relations & non-relations
Not Financially Dependent on others	51	25.5	36.4
Partially Dependent on others	16.2	24.1	23
Fully Dependent on others	32.8	50.4	40.3
All	100	100	100

Source: NSS unit-level data of 75thRound (2018) | Note: p = < 0.05

On crossing the 60-to-65-year mark, elderly people are commonly thought to have a lower degree of financial autonomy, primarily as a result of retirement or quitting their jobs. Families are generally assumed to be responsible for providing material and non-material needs for elderly dependents (Bakshi and Pathak, 2016). Because it is the usual practice that younger members of a family provide material and non-material support to elderly adults and thereby making the elderly persons prefer to co-reside with their family members comprising of their own sons and daughters.

References:

Alam, M. (2004). *"Ageing, old age income security and reforms: An Exploration of Indian Situation"*, Economic and Political Weekly, 39, 33, 731-740.

Bakshi, S., and P. Pathak (2016). *"Ageing and the Socioeconomic Life of Older Adults in India: An Empirical Exposition"*, SAGE Open, 6, 1,1 – 17

Census of India (2011). *"Population Projections for India and States 2011 – 2036"*, A Report of National Commission on Population, Published in November, 2019.

NSO (2021). *"Elderly in India – 2021"*. A Report by the National Statistics Office, Ministry of Statistics and Programme Implementation, Government of India.

Rajan, S. I., and S. Kumar (2003). *"Living Arrangement among Indian Elderly: New Evidences from National Family Health Survey"*, Economic and Political Weekly, 38, 1, 75-80.

Siva Raju, S. (2011). *"Studies on Ageing in India: A Review"*, BKPAI Working Paper No. 2, United Nations Population Fund (UNFPA), New Delhi.

United Nations (2015). *"World Population Ageing 2015"*, Department of Economic and Social Affairs, Population Division, Department of Economic and Social Affairs, U N, New York.

Dr. Sujoy Kumar Majumdar *is an Assistant Professor of Economics at Raiganj University, West Bengal. He holds a PhD in Economics from Jawaharlal Nehru University. Prior to joining Raiganj University, he worked at NCAER, NIUA, and NIHFW in New Delhi. His research interests are broadly in the areas of Development Economics, Labour Economics and issues related to Health & Population. He has published a number of research articles in reputed national and international journals and supervised M.Phil and Ph.D. scholars.*

Mr. Brotin Saha *is a Ph.D. Scholar from the Department of Economics, Raiganj University, West Bengal and Assistant Professor of Economics at Gangarampur College under University of Gour Banga. Prior to joining his current position; he worked as Research Analyst at NCAER. New Delhi. Having completed his graduation and master's degrees at Jadavpur University, he also earned an M.Phil in Economics from the same university. His research interests involve Demography and Social Economics. He has published a number of research articles in reputed journals like SAGE and the Indian Journal of Economics*

Photo Source: Canva

3. Gendered Time-Use among Indian Adults: Findings from LASI (2017-2018)

Ashwin Tripathi, FLAME University

It is a truism that time is a gendered resource. Men and women allocate their time to different activities that are socially and culturally determined. This is further complicated in later life when individuals experience life-course transitions. With a growing older population around the globe, countries (including India) are facing challenges to maintain the good physical and mental health of their ageing populations. Most importantly, how changes in age and gender intersect with everyday living, particularly the time-use of older individuals, remains unexplored in the Indian context. Along with this demographic transition, population ageing is further complicated by related changes experienced by these older individuals. For instance, technological and medical innovations, changing physical and mental health, and broader changes in our societies have altered the nature of everyday living, where we see a growing number of older adults who are experiencing improved health and economic stability; but it is entangled with cultural factors like growing market economy that caters specifically to older adults and neoliberal health policies, amongst many other changes of our societies. More recently, the latter changes have resulted in a growing population of active and healthy agers, who are successfully ageing. This changing rhetoric re-defines growing old as independent and active individuals who productively and

actively engage with their time (Lamb, 2020; Samanta, 2018).

The recent release of the Longitudinal Aging Study in India (henceforth LASI, Wave-I, 2017-2018) allows us to explore certain questions on gendered time-use patterns among older adults. More specifically, the longitudinal nature of the dataset allows us to study if these time allocation patterns become less gendered as individuals experience transitions from paid work to retirement. In fact, as the meaning of time and its productive use might be re-defined with age, temporal explorations of ageing hold insights into later life well-being (Sayer et al., 2016) and subjective experiences of ageing (Twigg and Martin, 2015). This dataset marks an important onset of producing data on older adults, aged 45 and above, that has aimed to explore the physical, mental, and social well-being of the ageing population. It also holds a few experimental modules, one of which provides information on their everyday time allocation. Shifting the gaze from biomedical health concerns, this piece looks into the everyday activities of these individuals, re-defining growing old in present-day India. Moreover, using time stamps for different activities, the temporal lens allows us to see the deeper structures of our societies, that is, the underlying structures of cultural beliefs, power structures, and individual behaviours.

Of the 66,606 individuals aged 45 and above in the LASI dataset, the analytical sample for this paper comprises 31,902 older individuals aged 60 and above. Nearly 30% of these older adults continue to work as paid labourers, along with caring for family members including their grandchildren. Although work time reduces in later life for men, many older men and women with depressed savings, pension, and social security income continue to be employed during their retirement years (Chattopadhyay et al., 2022). The stylised questions have collected detailed time spent on different activities, as presented in Table 1.

If we look at the difference between older men and women and how much time they spend on different activities, there are no stark differences in the mean daily hours. However, these numbers need to be studied in the light of macro-level characteristics (like education, employment, and family structure) that influence individuals' decisions about time allocations.

