

Feminization of Ageing and Associated Vulnerabilities in India

Jui Dutta Choudhury¹, Tarun Bikash Sukai²

¹Ph. D Scholar, ²Professor

Department of Social Work, Assam University Silchar, India

Email: jui14duttachoudhury@gmail.com

ABSTRACT

Introduction: Elderly population in India is increasing every year as life expectancy increases and birth rate decreases. India is about to reach a turning point in history where the percentage of the older people will rise, putting an immense burden on the working population. This phenomenon will also increase the vulnerabilities for them. In this dilemma, older women who outlive older men are considered more vulnerable.

Methodology: Objective of the paper is to find out the various vulnerabilities associated with feminized ageing and suggest effective measures to reduce these vulnerabilities. Review of literature was conducted through search of online databases from the published original studies on related themes.

Result: A large portion of older women are unemployed, ill, socially isolation, widowed, ignored, gender-based abuse/violence and so on. Immediate attention is required to address their needs, including robust policies and programs tailored to their unique vulnerabilities, encompassing financial security, healthcare and social support.

Conclusion: Older women tend to live longer than older men, resulting increased their dependency on other family members and risk of exploitation as well. Making the required arrangements will allow them to live happy and peaceful life that they deserve. This responsibility falls on family members, communities, government and NGOs.

Keywords: Feminized ageing, older women, vulnerability

INTRODUCTION

As life expectancy increases and birth rates decline, India is experiencing a demographic shift with a rising elderly population, creating significant challenges for the working population. This growing population, especially older women, is more vulnerable to discrimination and social inequalities due to factors like gender, age, ethnicity, and socio-economic class. These vulnerabilities are compounded by limited access to resources, which are unevenly distributed, further exacerbating the situation for marginalized groups. Women, who tend to live longer than men, face unique challenges, including unemployment, lack of savings, and greater health issues, often making even simple tasks more difficult. Since 1961, the proportion of older adults in India has been rising, with those aged 60 and above increasing from 5.6% in 1961 to a projected 13.1% by 2031. The feminization of aging is a significant concern, with the sex ratio among the elderly improving from 938 women to 1,000 men in 1971 to 1,033 in 2011, expected to reach 1,060 by 2026. By 2050, a 700% increase in the population of adults aged 80 and over is projected, primarily consisting of widowed and dependent women. Vulnerability in aging is defined as heightened sensitivity to negative

consequences that affect quality of life, influenced by individual circumstances and social settings (Barbosa et al.). Women are particularly vulnerable due to lower financial independence, less access to healthcare, and greater dependence on family care. Newman and Brach (2001) note that while women make up the majority of older patients, men have higher mortality rates, and the gender gap in longevity is linked to complex biological, environmental, and behavioral factors. Mane, A. B. (2016) highlights the challenges of aging, including medical, social, economic, and psychological issues, with home care being the preferred option, though increasingly difficult due to changing family structures. Nair et al. (2021) emphasize that while older women tend to have higher physiological reserves, they report poorer health and greater unmet needs than men, partly due to their limited access to resources. The projected increase in the feminization of aging, with older women expected to make up 54% of the global elderly population by 2050 (Cepellos, 2019), underscores the urgency of addressing their unique needs. Despite living longer, older women face ageism and discrimination, leading to social isolation, especially after widowhood, and limited access to care. Patel, A. B. (2020) draws attention to the rising victimization of elderly women, with crimes like abuse and exploitation often committed by family members, highlighting the need for protective measures such as police-friendly mobile systems. Kishore et al. (2018) and Batool and Jadoon (2019) discuss the increased social isolation and marginalization of elderly women in India, exacerbated by lack of economic empowerment and opportunities. Davidson et al. (2011) emphasize that social determinants like gender roles influence the health of elderly women, underscoring the need for policies that support their independence and well-being. Addressing the needs of this growing demographic requires comprehensive, gender-sensitive approaches to healthcare, social services, and economic support.

OBJECTIVES OF THE STUDY

1. To find out the various kinds vulnerabilities associated with feminized ageing.
2. To suggest effective measures to reduce vulnerability and empowerment of older women.

RESEARCH DESIGN

The main purpose of the study is to gain detailed understanding of Feminization of ageing and associated vulnerabilities in India. Different measures that can be taken up to improve the conditions of older women are also discussed here. Therefore, considering the nature of the objectives the current study used Descriptive research design.

