

WOMEN & AGEING: INVISIBLE OR EMPOWERED?



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Executive Summary

In recent years, population ageing has been recognized as a global trend, that is set to impact all countries in varying capacities. This global ageing is being linked with significant improvements across the development spectrum, including mortality, longevity and health. Between 2015 and 2030, the world's aged population i.e. age 60 and above is set to increase by around 56%. This would mean that the aged cohort will reach a strength of nearly 1.4 billion individuals, thus comprising of nearly 17% of the global population¹.

The sheer scale of this demographic trend has signalled a need to recognize the needs of older persons, while also including them as key contributors of socio- economic development. Thus, policy making and advocacy for older persons must focus on addressing challenges faced as a result of ageing, as well as making “older men and women as agents of change in their communities, and contributors to the national and regional economies.

As per the 2030 Agenda for Sustainable Development and Older Persons, “gender is an important dimension of ageing”. While women tend to outlive men, they are subject to increased marginalization as compared to their male counterparts, owing to “inequalities in income, access to education, decent work as well as health across the life cycle”. Prevalence of gender norms and limited social security benefits are also factors that exacerbate these existing inequalities². The compound effect of the discrimination faced by older women, due to their gender, in addition to “class, caste, illiteracy, unemployment, disability and marital status³” thus needs to be understood to inform the national level advocacy efforts.

Given this background, this report tries to highlight the existing needs and aspirations of older women in India, vis-à-vis economic security; health and safety; social wellbeing; digital inclusivity and elder abuse. It attempts to draw on data collected from over 7500 older women from 20 states and 2 Union Territories and 5 metro cities with at least one aspirational district in each state to add to the existing literature on the experiences of older women in India.

This report provides key insights into the status of elderly women from an economic security perspective. For instance, it is seen that over 50% of the women have never been employed in their lifespan. It is also seen that less than half of the proportion of women feel financially secure, with the financial security of 80% of these women depending largely on their children's support.

From a health perspective, it is seen that 48% older women have at least one chronic condition. However, with nearly 70% of older women reporting an absence or lack of adequate health insurance coverage, it is observed that insurance coverage is an impeding factor towards accessibility of treatment

While the social inclusion of older women is observed as fairly decent, older women are seen to suffer from a lack of accessibility to digital avenues of connectivity. Lack of experience of using smartphones (60%) and a nearly equal lack in ownership of such devices (59%) are reflective of these challenges faced by older women.

¹ <https://www.undp.org/publications/ageing-older-persons-and-2030-agenda-sustainable-development>

² <https://www.undp.org/publications/leave-no-one-behind-ageing-gender-and-sdgs>

³ <https://cloudflare->

[ipfs.com/ipfs/bafykbzacea6kkz22745ew4kd26j4klt6elztvoz3d523senc2qiarhzzq3fza?filename=Mala%20Kapur%20Shankardas%20-%20Ageing%20Issues%20and%20Responses%20in%20India-Springer%20Singapore_Springer%20%282020%29.pdf](https://cloudflare-ipfs.com/ipfs/bafykbzacea6kkz22745ew4kd26j4klt6elztvoz3d523senc2qiarhzzq3fza?filename=Mala%20Kapur%20Shankardas%20-%20Ageing%20Issues%20and%20Responses%20in%20India-Springer%20Singapore_Springer%20%282020%29.pdf)

Lastly, older women seem to be less susceptible to elder abuse, given that only 16% have reported being privy to the same. However, there is still a huge gap, from an awareness and understanding point of view, given that most older women being unaware of redressal mechanisms that exist for them to protect them against elder abuse (56%).

We hope that the information provided in this report will help facilitate dialogue around the financial, social, digital, health and wellbeing related needs of older women at various levels. We also hope that stakeholders across the private and public sectors will initiate collaborative efforts to best address the challenges faced by older women and provide policy and implementation level solutions to ensure holistic inclusion of female aging population of our country.

NATIONAL SALIENT FINDINGS

Status of Older Women

- 81% older women live with their families
- 54% older women in India were illiterate (59% Urban, 66% - Rural)
- 54% older women were married
- 43% older women were widowed

Elder Abuse

- 52% older women consider elder abuse to be prevalent
- 16% older women have faced elder abuse, mostly in the form of physical abuse (50%), followed by disrespect (46%) and emotional/ psychological abuse (40%).
- Main Perpetrators of Abuse: Son (40%), followed by other relatives (31%) and daughter-in-law (27%).
- Of those abused, only 16% older women reported the abuse.

Barriers & Challenges for reporting Elder Abuse

- 18% fear retaliation or further abuse
- 16% have no awareness of available resources
- 13% think their concerns are not taken seriously

Top 3 Suggestions to Prevent or Reduce occurrence of Elder Abuse

- Raising awareness on elder abuse through education campaigns (59%)
- Strengthening laws and penalties for elder abuse (51%)
- Providing training to caregivers to recognize and address elder abuse (43%)

Awareness & Impact

- 56% older women lack awareness on redressal mechanisms available for abuse
- 78% older women are not aware of government welfare schemes
- 15% are aware of the Maintenance & Welfare of Parents & Senior Citizens Act

Vulnerabilities

- 18% of elderly women have faced discrimination due to gender
- 64% of elderly women have faced social discrimination due to the marital status i.e. Widowed
- 72% older women can't take decisions for themselves

Healthcare

- 48% older women have at least one chronic condition
- 64% older women have reported not having health insurance

Economic & Financial Security

- 66% older women in India don't own any assets (such as vehicle, immovable / immovable property)
- 51% of the older women have reported being 'never' employed
- 74% are Not Working

- 32% older women want work till as long as possible
- 47% of the older women who are working, said that they do not find their environment at home friendly towards work.
- 36% of the older women who are working, say the same for their environment at their workplace.
- Nearly 70% of the older women have reported a lack of adequate and accessible employment opportunities.
- 53% of the older women do not feel financially secure. Of the 47% who do feel secure, 79% are dependent on their children for finances.
- 75% older women do not have any savings.

Caregiving

- 67% older women are in caregiving roles.
- 36% older women are not able to manage the burden of their care taking role.

Safety & Security

- 43% Elderly women worry of getting physically harmed.
- 76% saying its due to 'fear of falling' and 46% stating due to weak eyesight.

Digital/Social Inclusion

- 24% older women consider time spent by their children as not enough.
- 60% older women have never used digital devices.
- 59% older women do not own smartphones.
- 59% older women are not familiar with social media platforms.
- 13% elderly women would like to enroll for some skill development program online.

1 Introduction

1.1 About the Report

HelpAge India is a leading not-for-profit organization, working with and for the disadvantaged elderly population for over 4 decades. It was established in 1978, as an organization registered under the Societies' Registration Act of 1860. The primary mission of HelpAge India is to “**improve the quality of life of disadvantaged older persons**”. In order to do so, the organization has focussed its efforts on “direct interventions in the areas of healthcare; agecare; livelihoods; disaster response; and advocacy and awareness on rights and policies relating to elders”⁴.

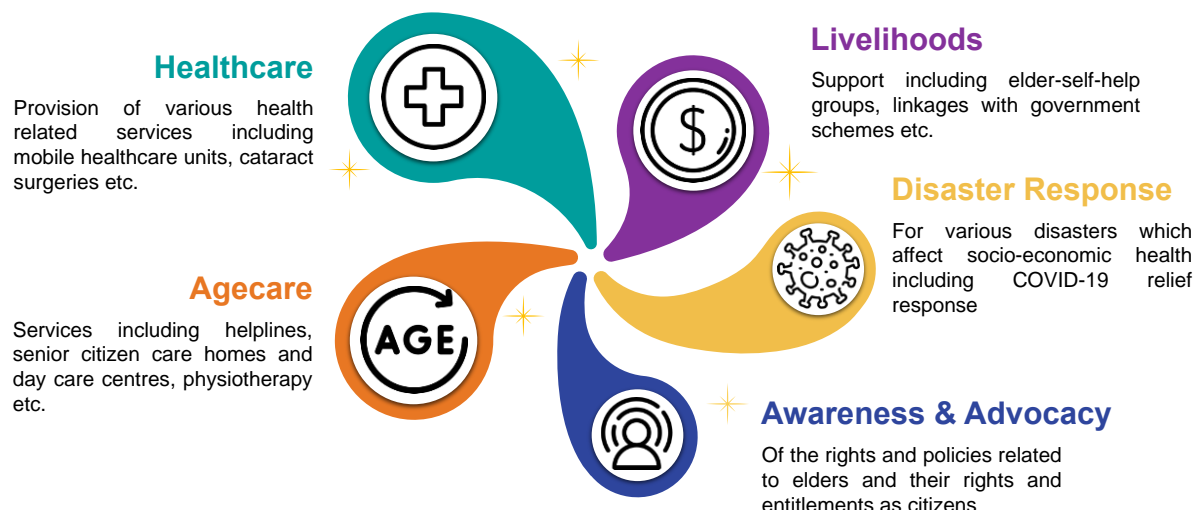


Figure 1 HelpAge India Focus Areas

Over the years Help Age India has worked across the country, to ensure that older persons can live a life of dignity and respect. The organization has thus covered many aspects of elder care, including the right to healthcare and pension and elder abuse. Effort is also being put towards collaboration with various national, state and societal level actors to influence elder care at a policy making and implementation level.

Each year, HelpAge India releases its annual report on the status of the elder population vis-à-vis various socio-economic parameters. The last report was focussed on the core existential issues of the elderly population from an economic and health and safety perspective, especially in the aftermath of the COVID-19 pandemic. The experiences of both the elderly population and their caregivers were recorded in this regard.

This year's report however focusses on understanding and highlighting the experiences and aspirations of older women across the development spectrum. In this context, the study is focussed towards understanding the status of older women vis-à-vis access to “essential needs, economic security, special health and care requirements, and the available government schemes and family care”.

⁴ <https://www.helpageindia.org/aboutus/>

1.2 Study Background

According to the United Nations (UN), population ageing is increasingly become a global phenomenon in the 21st century. With a general understanding that this phenomenon will have widespread implications on socio-economic development, it is gradually being recognized that the aged population is also a crucial contributor to global development⁵. It is thus important to understand the existing conditions of this population to navigate how it can be incorporated into mainstream development.

India is no exception to population ageing. In fact, as per the Longitudinal Ageing Study in India (LASI) conducted in 2021, the country's older population is said to be the world's second largest, with nearly 140 million people being ages 60 and above. While the growth of this ageing population is inevitable, it is seen that India remains underprepared "to deal with the expanding and evolving needs of older adults"⁶.



Figure 2 Challenges faced by old population in India⁷

With a population size this big, it is also important to understand how the ageing experience is shaped, based on gender. Literature suggests that ageing, more often than not is "peculiarly a female experience". Older women are seen as being subject to various vulnerabilities, making their old age "a less cherished stage of life"⁸.

It is seen that "as women live longer than men, they tend to undergo longer periods of "ill health, poverty, financial insecurity, high levels of dependency and gender-based discriminatory practices"⁹ among other socio-economic vulnerabilities. It is thus important to take stock of these challenges from India's perspective, in order to ensure effective policy formulation at the national, state and district levels.

In lieu of this context, this study seeks to delve on specific indicators, which would help assess the current condition and aspiration of older women across India, with the aim of ensuring that their concerns and challenges are met through holistic policies and programmes. It is also important from the perspective of adding to the existing literature on old age from a gendered lens.

⁵ <https://www.un.org/en/global-issues/ageing>

⁶ https://www.nature.com/articles/s43587-021-00155-y.epdf?sharing_token=nakc27h10kXcnxuuXiE0xNRgN0jAjWel9jnR3ZoTv0P9ktiftj|CdPNrqh1T-vxs9XHNTuPx7Dkm0K1W5-boxennDXAZ7-

⁷ [http://s3-ap-southeast-1.amazonaws.com/ijmer/pdf/volume9/volume9-issue12\(6\)/24.pdf](http://s3-ap-southeast-1.amazonaws.com/ijmer/pdf/volume9/volume9-issue12(6)/24.pdf)

⁸ Kaushik, A. (2021). Older Women in India: Differential Vulnerabilities and Empowerment Interventions. *Older Women and Well-Being: A Global Perspective*, 147-166.

⁹ <https://india.unfpa.org/sites/default/files/pub-pdf/ThematicPaper2-Womenandageing.pdf>

1.3 Research Aim and Objectives

1.3.1 Research Aim

The primary aim of this study is to understand the existing socio-economic conditions and aspirations of older women across the country. This will help facilitate dialogue at the national, state and grassroots levels, thus influencing policies and programmes related to welfare of older women in a positive manner.

1.3.2 Research Objectives

To align the study with the given aim, the research objectives include:



Figure 3 Study Research Objectives

1.4 Study Design

1.4.1 Target Groups

As mentioned previously, the target group of this study were older women participants (greater than or equal to 60 years), who were engaged through a structured toolkit in their household settings.

1.4.2 Sampling Strategy

This was primarily a landscape study, through which data was collected from older women participants from rural and urban areas and across SEC categories. Primary data was collected, using a detailed tool, which was designed based on a comprehensive secondary literature review. The tool comprised of the following sections, with each section having distinct questions arranged in an appropriate logical order:

1. Individual and Household Demographics
2. Employment and Economic Conditions
3. Health and Wellbeing
4. Safety and Security
5. Digital and Social Inclusion
6. Impact of Vulnerabilities

7. Awareness & Understanding of Welfare Schemes

1.4.3 Sampling Design

The data was collected from a total of 7911 participants from across the country. A sampling strategy was adopted, such that it covered 2 districts/wards, as applicable, each from 20 states and 2 Union Territories and 5 metro cities with at least one aspirational district in each state.

1.4.4 Sample Coverage

The overall sample of 7500 older women participants was planned to be covered through the administration of a structured tool through face-to-face interviews across the country. The tables given below provide an overview of the sample covered vis-à-vis the sample planned for each state, Union Territory and metro city, with the total sample covered including 7911 older women.

States	Districts	Targeted Sample	Achieved Sample
Andhra Pradesh	Annamayya	140	130
	Visakhapatnam	140	157
Haryana	Charkhi Dadri	140	140
	Mewat	140	138
Punjab	Nawanshahr	140	142
	Moga	140	143
Telangana	Wanaparthy	140	146
	Bhadradi-Kothagudem	140	158
Gujarat	Bharuch	140	141
	Narmada	140	161
Goa	North Goa	140	149
	South Goa	140	149
Kerala	Ernakulam	140	146
	Wayanad	140	144
Bihar	Katihar	140	141
	Nawada	140	129
Maharashtra	Osmanabad	140	157
	Chandrapur	140	144
Jharkhand	Ranchi	140	143

	Pakur	140	136
Uttarakhand	Pithoragarh	140	138
	Haridwar	140	146
Tamil Nadu	Nagapattinam	140	154
	Ramanathapuram	140	141
West Bengal	Alipurduar	140	151
	Dakshin Dinajpur	140	155
Chhattisgarh	Bijapur	140	143
	Janjgir-champa	140	150
Karnataka	Shivamogga	140	154
	Yadgir	140	140
Rajasthan	Jaisalmer	140	143
	Bharatpur	140	147
Uttar Pradesh	Gorakhpur	140	146
	Bahraich	140	147
Himachal Pradesh	Kullu	140	137
	Chamba	140	144
Madhya Pradesh	Dindori	140	150
	Chhatarpur	140	144
Odisha	Boudh	140	153
	Rayagada	140	184

Table 1 State Wise Sample Covered

Metro Cities	No. of wards	Targeted Sample	Achieved Sample
Mumbai	2	280	318
Bengaluru	2	280	284
Chennai	2	280	283
Kolkata	2	280	283
Hyderabad	2	280	288

Table 2 Sample Covered in Metro Cities

Union Territory	No. of wards	Targeted Sample	Achieved Sample
Delhi	2	280	314
Chandigarh	2	280	281

Table 3 Sample Covered in UTs

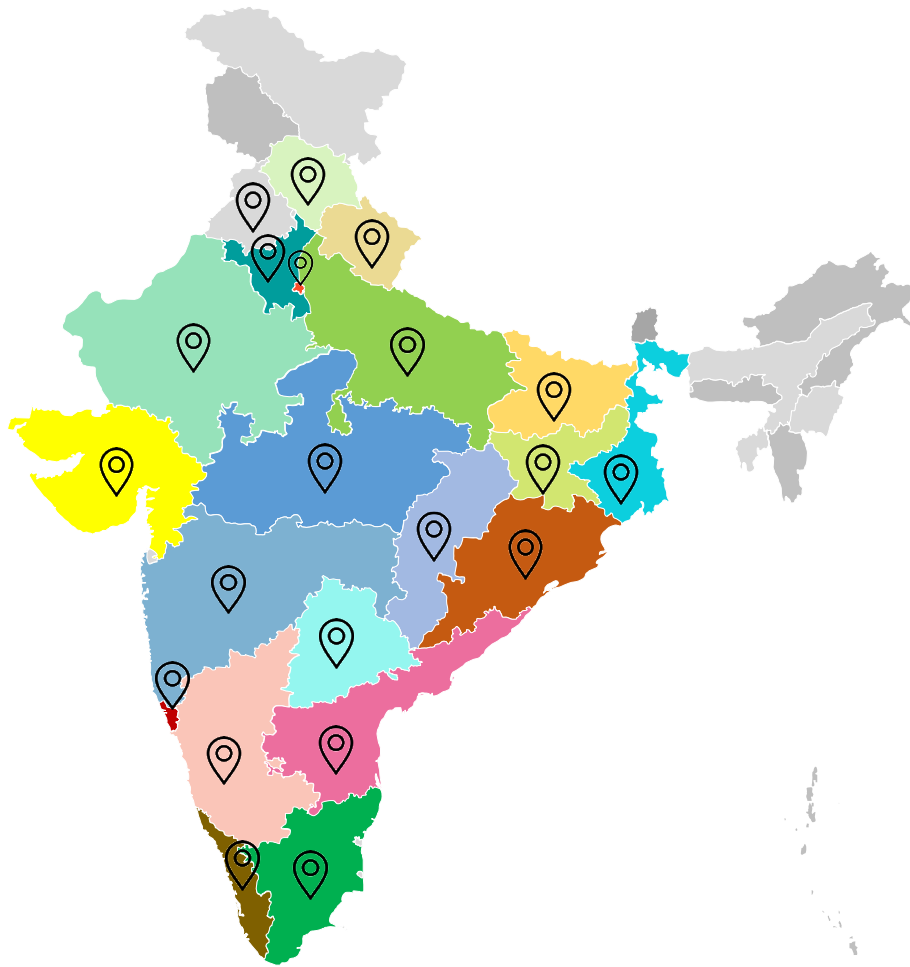


Figure 4 Study Geography (States)

2 Demographics

2.1 Age

As mentioned previously, a total of 7911 old women were interviewed as primary respondents for this study. The majority of these respondents as shown in the figure 5, were from the 60 to 69 year old age group, while the remaining were from the 70-79 and 80-89 age groups. No respondents were seen from >90 years category.

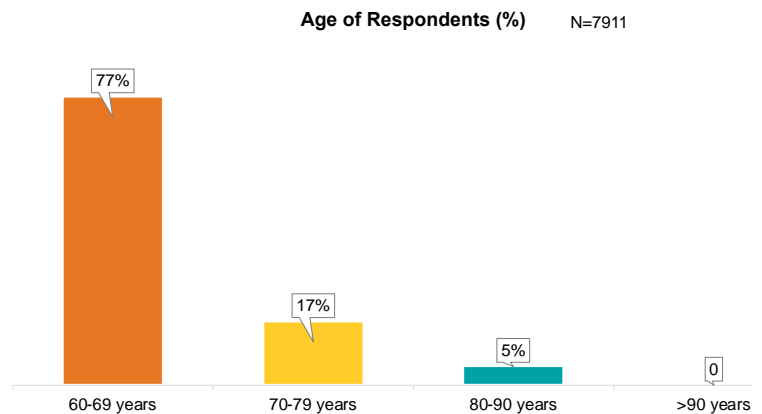


Figure 5 Age of Respondents (%)

Looking at the specifics, it is seen that the age distribution across rural and urban locations is highly comparable for all age categories. For e.g., in rural locations, there were around 77% respondents belonging to the 60-69 years age category, the same being true for 75% of the older women urban areas.