Moreover, men of all ages report higher work and leisure than women, thus resulting in continued gender differences in later life. This seems to exist irrespective of transitions out of employment and other life-course roles.

Moreover, men of all ages report higher work and leisure than women, thus resulting in continued gender differences in later life. This seems to exist irrespective of transitions out of employment and other life-course roles.

Similar findings have been recorded in developed countries as well (Calasanti et al., 2021; Gautheir and Smeeding, 2010), where gender difference that took root in early life continue in later life.

The differences in paid and unpaid work are modest, which could also be due to the low levels of time captured by stylised data. Stylised time-use questionnaires are cognitively more demanding than other methods of data collection (Hirway, 2010). This can be studied in more detail as one explores the nature of work performed in paid and unpaid categories (i.e., if it is waged or not, self-employed or seasonal). Also, the stylised method relies on a broadly shared meaning of the activity (Sayer et al., 2016) and, therefore, overlooks the subjective understanding of everyday activities.

Table 1: Mean time (hours) spent by men and women (60 and above) on daily activities over the survey period

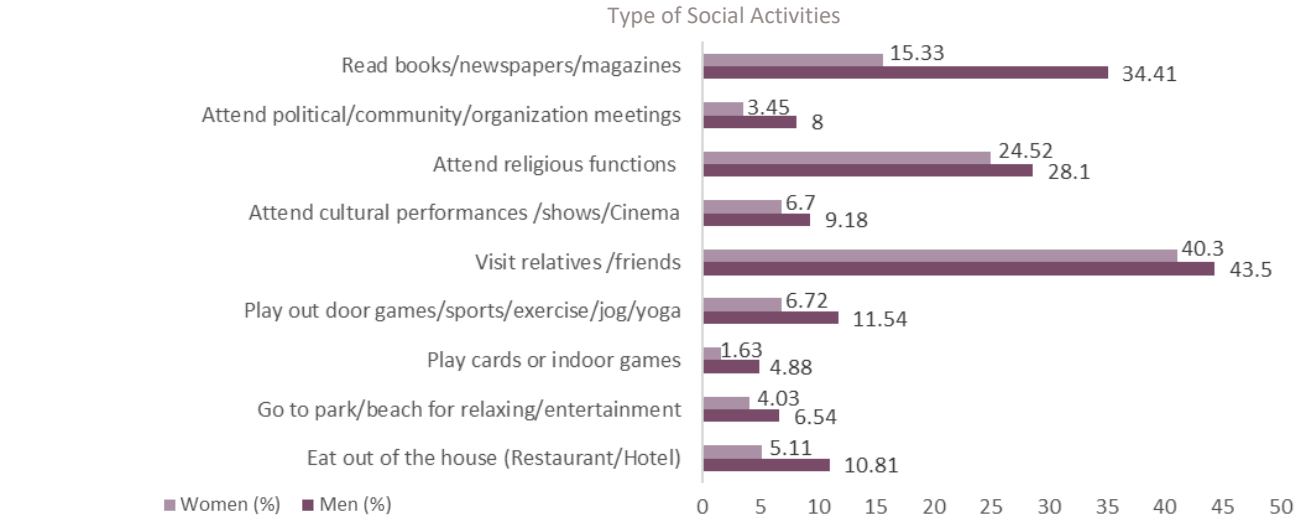
Activity	Men (M, SD)	Women (M, SD)
Paid worktime	6.04 (3.38)	5.63 (3.03)
Unpaid worktime	3.41 (2.7)	3.42 (3.07)
Care time	2.63 (2.9)	3.165 (3.51)
Sleep	8.83 (2.9)	8.74 (2.53)
Exercising	1.24 (1.02)	0.75 (0.4)
Healthcare	0.67 (0.66)	0.47 (0.45)
Television	1.62 (1.04)	1.77 (1.19)
Socialisation	3.50 (2.9)	3.74 (3.32)
Volunteering	5.00 (2.55)	3.81 (2.33)

Source: Author's estimation based on LASI Wave 1 (2017-18) Individual dataset.

Taking a life-course perspective, women's time is expected to shift as family roles evolve, while some changes and continuity are expected in time-use patterns. For instance, it is expected for women that as their children transition into adults there will be decreased care-giving responsibilities and increased time for self-care. This also depends on their formal labour engagements, grandchildren's responsibilities and their leisure engagements.

In Figure 1, the participation rates of men and women from LASI show substantial differences. At a micro level, the findings show men were more actively participating in leisure activities than women. However, the very nature of leisure activities also differentiates everyday participation. For instance, older Indian men were seen to engage in more passive forms of leisure (like reading or watching television), while women preferred social leisure like meeting friends (for details, see Tripathi and Samanta, 2023). At a macro level, access to leisure activities and area of residence (urban/rural) were important factors for leisure engagements. Overall, leisure has been extensively linked to psychological and physical well-being (Stebbins, 2018) across age groups and, with recent emphasis on successful

Figure 1: Share of Older Men and Women Who Participated in the Following Social Activities over the past year (2017-2018)



Source: Author's estimation based on LASI Wave 1 (2017-18) Individual dataset

and active ageing, leisure has been recognised for healthy ageing and self-managing numerous health conditions experienced by older adults. This allows for alternative discussions around ageing that are not solely focused on dependency, frailty and family support for older Indian adults. For this, time-use studies not only allow us to look at the differential allocation of time between women and men across the life-course but also its relationships with economic, social and other resources.

References:

Calasanti, T., Carr, D., Homan, P. and Coan, V. (2021). *Gender disparities in life satisfaction after retirement: the roles of leisure, family, and finances.* The Gerontologist, 61(8), pp.1277-1286.