SOURCE OF DATA

Secondary data are collected from the available research article, conference papers, Government reports, journal publications, etc.

DISCUSSION

Vulnerabilities associated with older women in India

Vulnerabilities faced by older women can range from financial insecurity to health issues, social isolation to gender based abuse, care giving burden to housing insecurity. Addressing

all these vulnerabilities urges comprehensive approach with policies and programs aimed for empowerment of older women in India. Owing to the expanding population, older women's issues need to be addressed right away. The feminization of older women will probably become a barrier to attaining gender equality in the future if these issues are not resolved.

- 1. Social Vulnerability:** Due to varying trends in the lifestyle and family structure, older women are becoming victims of social isolation. Older women are challenged both privately and publicly with little power, low status and few resources. Older women, particularly those living alone, may experience social isolation due to factors such as widowhood, migration of children for work, and changing family structure. As most of the women remain within the four walls of their homes throughout their life, they remain vulnerable, and apart from the challenges posed by widowhood. In India they face notable educational and literacy gaps when compared to their male peers and women and men in younger age groups. Older Indian women may be less able to learn about topics like government benefits and health risk factors and may find it more difficult to properly advocate for themselves as a result of these educational gaps. In many societies women are considered second class citizens, lagging behind in almost all walks of life. Barring exceptions, women have never been independent socially, financially, physically or psychologically. Moreover, women are mostly unaware of their powers and rights due to lack of social interaction. Older women have more issues compared to older men, due to tradition women are forced to live with many limitations whole life, thus they find themselves vulnerable and isolated.

Some common social vulnerability includes:

1.1 Social isolation and loneliness: A number of causes, including fewer social engagements, limited mobility, and the death of a spouse or friend, can lead to social isolation for older women. Both deterioration in physical health and mental health can result from loneliness.

1.2 Ageism: The term "ageism" describes the bias, stereotyping, and discrimination that older women experience only because of their age. Ageist beliefs can result in social and professional marginalization, a lack of appreciation for the experiences and contributions of the older women, and limited work and social prospects.

1.3 Intergenerational conflict: Intergenerational disputes can occasionally arise between older women and younger generations due to generational gaps and variations in values, viewpoints, and lifestyles. Social alienation and strained relationships may result from tensions, which can occur in areas like family dynamics, cultural standards, and society attitudes.

- 2. Financial Insecurity:** Another big worry for older Indian women is their financial security.

Women are not particularly likely to be in the labor force, and most of them rely on their families for financial assistance.

The old age dependency ratio an increasing trend is observed. The ratio has increased from 10.9% in 1961 to 14.2% in 2011 and was projected to increase to 15.7% in 2021, likewise 20.1% in 2031. The female old age dependency ratio as compared to male is significantly higher in Kerala, Tamil Nadu, Himachal Pradesh and Punjab for the projected year 2021. The percentage of older women who are totally dependent on others in rural regions is highest in Delhi (100%), Meghalaya (81%), Punjab, and West Bengal (80% each), and lowest in Manipur (26%), Nagaland (35%), according to state-level data on economic independence. Conversely, in urban regions, the percentage of older women who are completely reliant is lowest in Arunachal Pradesh (16%), greatest in Jammu & Kashmir (85%), and lowest in Sikkim & Telangana (84% each) (NSO,2021).

90% of the total workforce of India is employed in the unorganized sector and only 40% are wage earners, which means 90% of the total workforce do not receive any job pension after 60 years of age. India's patriarchal inheritance system, which keeps assets and property within a family's male lineage, has historically prevented women from owning property. Older women who receive old age pension cannot fulfill their needs because of the inadequacy of the pension amount, which increases their dependency on others. The financial insecurity is responsible for the vulnerabilities associated with feminized ageing in India.

Some common financial insecurity associated with older women in India includes:

2.1 Social security and pension shortfall: Particularly women from low-income families, social security benefits or pensions may not always be sufficient to support their expenses. This may increase poverty and a need for government support programs.

2.2 Healthcare Expenses: Growing healthcare expenditures are a common issue for older women. Particularly if they don't have health insurance, these costs can swiftly exhaust their savings and strain their budget.

