



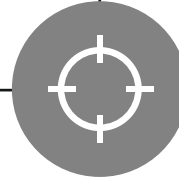
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Special Edition
Intersectionality of Gender and Ageing

Mission

To work for the cause and care of disadvantaged aged persons and to improve their quality of life



Special Edition

Intersectionality of Gender and Ageing

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Editorial

Older Women: An Important Subset to be Counted In

During 2000-2050, the overall population of India will grow by 56% while the population 60+ will grow by 326%, but also feminization of ageing¹. During the same period, the population 80+ will grow 700% with a predominance of widowed and highly dependent very old women. Older women face serious challenges with health, income and emotional security, which are interconnected for overall well-being, and the intersection of these points make them more vulnerable.

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.”² Prevalence of gender norms and limited social security benefits are also factors that exacerbate these existing inequalities. The compound effect of the discrimination faced by older women, due to their gender, in addition to “class, caste, illiteracy, unemployment, disability and marital status” thus needs to be understood to inform the national level advocacy efforts.

Longitudinal aging Survey in India (LASI)³ data clearly showed how older

women were doubly or in some cases trebly disadvantaged than older men vis a vis education, employment, living alone, living with children without spouse, care responsibility of a family member unable to care for self, suffered abuse, awareness of Maintenance and Welfare of Parents and Senior Citizens Act, involvement in decision-making of family matters, membership of clubs, organizations and or political parties.

Given this background, HelpAge India, decided to focus attention on this subset of ageing population in the country. The first step was to assess the ground situation. Therefore, taking cue from the data available in LASI, HelpAge India conducted a Pan-India research report titled “Women and Ageing: Invisible or Empowered?” The report highlighted 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. Serious gaps were found vis a vis economic security, savings, health insurance, experience of abuse, awareness on formal redress mechanisms for abuse and government welfare schemes. They were burdened with care responsibilities. The digital exclusion was also a matter of concern

The compound effect of the discrimination faced by older women, due to their gender, in addition to “class, caste, illiteracy, unemployment, disability and marital status” thus needs to be understood to inform the national level advocacy efforts.

1. https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_0.pdf

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

3. **Longitudinal Ageing Study in India. Wave I Report. 2020.**

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

The current edition is first in the series and includes articles on challenges faced by older women in urban areas.

as overwhelming majority did not have access to digital devices and were unaware about how digital could facilitate in getting access to goods and services and social inclusion. Built environment posed a major safety challenge hence affecting their independence, physical exercise and socializing.

There is need to further unpack this data and understand its layers to respond well so that these challenges are effectively addressed not just from the perspective of the present but also for future. Therefore, HelpAge India Research and Development Journal will

focus on the aspects of these major issues. The current edition is first in the series and includes articles on challenges faced by older women in urban areas. It will give you the changes in the perspective of older women to institutional care, the health care system for older women living in slums and changes required in the built environment to encourage older women to live a life with dignity, independence and self fulfilment. We are grateful to the Advisory Committee Member, Prof Indira Jai Prakash for her guidance and editorial support.

Ageing with Dignity: How Can Cities Accommodate Older Women

Rubab Mohsin* and Dr Tauseef Fatima**

Abstract

Urbanisation and ageing societies are two global trends requiring serious concern and policy intervention, especially in rapidly developing countries. As the worldwide population ages, designing age-friendly cities that cater to older individuals' requirements is becoming increasingly vital. Older women, especially, need greater attention as they are more vulnerable to barriers to the use of public places. This study examined the perspectives and daily encounters of older women who lived in Aligarh city. Older women aged 60 and above were interviewed using a semi-structured interview format. A data review using thematic analysis uncovered gender-related challenges in accessing services, social interaction and community engagement. The respondents' perspective on accessing public places is generally based on their daily encounters in different settings, such as shopping stores, local markets, parks and recreational areas, healthcare centres, banks, etc., which provides valuable suggestions for constructing an environment that enables effective ageing. However, they also highlighted certain aspects that could be enhanced, including transport options that are accessible to all, safety measures, age-

friendly infrastructure and inclusive public places. These results emphasise the necessity for ongoing initiatives to develop age-friendly cities that put the welfare of every resident, irrespective of gender or age, as their top priority.

Keywords: older women-friendly public places, Gender and Urban space, age-friendly infrastructure.

Introduction

The ageing of societies is a widespread global occurrence. According to the WHO, the percentage of individuals aged 60 and above is projected to increase significantly, reaching 22% by 2050, twice the rate recorded in 2006. The proportion of India's population above 60 is projected to increase substantially, reaching 20.8% by 2050, per the India Ageing Report 2023 by the United Nations Population Fund. As life expectancy continues to rise and fertility rates decline in various countries, including India, there are significant challenges in caring for a growing elderly population. Within this more significant phenomenon, countless other pieces of data hold significance. For example, there are more older women than older men. At the age of 60, individuals in India are expecting an additional 18.3 years of life. Additionally, women tend to have a

This study examined the perspectives and daily encounters of older women who lived in Aligarh city. Older women aged 60 and above were interviewed using a semi-structured interview format.