Chattopadhyay, A., Khan, J., Bloom, D. E., Sinha, D., Nayak, I., Gupta, S., Lee, J., & Perianayagam, A. (2022). *Insights into labor force participation among older adults: Evidence from the longitudinal ageing study in India.* Journal of Population Ageing, 15(1), 39-59.

Gauthier, A.H. and Smeeding, T.M. (2010). *Historical trends in the patterns of time use of older adults. Ageing in Advanced Industrial States: Riding the Age Waves-Volume 3,* 289-310.

Hirway, I. (2010). *Time-Use surveys in developing countries: An assessment. In Unpaid work and the economy: Gender, time use and poverty in developing countries,* Editors:Antonopouls, R. and Hirway, I (pp. 252-324). London: Palgrave Macmillan UK.

Lamb, S. (ed.) (2019). *Successful aging as a contemporary obsession: Global perspectives.* Rutgers University Press.

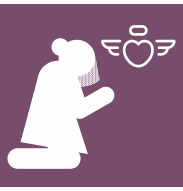
Samanta, T. (2018). *The "Good Life": Third Age, Brand Modi and the cultural demise of old age in urban India. Anthropology & Aging,* 39(1), pp.94-104.

Sayer, L.C., Freedman, V.A. and Bianchi, S.M. (2016). *Gender, time use, and aging. In Handbook of aging and the social sciences* (pp. 163-180). Academic Press.

Tripathi, A., & Samanta, T. (2023). *"I Don't Want to Have the Time When I Do Nothing": Aging and Reconfigured Leisure Practices During the Pandemic. Ageing International*, pp.1-22.

Twigg, J., & Martin, W. (eds.), (2015). *Routledge handbook of cultural gerontology.* Routledge.

***Ashwin Tripathi** is a Post-Doctoral Research Fellow in FLAME University. Her broad areas of interests are Sociology of Aging, Leisure Studies and Research Methods. She has been exploring the everyday blurring of productive and unproductive activities using a mixed method approach, with a particular interest in Time-Use studies.*



4. Unveiling the Intersectional Experiences of Gender, Ageing, and Widowhood in India

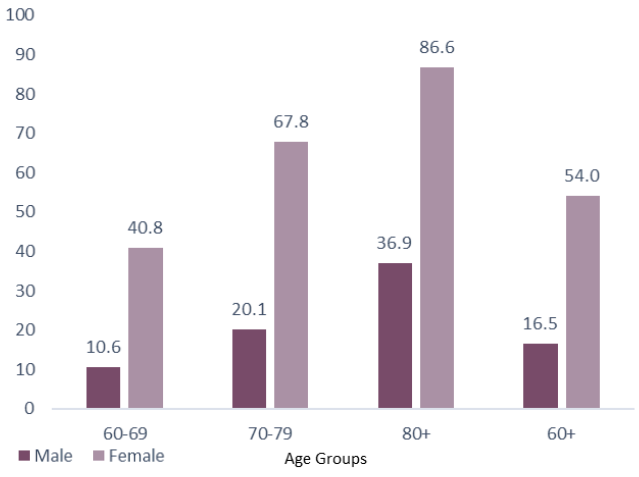
Sreerupa, Institute of Social Studies Trust (ISST)

The experiences of older women and elder widows are often hidden and their voices are muted in the literature of South Asia and India. Gender scholarship has predominantly centred on women during their reproductive years as wives and mothers, often overlooking the broader spectrum of their experiences beyond these roles. This oversight may stem from the notion that gender loses its critical significance as women age. Even as gender roles and norms may relax for women as they age, the enduring impact of accumulated discrimination and intersectional experiences tied to gender, age and widowhood persists and continues to shape their experiences in later life.

Even as gender roles and norms may relax for women as they age, the enduring impact of accumulated discrimination and intersectional experiences tied to gender, age and widowhood persists and continues to shape their experiences in later life.

India, considered a young country, is experiencing a demographic shift with the number of people over the age of 60 expected to double by 2050, comprising 21% of the total population (IIPS & UNFPA, 2023). With this ageing population comes an increase in the feminisation of older age groups, with a notable prevalence of widowhood among aged women. Nearly 54 per cent of all aged (60 years and older) women in India are widowed compared with only 16 per cent of men. The percentage of widows increases from just 40.8 per cent among the 60-69 age group to 86.6 per cent among women of the 80+ age group (Figure 1). Higher female life expectancy at ages 60 and 70, the universal tendency for women to marry men older than them and the social restrictions on widows to remarry have led to the high incidence of widowhood among females at higher ages. Widowhood, often coinciding with old age for women, brings not only a weakening of social ties formed through marriage but also a significant decline in their social and economic status. The sharp gender disparities in access to resources, coupled with patriarchal norms that tie women's claims on resources to marriage, render them vulnerable in widowhood. In a country where female labour force participation is low and many women rely on the family for economic support, widows face additional challenges in seeking employment due to social and ritual restrictions on their mobility and weak bargaining power in the labour market mediated by caste, age and social context (Chen 2000; Lamb 2000). Despite the significant contribution (4.3 hours a day globally) of older women and widows to unpaid domestic and care labour within households (including caring for grandchildren and other adults), their work remains invisible, unrecognised and uncompensated, and they frequently experience unmet care needs in old age (Age International, 2021). This lifetime of unpaid care labour, coupled with inadequate state-sponsored social protection for the elderly in India, renders older widows increasingly vulnerable to neglect and poverty. While some states provide old-age pensions that cover destitute elderly widows and others offer special pension schemes for widows of all ages, issues such as insufficient pension, narrow eligibility criteria, funding inadequacies and delays underscore the shortcomings in addressing the economic vulnerabilities of widows within these pension schemes (Rajan, 2001).