2.3 Financial Exploitation: Scammers and family members frequently prey on the older women and take advantage of their vulnerabilities to defraud them of money and undermine their financial security.

3. Health issues: Older women experience a variety of illnesses and disabilities and more susceptible to illness because of weakened immune systems and diminished bodily functions. They become progressively less able to carry out their regular bodily functions and are unable to carry out their previous everyday tasks. The majority of the nation's medical care users are older persons. In older adults, locomotor disability accounts for 5.5% of all disabilities; this is followed by hearing disability (1.6%), visual disability (1.4%), and other disabilities. When comparing rural to urban locations. Over half of older persons with disabilities, other than mental illness have seen a doctor and received treatment (National Sample Survey, 2018). Changes in values and way of life are brought about by industrialization, urbanization, education, and exposure to the western life. The growing older population exacerbates health care, psychosocial, emotional, and socioeconomic issues that are specific to old age. According to Prakash, Singh, and Choudhary (2004), aging is not a sickness; rather, it is linked to chronic conditions, illness, and a decline in ability. Because Article 41 of the Indian Constitution mandates the well-being of older people, the government must organize health care services for them with efficiency and practicality in mind. The government and general

public are paying more attention to key social and health issues related to the care of the older persons these days (H Chandwani, P Jivarajani, H Jivarajan. 2008).

4. Gender based Abuse: When someone hits, pushes, or slaps someone else, it is considered abuse. This could also involve binding an older person against their will, perhaps by tying them to furniture or shutting them in a room. Most victims of abuse are women and older women without close relatives or friends as well as those with impairments, memory issues, or dementia are likely targets. Abuse can happen in many places starting from home, an assisted living facility, nursing home, relatives' home by the family members, strangers, medical professionals, caretakers, or friends.

Some common types of Gender based abuse are:

4.1 Emotional Abuse or Psychological Abuse: This can be a caregiver screaming, threatening, or neglecting the older person on a regular basis. Refusing that person to visit family members and close friends is an additional instance of emotional abuse.

4.2 Neglect: When an older women's caretaker fails to make an effort to meet their requirements, it is considered neglect. These could involve meeting one's physical, psychological, and social needs as well as depriving oneself of food, medicine, or medical care.

4.3 Abandonment: Older women who need help are left by the care givers without help and care.

4.4 Sexual Abuse: When older women are forced to watch or be a part of sexual acts.

4.5 Financial Abuse: This type of abuse occurs when an older women's money or possessions are taken by someone. Like using their credit cards and bank accounts without their consent, forging cheques, or stealing retirement or Social Security payments. It also includes renaming a life insurance policy, bank account, will, or home title without their authorization.

5. Psychological Dysfunction: Loneliness without family members causes psychological issues, and older women lose the ability to express their emotions. They suffer more from behavioral changes due to their cognitive deterioration. There is growing worry about the mental health of the older persons, particularly with regard to the high rate of geriatric depression. A considerable portion of the older women require support in addressing their physical and mental issues as they age. The World Health Organization's 2017 report, states that 20% of persons over 60 have been diagnosed with mental or neurological diseases.

Anxiety disorders affect 3.8 percent, substance abuse affects 1%, dementia and depression affect 5% and 7% of the world's older population, respectively, are the most frequent mental problems. Older women may have a number of vulnerability that lowers their quality of life. Being alone might impair cognitive function and increase the need for assistance and medical treatments. Older women are under identified with mental illnesses because of the stigma associated with these, discourages people from asking for assistance.

Some common Psychological vulnerability includes:

5.1 Depression: A common mental health issue among older women is depression. Physical health issues, the aging and death of loved ones, social isolation, or changes in one's situation can all serve as triggers. Symptoms could include feelings of guilt or worthlessness, hunger and sleep habits changes, loss of interest in activities, and ongoing melancholy.

5.2 Anxiety disorder: Include panic disorder, phobias, and generalized anxiety disorder can affect older women. Excessive concern, restlessness, irritation, trouble sleeping, and physical symptoms like shortness of breath or a fast heartbeat are all signs of anxiety.

5.3 Cognitive Disorder: Older women are more likely to suffer from dementia and Alzheimer's disease. Progressive cognitive decline, including memory loss, disorientation, confusion, and challenges with reasoning and problem-solving, is brought on by these illnesses.