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Engaging in activities outside their homes allows older individuals to socialise, which enhances their overall well-being. Creating cities that prioritise the needs of older individuals is becoming more and more important.

slightly longer life expectancy of 19 years, while men can expect around 17.5 years. In India, where the labour force participation rate is low, women who lack social and economic security will be more susceptible to elder abuse.

In the ongoing narrative of urban development, an increasingly pertinent aspect is the consideration of the needs and experiences of older individuals, particularly older women. As the population ages worldwide, the question of how cities can effectively accommodate the elderly and ensure that ageing is marked by dignity and inclusivity becomes superior. The World Health Organisation (WHO) has advocated for urban development supporting the elderly. Their goal is to create age-friendly cities where older people can stay active and healthy, remaining active participants in society. Access to transportation, buildings, and outdoor places are important factors in creating cities that are friendly to people of all ages. They empower older individuals to participate in activities outside their homes independently.

The ageing process is universal, but various factors, including gender, often influence its manifestation. In particular, older women encounter distinctive challenges from age-related and gender-specific considerations. These challenges span areas such as mobility, access to essential services, safety concerns, and opportunities for social engagement. Addressing these challenges requires a holistic understanding of the intersectionality between age and gender in the urban context.

Engaging in activities outside their homes allows older individuals to socialise, which enhances their overall

well-being. Creating cities that prioritise the needs of older individuals is becoming more and more important. This exploration aims to shed light on the experiences of older women in Aligarh city, focusing on understanding the complexities they face in their everyday lives. This study offers insight into the issues and challenges experienced by older women in urban contexts and offers suggestions for improving these settings. This study is valuable for creating cities that accommodate the needs of older individuals, especially women, in developing areas.

Literature Review

The significance of mobility and physical activity as indicators of depression symptoms among older individuals living in the community was assessed in a study. Findings revealed that irrespective of physical activity levels, individuals with good mobility reported fewer depression symptoms compared to those experiencing mobility problems. Moreover, it was observed that the likelihood of developing depressive symptoms increases with mobility issues and older age (Lampinen & Heikkinen, 2003).

Research consistently emphasises the significant role of public open spaces and parks in enhancing the well-being of communities, particularly for older adults. These spaces foster social interaction, provide opportunities for relaxation, and promote active living, contributing to a healthier and more fulfilling age experience (Pasaogullari & Doratli, 2004; Kellet & Rofe, 2010).

One of the research projects underscores the positive impact of social interaction on older adults' quality of life and life satisfaction. As

highlighted, neighbourhood open spaces are associated with increased life satisfaction, and social interaction significantly contributes to this positive relationship. The availability of public open spaces becomes a crucial element in promoting a sense of connection and fulfilment in the lives of older individuals (Sugiyama & Thompson, 2007). The vital role played by public open spaces in all aspects of community life, along with their accessible features from the perspective of elderly people, is emphasised. The intention is to improve the quality and quantity of public open spaces utilised by individuals of varying ages, genders, and professions, thereby enhancing users' quality of life (Turelet al., 2007).

Insights into the ageing society in urban areas reveal the importance of age-friendly urban environments and inclusive transportation systems. Addressing these factors can create more supportive environments for the ageing population, enhancing their mobility and active participation in community life (Srichu ae et al., 2016).

In 2017, the activities of the elderly in public open areas of Israel were investigated. Using still photography, four sessions in two distinct outdoor public venues frequented by the elderly were documented. The photographs were transformed into narrative descriptions, then categorised, measured, and compared using descriptive statistics. It was found that most elderly persons entered the public setting by themselves. Some joined social groups comprising two or more individuals, while others remained alone. Additionally, the study highlighted the significance of the outdoor environment as a setting for social interactions among elderly

people (Noon & Liat Ayalon, 2017).

Efforts to create age-friendly cities highlight the importance of collaborative partnerships and proactive policymaking in redesigning public spaces, healthcare services, and housing concepts. However, discrepancies in the coverage of age-friendly domains across cities suggest continuous improvement and knowledge sharing (Van Hoof, Kazak, Perek-Białas & Peek, 2018).

Research on leisure and household travel among older individuals reveals urban-rural differences in travel patterns, emphasising the need for context-specific interventions to support older adults' mobility (Nadal, 2022).

Case studies on local spaces underscore their role in promoting well-being and social integration among older urban residents, particularly women. These studies provide insights into the impact of urban changes on older women's social relationships and health (Gomez & Lebrusan, 2022). Recognising the importance of quality public spaces in facilitating social interaction among elderly women, efforts to design inclusive environments that address their specific needs are essential for enhancing their overall health and social networks (Zhang et al., 2022).

Objectives

- To examine the issues and challenges (infrastructural, attitudinal, safety, and security) older women face in public places.
- To know how engagement in community life enhances the well-being of older women.

One of the research projects underscores the positive impact of social interaction on older adults' quality of life and life satisfaction. As highlighted, neighbourhood open spaces are associated with increased life satisfaction, and social interaction significantly contributes to this positive relationship.