Fig 1. Widowhood among older persons, by age & sex, 2017-18



Source: India Ageing Report 2023 (Longitudinal Ageing Study in India: Wave 1,2017-18)

Additionally, widowhood in India is marked by a lack of access to essential resources such as land rights. Women's property rights, in general, tend to be weak, and the prevalent male advantage in property inheritance and control renders widows progressively more vulnerable (Agarwal, 1998). Research indicates that more extensive and secure land rights among widows could translate into other perceptible benefits such as a higher likelihood of co-residence with children, lower vulnerability to intra-household discrimination, and an independent source of income (Dreze, 1990). Despite the existing legal provisions, limited land rights and lack of effective control of the land exacerbate the economic precarity experienced by older widows.

Gender inequalities experienced throughout their lives consequently contribute to poor health outcomes in later life for women. With an increase in life expectancy, women spend more years and a larger proportion of their lives with poor health outcomes like mobility limitation compared to men (Sreerupa et al., 2018). The intersectionality of gender,

widowhood, and ageing further exacerbates the health disparities experienced by older widows. Research indicates that older widows are disproportionately affected by poor health outcomes, particularly chronic health conditions (Agrawal and Keshri, 2014), yet they are less likely to seek healthcare services and often spend less when they do (Sreerupa and Rajan, 2010).

This lower utilisation and spending on healthcare services among older widows underscores broader systemic failures in addressing the healthcare needs of marginalised populations, particularly elderly widows. To advance a more equitable and inclusive society for all ages, it is imperative to recognise and amplify the experiences and voices of older women and widows in the discourse shaping public policy, programme design and shift in gender norms. Addressing the intersecting challenges faced by older women and widows in India is not only crucial for achieving SDG 5 on gender equality but also aligns with the broader commitment of the 2030 Agenda to "leave no one behind."

References:

Age International (2021), *Older women: the hidden workforce.* https://www.ageinternational.org.uk/globalassets/documents/reports/2021/age-international-older-women-report-v11-final-spreads.pdf

Agarwal, B. (1998). *Widows versus daughters or widows as daughters? Property, land and economic security in rural India.* In M. A. Chen (Ed.), Widows in India: Social neglect and public action (pp. 124–169). New Delhi: Sage Publications.

Agrawal, G., & Keshri, K. (2014). *Morbidity Patterns and Health Care Seeking Behavior among Older Widows in India. PLoS ONE,* 9(4). https://doi.org/10.1371/journal.pone.0094295

Chen, M. 2000. *Perpetual Mourning: Widowhood in Rural India.* Philadelphia: University of Pennsylvania Press.

Dreze, J. (1990). *Widows in rural India.* STICERD DEP No. 26. London: London School of Economics

International Institute for Population Sciences & United Nations Population Fund (2023). *India Ageing Report 2023, Caring for Our Elders: Institutional Responses.* United Nations Population Fund, New Delhi.

Rajan, S. I. (2001). *Social assistance for poor elderly: How effective?* Economic and Political Weekly. 36, 613–617

Lamb, S. (2000). White saris and sweet mangoes: Aging, gender, and body in north India. Los Angeles: University of California Press. doi:10.1525/9780520935266

Sreerupa, & S. I. Rajan (2010) *Gender and Widowhood: Disparity in Health Status and Health Care Utilization Among the Aged in India*, Journal of Ethnic & Cultural Diversity in Social Work, 19:4, 287-304, DOI: 10.1080/15313204.2010.523650

Sreerupa, S. I. Rajan, A. Shweta, Y. Saito, & R. Malhotra (2018). *Living longer: For better or worse? Changes in life expectancy with and without mobility limitation among older persons in India between 1995–1996 and 2004.* International Journal of Population Studies, 4(2), 23-34.

Dr. Sreerupa *is a Research Fellow and Program Lead at ISST, with prior role as a postdoctoral fellow at the Centre for Women's Development Studies and King's College London. Her research expertise lies in gender, unpaid and paid care work, ageing, migration and health. She has contributed to numerous national and international books and journals.*