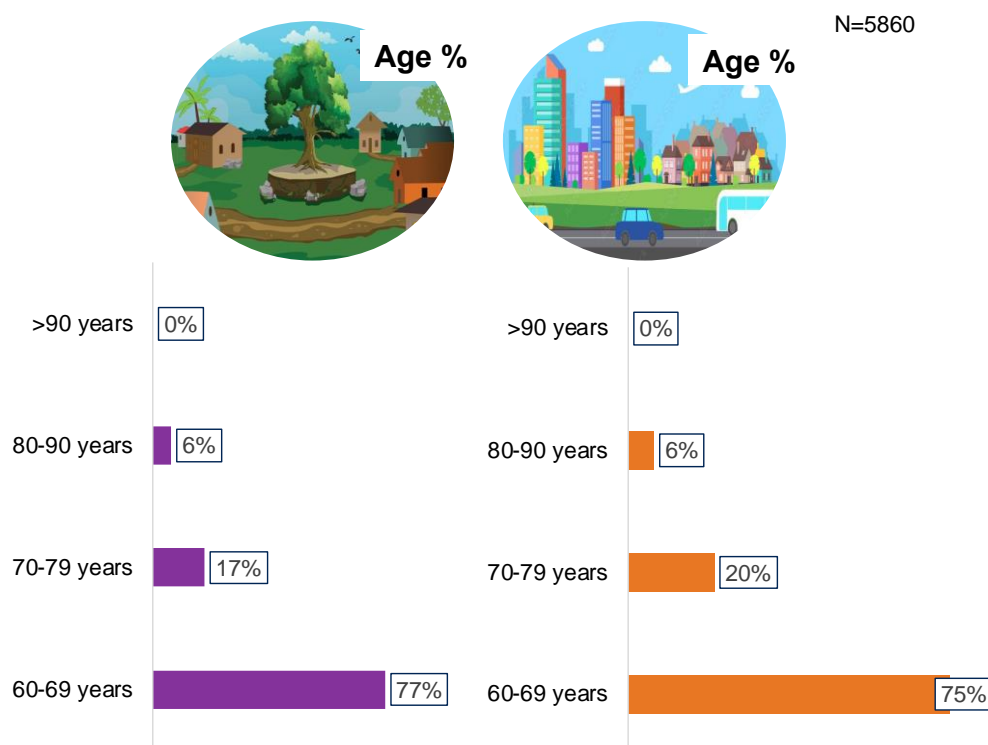


Figure 6 Age of Respondents across Rural & Urban Locations (%)

The total number of women belonging to urban and rural areas is 5860, with the distribution as follows:

1. Urban: 2962 (51%)
2. Rural: 2898 (49%)

2.2 Household Attributes

The household demography of the respondents has been looked at from multiple lenses, including marital status and living arrangement, along with Socio-Economic Classification (SEC) system. The SEC system is used in India to classify households, based on the educational qualification of the primary earner, as well as the “number of consumer durables” owned by the household. This system classifies households across 12 categories, on the basis of the above mentioned variables¹⁰. Looking at the data collected as part of this study, it is seen that the majority of the older women reside in households with SEC category C, followed by category B and A.

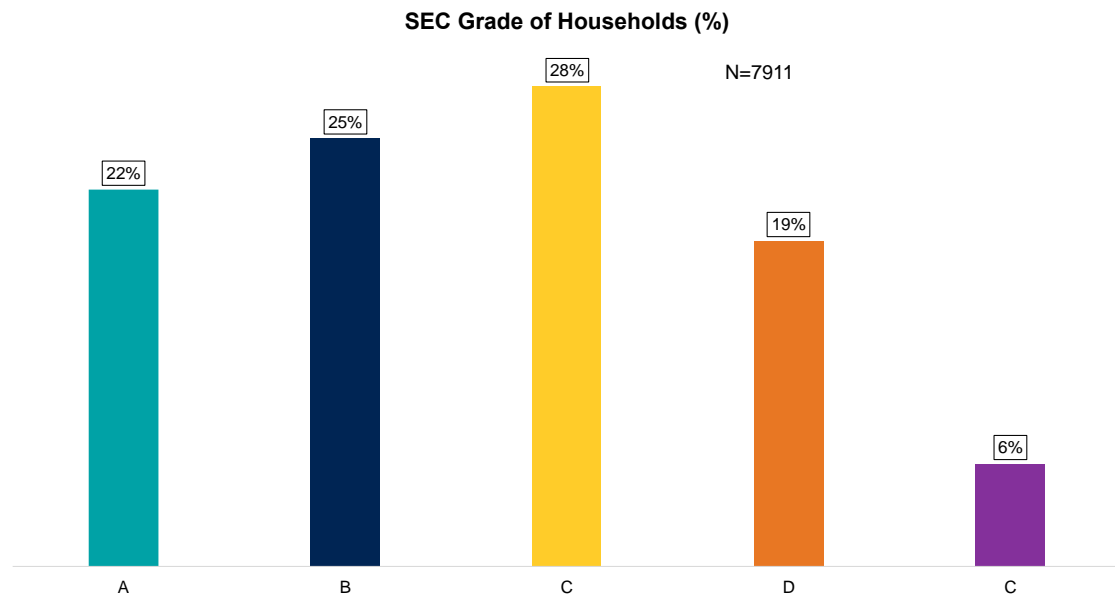


Figure 7 SEC Grade of Households (%)

Looking at the marital status of the respondents, it is seen that a little over half of the respondents (54%) are married. A significant proportion of the respondents are however widowed (44%), as seen in Figure 8. A state wise comparison shows that the rate of widowhood is higher than the national rate in some states including Tamil Nadu (61%), West Bengal (61%), Uttarakhand (58%), Kerala (58%), and Jharkhand (55%) among other states. For metro cities, the rate of widowhood is seen to be slightly higher in some cases and lower in others. When it comes to UTs, Chandigarh (30%) and Delhi (39%) both show a lower level of widowhood than the national average. Urban older women showed a higher rate of widowhood (51%), while that of rural areas is similar to the national trend observed as part of this study.

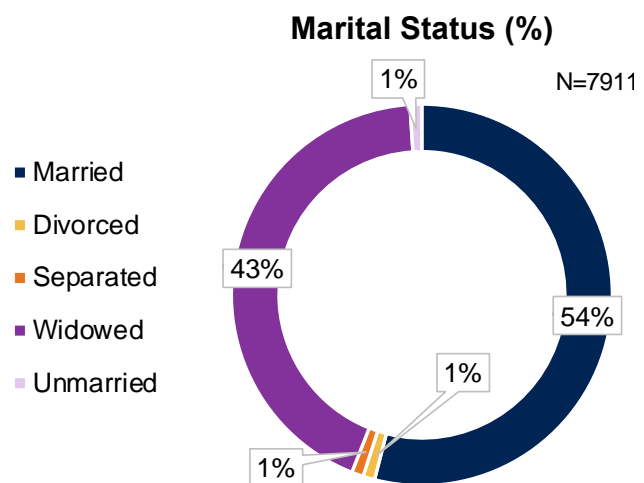


Figure 8 Marital Status of Respondents (%)

¹⁰ <https://mruc.net/uploads/posts/b17695616c422ec8d9dadafc1c3eec26.pdf>

There is ample evidence from various studies, which suggest that household living arrangements play a significant role in the health of older adults in India¹¹. With this in mind, we have also looked at the living arrangements of the respondents of this study. It is seen that the majority of the respondents i.e. 81% live with their families, which include their spouse, children and grandchildren among other family members. The remaining sample population live with either their spouse only, live alone or live with their relatives (Figure 9).

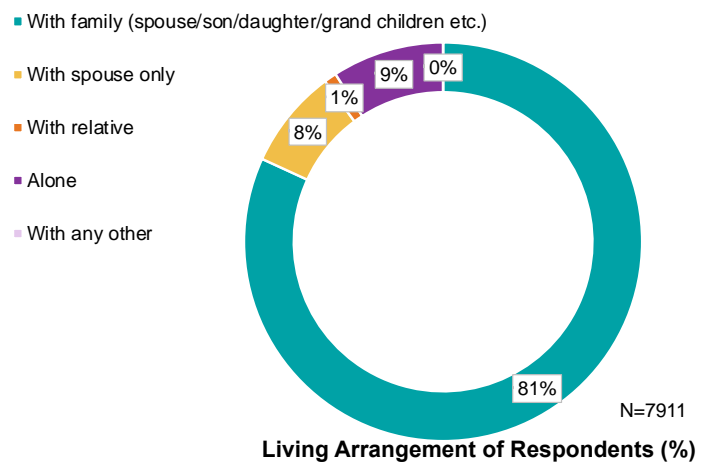


Figure 9 Living Arrangement of Respondents (%)

2.2.1 Employment and Education

The UN attributes a high degree of importance to economic security, which is considered to be “a cornerstone of well-being”. It enables people to plan for their future, as well as that of their children, while also promoting “innovation, reinforcing social connections and building trust in others and in institutions”. It is also linked to reduced levels of fear and worry, which ultimately results in better physical and mental health outcomes of people¹².

Within India, the economic status of older persons is linked to hardship, with “most of them not being in a position to earn their livelihood”. This loss of livelihood, coupled with increased pressure of spending savings on medical expenses as well as exploitation by family members leads older persons to be financially dependent. Studies show that within India, nearly 65% of older persons are dependent on others for meeting their daily requirements, especially financial needs. Of the proportion of older persons that are financially independent, older men fare better than older women, of whom only less than 20% are financially independent¹³.

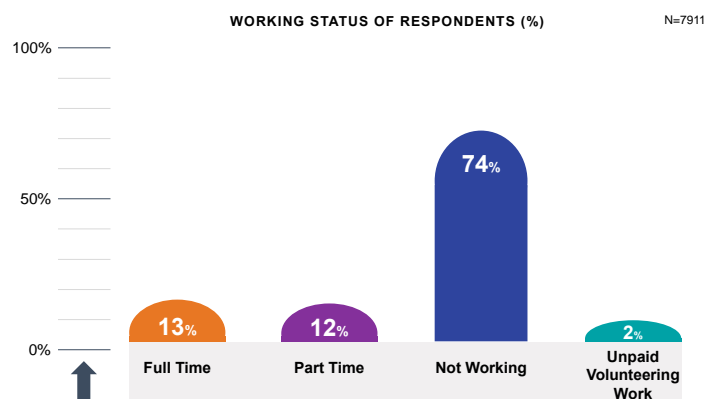


Figure 10 Working Status of Respondents (%)

¹¹ <https://pubmed.ncbi.nlm.nih.gov/25452403/>

¹² <https://www.un.org/development/desa/dspd/2021/01/a-new-global-deal-must-promote-economic-security/>

¹³ <https://social.un.org/ageing-working-group/documents/seventh/AgewellFoundationSubmission.pdf>

Through this study, it is observed that nearly three-fourth of older women have reported not being engaged in paid work (Figure 10). Only 25% older women have reported being enrolled in full-time and part time paid work.

Looking at the state-wise comparison of older women not undertaking paid work, it is seen that States like Haryana (94%), Uttar Pradesh (91%), Kerala (84%) and Gujarat (82%) have shown a much higher percentage of such older women than the national overall observed as part of this study. The non-working status of older women in metro cities is also seen to be extremely high in some cases, with Hyderabad and Mumbai showing a non-working status for at least 85% older women. For aspirational districts like Mewat (96%), Yadgir (91%), Bahraich (89%), Wayanad (87%), Ramanathapuram (87%) and Bhadrachari-Kothagudem (85%), it is seen that at least 85% older women per district have reported a non-working status.

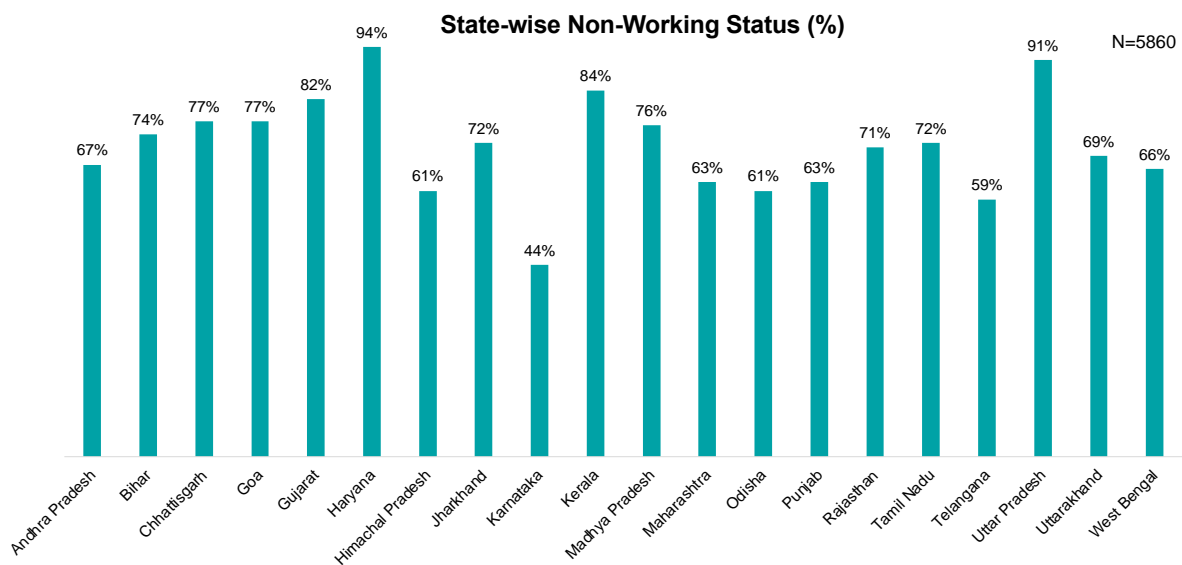


Figure 11 State-Wise Unemployment Status of Respondents (%)

In addition to the working status, we have also looked at the employment status of our primary respondents. It is seen that over 50% of older women have reported to never been employed in their life, with another 33% reporting that they have been employed at some point in their life. The rate of older women being currently employed is seen to be 13%. In states like Maharashtra (44%) and Himachal Pradesh (32%), the proportion of older women who are currently employed is much higher than the overall currently employed trend.

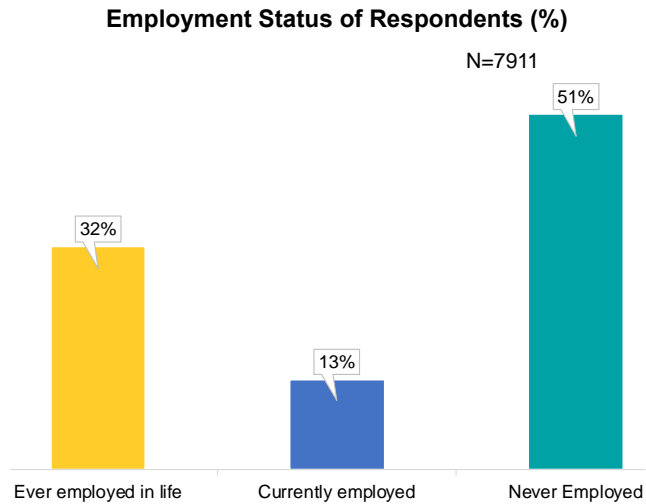


Figure 12 Employment Status of Older Women (%)

Building on this, Figure 13 shows the education status of older women. Over half of the older women respondents reported themselves as illiterate. This figure is seen to be higher for those residing in slightly rural areas (66%), in comparison to those in urban areas (59%), in comparison to the national trend observed. States like Madhya Pradesh (88%), Karnataka (83%) and Odisha (79%) show a significantly illiterate older women population, with around 80% or more women reporting to be illiterate. Looking at metro cities however, the rate of illiteracy is seen as lower than the national trend, with only Hyderabad (68%) showing an illiteracy rate higher than the overall. The status of illiteracy among older women in aspirational districts is different from that of metro cities. With 12 out of 17 districts having more illiterate women than what is observed at an overall level, it can be concluded that the rate of illiteracy is higher for older women residing in aspirational districts.

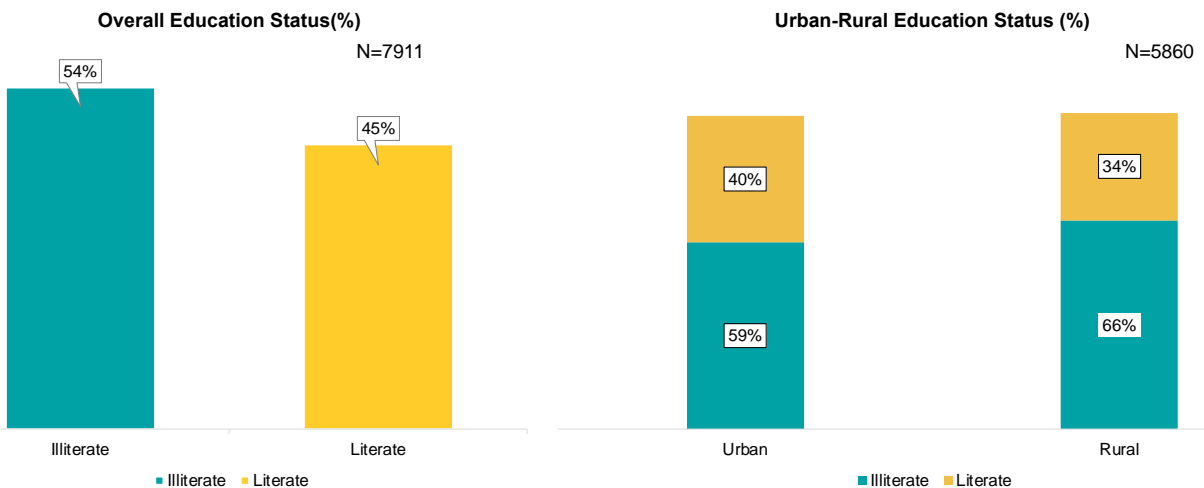


Figure 13 Overall and Urban-Rural Education Status of Respondents (%)

2.2.2 Ownership of Assets

Asset ownership is considered to be another key indicator in determining the level of income security and level of independence or dependency of an individual, especially those belonging to the older age categories. Our study reveals that of the total sample (Figure 14), only 31% of the older women respondents own assets of any kind. This finding is consistent with data provided by the United Nations Population Fund (UNFPA) through a study, which suggests that within India, nearly one third of older women do not own assets of any kind ¹⁴.

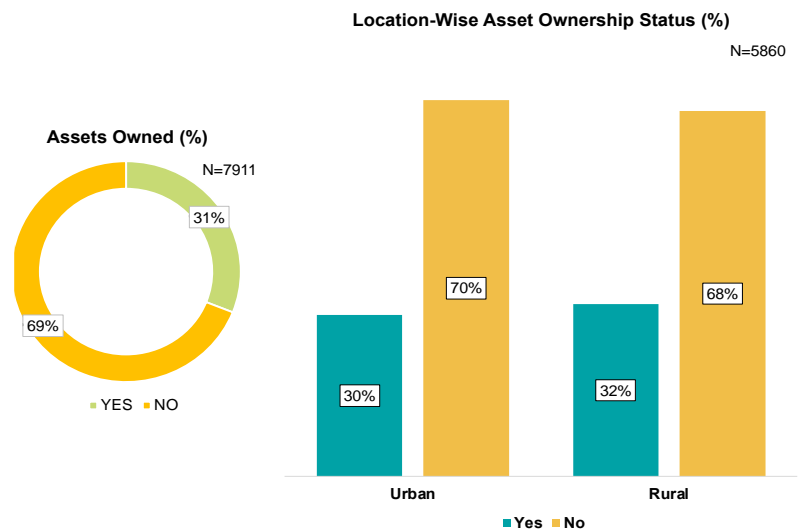


Figure 14 Asset Ownership for total sample and rural-urban locations (%)

This study further goes on to show the type of assets owned by the respondents who agreed to having owned assets of any kind. It is seen that of the total sample of 31%, which agreed to owning assets of their own, a majority of them i.e. 88% have admitted to owning a house. A significant proportion i.e. 28% of the said sample also owns agricultural land, as seen in Figure 15. Our data reveals that this percentage is higher for older women belonging to rural areas (42%), while only 17% of those residing in urban areas own agricultural land.