5.4 Sleep disorder: Insomnia, sleep apnea, and restless legs syndrome are prevalent sleep disorders in the older women. Daytime weariness, mood swings, and trouble going about daily tasks can all result from getting too little sleep.

6. Care giving burden: The fundamental and universal social institution is the family. The family offers each member all the assistance they require. The breakdown of the joint family into the nuclear family system has made aging a social issue. Family structure has been greatly impacted by industrialization and urbanization. The increased dependency of the older women makes their families unable to meet all of their needs, their likelihood of mistreatment and neglect increases due to generational divide. The caregivers finds it difficult to look after the older women whole day because of their professional responsibilities. In nuclear families both the husband and wife work outside home to meet their daily expenses thereby making it difficult for them to look after their old mother or mother in law whole day. This is also a reason for poor health, social isolation, and low quality of life among older women in India.

There is a connection between family and health it is said that when it comes to maintaining a high-quality life staying connected to friends and family was a primary concern. The benefits associated with older women having stronger ties with family members are more likely to live longer and often have a stronger immune system with improved mental health conditions. Older women do not share a healthy relationship with their families, is a contributing factor to their vulnerability in India.

Suggested measures for empowerment of older women in India

1. As the country's ageing population is becoming more and more female oriented and disproportionately vulnerable, India needs to create policies and programs that support gender parity.
2. Expanding contact center and mobile health services to explicitly address the requirements of older women is another option.

3. Particular consideration needs to be given to the increasing number of older widows in India, since they may experience higher rates of morbidity and engage in fewer health-seeking behaviors overall than their male counterparts.
4. It is important to raise older women's awareness of the risk factors and their rights meant for them.
5. India has made progress in protecting the general rights and dignity of bereaved women, and the government should expand and make sure that initiatives that support widows' financial stability are administered properly.
6. The 2007 Maintenance and Welfare of Parents and Senior Citizens Act ought to be enacted in its entirety.
7. To empower the older women in India, a multidimensional strategy involving active collaboration across social welfare, health, and rural/urban development is required.
8. Indian policies should encourage women to enter the workforce in order to give them more economic clout and reduce their reliance on husbands or family for financial support even after retirement.
9. India must update its retirement and pension laws to reflect the nation's shifting demographics in order to increase income security for all of its older women.
10. In order to provide social protection in the form of an old age pension and health insurance program from appropriate sources, Panchayati Raj Institutes (PRIs) should be involved.
11. Policy attention needs to be paid to assisted living facilities for the impoverished older women, especially those with age-related conditions like dementia.
12. To execute initiatives and policies targeted at empowering older women, it is necessary to promote cooperation between government organizations and non-government organizations (NGOs) in India.
13. The creation of a comprehensive strategy that addresses not just medical issues but also other determinants should be the first step in the implementation of a community-based geriatric health care program.
14. Strengthening of bonds with neighbors, family, and friends to lessen social isolation and enhance older women's quality of life. In order to strengthen their bonds, family members should also set aside time to spend with their mothers or grandmothers.
15. Considering the needs of older women, it is necessary to identify issues and conduct ongoing IEC initiatives to raise public knowledge of the need for increased use of geriatric welfare programs and accessibility to government health services.
16. NGOs can encourage older women to form advocacy groups so they can share their stories and seek to improve society.
17. To assist older women in staying connected, conduct training courses on the use of computers, smart phones, and the internet.
18. Provide volunteer opportunities that take advantage of senior women's knowledge and abilities, such as mentoring the next generation or taking part in community initiatives.
19. NGOs can create facilities targeted for older women that offer areas for interaction, leisure, and education.
20. Government and NGOs can offer older women legal support and awareness campaigns to inform them of their rights, such as property rights, inheritance laws, and abuse protection.

21. NGOs can raise awareness on topics like financial management, health education, mental health and digital literacy that are specific to older women.
22. NGOs can arrange Yoga and meditation classes for older women for their good mental health and well being.
23. Younger family members can take their old mothers or grandmothers to temples or religious places where they can pray and meet others people of same age and socialize with them.
24. Younger generation like son and daughter in law should allow their children to spent time with the older women in family, which will create intergenerational bonding and help older women to deal with loneliness and isolation.