Photo Source: Canva

5. Gender and Ageing: What LASI reveals on India's older women's disadvantage

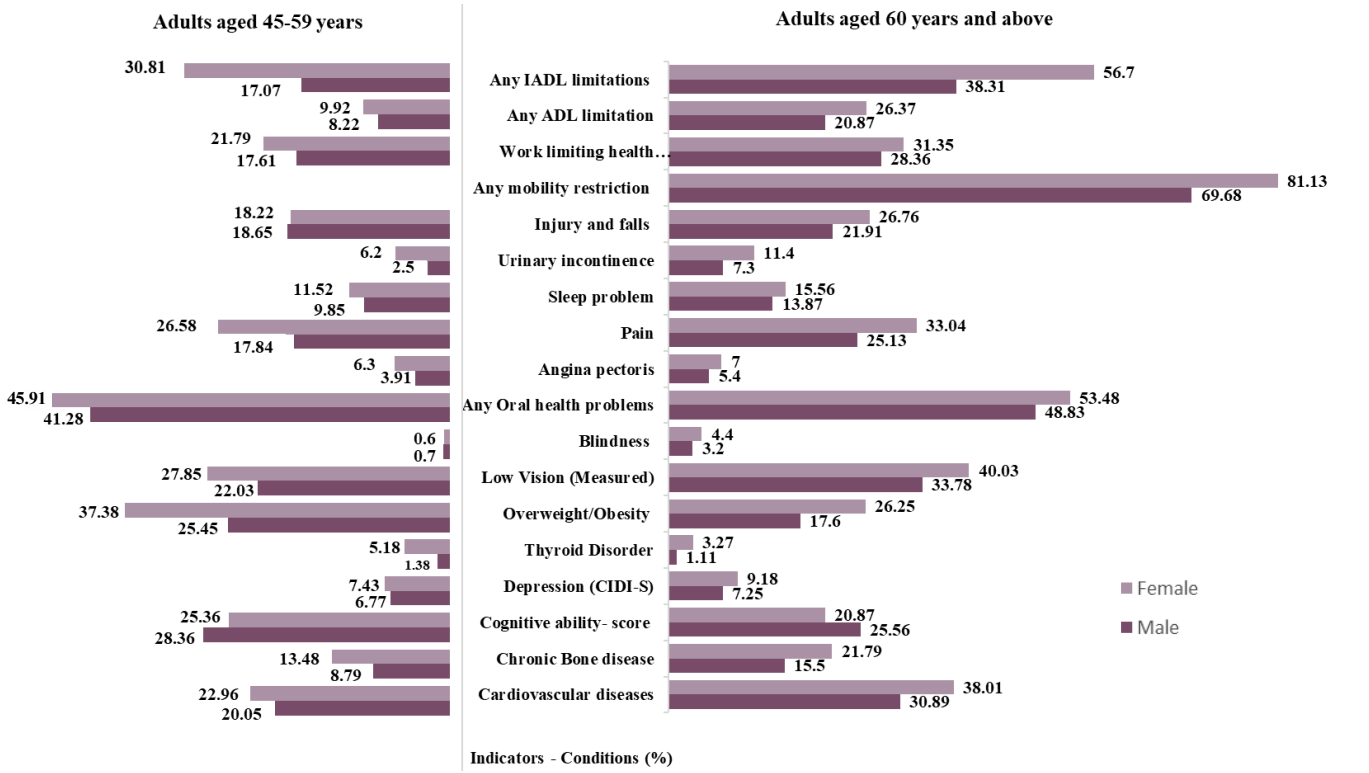
Dr. Perianayagam Arokiasamy, Former Professor, NCAER

India, currently the most populous country in the world with 1.43 billion people, is experiencing a rapid ageing transition. The elderly population aged 60+ years numbering 149 million in 2022 (or 10% of the total population) is projected to rise to 347 million (or 20%) in 2050 (United Nations, 2022). Women in India are now living longer than men and, therefore, elderly women outnumber elderly men. The Longitudinal Ageing Study in India (LASI, 2017-18), is India's first nationwide survey to provide a formidable range of national and statewide database for designing policies and programmes for the older population in the broad domains of social, psychological, health and economic well-being (Arokiasamy et al., 2022). This commentary highlights significant gender disparities in the health and well-being of India's older population and, overall, how India's older women are worse off than older men (Figure 1)

Older women also reported higher prevalence of anemia and cancer than older men. The data on symptoms, injuries, endemic diseases, and women health issues revealed older women reported a higher prevalence of these health conditions including angina pectoris, sleep problems, pain, and endemic diseases than men.

In terms of metabolic health, the prevalence of overweight/obesity is more common among older women (26%)) and high-risk waist circumference is more widely prevalent among older adult women (39% for women, 9% for men). Thyroid disorder, one of the metabolic diseases, is more prevalent among older women. The proportionately higher burden of these metabolic health risk conditions among older women raises their vulnerability to the higher burden of non-communicable diseases, disability, and overall poor health.

Figure 1: Gender and ageing: female disadvantage in health and wellbeing indicators (%)



Note: Cardiovascular diseases include hypertension, heart diseases and stroke. Chronic bone diseases include arthritis, rheumatism, and osteoporosis. Any oral health problems include dental carries, periodontal diseases, and common oral health problems. Angina pectoris, pain and sleep problems are symptom-based conditions. Any mobility disorders were only for adults aged 60 + years.

The data in the domain of cardiovascular health reveals older women (39%) experienced higher levels of cardiovascular disease (CVD), which includes hypertension, heart disease and stroke, than older men (31%). A higher proportion of older women (22%) than older men (16%) reported bone/joint disease. Gender differences in mental health components particularly cognitive ability and depression (based on diagnostic symptoms) are more pronounced among older women. India has a higher share of widowed women due to both significant marriage age gaps and the longer life expectancy of older women. Widowed women are particularly at high risk of depression, cognitive decline, functional limitations, metabolic risk factors, and physical inactivity. Additionally, elderly discrimination, neglect, abuse, and ill-

treatment are more common for widowed women.

Widowed women are particularly at high risk of depression, cognitive decline, functional limitations, metabolic risk factors, and physical inactivity. Additionally, elderly discrimination, neglect, abuse, and ill-treatment are more common for widowed women.

A number of elderly women-specific acute health conditions are widely prevalent. Urinary continence, a debilitating condition more commonly affectingolder women (11.4%), presents a significant health problem with many older womenexperiencing more acute and rarer types of urinary incontinence. This condition increases two to three-fold among those with kidney and bone disease, multi-morbidity and other acute chronic conditions. Also, women aged 45–59 reported significant reproductive health problems including menstrual, menopausal, or gynaecological health concerns. Around half of women aged 45-59 years from Mizoram (52%) and one-third of women in Himachal Pradesh (32%) reported having such reproductive health problems.

More older women than older men reported a much higher prevalence of low vision (40%), hearing impairment, and oral health problems (53%) compromising their overall quality of life and well-being. Consequently, more elderly women than men, and more of those with no schooling, currently not working and widowed, reported poor self-rated health. Mobility is one of the important components of functional health and a significant component of self-care and the ability to access essential public services. 81 per cent of elderly women reported some type of mobility restrictions – walking, climbing stairs, stretching arms, etc. Older women also eported a higher rate of work-limiting health conditions (32%). In terms of the functional health measure 2+IADL (Instrumental Activity of Daily Living), almost half of older women (57%) compared to about a quarter of older men (38%) reported 2+IADL limitations.