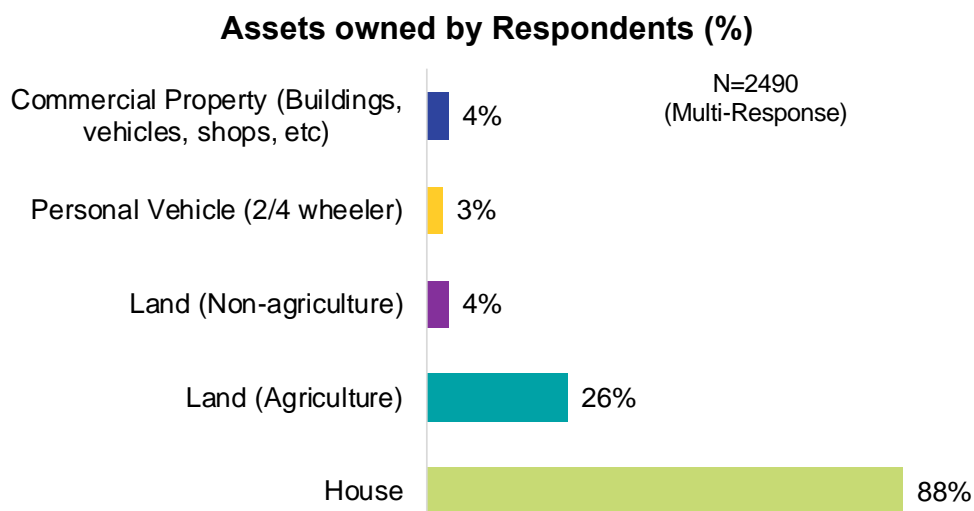


Figure 15 Type of Assets Owned by Respondents (%)

¹⁴ <https://india.unfpa.org/sites/default/files/pub-pdf/ThematicPaper2-Womenandageing.pdf>

3 Key Findings

This chapter delves into the key findings related to the existing status of older women on aspects like economic security, health security, elder abuse, social and digital inclusion and awareness of rights and entitlements as senior citizens. The impact of vulnerabilities of various natures, owing to their status has also been expounded upon.

3.1 Economic Security

In this sub-chapter, we look at various indicators related to the economic security of the older woman respondents who were primary respondents for this study. Economic Security is seen from the lens of employment status, work safety, income and lifestyle and status of volunteering work. According to the National Human Rights Commission (NHRC), the rights of senior citizens are there to ensure that they live a life that is “secured, dignified and productive”. There is an importance placed on older people having access to work and other “income generating opportunities”, which allows them to independent and self-reliant to a great extent¹⁵.

3.1.1 Employment & Work Safety

The spirit of enabling and ensuring that older people have access to work is somewhat found missing, basis the finding of this study. It was seen that of the total older women respondents, only 26% are enrolled in some kind of full-time or part-time paid work, with remaining majority reporting an unemployed status. It is thus important to probe upon reasons for unemployment and safe or unsafe employment status of older women.

The importance of having a healthy workplace and home environment is reiterated by the World Health Organization, especially for healthy ageing¹⁶. The same is true when it comes to how supportive are workplace and home environments for older people to work and have meaningful employment experiences. The shift brought about by the COVID-19 pandemic in daily work routines and working arrangements adds another layer of importance to having such an environment¹⁷.

Our study shows that over half of the older women consider their home environment to be employment friendly, while over 60% of the older women who are working think the same of their workplace environment. There is still however a significant proportion of older women who do not consider their home (47%) environment to be employment friendly, while the same is true for 36% of the working older women.

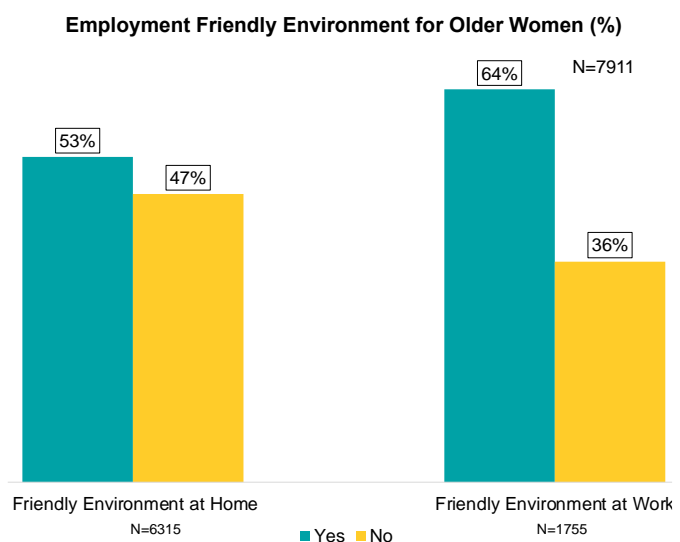


Figure 16 Employment Friendly Environment at Home and Work (%)

¹⁵ https://nhrc.nic.in/sites/default/files/9%20Right%20of%20Senior%20Citizens_compressed.pdf46

¹⁶ <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments>

¹⁷ <https://my.clevelandclinic.org/departments/employer-healthcare-solutions/covid-19-workplace-safety>

01. SEC REPRESENTATION

Elderly women who work full time belong to SEC E (24%) .

02. DISTRICTS

Belong to districts of Shivamogga(91%) and Wanaparthy(64%) .

03. URBAN RURAL

Majority are from Urban (16%), in the age group of 80-90years and most of them are illiterate



Figure 17 Profile of Women as Per Working Status (%)

When it comes to the reasons for considering their workplace environment to be employment friendly, it is seen that over half of the working older women who agreed to having an employment friendly workplace environment consider flexible hours as being a crucial factor. This factor has been deemed more important by older women in rural areas (64%), than by those in urban areas (48%). Other important reasons for them to consider include having supportive and understanding managers (36%), having their environment adjusted by employers to suit their needs (35%) and also having access to wellness programs for elderly at their workplace (31%). Factors like parity in pay (9%), access to a work from home setup provided by their workplace (6%), and having access to skill training opportunities for the elderly (9%) are seen to be less effective reasons for considering workplace environment to be employment friendly.

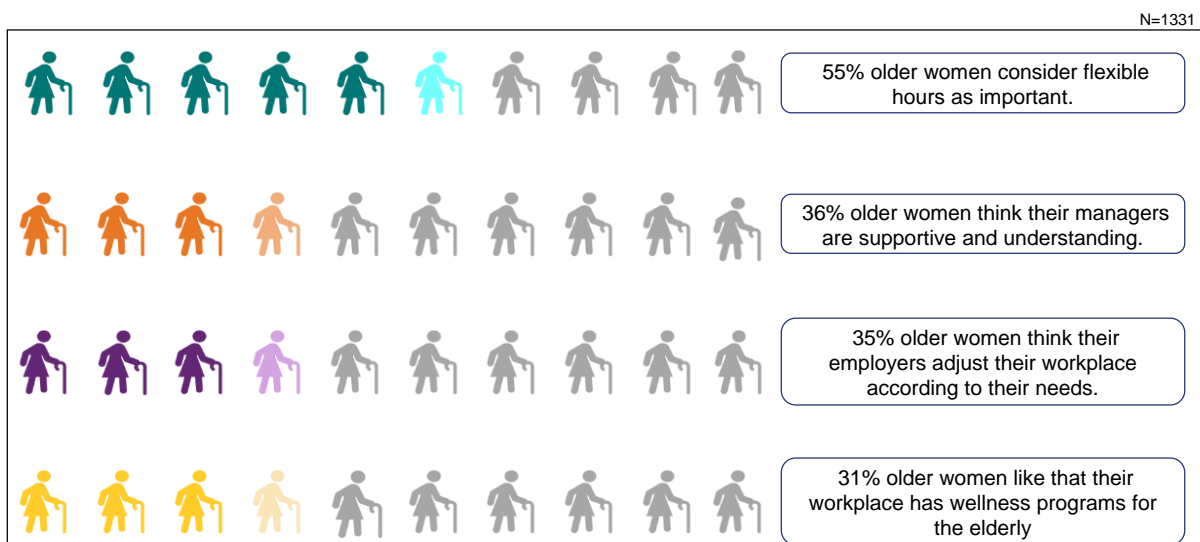


Figure 18 Top Reasons for Considering Environment to be Employment Friendly (%)

3.1.2 Employment Opportunities & Aspirations

The next aspect looked at is the availability of employment opportunities. An absence of employment opportunities was reported by nearly 70% of older women. Looking at

the state-wise data, the absence of such opportunities was seen to be highest in Bihar, West Bengal, Punjab, Jharkhand and Uttarakhand, being well over 80%.

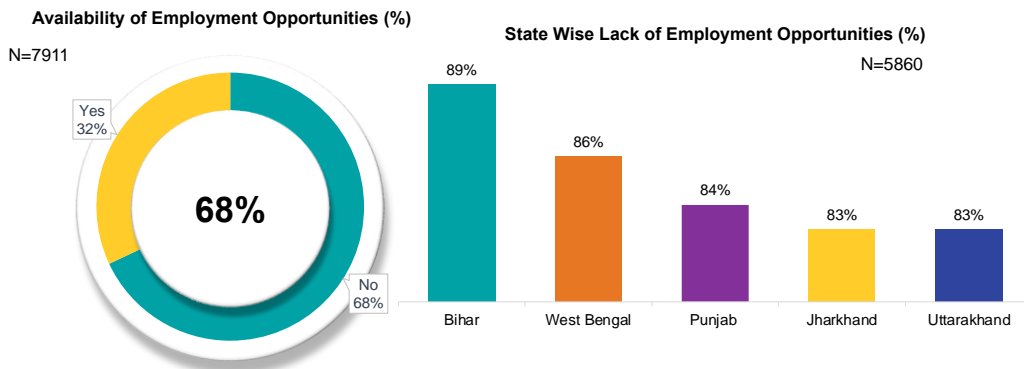


Figure 19 Overall and State-Wise view on Employment Opportunities (%)

In the midst of the overall lack of employment opportunities for older women, this study has also looked to probe upon their employment aspirations, which would help in informing the development and implementation of employment accessibility measures for older women. The first indicator looked at was the willingness to work over a period of time. It is seen that while 41% of the older women reported an unwillingness to work, a significant 59% (Figure 19) did report the willingness to work over different periods of time, with nearly 32% of the total respondents wanting to work for as long as possible. This shows that a significant proportion of older women have the willingness to contribute to economic resource generation through meaningful employment.

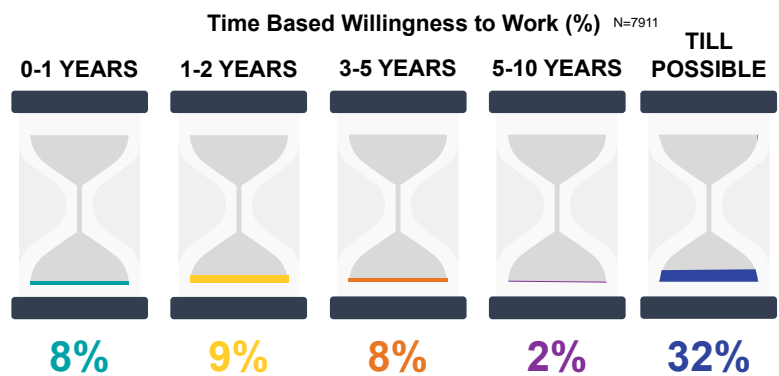


Figure 20 Willingness to Work (%)

01. SEC REPRESENTATION

Highest SEC representation is from SEC E (50%) & SEC D (38%)

02. DISTRICTS

Elderly who wants to work as long as possible belong to the districts of Kullu (64%) and Nagapattinam (65%)

03. URBAN RURAL

Majority are from Urban areas (38%), in the age group of 60-69 years and with the education qualification till Secondary / Matric passed (Class-X) (41%)

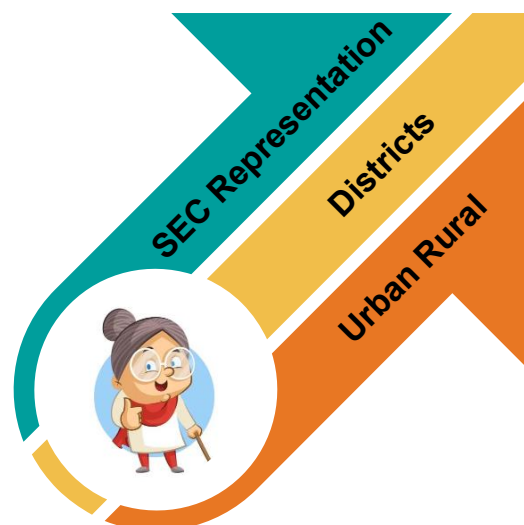


Figure 21 Profile of women willing to work till possible (%)

In terms of suggestions on how to ensure better employment opportunities for older women, nearly half of those showing a willingness to work placed importance on

having work from home opportunities, while 41% of these respondents also consider having jobs only for the elderly as crucial. An element of flexible working arrangements is also seen to be desirable among 35% of these respondents. This could perhaps be attributed to several reasons including health, ability to have a social life, COVID-19 pandemic and its focus of work flexibility etc. Further research is required to probe into this aspect.

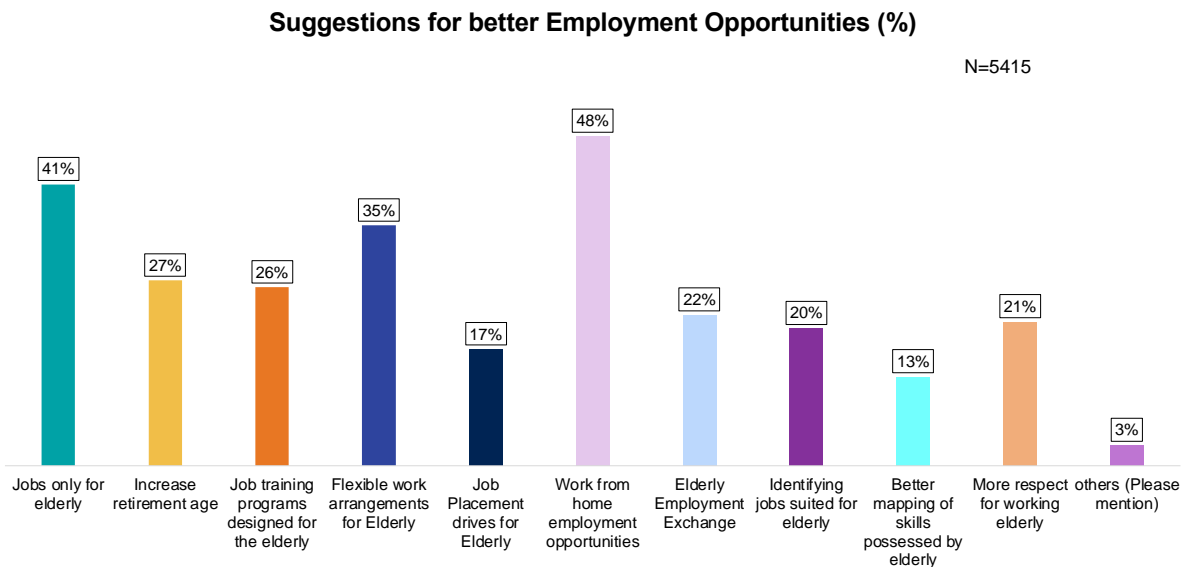


Figure 22 Suggestions for Better Employment Opportunities (%)

3.1.3 Income, Financial Security & Lifestyle

Economic or financial security is an ability, which allows individuals and households to meet their essential needs, that too with dignity and respect¹⁸. For a person to be secure financially, it is important for them to have access to opportunities and assets to earn a living and also for them to cover their essential health, education food and shelter related expenses. In this light, UN Women through its research suggests that “women are less likely to enjoy income security and economic independence in old age in comparison to old men”¹⁹.

Our study reveals that the proportion of older women who feel financially secure (47%) is fairly similar to the proportion of older women who feel financially insecure (53%). The proportion of women who do feel financially insecure is however significantly high, thus signalling the need to mitigate financial challenges faced by older women.

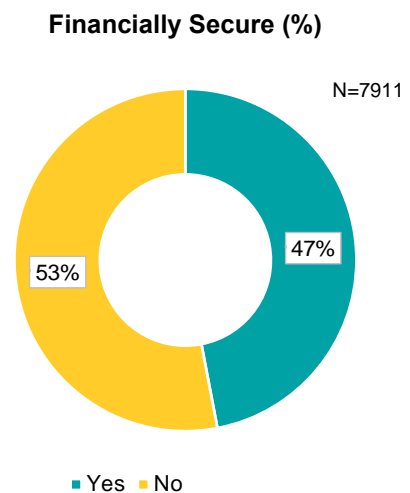


Figure 23 Status of Financial Security (%)

The proportion of women who feel financially insecure is highest in the states of Jharkhand (85%), West Bengal (83%) and Tamil Nadu (74%).

feel the same due to their children supporting their financial requirements. While this shows a high level of financial care is being provided, it also reflects an increased

¹⁸ <https://www.icrc.org/en/document/introduction-economic-security>

¹⁹ <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/UNwomen-PolicyBrief03-ProtectingWomensIncomeSecurityInOldAge-en.pdf>

financial dependence for older women on their children. The reliance of older women on their children to feel financially secure is seen to be fairly equal across both urban (76%) and rural (81%) areas.

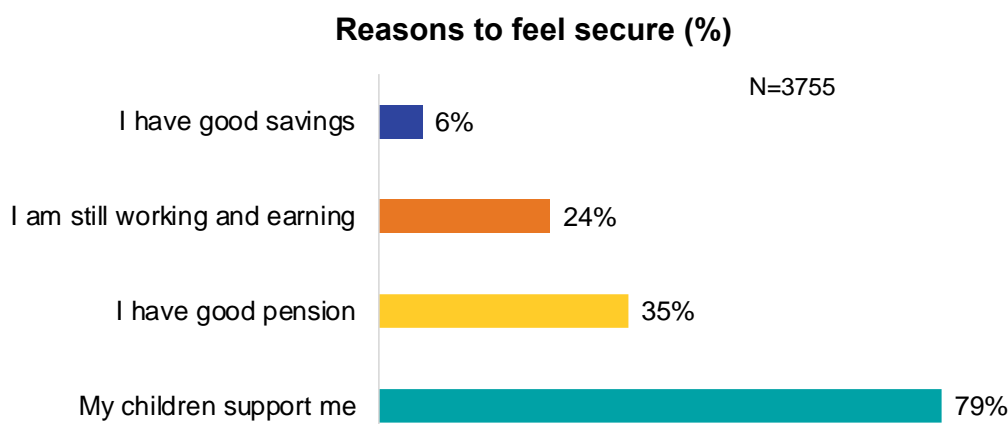


Figure 24 Reasons to feel Financially Secure (%)

The factor of pension is also important for financial security. The UN Department of Social and Economic Affairs attributes a high level of importance to pension systems, which “play an important role in keeping out of poverty” in old age. Older women usually have limited access to such systems, given the “persistent disadvantages that they face” due to social and economic exclusion²⁰. In Figure 22, it is seen that of the total older women who feel financially secure, only 35% consider their pension to be a reason for them to feel secure. In other words, the proportion of women considering their pension to be effective in providing financial security is significantly less.

3.1.4 Volunteering Status

The National Human Rights Commission (NHRC) places importance on ensuring that older people are able to live a productive life, as has been mentioned previously. Productivity in old age, leads to healthier ageing, while also allowing old persons to “make a longer and more valuable contribution to society”²¹. Older adult volunteering is a key activity for ensuring productivity, having various mental health. Old age volunteering is also considered to be important from a economic resource generations perspective. Our study reveals that nearly 70% of the older women are not engaged in any volunteering work, with a majority of those not engaged in volunteer work (81%) not reporting a willingness to undertake volunteer work in the future.

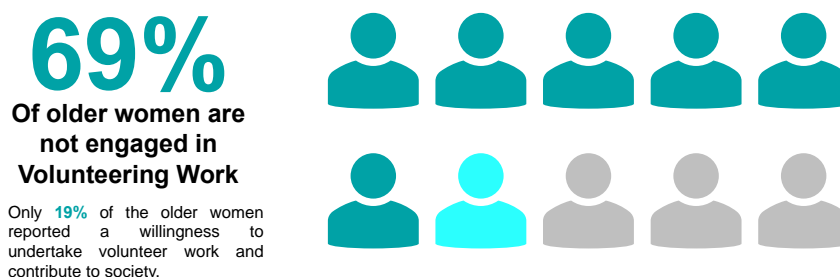


Figure 25 Volunteering Status of Respondents (%)

²⁰ <https://www.un.org/development/desa/dspd/2022/11/old-age-poverty/>

²¹ <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02647/full>

01. SEC REPRESENTATION

Elderly who don't want to do volunteer work belong to SEC C (83%)

02. DISTRICTS

The women who are not willing to do any volunteer work belong to Himachal Pradesh(96%), Karnataka(93%), and Chandigarh (93%)

03. URBAN RURAL

Majority are from Rural areas (82%), in the age group of 80-90 years and most of them are illiterate.