CONCLUSION

The national and state governments in India are obligated to provide social security, as stated in Article 41 and Article 46 of the Indian constitution, which specifically address the well-being of older persons. The 2011 National Policy for Older Citizens was developed with this in mind. For the welfare and care of the older women, we need to prioritize preserving the social support networks and traditional social institutions that are already in place, like family and kinship. We also need to revitalize community involvement and neighborhood bonding, and kins need to be sensitive to the needs of the older women. The Governmental and Non Governmental Organizations can play pivotal role in empowering older women in India with the measures suggested in this paper. There is no meaning of adding years to life rather it is important to add life to years for older women who have spent their entire life for their families and communities. Every woman in India deserves an empowered later life despite of all the above mentioned vulnerabilities.

Funding source: The Authors declare no funding source for the study conducted.

Conflict of Interest: The Authors declare no conflict of interest.

REFERENCE

- Agarwal, A., Lubet, A., Mitgang, E., Mohanty, S., & Bloom, D. E. (2020). *Population aging in India: Facts, issues, and options* (pp. 289-311). Springer Singapore.
- Barbosa KTF, Oliveira FMRL, Fernandes MGM. Vulnerability of the elderly: a conceptual analysis. *Rev Bras Enferm.* 2019;72(Suppl 2):337-44. doi: <http://dx.doi.org/10.1590/0034-7167-2018-0728>.
- Batool, S.A and Jadoon, A.K (2019), Women's Empowerment and Associated Age-Related Factors, *Pakistan Journal of Social and Clinical Psychology*, Vol. 16, No.2, 52-56.
- Cepellos, V. (2019) Feminization of Aging: A Multifaceted Phenomenon Beyond The Numbers, *Journal of Business Management*, 61, eISSN 2178-938X, DOI: <http://dx.doi.org/10.1590/S0034-759020210208>.

- Chandwani, H., Jivarajani, P., & Jivarajani, H. (2009). Health and social problems of geriatric population in an urban setting of Gujarat, India. *Int J Health, 9*(2).
- Davidson, P. M., DiGiacomo, M., & McGrath, S. J. (2011). The feminization of aging: how will this impact on health outcomes and services?. *Health care for women international, 32*(12), 1031-1045.
- Elderly in India, Social Justice, <https://www.drishtiiias.com/to-the-points/Paper2/elderly-in-india>.
- Jugal Kishore Charu Kohli, GS Grewa, 2018, Feminization of Ageing - Are we Prepared for Future, *Epidemiology International Journal*.
- Mane, A. B. (2016). Ageing in India: some social challenges to elderly care. *J GerontolGeriatr Res, 5*(2), e136.
- Nair, S., Sawant, N., Thippeswamy, H., & Desai, G. (2021). Gender issues in the care of elderly: A narrative review. *Indian Journal of Psychological Medicine, 43*(5_suppl), S48-S52.
- National Sample Survey 2018, Ministry of Statistics and Programme Implementation, Government of India, retrieved from <http://164.100.161.63/national-sample-survey-nss>.
- National Statistical Office. (2021a). Elderly in India 2021. New Delhi, India: Ministry of Statistics and Programme Implementation. Accessed 19 December 2021, http://mospi.nic.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf.
- Newman, A. B., & Brach, J. S. (2001). Gender gap in longevity and disability in older persons. *Epidemiologic reviews, 23*(2), 343-355.
- Patel, A. B. (2020). Crime against elderly women in India. In *Frailty in the Elderly- Understanding and Managing Complexity*. IntechOpen.
- Population Aging in India: Facts, Issues, and Options, Arunika Agarwal Alyssa Lubet Elizabeth Mitgang Sanjay Mohanty David E. Bloom, August 201.
- Prakash, R., Choudhary, S. K., & Singh, U. S. (2004). A study of morbidity pattern among geriatric population in an urban area of Udaipur Rajasthan. *Indian Journal of community medicine, 29*(1), 35.
- Srivastava, V. (1998). Gender Ageing: Concept and Approaches. *environment, 54*, 57.
- Volume 3, Issue 2 - 2018, Pg. No. 1-2, DOI: <https://doi.org/10.24321/2455.7048.201806>.
- World Health Organization (2017, December 12). Mental health of older adults. <https://www.who.int/news-room/fact-sheets/detail/mental-56-health-of-older-adults>.