Additionally, the subnational patterns of gender differences in the health and well-being of the older population suggest the complex regional dynamics of gender inequalities and ageing. For example, the geographic patterns of gender-based differences in education add significantly to the observed differences in both physical and mental health conditions between older women and men. This pattern is consistent with the existing literature on geographic and regional patterns of gender-based inequalities in socioeconomic and health indicators across the states of India (Arokiasamy and Goli, 2012; Dandona et al., 2017). Lower levels of early-life human capital investments in nutrition and education among women compared with men are associated with a female disadvantage in late-life health and well-being (Angrisani et al., 2020).

These and other substantial evidence of older women's disadvantage in health and well-being indicators suggest the need for gender-based provisioning in elderly health and social care policy. India's demographic ageing is rapidly going to increase the number of older adults and the consequent increase in the prevalence of age-associated health risk factors and the noncommunicable disease burden, including dementia, needs effective multifactorial health intervention strategies. Many of the serious health problems experienced by women are viewed merely as a consequence of ageing, and consequently under-reported and neglected for timely diagnosis despite their long-term physical and mental health consequences. The adverse impact of health problems on elderly women's lives and well-being calls for integrated healthcare and social support policies targeting older women.


Photo Source: Canva

References:

Angrisani, M., U. Jain, & J. Lee (2020). *Sex differences in cognitive health among older adults in India.* Journal of the American Geriatrics Society, 68, S20-S28.

Arokiasamy, P., & S. Goli (2012). *Explaining the skewed child sex ratio in rural India: Revisiting the landholding-patriarchy hypothesis.* Economic and Political Weekly. 2012 Oct 20:85-94.

Arokiasamy, P., D. Bloom, J. Lee, S. Parasuraman, T.V. Sekher, S.K. Mohanty, A. Chattopadhyay, D. Govil, S. Pedgaonkar, S. Gupta, & A. Agarwal. (2022). *Cohort profile: the longitudinal ageing study in India (LASI).* International Journal of Epidemiology. 1;51(4):e167-76.

Dandona, L., R. Dandona, G.A. Kumar, D.K. Shukla, V.K. Paul, K. Balakrishnan, D. Prabhakaran, N. Tandon, S. Salvi, A.P. Dash, & A. Nandakumar (2017). *Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study.* The Lancet, 390 (10111):2437-60.

United Nations (2022). *World Population Prospects 2022. United Nations Department of Economic and Social Affairs,* Population Division, Data Sources, UN DESA/POP/2022/DC/NO. 9.

Professor Arokiasamy Perianayagam *was Professor of Health Economics and Policy at the National Council of Applied Economic Research (NCAER), Delhi, India. He has been a Visiting Professor at the Centre for Policy Studies, Indian Institute of Technology (IIT), Bombay, India. Before that, he was Professor and Head of the Department of Development Studies at the International Institute for Population Sciences, Mumbai where he served as faculty for over three decades. He pioneered several areas of ageing and health research studies and developed and launched severable nationwide health surveys including longitudinal studies under the aegis of the MoHFW with partnership of national and international organizations. He served as a member in several scientific and technical committees of Government of India and international organizations including the WHO consortium on healthy ageing, DBT-Wellcome Trust India Alliance, the US National Academy of Sciences (NAS), and the Indian National Science Academy (INSA).*

6. Conversation with Anupama Datta, HelpAge India

Anupama Datta, HelpAge India

HelpAge India is a not-for-profit organization, works to address elderly needs and advocates for their rights, such as right to Universal Pension, quality Healthcare, action against Elder Abuse and many more. It promotes elder friendly policies and their implementation thereof.

Q1. HelpAge India runs several outstanding programs supporting the elderly. In your experience, are there specific challenges that women seniors face that are not faced by men?

Older women are at a clear disadvantage as age gets added to the list of impairments that they accumulate over their life course. Apart from our practical experiences on the ground, Longitudinal Aging Survey in India (LASI) data shows that women are twice or three times more disadvantaged as compared to older men when it comes to education, current work status, living arrangement and social support, role in decision making, awareness about welfare schemes and laws. Longevity has added challenges to the gender divide. Women at age 60 have an average life expectancy of 72.3 compared to 69.8 for men. So, widowhood is a possibility of many more women than in younger age groups. This, apart from the ritualistic stigma they face social isolation and lack of care giver.

In a pan-India research that HelpAge India conducted in the year 2023, the extent of their economic vulnerability and dependence was starkly reported. 69% didn't own any assets and 75% did not have any savings, 47% felt secure economically, but 75% of them were dependent on adult children for support. Only 22% owned a smartphone and 60% had never used one. The full report is available on www.helpageindia.org/research

Culturally, women are home-bound in India and that means the information goes to them through gatekeepers in the community and family. This results in exclusion of or limited access to the most significant aspects of financial and healthcare instruments. In most cases, they are not part of the decision-making bodies and forums, thereby limiting their ability to influence the structures and the issues that get attention in the public domain.

As far as access to healthcare and health seeking behaviour is concerned, the challenges are in terms of relative neglect of women in post-reproductive years by the healthcare system. Unlike adolescent and pre- and post-natal women,

older women are neither counselled, nor given supplements to deal with their nutritional deficiencies and consequent health deterioration. The healthcare system does not have any outreach like it has for women in the reproductive age group to deal with their health issues pertaining to menopause or non-communicable diseases. We all know that accessing healthcare system for older women is difficult for reasons like distance, social inhibitions, dependence, inability to pay for medicines and tests. So, most older persons, and more so older women, are using public health facilities. Therefore, the most important question: Do doctors in public facilities, including the gynecologist, have the time and energy to respond to the needs of older women?