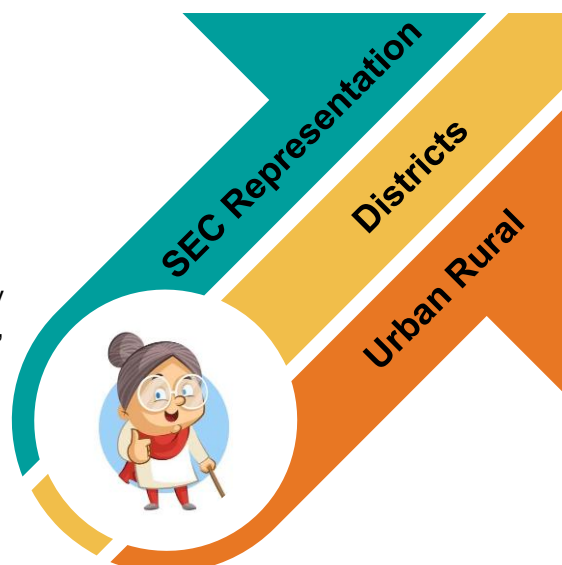


Figure 26 Profile of women unwilling to do volunteer work (%)

3.2 Health Security

3.2.1 Health Status & Health Seeking Behaviour

The biological characteristics of ageing are often linked with “accumulation of a wide variety of molecular and cellular damage over time”. This entails greater risk of contracting health conditions, both physical and mental, as well as increased chances of mortality. Old age is considered to be a life-stage where people are prone to experiencing multiple health conditions in simultaneity²².

According to the World Health Organization (WHO), “older women are more likely than men to have chronic, or ongoing, health conditions” and are also more likely to have multiple health conditions at a given time. Within India, chronic conditions are seen to be common among older women due to negligence among other factors. Their health seeking behaviour is also seen to be somewhat lacking, due to “negligence, lack of awareness, financial support etc²³”.

In our study, 45% older women reported having no chronic conditions, while almost 48% reported having at least one or more chronic health conditions.

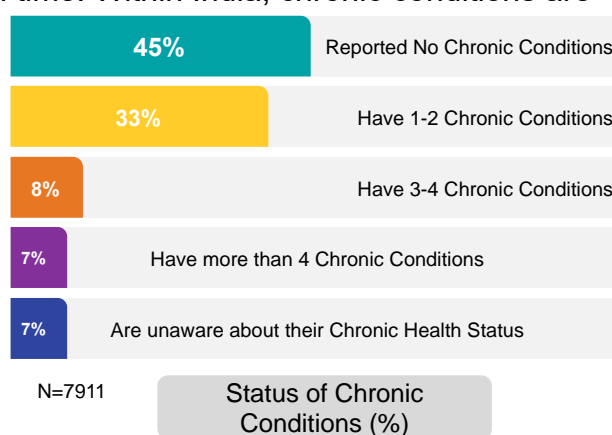


Figure 27 Status of Chronic Health Conditions (%)

²² <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

²³ <https://www.ctdt.co.in/abstractArticleContentBrowse/CTDT/17749/JPJ/fullText>

When it comes to health seeking behaviour, it is seen that over 60% of the older women reported undergoing regular treatment, which is a sign of good health seeking behaviour. For the 32% of women who do not seek regular treatment, 64% of these women reported that them being healthy is the primary reason for them to not seek regular treatment. The need based nature of health seeking is also seen to be important for 24% of these older women. Cost as a health seeking determining factor is seen to be considerably less important. It was seen earlier that a large proportion women who felt financially secure reported that their children supported their financial needs, which could include medical expenses This can be considered as an influencing factor in this aspect.

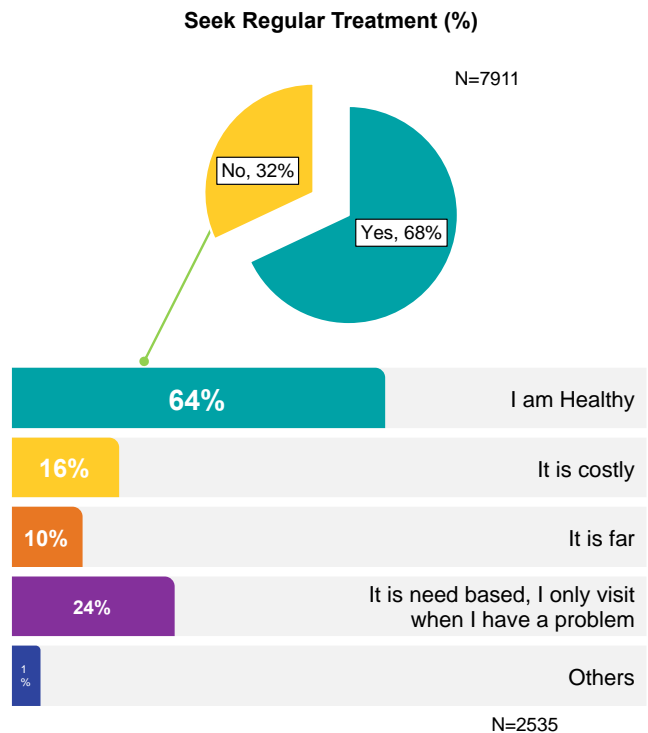


Figure 28 Uptake of Regular Health Treatment (%)

3.2.2 Healthcare Treatment & Aspirations

The global and national increase in aged population cohorts reveals an improvement of socio-economic development, which has increased longevity. However, it also means that there is now a greater need for “holistic healthcare”, which places a level of burden on individuals, families and healthcare systems at various levels. India has been subjected to this increased burden, with the elderly being privy to “unattended and undiagnosed chronic diseases, unaffordable medicines and treatments, and malnutrition²⁴”.

In recognizing these changes, the Ministry of Health & Family Welfare through its “National Programme for the Health Care of Elderly” (NPHCE) has been working towards “addressing various health related problems of elderly people”. One of the primary mandates of the programme has been to ensure the provision of “accessible, affordable, and high-quality long-term, comprehensive and dedicated” healthcare treatment and other services for the elderly²⁵.

In this context, our study reveals that while all older women access health facilities, this access is seen to be varying when it comes to accessing treatment in public and private health institutions, or a blend of both.

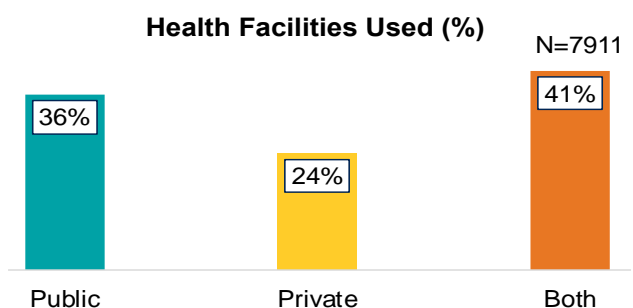


Figure 29 Health Facility Usage (%)

²⁴ https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf

²⁵ <https://main.mohfw.gov.in/sites/default/files/Detailed%20Brief%20of%20NPHCE.pdf>

Building on the usage of facilities to access healthcare services, it is seen that over 70% of the older women are satisfied with the medical treatment they receive from the health institutions that they access. On the contrary, almost 20% older women reported being dissatisfied with the medical treatment received.

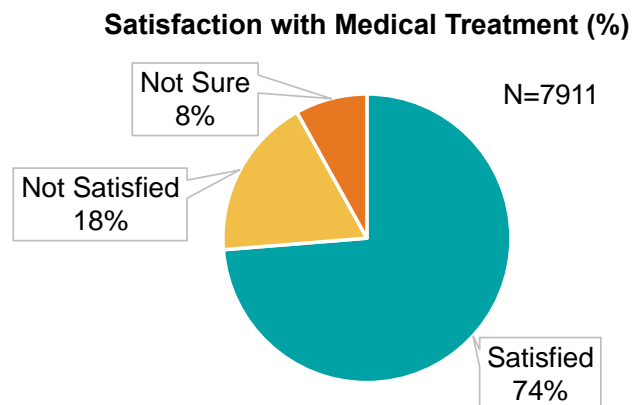


Figure 30 Satisfaction with medical treatment (%)

It was also seen that 36% of the older women faced difficulty in accessing treatment at some point. Top 4 reasons for facing such difficulties include high cost of medical care or medication (60%); lack of health providers in nearby areas (49%); no or insufficient health insurance coverage (38%) and limited transport options (36%).

36% of the older women reported having difficulties in accessing treatment at some point, this being highest in Karnataka (73%), Himachal Pradesh (63%). And Uttarakhand (60%).

From a longitudinal perspective, 53% of the older women have reported that they have observed changes in the healthcare treatment provided by health facilities, from when they were younger, to now in their old age. Of these women, 75% reported that they have witnessed positive changes in the healthcare treatment available. This is reflective of a drastic improvement in the quality of healthcare treatments accessed by older women, as well as the ability of these women to recognize such changes. It is still important to note that for 47% of the women, there seems to be no change in terms of the type and quality of healthcare treatment that they have accessed over the years.

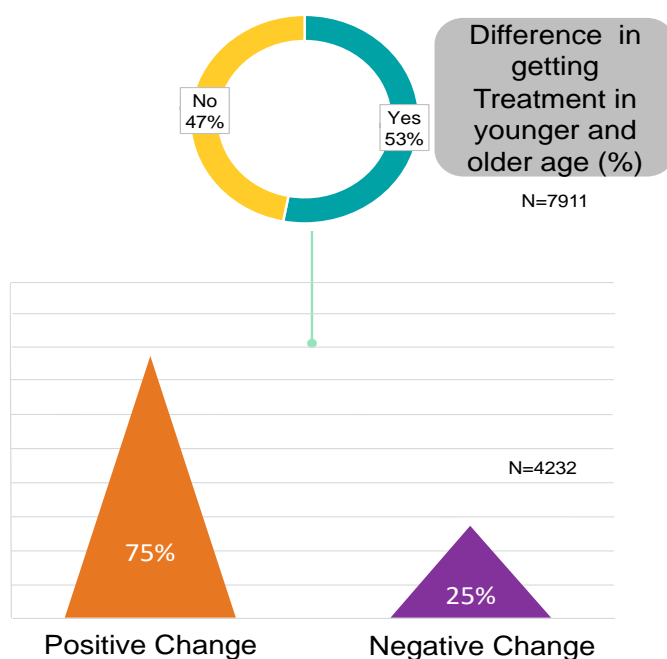


Figure 31 Differences in Treatment (Longitudinal) (%)

01. SEC REPRESENTATION

Elderly who don't feel any difference in health care services belong to SEC A (51%).

02. DISTRICTS

Elderly who want to be independent belong to the districts of Shivamogga (99%) and Nawashahr (98%) and Moga (98%)

03. AGE AND LITERACY

Majority are in the age group of 60-69 years (69%) and most of them are illiterate (62%).

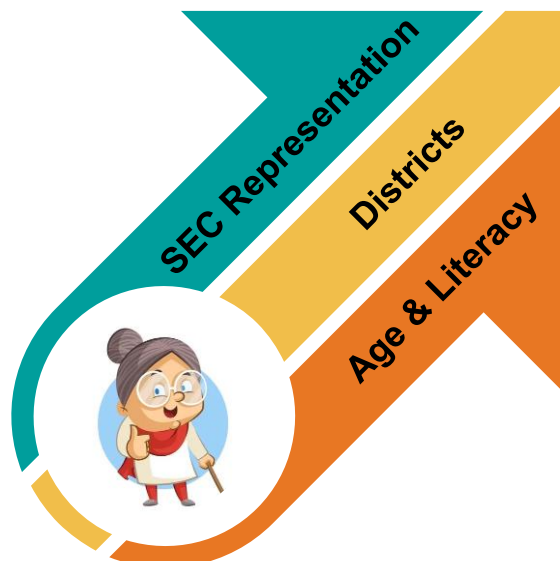


Figure 32 Profile of women not observing changes in health facility services (%)

When it comes to suggestions on how to improve healthcare experiences, the top four suggestions can be seen in Figure 33. It is seen that half of the older women have suggested an improvement in availability of health facilities nearby, which enable them to access health care services without travelling long distances. The importance of healthcare assistance at a household level is also seen to be crucial for over 40% of the older women, along with free availability of medicines (36%).

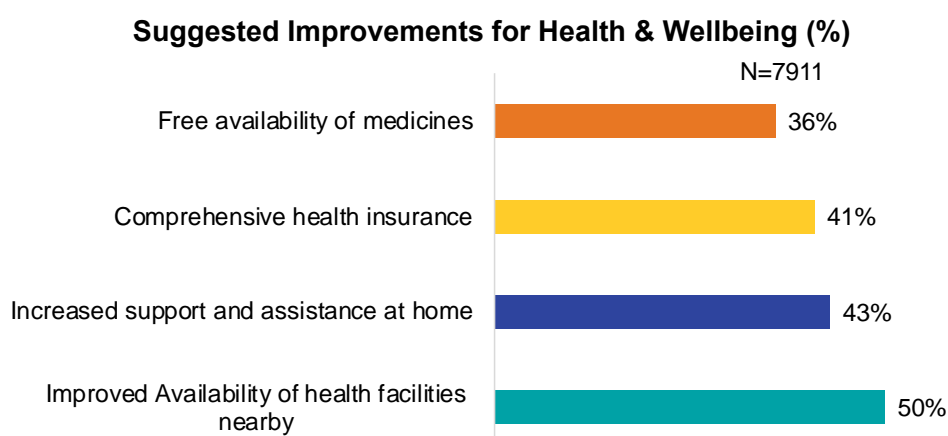


Figure 33 Suggestions for improvement in healthcare (%)

The importance of having comprehensive health insurances is a need highlighted by 41% of the older women. It was also seen to be a significant factor which curbed the access of health treatment for almost 40% of the older women. It is widely recognized that older persons require healthcare related services more frequently than other age groups. This poses a challenge to “India’s aim of achieving Universal Health Coverage (UHC)”, given the increasing expenditure on healthcare for older persons. In this scenario, Publicly Funded Health Insurance (PFHI) is considered to be an effective conduit to ensure improved access to healthcare, while also ensuring financial security of older persons and their households²⁶.

²⁶ <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-022-03266-2>

In this study, we see that 65% of the older women have reported a lack of access to health insurances, while only 15% being covered under public health insurance programmes and schemes. The absence of health insurance coverage is seen to be highest among older women in Punjab (93%), Tamil Nadu (92%), Jharkhand (90%) and Haryana (86%). It is important however to note here, that these findings have been presented, basis the self-reporting status of health insurance by the older women who were part of this study.

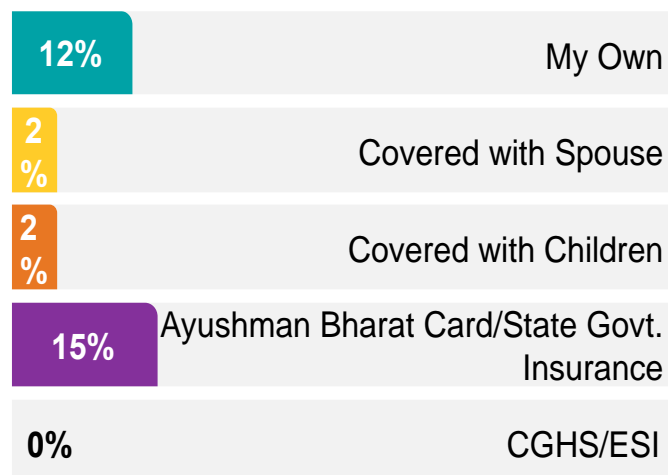


Figure 34 Health Insurance Status (%)

3.2.3 Caregiving and Care-burden

Debates and studies around women often touch upon the concept of caregiving. It is suggested that women are the predominant caregivers in family settings, owing to societal and cultural reasons. Various studies have revealed that “women spend more time in providing care and carry out personal-care tasks more often than men”. This often has negative impact on women’s health and overall wellbeing, owing to increased psychological stress²⁷. The “crisis of caregiving” is thus seen to affect women across different generations, not only from a health perspective, but also from an employment and income enhancement lens. The increased burden of caregiving prevents women, especially older women from undertaking paid work²⁸.

When it comes to older women, it is often seen that while their caregiving roles continues to exist to varying extents, older women also “have particular needs for care themselves”. The physical and mental wellbeing of older women is thus linked to “recognizing the importance of older women’s care work—for themselves, their families, and society in general”. It is also important to support older women to help them play their caregiving roles effectively, while ensuring that their own care needs are met holistically²⁹.

In this study, it is seen that nearly 70% of older women continue to undertake caregiving activities even in their old age. This proportion is seen to be higher in states like Karnataka (96%), Haryana (91%), Uttar Pradesh (89%), and Himachal Pradesh (85%), with at least 85% older women undertaking caregiving in these states. 39% of the women who undertake caregiving have reported that they spend between 1-2 hours on caregiving, while another 34% spend around 2-5 hours on the same. For almost 30% of the women however, their caregiving time on a daily basis exceeds five hours at least, thus showing a significant time investment towards their caregiving roles and responsibilities, despite their old age.

²⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804270/>

²⁸ <https://www.bizjournals.com/bizwomen/news/latest-news/2021/10/older-women-work-pandemic.html?page=all>

²⁹ <https://www.tandfonline.com/doi/full/10.1080/08952841.2022.2121050>

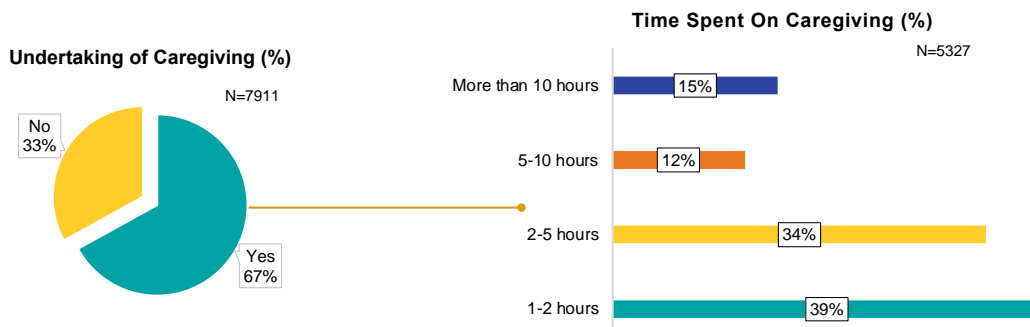


Figure 35 Undertaking of Caregiving by Older Women (%)

01. SEC REPRESENTATION

Elderly who don't have a caregiving role belong to SEC D (42%).

02. DISTRICTS

Elderly who don't have a caregiving role belong to the districts of Wanaparthy(92%) and Bhadradri-Kothagudem (96%).

03. URBAN RURAL

Majority are from rural areas (34%) and are in the age group of 70-79 years (35%).



Figure 36 Profile of Women with no caregiving role (%)

From the perspective of older women however, it is seen that over 60% of them are able to manage the burden of caregiving by themselves. The perceived impact of caregiving duties is also seen to be positive among half of the older women from wellbeing perspective. For another 21%, they also agree to having such perceived benefits on their well-being, however with some extent of burden on their wellbeing. For one-tenth of these women however, caregiving in olde age is perceived as having a negative impact on their overall wellbeing. Further research is required to understand the factors that form the perceptions of older women with respect to their caregiving status, and the impact that it has on their health and wellbeing and economic security among other things.

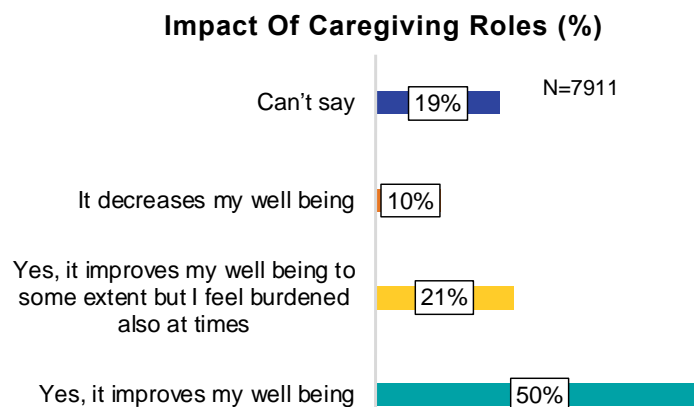


Figure 37 Impact of Caregiving (%)

3.2.4 Safety and Security

At a household and community level, the health and wellbeing of older people is also dependent to a large extent upon how well their safety is maintained. Old age is known to make people prone to various challenges, “which could also pose risks to their ability to live safely and independently at home”³⁰ and otherwise. It thus becomes necessary to look at the safety and wellbeing status of older persons, especially older women, who by virtue of their gender are likely to be more vulnerable to unsafe conditions.

In our study, it seen that 86% of the older women feel safe and secure in their neighbourhood areas. This sense of security and safety is reported to be highest in Karnataka (99%), Telangana (96%), Punjab (95%), Tamil Nadu (94%), Himachal Pradesh (94%), West Bengal (93%), and Andhra Pradesh (92%). Despite having a safe environment, it is seen that 43% of the older women fear of getting physical injuries within and around their households. For these older women, the most common reason of worry is the fear of falling (76%), followed by week eyesight (45%), which makes them prone to injuries. Infrastructural issues like presence of potholes and lack of safe walking areas have also been posed as important reasons of concern.

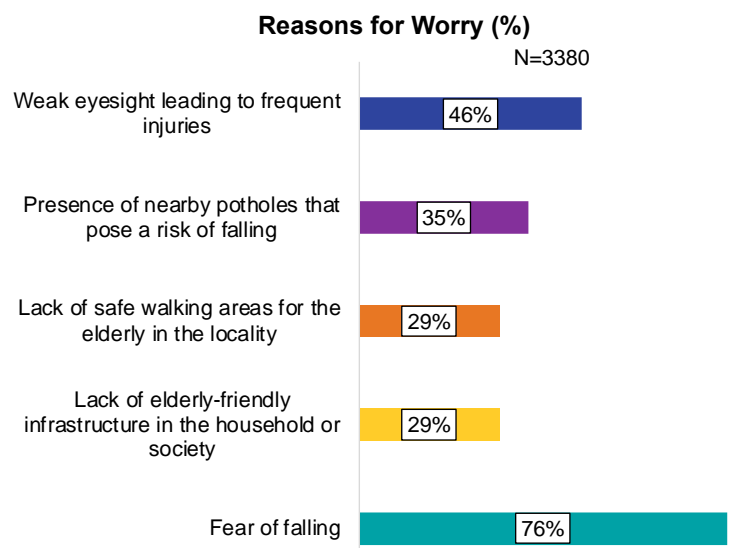


Figure 38 Reasons for Worrying about Being Physically Harmed (%)

When asked about suggestions on how to implement better safety measures, over 60% of the older women gave weight to having better support from family members at home, thus highlighting the significance of home environment on the overall sense of safety of an individual. Structural improvements like improved streetlighting (34%), public transport safety (35%), and designing of elder friendly structures (30%) have also emerged as significant.

³⁰ <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-020-1482-7>

Suggested Measures for better Safety (%)

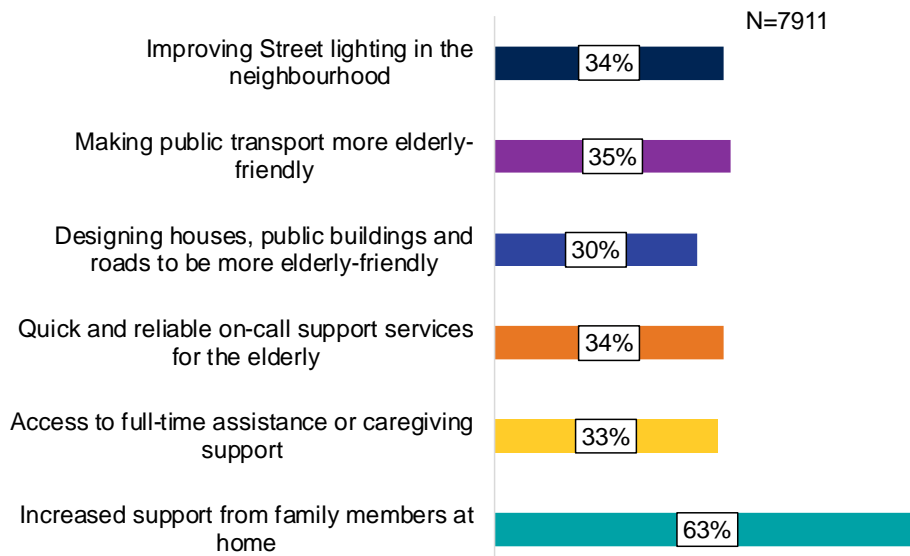


Figure 39 Suggestions for Improved Safety (%)

3.3 Elder Abuse

3.3.1 Experiences with Abuse

Linked with safety and security is the issue of elder abuse, which is defined by the WHO as “ a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”. The prevalence of elder abuse, as suggested by data for the year 2022 shows that 1 in every 6 people aged 60 and above experienced one or more forms of abuse in that year. The proportion of old persons facing abuse is suggested to increase in the coming years, as more countries witness rapid ageing of their populations³¹.

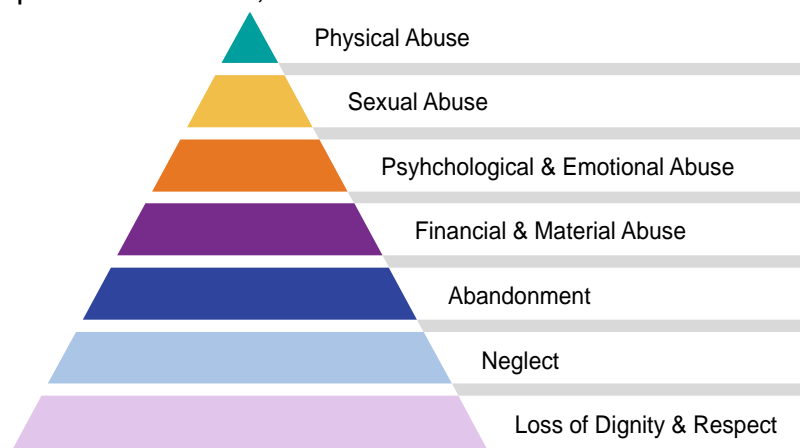


Figure 40 Types of Abuse (Source: WHO)

The extent of abused faced by elders is determined by various factors, a key factor being gender. Research shows that “more women are victims of elder abuse than men”, owing to reasons including longevity of women in comparison to men; image of women being weak and vulnerable; and elder women being more prone to having serious health conditions in comparison to men³².

³¹ <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

³² <https://www.nursinghomeabuseguide.org/elder-abuse/women>

In this context, it was found that over 50% of the older women think that elder abuse is prevalent in society. Older women in Kerala (87%) and Uttarakhand (73%) agreed to this prevalence more, when seen in comparison to other states. Contrarily, in states like Odisha (78%) and Himachal Pradesh (70%), the proportion of women denying the prevalence of elder abuse was extremely high. When probed on what they understand by the term elder abuse, it was seen that for half the women, disrespect was an obvious form of abuse. Verbal and physical abuse were also seen to be associated with abuse by over 30% of the women.

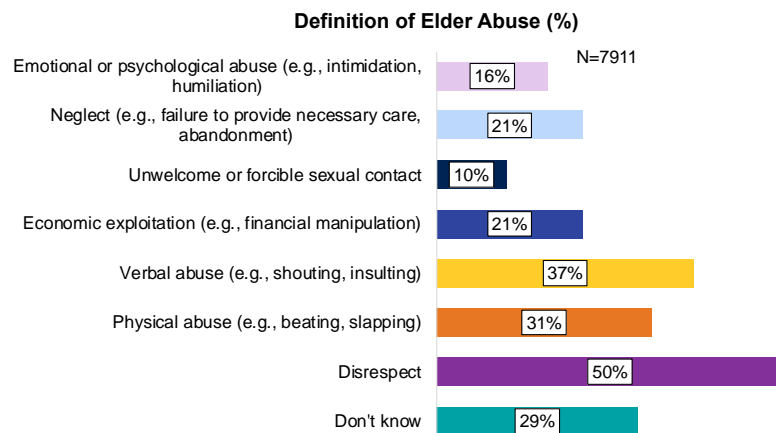


Figure 41 Terms associated with elder abuse (%)

Looking at their experience with abuse, 8% of the older women reported having faced abuse or violence as a young women, while 16% of them reported to have the same at an old age. When asked about their perpetrators, 39% of the women who reported having faced abuse at a young age said that they fell victim to abuse by relatives outside of their immediate family, while 31% of them also reported to having faced abuse by their fathers. Primary perpetrators during old age are seen to include sons (40%), daughters in law (27%) and other relatives (Extended family members like sister-in-law, brother-in-law, cousins, siblings etc - 31%). It is also seen that in states like Bihar (3%) and Tamil Nadu (2%), where child abuse experiences have been low as reported in the survey, there has been an increase in women facing abuse at old age (Bihar-11%, Tamil Nadu-11%).

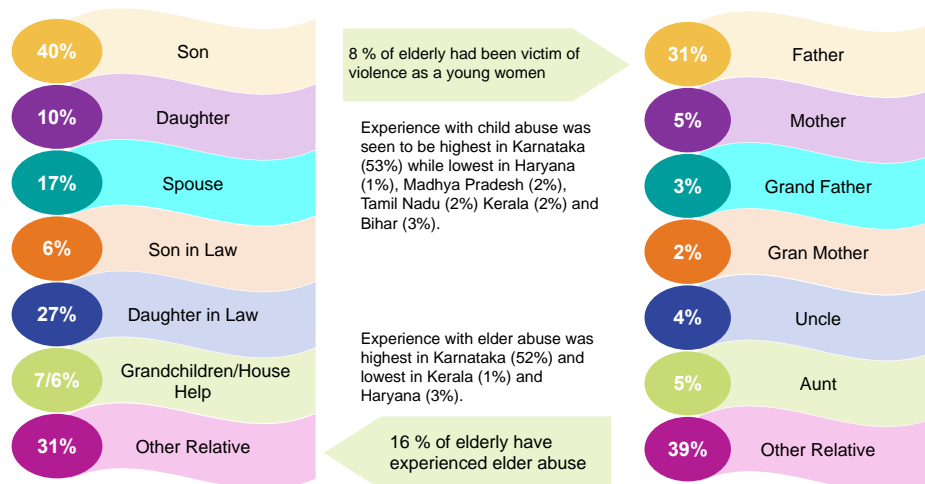


Figure 42 Experience with abuse as a girl (right) and as an elder (left) (%)

01. SEC REPRESENTATION

Majority of elderly women who face abuse are from SEC C (21%).

02. DISTRICTS

Majority of elderly women who face abuse belong to the districts of Shivamogga (98%) and Narmada (40%)

03. URBAN RURAL

Majority of elderly women who are facing abuse are from rural areas (17%) and are in the age group of 80-90 years (25%).



Figure 43 Profile of women facing elder abuse (%)

Looking at the type of abuses faced by elder women, it is seen that for the 17% that reported facing abuse, disrespect (46%) physical abuse (43%) and emotional or psychological abuse (41%) were the primary forms of abuses experienced, these being similar across rural and urban areas. This perhaps shows why over half of older women associated disrespect with abuse, as seen in Figure 34. The instances of sexual abuse is seen to be extremely low, with only 5% of the older women reporting to have witnessed the same in their old age.

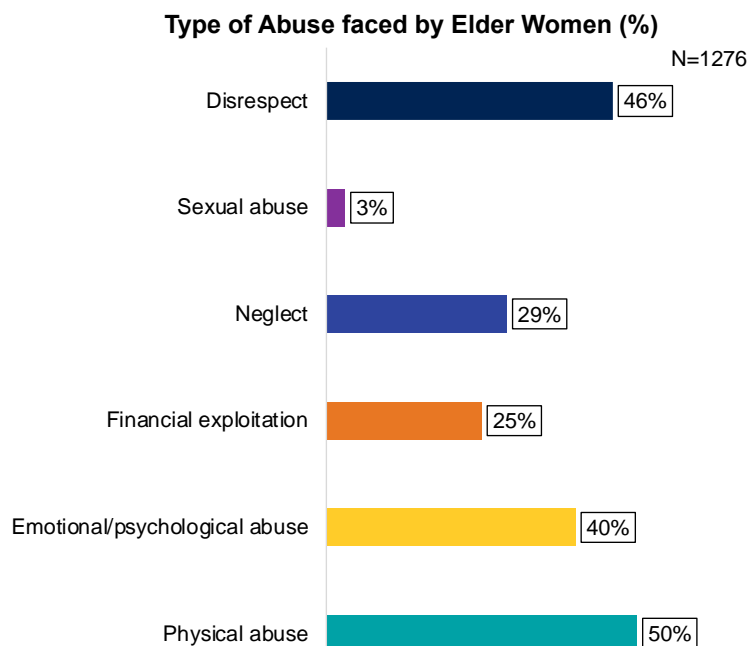


Figure 44 Types of abuse faced in old age (%)

Instances of Disrespect are highest in Madhya Pradesh (82%), Uttarakhand (80%) and Odisha (69%).

Physical abuse is highest in Karnataka (89%), while emotional/ psychological abuse and financial exploitation is highest in Goa (70% and 65%).

Amidst these trends and nature of elder abuse, it is important to see how older women respond to the abuse they face. Older people often do not seek help or access any redressal mechanisms when met with abuse. Shame and reluctance; limited access to gadgets; vulnerability of being dependent on others; and lack of awareness of their rights and entitlement are often reasons for the lack of action taken by elders³³. Our study reveals that over 40% of the older women who face abuse either stop engaging with their family members or they scold the perpetrators from within their family. The rate of older women facing abuse and reporting incidents of abuse to the police and other elderly helplines is significantly low, with only 16% of them agreeing to have done the same.

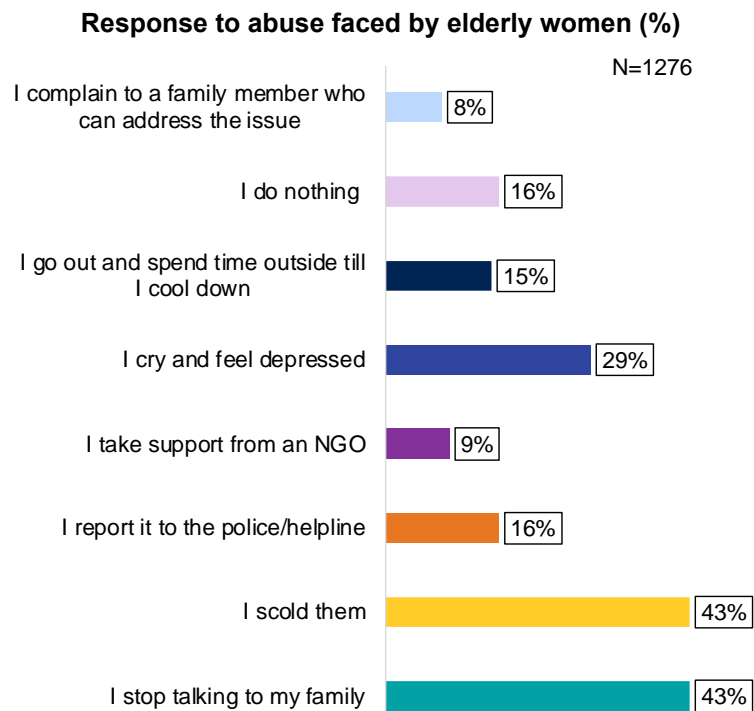


Figure 45 Response to Abuse (%)

Research suggests that the elderly have “there is moderate awareness regarding the various benefits and provisions for the elderly population”. This impacts their ability to recognize abuse when they face it, as well as undertake appropriate action³⁴. Our study reveals that of the total sample, almost 60% of the older women do not have awareness of redressal mechanisms available at their disposal. For those who have awareness, the most commonly known redressal mechanism is seen to be the police (30%).

Lack of awareness is highest in Tamil Nadu (94%), Haryana (92%), and Goa (83%).

Awareness on Redressal mechanisms (%)

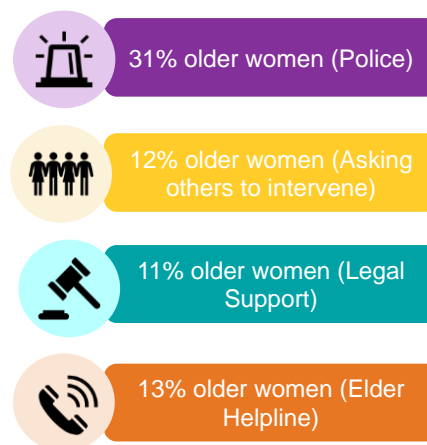


Figure 46 Awareness of Redressal Mechanisms (%)

³³ <https://www.msmanuals.com/en-in/home/older-people's-health-issues/elder-abuse/preventing-and-responding-to-elder-abuse>

³⁴ https://www.ijhsr.org/IJHSR_Vol.9_Issue.6_June2019/38.pdf

When it comes to barriers and challenges faced while reporting or seeking help after facing abuse, over 60% of the older women reported having faced no barriers at all. The absence of barriers is seen to be highest in Telangana (94%), West Bengal (84%) and Tamil Nadu (80%). For those who did face barriers, the three most common barriers faced are seen to be fear of retaliation by the perpetrator(s); lack of awareness of available resources and platforms; and feeling of concerns not being heard or taken seriously.

Barriers & Challenges encountered while reporting or seeking help for Elder Abuse (N=7911)

- 18% fear retaliation or further abuse
- 16% have no awareness on available resources
- 13% think their concerns are not taken seriously

Following this, the top three suggestions in terms of preventing or reducing elder abuse are seen to be related to raising of awareness, better implementation of laws and penalties, and training of care-providers towards elder abuse.

Top 3 Suggestion to Prevent or Reduce the occurrence of Elder Abuse

1. Raising awareness on elder abuse through education campaigns (59%)
2. Strengthening laws and penalties for elder abuse (51%)
3. Providing training to caregivers to recognize and address elder abuse (43%)

Lastly, when it comes to suggestions on how to deal abuse effectively, it is seen that for over half of the sample, the most important means of mitigating abuse includes provision of counselling through adult care programmes, as well as platforms for elders to talk freely and share their needs and challenges, as well as their aspirations. For 40% of the older women, it also important to encourage regular visits from friends and family members, as well as utilization of adult day care programmes, which would allow them to be less dependent on their home perpetrators, while also enabling them to avoid social isolation and its related vulnerabilities.

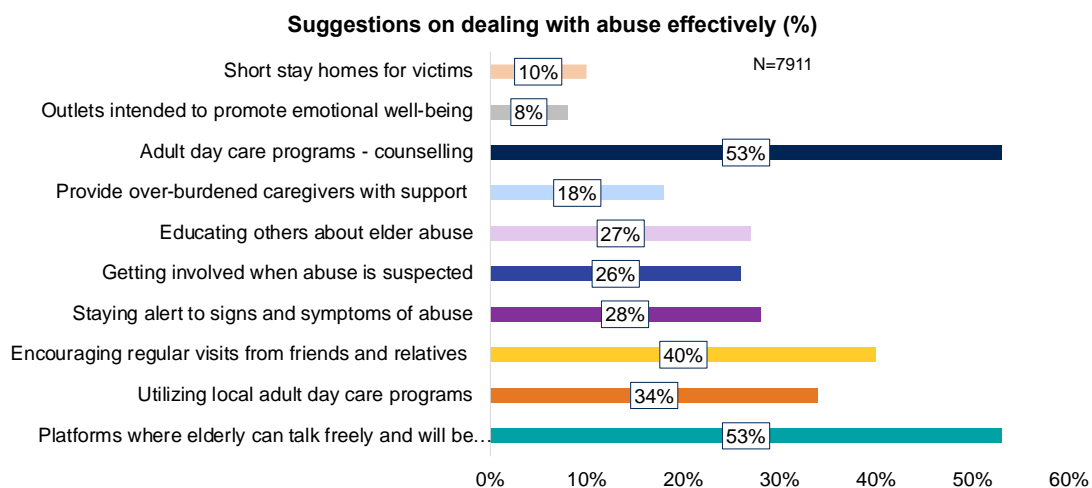


Figure 47 Suggestions on dealing with elder abuse (%)

To conclude, the status of elder abuse among older women represents various challenges and opportunities. With around 50% older women considering elder abuse to be prevalent in society, it is seen that there is a need to enable older women to identify elder abuse. The percentage of women who faced abuse at an older age also shows a slight increase from women who faced abuse at a younger age abuse. The ability of women to deal with elder abuse effectively is severely compromised, given a significant lack of awareness of the available redressal mechanisms.