Older men suffer from non-communicable diseases, but their health seeking behaviour is better than women's for reasons of economic and social independence. Traditionally the family had looked after their nutritional and other needs better, so it continues.

According to LASI, the proportion of women over the age of 60 with multi-morbidities (24.6%) is almost double the proportion of women aged 45-59 with two or more health conditions (12.7%). Meanwhile, the healthcare access of the two segments of age remains almost similar, with the proportion of women receiving out-patient care, which is mostly for non-communicable diseases, remains at 25.5% for those aged 45-59, and 29.3% for those above 60 years of age. This highlights a serious challenge in the delivery of healthcare services to women.

Many older women rate their health as poor and experience relatively low mental well-being. One in five older women rated their health to be poor.[1] More than half of all older women indicate signs of mental distress according to measures of subjective well-being. They also carry a higher burden of both acute and chronic morbidity than their male counterparts. Social stigma, financial constraints, and inadequacy or lack of adequate health facilities limit their access to proper treatments.

According to Women's Health and Wellbeing: Listening across the Lifespan dashboard, 37% of elderly women in India had healthcare services as their top demand, of which 73% of the responses were from rural elderly women.[2] 40% of those who wanted improvements in healthcare system pointed out affordability as the major hurdle for them. They demanded free, affordable or insured healthcare services. 22% of them pointed out the lack of facilities accessible to them, and demanded well-equipped facilities in their nearby locality or proximity.

Q2. Do you have any programmes that are either directed solely at women or are used primarily by women?

As our programmes are designed to cater to the specific needs of disadvantaged older persons, these are however more beneficial to older women. The two most important aspects are outreach, hand-holding and free facilities. 60% of our Mobile Healthcare Unit beneficiaries are women. We have more than 170 Units that cater to about 8 lakh older persons in 2,400 villages in 26 States and UTs in the country. Apart from free treatment for NCDs, there are provisions for added services like cataract surgeries (more than 15,000), distribution of disability aids and awareness campaigns in the community means that the services are more effective for older women who may not have any other source.

More than 50% of our age care project beneficiaries are older women. Age care services include old age homes (8 homes directly and support for 400), physiotherapy centers (90,000 treatments) and helplines. Old age homes house more women than men as they are more likely to be abandoned or neglected in old age. Our helpline data shows that 30% of callers were older women. 17% compared to 10% of these older women callers were living alone. 7.5% women compared to 3.4% men callers had experienced abuse. The incidence of financial and physical despondence was double that of older men.

Our livelihoods programme called Elders' Self-help Groups (ESHGs) has an overwhelming number of women members. There are more than 8,000 active groups with more than 1 lakh members that are present in Himachal Pradesh, Bihar, Odisha, West Bengal, Tamil Nadu, Rajasthan and Telangana. The groups are divided into all males, all females and mixed groups. The programme is designed to provide financial, social, digital and healthcare inclusion. These groups are into varied livelihood activities like pickles and jams, liquid manure, cotton weaving, handicrafts, and masala grinding, besides horticulture and pisciculture. Many of them have been provided saplings of fruit trees and seeds for kitchen gardens to also ensure their basic food requirements.

These groups are able to provide the much-needed social cohesion besides digital inclusion and linkages to various government schemes and Aadhar. More than 64 % of beneficiaries in the programme are older women. The ESHGs were able to enroll more than 1,000 members in the PMDISHA programme for digital literacy and most of them were older women. After successfully completing the training, they are able to use the smart devices to link themselves and others to the government schemes.

The healthcare program enabled them to be inoculated with greater ease for the Covid-19 vaccination. Besides, healthcare facilities in these ESHG villages improves their health seeking and awareness about management and prevention of diseases including NCDs.

This programme encourages and provides older women a platform to play a leadership role in villages and states

through the village and state-level federations of the ESHGs. HelpAge India reaches more than 1 lakh urban older persons through 10,000 awareness workshops on digital literacy, laws for protection of older persons, and financial literacy. Our special digital literacy and safety training programme in urban areas also caters to older person's specific requirements for digital inclusion in almost all states with a special drive in 16 states. Here we face the challenge of inhibition by older women, who are hesitant to come for training in as many numbers as we would like to service. However, we make all efforts to encourage them to join in large numbers.

Q3. Indian families have been changing over time. Many parents have no children or have children who have migrated, either because of work or because of marriage. How does this affect the vulnerability of the older generation? Can you please provide some specific examples?

The size of the Indian family has decreased over the years. Data from Fifth National Family Health Survey (NFHS) shows that we have achieved the target of replacement rate and in urban areas we have a negative rate of population growth. We should see this in the context of increasing longevity and changing ethos. Though the data shows that more than 55% of elderly Indians live with the family of their adult children, there has been steady increase in households with an elderly couple living alone and single older persons. The last category is particularly relevant here as we are talking of older women. As stated earlier, these are overwhelmingly single widows.

Migration has impacted older women in two segments: educated middle class and unskilled/ semi-skilled poor families. The former migrates out of urban areas and mega and metro cities, the latter from rural areas. The level of care required, sought and available varies. The former is able to pay for services and also more endowed than the latter. Here, as they have limited income after retirement unless they are retired from government service, their ability to pay for these services is also a big question. They also feel an emotional void and its impact on mental well-being. Women, who have been traditional care-givers, end up in homes or facilities with no family member around. Often, they feel what is called the 'empty nest syndrome'.

The case of poor older persons left behind in villages is different in so far as community connects are stronger than in urban areas and people help each other to the extent possible. However, there are no services that are available for the poor nor are they able to pay for it. They also may be expected to take care of the agricultural land, if any, and also activities of daily living that may include fetching water and cooking, needing special medical treatment for non-communicable diseases and something as basic as physiotherapy. These services are not available in the villages, so we can very well imagine their ability to access them. In the LASI survey, when asked to rate their health, more women than men rated it as poor.

Q4. How did the Covid-19 pandemic hit the well-being of the elderly in India? Did you notice any differential impact between males and females elderly during this period? Were you able to continue the existing programmes during the Covid-19 pandemic?

Covid-19 impacted older person in myriad ways. It made them anxious about their well-being. They were afraid of contracting the diseases, infecting others and the imminent danger of a lonely death. They were isolated, blitzed with an information deluge, not knowing what was authentic, disempowered, as now the younger members of family decided when to go out (not go out at all), to take vaccination or not, when to take it, etc. The world around them changed completed and became virtual, of which they knew next to nothing. Those who were dependent on daily wages suffered the most.

Lockdowns made the entire family stay at home, so families that didn't have adequate space marginalised the older members. They could not enter the rooms where office meetings and school/college classes were going on. They could not go to the local park to take a morning walk, attend social get-togethers. This impacted their health and mental well-being. They could not consult their doctors for NCDs as all health facilities were repurposed to the pandemic.

The poor older persons who were daily wage workers lost their work opportunity, those from chronically poor households became a burden on the family whose ability to earn shrank suddenly with no information or expectation of restarting anytime soon. The insecurity led to older person being pushed further to the margins or doing it voluntarily.
There were no specific schemes for older persons except vaccination. Though many were pushed far below the poverty line, the benefits under social security schemes continued as before. Except for Kerala that made special provisions to reach healthcare to older persons, they continued to be neglected.

You may like to see the detailed report of HelpAge India, The Silent Tormentor: COVID-19 and the Elderly on www.helpageindia.org/research. Elderly women living alone suffered more as expected; even those from well-to-do segments were completely dependent on others for accessing basic services like groceries, medicines, etc. as they were not digitally connected. Besides, suffering the morbid fear of being alone. The efforts of HelpAge India and some other voluntary organisations in nine states and Union Territories in reaching services to older persons during the pandemic is documented in the UNFPA's India Ageing Report 2023. The response ranged from providing cooked food to registering and facilitation of Covid-19 vaccination at home.

Q5. What do you see as major policy actions that the state can take to support our senior citizens, particularly women?

As demographers have forecast, feminisation of the ageing population is inevitable; we should start preparing for the situation before we arrive at it. Three important architectural shifts required are:

(i)adopt a life course approach in healthcare. Women's health and well-being should continue in the menopausal state as well.

(ii)to make women financially independent. All women who are not part of the workforce in their younger years should be eligible for social pension; those who are earning should be encouraged to save and invest for the future. So, special drives for financial literacy and inclusion, provision for allowing the family to contribute to their pension funds even when they drop out of active employment for child bearing or care responsibilities.

(iii)An enabling environment. Special awareness drives for information on welfare schemes and protective legislation; protection against domestic violence and abuse, digital inclusion, universal design for seamless independent navigation, representation in governance.

***Anupama Datta** has been working with HelpAge India for the last 20 years in Policy research and advocacy department. The major thrust of work is to research and mainstream the issues concerning older persons. The findings of the major research projects on elder abuse, impact of disasters on elderly, social security are used to sensitize the policy makers and legislators to take note and take appropriate action to deal with the issues. The findings are also used to help the older person articulate and aggregate their interest and put forth the relevant demands on to the political system. Editor of HelpAge India Research and Development Journal. Published 20 articles on ageing in various books and journals.*

Photo Source: Canva

Reads from around the Web

Angrisani, M., Jain, U., & Lee, J. (2020). *Sex differences in cognitive health among older adults in India.* Journal of the American Geriatrics Society, 68, S20-S28. Link

Chattopadhyay, A., Khan, J., Bloom, D. E., Sinha, D., Nayak, I., Gupta, S., Lee, J., & Perianayagam, A. (2022). *Insights into labor force participation among older adults: Evidence from the longitudinal ageing study in India.* Journal of Population Ageing, 15(1), 39-59. Link

Chen, M. A. (1997). *Listening to widows in rural India. Women: A cultural review*, 8(3), 311-318. Link

Dommaraju, P. (2015). *One-person households in India.* Demographic Research, 32, 1239-1266. Link

Hirway, I. (2010). *Time-Use surveys in developing countries: An assessment. In Unpaid work and the economy: Gender, time use and poverty in developing countries,* Editors:Antonopouls, R. and Hirway, I (pp. 252-324). London: Palgrave Macmillan UK. Link

International Institute for Population Sciences & United Nations Population Fund (2023). *India Ageing Report 2023, Caring for Our Elders: Institutional Responses.* United Nations Population Fund, New Delhi. Link

Sreerupa, S. I. Rajan, A. Shweta, Y. Saito, & R. Malhotra (2018). *Living longer: For better or worse? Changes in life expectancy with and without mobility limitation among older persons in India between 1995–1996 and 2004*. International Journal of Population Studies, 4(2), 23-34. Link

United Nations. (2002). *Report of the Second World Assembly on Ageing: Madrid*, 8-12 April 2002. New York: United Nations. Link

This measurement brief is part of the Gender Hub led by Dr. Pallavi Choudhuri and Dr. Sonalde Desai. The Gender Hub initiative is a part of the National Data Innovation Centre at the National Council of Applied Economic Research. GenderTalk, is a space where scholars, policymakers, and civil society members can engage with each other on a theme vital to women's well-being in India.

Our website can be found at https://ndic.ncaer.org/research-theme/gender-data-hub/.