3.4 Digital and Social Inclusion

3.4.1 Social Interactions and Wellbeing

According to the WHO definition of health, a key aspect to ensure holistic health and wellbeing is social inclusion. Research suggests that the most important factors which contribute to good social health include “presence and quality of social relationships; social networks’ social participation and social support” among other factors³⁵. Social connections are crucial for improved mental and physical wellbeing.

Literature suggests that “social isolation and loneliness” are key factors, which shape the health of older population cohorts. The issue of social isolation and exclusion of older persons often stems from the changes occurring in society from a technological advancement perspective³⁶. While at one end the issue of social isolation is being shaped by the continuous brought about through social transformations, studies suggest that elders place utmost important to “the welfare of close people” whom they can stay connected with. Trusting people is extremely crucial for older people³⁷, given that their level of dependency can either benefit them or harm them in the wake of their vulnerable nature.

Staying in touch with friends and family (%)

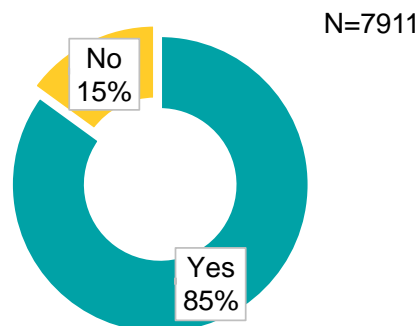


Figure 48 Staying in touch with friends and family (%)

Our study reveals that over 80% older women are able to stay in touch with their friends and family. While the proportion of women who cannot stay in touch with friends and family seems to be low, a locational comparison reveals that in states like Chhattisgarh (70%) and Tamil Nadu (40%) the proportion of older women living disconnected lives is fairly high.

³⁵ <https://www.ncbi.nlm.nih.gov/books/NBK513086/>

³⁶ <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>

³⁷ https://www.shs-conferences.org/articles/shsconf/pdf/2016/06/shsconf_rptss2016_01046.pdf

01. SEC REPRESENTATION

Majority of elderly women who are not in touch with their families belong to SEC D (17%).

02. DISTRICTS

Majority of elderly women who are not in touch with their families belong to the districts of Janjgir-champa (85%) and Ramanathapuram (60%) and Bijapur (55%)

03. URBAN RURAL

Majority of elderly women who are not in touch with their families are from rural areas (16%), and are in the age group of more than 90 years (44%).

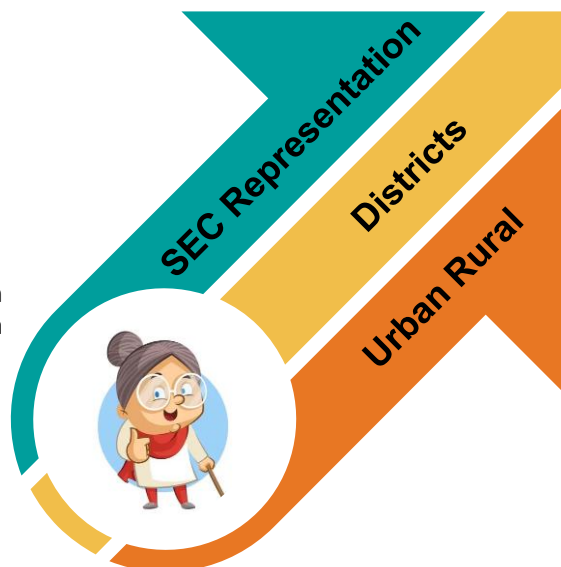


Figure 49 Profile of women not able to stay in touch with their families (%)

For the women that are able to stay in touch with their social circle, it is seen that phone calls are the most common modes of interaction, followed by face to face meetings. The predominance of phone calls is seen to be highest across rural and urban areas, metro cities, UTs and a majority of the Aspirational Districts. It is only in Aspirational Districts like Rayagada (98%), and Yadgir (89%), where face-to-face meetings have been reported as the most opted for way of connecting with friends and family. Overall, the least common mode of interaction is letters and emails, followed by instant messaging platforms.

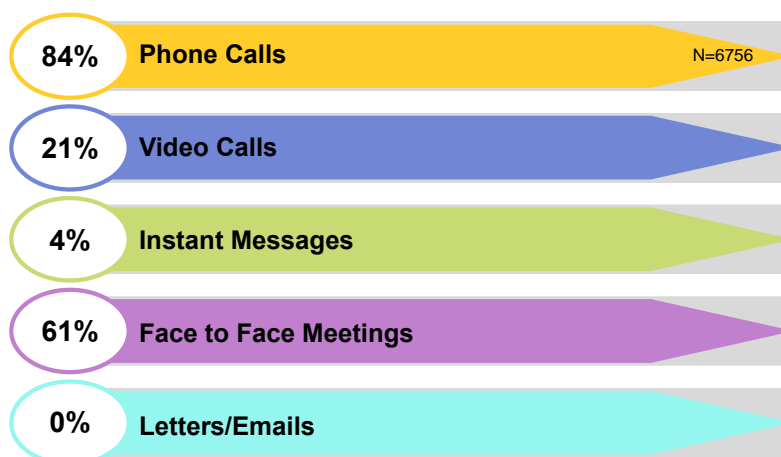


Figure 50 Mode of Social Interactions (%)

Another indicator looked at to understand the social wellbeing of older women was to see how frequently they meet their families. This applies to those women that live alone, or away from their families. It was seen that of these women, only 24% older women meet their families every day. The proportion of women who meet their families at least once a month is seen to be the highest.

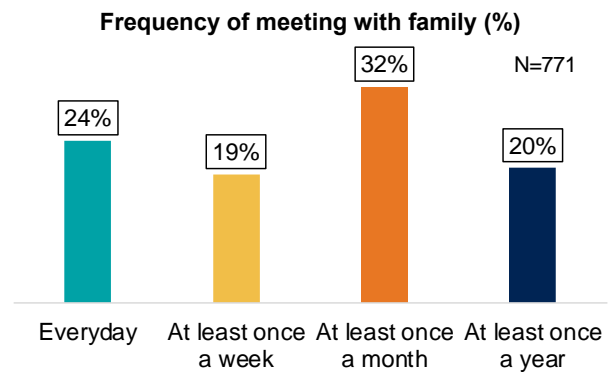


Figure 51 Frequency of meeting families (%)

Building on the above, it is seen that for almost 70% of the older women, both living with and away from their children, the time spent with their children is enough. However, for almost one fourth of the women, the time spent by their children is considered insufficient. Chhattisgarh (56%), Himachal Pradesh (46%) and Tamil Nadu (38%) are the places where the highest instances of insufficient time being spent by children has been reported by older women.

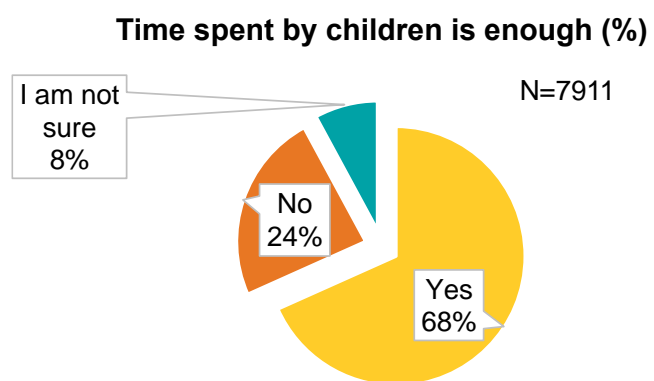


Figure 52 Time spent by children (%)

For women who feel that their children do not spend enough time with them, over 40% of them have stated that their children are busy with work. Similarly, 35% of women stated that their children are busy spending time with their own family. The lack of willingness sensed among children has also been reported as among the top three reasons for children not spending enough time with older women. This can be considered as a form of social disconnect, faced by older women.

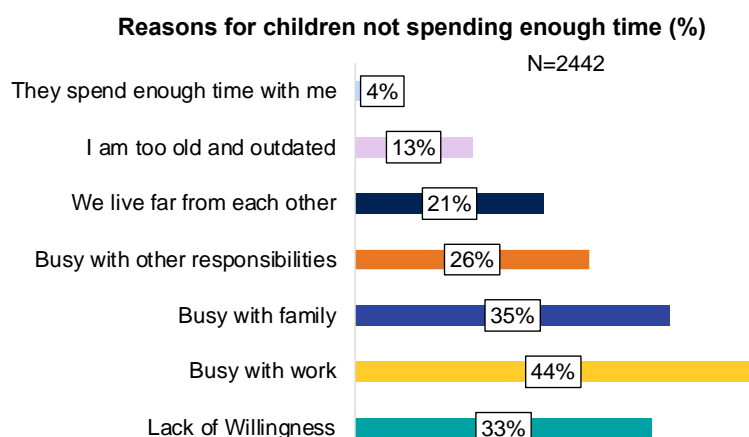


Figure 53 Reasons for children not spending enough time (%)

The last factor seeing in terms of social interactions and wellbeing is the social events that older women are able to attend and participate in. It is seen that for 86% of the older women, marriages are a key social event, where they get to socialize with friends and family members. Birthday parties are also an important social event, as stated by 41% of the older women. Online platforms like zoom meetings are seen to be comparatively low, which make it important to see how technology is accessible for older women, as well as whether or not they have the bandwidth to use technology for socializing effectively. The same will be done in the ensuing pages.

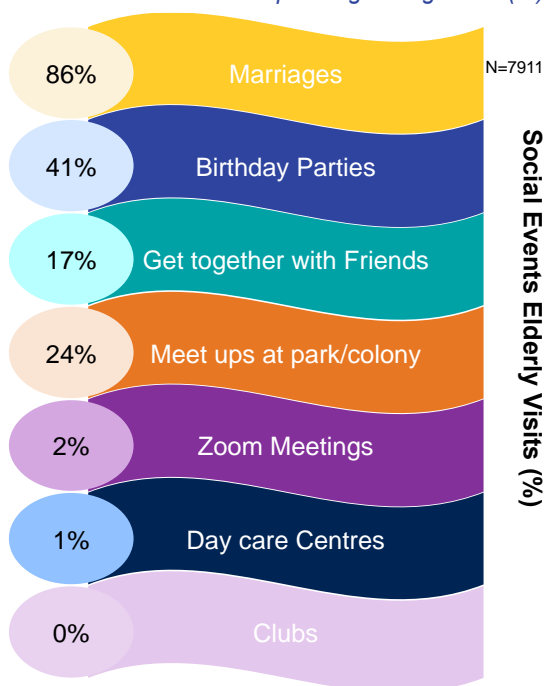


Figure 54 Types of social events attended yearly (%)

3.4.2 Digital Literacy and Accessibility

The advent of rapid technological transformation in the 21st century has impacted all facets of life, including the social fabric. Technological advancement is said to have “changed social interactions” given the prevalence of digital ways of communicating through devices and platforms³⁸. This digitalization of social interactions was exacerbated during the height of the pandemic, where stringent lockdown measures made digital platforms the only way for people to stay connected. This has exposed what is termed as the possibility “of expansion of digital inclusion³⁹”.

Globally and nationally, the digital nature of social interactions is imposing a requirement on all population cohorts, including the elderly to “use Internet-based services, such as education, health, finance, and even communication”. For older persons to make the most of digital connectivity⁴⁰, it is important to recognize the unique challenges that they face in accessing digital infrastructure and utilizing it effectively.

Research on experiences and understanding of technology by older adults reveal that “older adults (60–91 years) were less likely than younger adults to use technology in general, and specifically computers and the internet”. A careful look at the reasons for this discrepancy includes various factors including lack of instructions on how to use technological devices; under confidence to use new technologies; health challenges including loss of vision and hearing; and cost of purchasing and maintaining devices⁴¹. These challenges are common to older persons across the world in varying degrees and combinations.

³⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5954608/>

³⁹ https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/02/PB_92-1.pdf

⁴⁰ <https://files.eric.ed.gov/fulltext/ED611612.pdf>

⁴¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5649151/>

Looking at older women in India, their dependency on humans is seemingly declining, given the shift from traditional to more nuclear and disjointed families⁴², as well as the increasing need of technology to perform daily functions. Research suggests women use the internet more frequently than men, though this rate is decreasing in countries like India. A key example of women’s digital illiteracy can be seen through the fact that in developing countries women are 18% less likely to own a smartphone as compared to men, thus making them vulnerable to socio-economic exclusion⁴³.

Our study reveals that 60% of the older women have never used digital devices. rate is higher in states like Tamil Nadu (89%), Uttar Pradesh (85%), Bihar (82%) and Uttarakhand (82%), For another 26% women, a discomfort has been reported in terms of using digital devices. It is thus seen that a majority of older women either lack access to digital devices or are not adept at using these devices effectively.

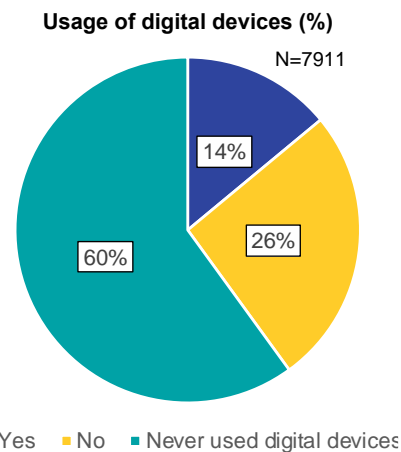


Figure 55 Comfort of using digital devices

Ownership of digital devices is also seen to be a critical challenge for older women, with nearly 60% of them reporting that they do not own a smartphone. Odisha (95) and Telangana (96%) reported the highest rates of lack of smartphone ownership, followed by Haryana (86%) and Madhya Pradesh (84%).

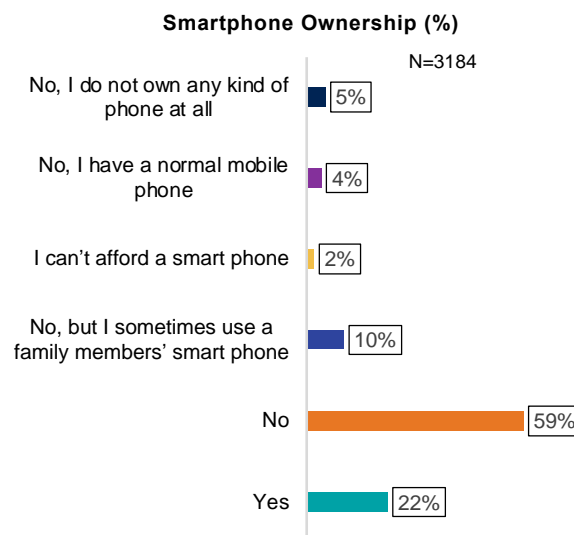


Figure 56 Smartphone Ownership Status (%)

⁴² <https://ijcrt.org/papers/IJCRT2211308.pdf>

⁴³ <https://www.unwomen.org/sites/default/files/2023-02/CSW67-Expert-Group-Meeting-report-en.pdf>

01. SEC REPRESENTATION

Majority of elderly women who do not have a smartphone belong to SEC E (92%).

02. DISTRICTS

Majority of those who do not have a smartphone belong to the districts of Bhadradi-Kothagudem (97%), Wanaparthy (96%), Mewat (96%) and Rayagada (95%).

03. URBAN RURAL

Elderly women who do not have a smartphone are almost similar Rural (68%) & Urban (67%), are in the age group of 80-90 years (69%)

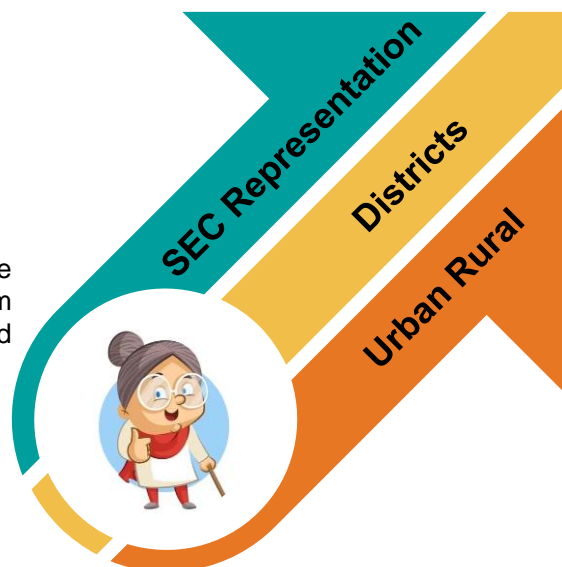


Figure 57 Profile of women without a smartphone (%)

For the 22% women who have reported owning a smartphone and the 10% having access to a family member's smartphone, their usage of smartphones has also been probed upon. It is seen that the most common functions performed through smartphones are video and voice calling, as well as streaming music and movies among other entertainment resources. The usage of banking facilities has also been reported by 18%, the same being true for social media platforms. The low level of smartphone usage for accessing social media is further highlighted with the finding that nearly 60% of older women are not familiar with social media platforms, with another 15% reporting that they have not used such platforms despite knowing about them.

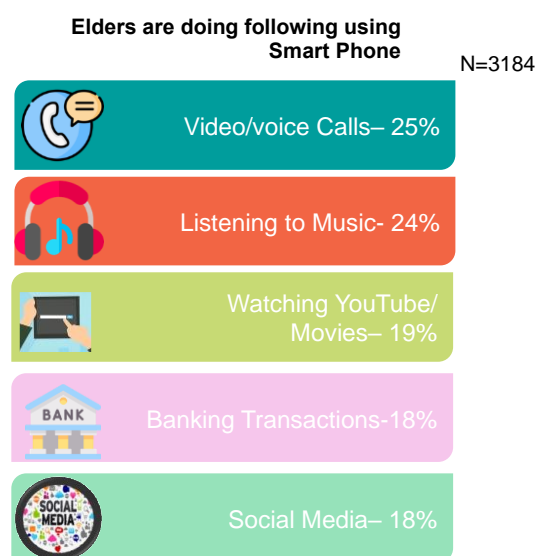


Figure 58 Smartphone usage patterns (%)

The last facet looked at from a digital inclusion perspective is to do with digital training. The constant development in the technological realm requires all individuals, including older persons to learn and equip themselves with new digital skills. The lack of such skills is said to have negative connotations, but the development of skills, especially at the later stages of life is said to being “fulfilling and empowering⁴⁴”.

Literature suggests that older persons, given their emphatic nature “open up to innovative training and skill development initiatives”. The rate of digital illiteracy among older persons is seen to be extremely high in India, especially among women, with over 90% of older women reporting to be digitally illiterate. There is

⁴⁴ <https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1122277/full>

thus a need to orient old people, especially women, to utilize latest technological devices and platforms, which help them be social engaged; improve their employability and productivity in old age; and help them perform daily tasks and functions with less dependence on others⁴⁵.

In this light, our study has revealed a low level of willingness among older women to enrol themselves to an online skill development platform, which will help them learn how to utilize technology effectively. This could perhaps be attributed to hesitancy, borne out of fear of not being adept at using online services, as well as lack of access to basic digital infrastructure among other factors.

94% women in West Bengal, 87% women in Telangana, 85% women in Punjab, 84% in Odisha, 82% women in Himachal Pradesh and 78% women in Goa have disagreed to enroll for a skill development programme online.

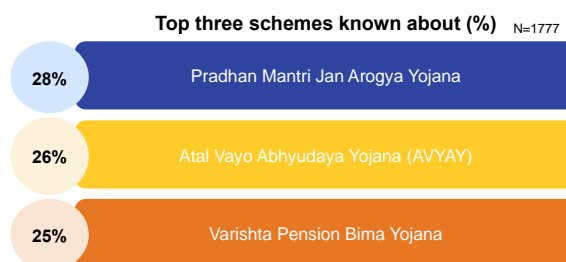
At an overall status of older women from a social inclusion perspective emerges as fairly good. This is more in terms of them being able to stay connected with their family and friends, this being true for those residing in urban and rural areas. Where older women are seen to be at a disadvantage is in terms of digital literacy and accessibility, which are crucial for social wellbeing in today’s age.

3.5 Awareness and Understanding of Welfare Schemes

3.5.1 Awareness of Schemes

Within India, the status of older persons is to a large extent determined by the availability and impact of government welfare schemes. The estimated population rise of the elderly to 30 crores by the year 2050, has seen the Government of India (GoI) implementing various welfare schemes and programmes for the elderly. Some of these schemes and programmes include the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Varishta Pension Bima Yojana, Pradhan Mantri Vaya Vandana Yojana (PMVVY), National Programme for the Health Care of Elderly (NPHCE) etc⁴⁶.

The government has thus taken efforts to implement schemes and programmes specifically designed to address the needs and challenges of older women. When it comes to older women being aware of such schemes, it is seen in this study that nearly 80% of the older women are unaware of any government welfare scheme. The rate of unawareness is highest in the state of Telangana (97%), Madhya Pradesh (94%), Chhattisgarh (93%), Bihar (92%) and Jharkhand (90%).



⁴⁵ https://social.un.org/ageing-working-group/documents/tenth/Inputs%20NGOs/AgewellFoundation_Subs_Education_training.pdf

⁴⁶ https://bbau.ac.in/Docs/FoundationCourse/TM/MPDC405/Government_Schemes_for_Senior_Citizens.pdf

Figure 59 Top three welfare schemes know about (%)

3.5.2 Availing of Welfare Schemes

While the rate of awareness is extremely low, the rate of availing of such schemes is also seen to be low, with only one-fourth of the women agreeing to have availed government welfare schemes to their benefit. The rate of women not availing schemes is seen to be highest in Chhattisgarh (97%), Jharkhand (94%), Himachal Pradesh (91%), Uttarakhand (89%), Telangana (88%), Madhya Pradesh (88%), Punjab (88%) and Rajasthan (86%).

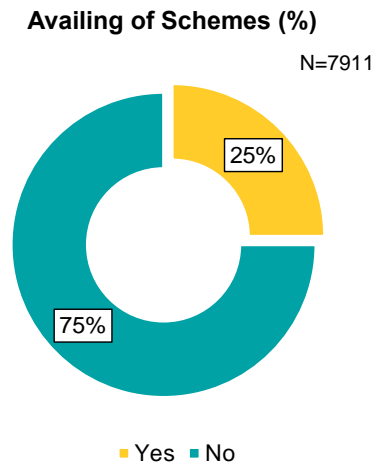


Figure 60 Availing of Schemes (%)

When asked about the most availed scheme from the 25% older women who avail these schemes, the most common schemes accessed are seen to be related to pension and health insurance.

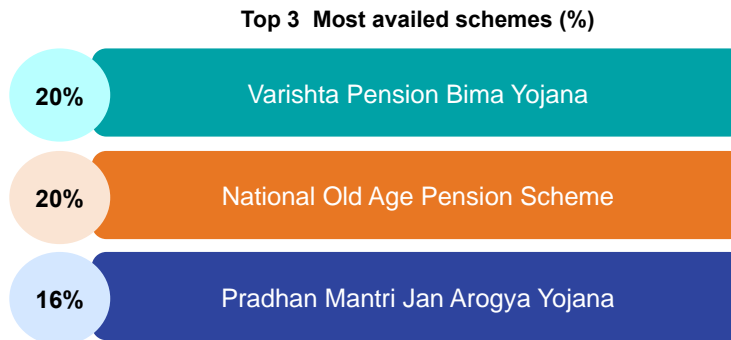


Figure 61 Top three availed welfare schemes (%)

The low rate of availing can be linked directly to knowledge of applying for government schemes. Over 80% of the women reported that they are unaware of the processes and procedures to be followed while applying for government welfare schemes. This lack of awareness is highest in Telangana (99%), Punjab (96%) and West Bengal (96%), followed by Tamil Nadu (94%), Madhya Pradesh (94%), Chhattisgarh (92%), Uttar Pradesh (92%), Jharkhand (92%) and Bihar (90%).

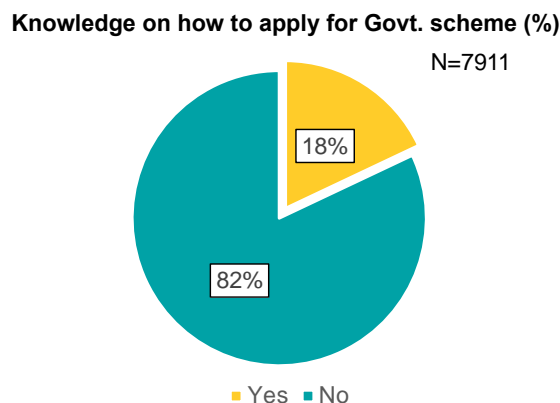


Figure 62 Knowledge on Application Process (%)

For the 18% older women who do know about the application process, it is seen that the most common source of information is family and friends (76%). Only about one-third older women are able to know about the process through information provided by a government official or representative (32%). The role of media is also seen to be considerably low in this aspect.

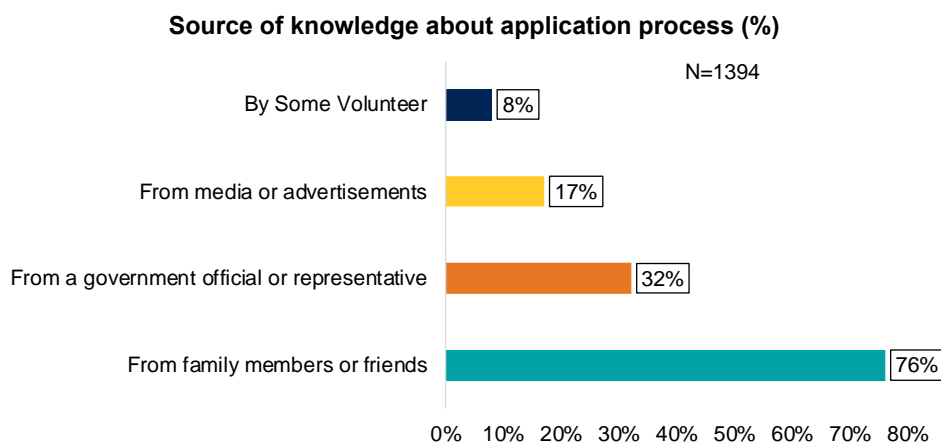


Figure 63 Source of knowledge for application process (%)

Another indicator looked at has been the ease with which older women are able to apply for and access government welfare schemes. The low levels of knowledge and availing has impacted this indicator, with around 20% older women reporting having faced difficulties during the application processes. The top three reasons for this include lack of information about the schemes and their intended benefits; inability of understand the nuances of the application process; and lack of access to documentation and other details required for the application process to be completed. There is thus a requirement of assessing the knowledge dissemination of government schemes and designing efforts to ensure maximization of the same among older women and their families.

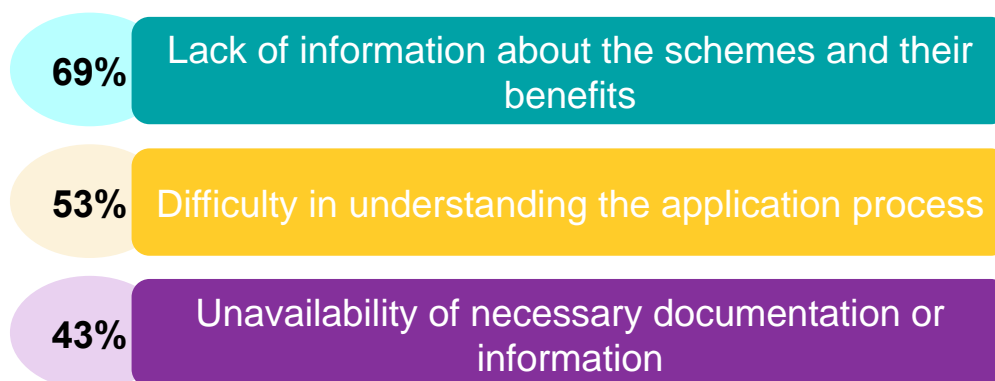


Figure 64 Difficulty faced while applying for welfare schemes (%)

3.5.3 Maintenance & Welfare of Parents and Citizens Act

3.5.3.1 Awareness and Understanding

As part of its efforts, the GoI launched the Maintenance And Welfare Of Parents And Senior Citizens Act, 2007 to “provide for more effective provisions for the maintenance and welfare of parents and senior citizens” as per the Constitutional rights. It promotes the welfare of senior citizens through provisions on establishment of accessible old

age homes; enforcement of reserved rights for senior citizens in medical facilities; facilitation of awareness programmes on welfare of senior citizens and curbing of offenses against senior citizens among other aspects⁴⁷. The latest amendment of the Act has focussed on the “provision for one Nodal Officer for senior citizens in every Police Station and a Special Police Unit for Senior Citizens in each district”, to improve law enforcement on elder abuse⁴⁸. In our study, it is seen that only 16% of the older women are aware of the Act, of which 30% of the older women are unaware of the provisions of the Act and how it applies to their welfare.

Awareness of Maintenance & Welfare of Parents and Citizens Act (%)

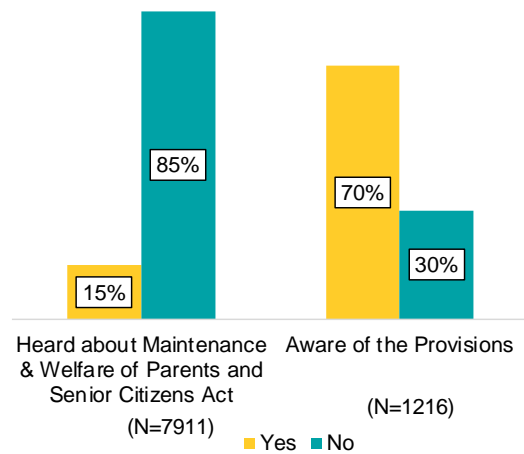
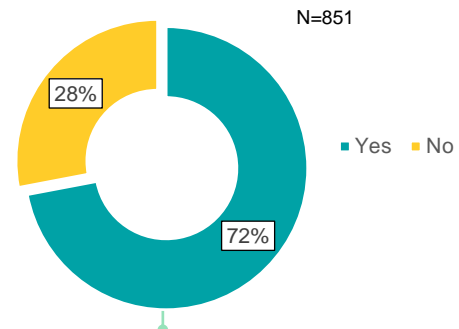


Figure 65 Awareness of Maintenance and Welfare of Parents and Senior Citizens Act (%)

3.5.3.2 Experiences

When asked about their experience of seeking assistance under the Act, it is seen that 72% older women among those who are aware of the provisions of the Act sought legal assistance under the Act, or know someone who did the same. Of these women, over half of them reported seeking of assistance to facilitate financial support from children as the main reason to seek assistance. A little over one-fifth of the women also reported transfer of property from children to parents and maintenance of senior citizens to be sought after causes for accessing legal assistance under the provisions of the Act.

Seeking of Assistance (%)



Reason to seek legal assistance (%)

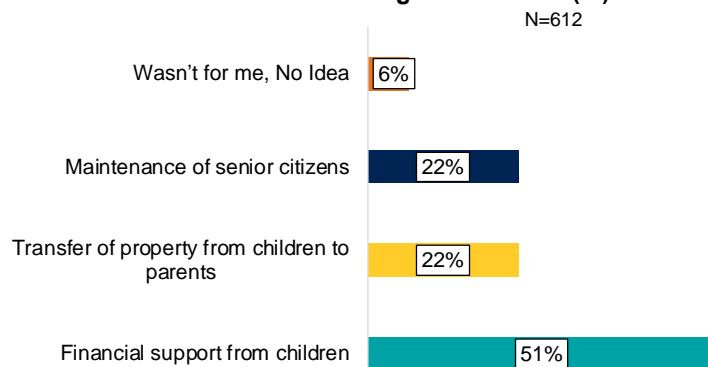


Figure 66 Assistance Under the Act (%)

⁴⁷ https://www.indiacode.nic.in/bitstream/123456789/8865/1/200756senior_citizenact.pdf

⁴⁸ <https://pib.gov.in/PressReleasePage.aspx?PRID=1843029#:~:text=Maintaining%20law%20and%20order%20is,Senior%20Citizens%20in%20each%20district.>

3.5.3.3 Needs and Aspirations

When asked about the adequacy of the ability of the Act to protect the interests of the elderly, nearly 90% of the older women who did access legal assistance under the Act or know someone who did reported that the Act and its provisions are adequate. This shows that while the awareness building efforts under the Act can be improved upon, the implementation of the Act in enabling senior citizens to gain legal assistance has functioned fairly well.

Adequacy of provisions of act to protect elderly interests (%)

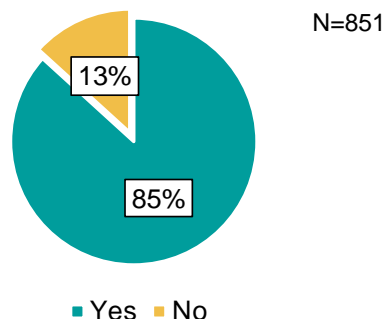


Figure 67 Adequacy of the Act (%)

For the women who did not find the provisions of the Act to be adequate, Figure 60 shows that for almost 50% of them, an increase in penalties for noncompliance would render the Act to be adequate, among other improvements.

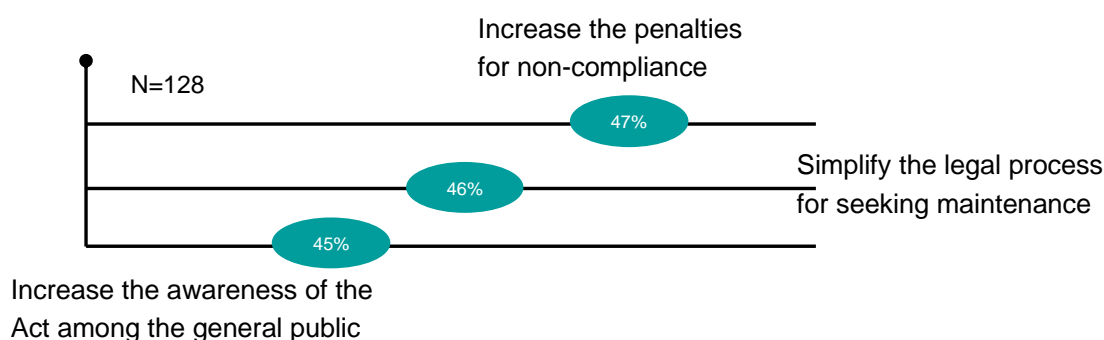


Figure 68 Improvements in the Act (%)

Overall, there is still a grave need for the government to improve awareness of citizens, especially the elderly about the Act and its provisions. The same has been agreed to by nearly 70% of the older women, 65% of whom suggest the use of outreach and awareness campaigns. Improved accessibility of government offices and schemes, as well as simplification of the application process are also desirable improvements to be made among others.



Figure 69 Suggestions on Improvement related to the Act (%)

The need for the government to design and implement more schemes and programmes for the welfare of elderly women has also been reported by over 80% of the older women who are part of this study. Efforts are thus required to understand the needs of older women and how they can best be met through effective designing and implementation of welfare schemes, in a holistic manner.

3.6 Impact of Vulnerabilities

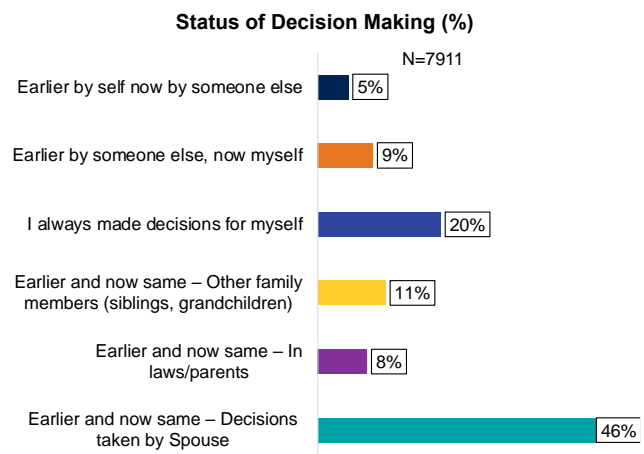
Till now, we have seen the status of older women vis-à-vis economic and health security, elder abuse, social and digital inclusion and awareness on their rights and entitlements as part of government welfare schemes and programmes. In light of their status, it is also important to look at how their vulnerabilities currently impact their living. The same is being expounded upon in the ensuing pages, with focus on economic and social vulnerabilities of women, as well as the needs that arise from being exposed to such vulnerabilities.

3.6.1 Economic and Educational Vulnerabilities

A key vulnerability at old age is in terms of a declining ability to take decisions. Literature suggests that while the traditional India value system places older persons in a position of respect and authority in their families, there is now a gradual weaving back of this value system, thus resulting in a decline in authority of older persons from their surrounding social fabric. In today's neo-liberal era, a huge value is placed on economic status, which is now seeing "the status of older adults in the family being linked to their economic contribution"⁴⁹. Older women are more vulnerable than older men, given that women are prone to facing gender inequality in pay, among other economic indicators. There also a heightened gender power gap across all aspects of social life, making women less able to take decisions⁵⁰.

The data gathered on elder abuse against women, along with their reliance on family members to meet their financial needs has already established a certain layer of vulnerability faced by women. Furthermore, it is seen that only around one-fourth of the older women have some form of savings, while 73% have reported a lack of the same. This lack of savings is highest among women residing in Tamil Nadu (98%), Bihar (93%), Punjab (93%) West Bengal (93%) and Haryana (90%).

The lack of economic security from a savings perspective is seen to impact the decision making status of older women, of whom only 20% have always taken decisions for themselves. For 65% women, it has been either their spouse, in laws/parents, or other family members who have always taken decisions at their behest. It is also interesting to see that for 5% older women, their older age has led them to lose their prior decision making status, given that someone else is responsible for taking decisions for them.



⁴⁹ <https://www.sciencedirect.com/science/article/pii/S2213398420302463>

⁵⁰ <https://www.un.org/sg/en/content/sg/articles/2020-03-02/the-gender-power-gap>

Figure 70 Decision Making Trends-Now and Before (%)

The impact of education is also probed upon in this regard. As seen in the Demographics section, over 50% of the older women reported to be illiterate. When asked about their education and the ability to earn at a younger age, vis-à-vis the impact it has had in their old age, 66% older women have reported a positive impact, while 13% have reported a negative impact. The remaining 21% have reported no impact being witnessed due to the same.

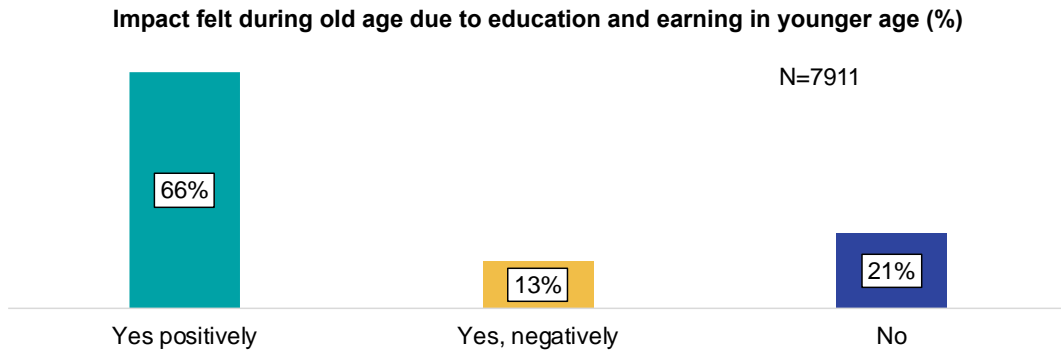


Figure 71 Impact of education and employment from younger to older age (%)

Finally, it is also seen that of the total women, 32% were engaged in gainful employment both in their young and old ages, while another 8% have reported to be part of a gainful economic activity only in their old age. For 31% women, however there was a lack of engagement in economic activity in both stages, while for another 28%, their old age saw them discontinue the economic activity that they were engaged in during their younger age. In other words, it seen that in old age, nearly 60% women have reported a lack of engagement in gainful economic activity, which could also add to their economic vulnerability, as well as social wellbeing.

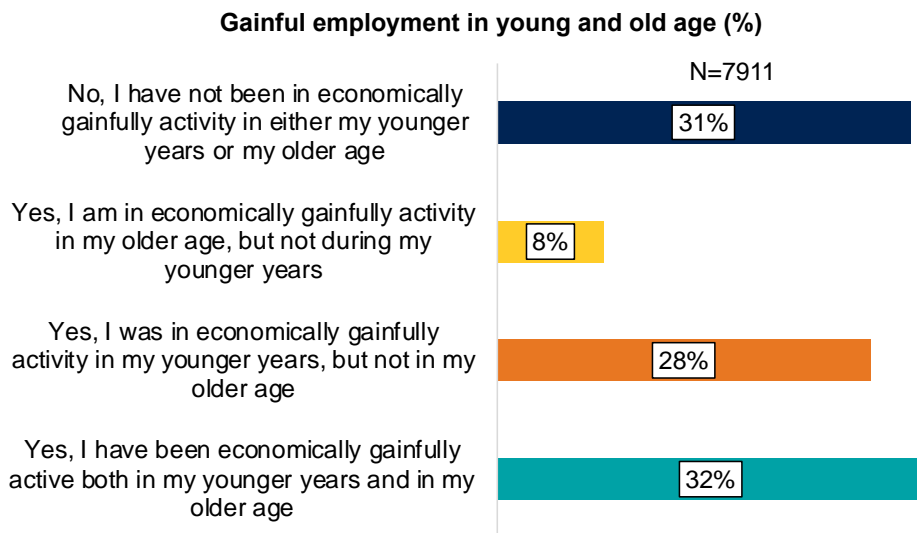


Figure 72 Status of gainful employment in young and old age (%)

01. SEC REPRESENTATION

Majority of elderly women who are always gainfully employed in both old and young age belong to SEC A (38%).

02. DISTRICTS

Majority of elderly women who are always gainfully employed in both old and young age belong to the districts of Shivamogga (69%) and Annamaya (62%) and Boudh (59%).

03. URBAN RURAL

Majority of elderly women who are always gainfully employed in both old and young age are almost same from urban (29%) and rural (28%), are in the age group of 60-69 years (33%) & 80-90 (33%).



Figure 73 Profile of women gainfully employed in young and old age (%)

01. SEC REPRESENTATION

Majority of elderly women who are employed in old age and not young age belong to SEC A (11%).

02. DISTRICTS

Majority of elderly women who are employed in old age and not young age belong to the districts of Charkhi Dadri (30%) & Osmanabad (27%)

03. URBAN RURAL

Majority of elderly women who are employed in old age and not young age are almost same from urban (7%) and rural (8%) and are in the age group of more than 90 years (12%)

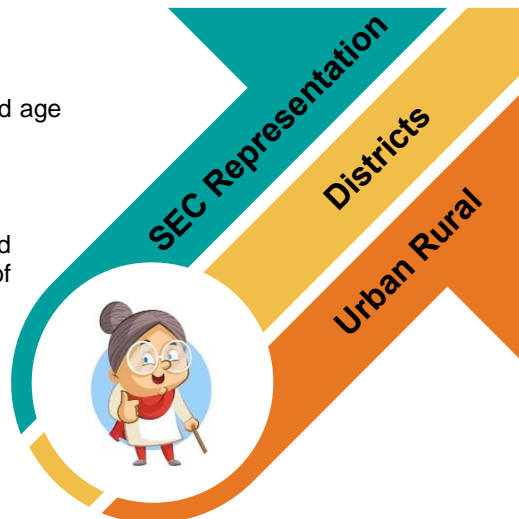


Figure 74 Profile of women gainfully employed in old and not young age (%)

3.6.2 Social Vulnerabilities

Linked with economic vulnerabilities are social vulnerabilities, the most common manifestation of which is social discrimination. The instance of discrimination in old age is so common, that it has led to a term being coined for the same. Ageism, also known as age based discrimination is when individuals are discriminated against due to their old age. While this discrimination is seen to put older women in a position of vulnerability in their work places⁵¹, it is also suggested that older women are likely to face discrimination at home. Research shows that most older women are confined within their homes, bearing the burden of caregiving and performing household chores. There is also an increase in the violation of human rights of older women in their household, especially by their own family members. It is thus said that older women face discrimination due to both their gender and their age⁵².

In this study, only 17% women have reported having faced discrimination within their family due to their gender. When looking at specific states, this proportion is highest in Karnataka (55%), Maharashtra (39%), Haryana (32%) and Himachal Pradesh (33%). When it comes to age being a factor, only around one-fourth of the women have agreed to age making them more prone to discrimination, with another 17% agreeing that their experiences remain the same despite their age.

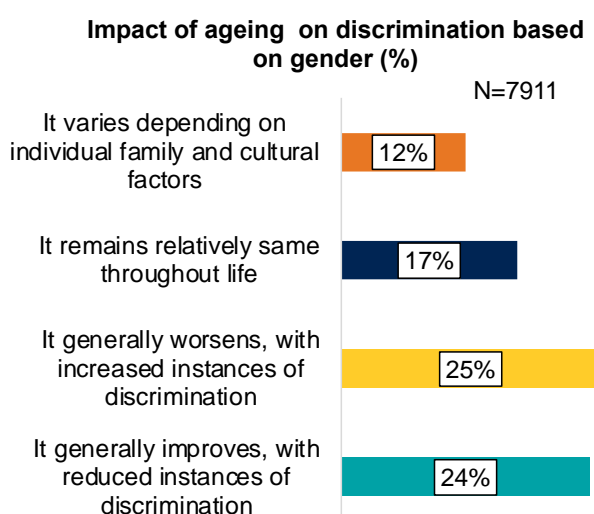


Figure 75 Age as a factor of discrimination (%)

01. SEC REPRESENTATION

Majority of elderly women who are faced discrimination due to gender belong to SEC C (21%).

02. DISTRICTS

Majority of elderly women who are facing discrimination due to gender belong to the districts of Shivamogga (99%) & Osmanabad (62%).

03. URBAN RURAL

Majority of elderly women who are facing discrimination due to gender are from rural (19%) and are in the age group of 80-90 years (28%).

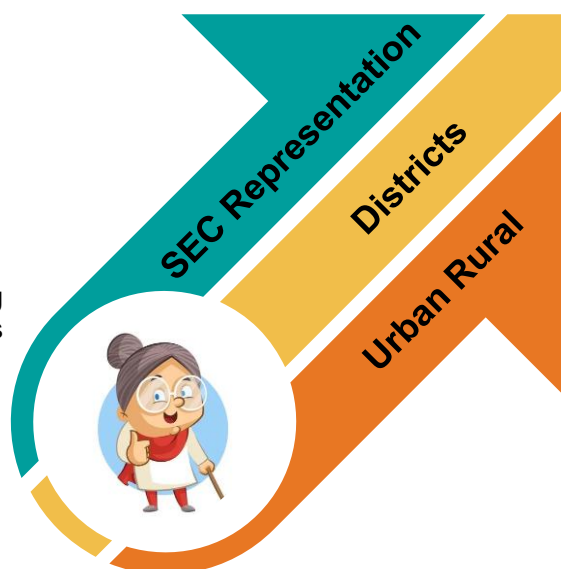


Figure 76 Profile of women who face discrimination due to gender (%)

⁵¹ <https://www.lexology.com/library/detail.aspx?q=99ecb4e2-fe5b-4fc0-866f-62f5fa2d81bf>

⁵² <https://www.agewellfoundation.org/pdf/reports/GENDER%20DISCRIMINATION%20AMONG%20OLDER%20WOMEN%20IN%20INDIA.pdf>

The factor of widowhood has also been taken into consideration to determine how older women face discrimination in their households. Here, it is seen that over 60% older women who are widows agree to having faced discrimination due to their widowhood. This is in accordance with literature, which suggests that there are various “myths and stigmas against widows”. For instance, widows are often seen with suspicion of having committed the crime of killing their husbands to gain property rights⁵³. Such stigmas, coupled with their existing vulnerabilities makes them a victim of discrimination across all social fronts, including their homes.

States of Goa (89%), Karnataka (89%) Maharashtra (83%), and Gujarat (80%) have reported the highest rates of discrimination of older women due to widowhood. On the contrary, states like Bihar (9%) and Telangana (20%) have reported the lowest rates of discrimination faced by older women within their families due to their widowhood status.

01. SEC REPRESENTATION

Elderly who faced discrimination due to widowhood belong to SEC D (70%).

02. DISTRICTS

Elderly who faced discrimination due to widowhood belong to the districts of South Gao (100%) and Pakur (100%).

03. URBAN RURAL

Majority are from rural areas (70%), in the age group of 60-69 years (63%) and most of them are illiterate (64%).

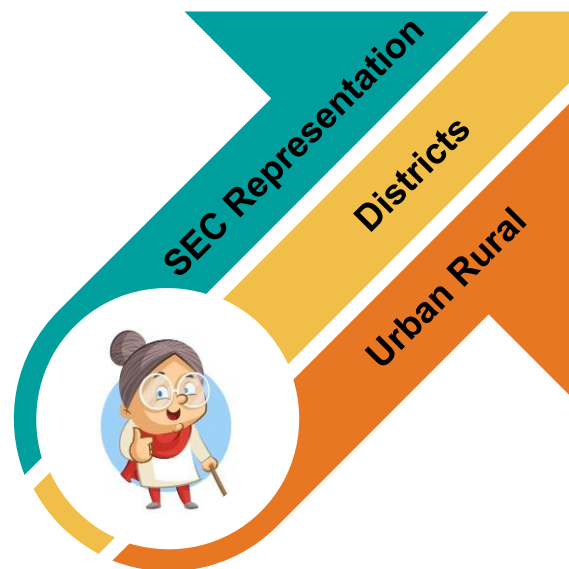


Figure 77 Profile of women facing discrimination due to widowhood (%)

3.6.3 Health and Wellbeing Related Vulnerabilities

The above mentioned vulnerabilities, across the entire lifespan can have repercussion on the life of older women from a wellbeing perspective. Nearly 40% older women agree to the same, while another 29% agreeing that there is an impact on their health and wellbeing to a certain extent.

Thoughts on affect of vulnerabilities in later years (%)

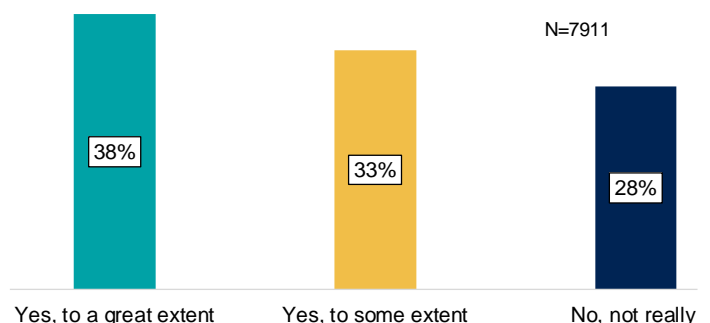


Figure 78 Impact of vulnerabilities on wellbeing (%)

When asked about the reasons on how vulnerabilities impact their wellbeing, over 50% reported having being subjected to less effective treatment. Lack of information on

⁵³ <https://www.gendersecurityproject.com/post/violence-against-widows-in-india>

medical treatment and medications was also stated as a key impact by over 60% older women. The spread of impact of stress and anxiety is also considered important by 30% of the older women. A low lever of understanding regarding diseases another health challenges has also been stated as an important factor. Overall, the impact on health related accessibility and information has come across as the main impact witnessed.

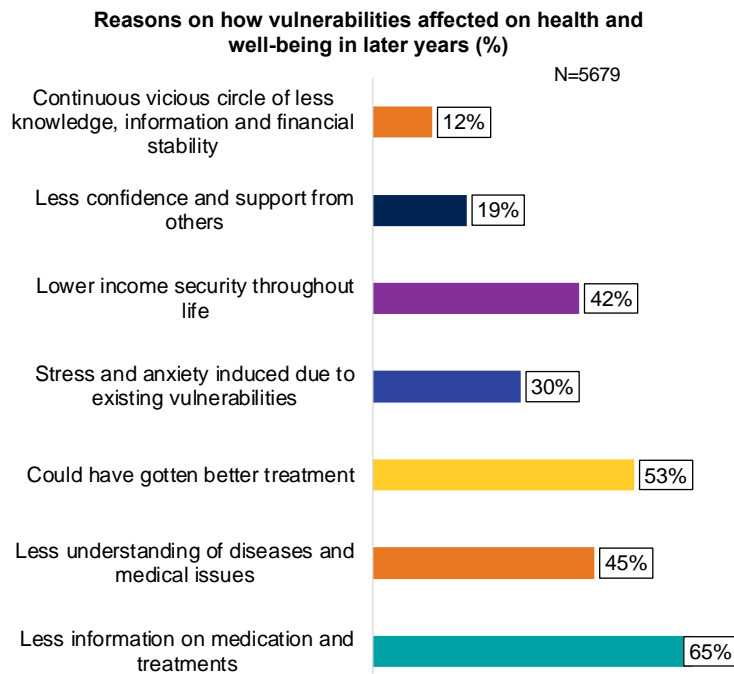


Figure 79 Reasons of vulnerabilities and impact on wellbeing (%)

3.6.4 Needs and Aspirations

In the wake of the above mentioned vulnerabilities, it is important to gauge what older women think about independence and how they can access it. The importance of independence in old age is highlighted by a plethora of resources, which suggest that independence is important for older persons to “ feel like themselves, maintain balance and strength, develop a sense of purpose, have improved cognition, have ownership, and develop positive relationships⁵⁴”. In this light, it is seen that nearly 70% women want to be independent in life. This proportion itself shows the ability of older women to recognize the importance of being benefits. The Highest percentage of Elderly women who said they want be independent are from Punjab (98%) and Chennai (88%).

⁵⁴ <https://vantageaging.org/blog/independence-is-important-for-seniors/>

Willingness to be independent (%)

N=7911

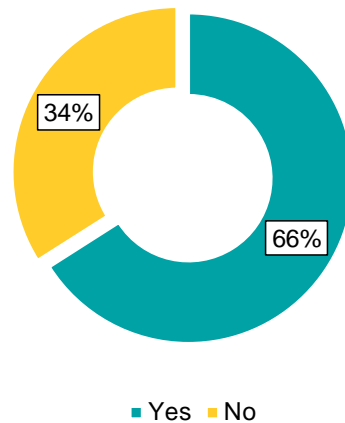


Figure 80 Willingness to be independent (%)

01. SEC REPRESENTATION

Elderly who want to be independent belong to SEC A (98%).

02. DISTRICTS

Elderly who faced discrimination due to widowhood belong to the districts of South Gao (100%) and Pakur (100%).

03. URBAN RURAL

Majority are from rural areas (70%), in the age group of 60-69 years (63%) and most of them are illiterate (64%).

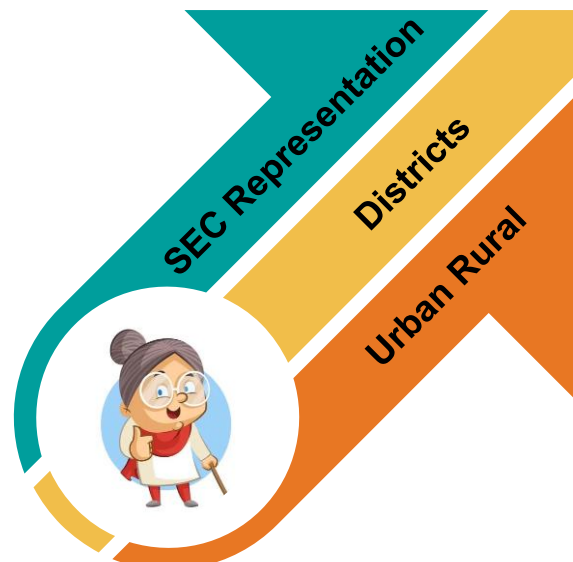


Figure 81 Profile of women who want to be independent (%)

There is also an understanding of what sort of support would be preferred for gaining independence. For over 70% of the older women who want independence, having financial assistance is crucial, given that it will allow them to undertake expenses for health and social wellbeing and security, Over 50% of these older women have also placed importance on getting physical assistance on caregiving tasks, which would provide them time for leisure and self-care, while reducing physical and mental strain. The importance of social support and emotional support is also seen to be crucial.

Support Required to be Independent (%)

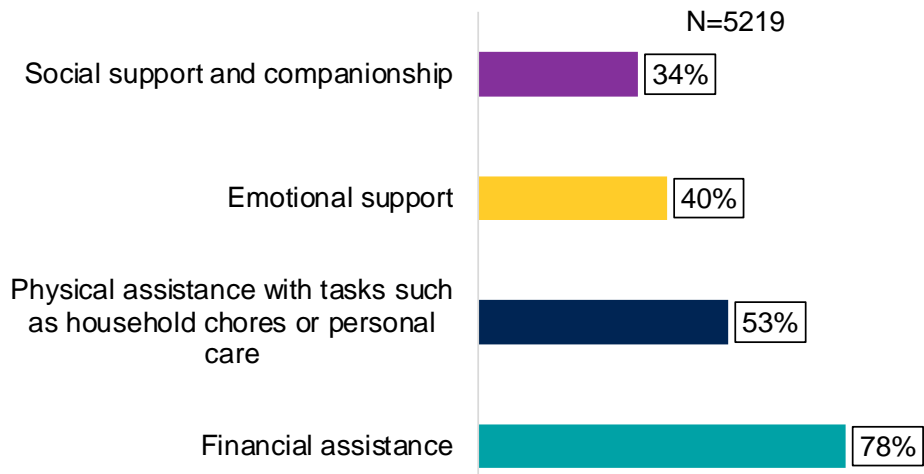


Figure 82 Support required to be independent (%)

When taken holistically, the impact of the socio-economic vulnerabilities faced by older women are seen to be based on their lack of financial savings; lack of engagement in meaningful employment in old age; status of widowhood; and lack of access to proper medical treatment and awareness on medical care.

4 Suggestions for Improvements and Way Forward

Health, Well-being, Care & Safety

- Take measures to improve health/treatment seeking behaviour for chronic conditions care
- Enable nearby/proximal health care facilities and services
- Promote & facilitate access of digital & technology-based health solutions e.g. telehealth
- Prioritise coverage of older women under health insurance schemes & programs
- Enable support & assistance in caregiving through alternate options e.g., community care, financial assistance for market-based services
- Need for measures to minimise falls and injury risk amongst older women

Employment & Economic Participation

- Measures to increase & enable economic participation/employment of women as they age
- Undertake capacity building efforts to raise employability/skills (e.g., through use of digital/technology and others)
- Promote elder friendly work environment with support systems and policies (e.g. flexible arrangements, suitable jobs)

Social and Digital Inclusion

- There is a need to launch awareness campaigns among children, adults and elders on care needs of older women, while also promoting a culture of empathy, understanding and respect through educational platforms
- It is also important to raise awareness of elder women on importance of digital technology and social wellbeing and to implement workshops on usage of digital devices through old age homes, RWAs, offices, religious institutions etc. for older women.

Elder Abuse

- There is a need to raise awareness on elder abuse and its various forms among older women and their caregivers and to promote redressal mechanisms through door-to-door volunteers, television, radio and digital platforms.
- Launching peer-to-peer platforms for older women to discuss their experiences and aspirations will enable them to support each other and learn from each other on how to handle instances of elder abuse.
- The need of the hour is to encourage seeking of professional medical, legal and financial aid among older women and caregivers if required. There is also a need to establish and promote volunteer based first response teams in societies to ensure immediate aid in case of abuse.

Rights & Entitlements

- More outreach and awareness campaigns to know about the exact provisions and how to get benefits
- Simplified application procedures for various welfare schemes and under the Maintenance and Welfare of Parents and Senior Citizens Act. Better accessibility to government offices for quick redress
- Increase the penalties for noncompliance under the Maintenance and Welfare of Parents and Senior Citizens Act.
- Public Private Partnerships for effective interaction with the state machinery.

5 Conformity To ISO Standard

1. This work will be undertaken in accordance with the standards laid out in ISO 20252:2019, ensuring a consistent quality of work to the highest standards in the industry. Ipsos's processes are annually audited by external certified to external accredited quality assessors.
2. Ipsos has over 18,000 plus employees across 90 markets and 5000+ clients.
3. Ipsos is member of most key market research bodies and we abide by their quality standards.