The older women's experiences are codified into various themes, including the challenges older women face in public places, the purpose of going out, accessibility of services, social interaction and community management.

Methodology

The study employed exploratory research methods to analyse the data. The methodology used was empirical in nature, consisting of data collection from sixty respondents (60-year-old females) in Aligarh City, Uttar Pradesh, chosen based on their convenience. The study adopted a primary investigation approach, utilising observation and personal interviews with respondents. Using a random sampling technique, the researchers selected various public places and identified respondents based on availability and accessibility. The research centred on the interview schedule and integrated participant observation. Emphasising in-depth analysis of respondents' experiences, this qualitative study took an empirical approach to collect data directly from the field using an interview schedule. The older women's experiences are codified into various themes, including the challenges older women face in public places, the purpose of going out, accessibility of services, social interaction and community management. The researchers documented and translated the respondents' experiences, capturing their perspectives and accounts.

Results and Discussion

This study highlights the realities of everyday life for older women in urban areas, focusing on various themes:

Socio-economic and demographic profile of older women

The individuals who participated in the interviews were between 60 and 80-year-old women who lived in Aligarh City. This demographic encompassed various older women with unique lifestyles and situations. Some

respondents turned to their families for support, emphasising a lifestyle that leans on others, while others stayed engaged in activities like domestic work, applique work, and selling goods.

The varied socio-economic backgrounds of the participants highlight the diverse nature of the elderly population in Aligarh. Older women demonstrate resilience and adaptability by engaging in various economic activities, from traditional domestic work to entrepreneurial endeavours, such as selling items like roasted grams, plants, etc., to sustain themselves and contribute to their households. The interviews were conducted to gain a thorough understanding of the difficulties and social interactions of older women from various financial backgrounds, offering valuable perspectives into the diverse experiences of this demographic within society.

Challenges faced by the older women in public places

Exploring challenges the older women face in public places encompasses various aspects of their daily lives, spanning activities such as travelling, working, shopping, socialising, attending to familial responsibilities, and enjoying leisure time. This section delves into the pervasive issues related to the poor quality of public places within Aligarh, particularly regarding accessibility concerns for banks, hospitals, markets, transportation, etc.

Streets and Roads Challenges

A central concern highlighted by respondents revolves around streets and roads, often congested with cars and other vehicles. These environments are described as unhealthy,

unwelcoming, and unsafe. Navigating through busy roads like Dodhpur, Jamalpur Sabzi Mandi, Zakaria Market, Shamshad Market, Railway Road, etc, becomes a daunting task for them, who express the need to step into traffic when there is insufficient space on the sidewalks. The prevalence of broken and uneven pavements further exacerbates the challenges, as they risk falling and sustaining injuries.

While interviewing, a 65-year-old lady said that she had been hit by a bike while she was walking on the sidewalks as she came from the Deen Dayal hospital. Though her son was sick, she went to the hospital alone to avoid bothering him.

Lack of Proper Infrastructure

One recurring issue is the need for proper infrastructure to support the needs of older women. As they traverse the outdoor places, the absence of accessible toilets poses a significant problem because, in old age, holding urine is a major issue. The need for more facilities catering to their specific needs creates a discomfoting experience, adding an extra layer of difficulty to their daily routines. Moreover, the need for more places to sit and rest near local markets exacerbates older women's challenges in public areas. The limited availability of seating options in local markets forces them to endure prolonged periods of standing, contributing to physical fatigue and discomfort.

Issues with Public Road Transport

One of the challenges older women face in public places is transport facilities. The public road transport system needed several aspects: bus stations, bus designs (high steps),

overcrowding, route number display, overcharging, and misbehaviour by route operators. Additionally, the apathy of co-passengers and challenges faced by the elderly during nighttime travel were significant barriers identified by those relying on public transport. In several locations, one of the respondents added that no alternative arrangements were provided during the renovation of bus stations, leading to inconvenience for older passengers. Some older women expressed concerns about rarely leaving the house except for hospital visits or significant family events. Many older women felt apprehensive about travelling by themselves on buses or in auto-rickshaws. Many older women had unpleasant experiences while travelling solo.

A 68-year-old retired teacher shares her experience. The primary concern is the lack of designated seating for older individuals, especially women. On numerous occasions, she had to remain standing throughout the entire bus journey due to the unavailability of seats, resulting in her feeling fatigued upon reaching her destination. She advocates for enhancing the care of the elderly by proposing the introduction of designated seating to improve the comfort and well-being of older passengers. In Aligarh, there are currently no regulations regarding reserved seats for the elderly on buses.

Purpose of older women going to public places

The purpose of older women venturing into public places is multi-faceted. It encompasses a range of activities that contribute to their overall well-being, social engagement, and fulfilment of daily needs. Understanding the

The need for more facilities catering to their specific needs creates a discomfoting experience, adding an extra layer of difficulty to their daily routines.

Despite their challenges in navigating urban landscapes, these women often rely on local markets and stores to procure the goods necessary for sustenance.

motivations behind their presence in public places sheds light on the importance of creating environments that cater to their unique requirements and enhance their quality of life. Some of them are:

Purchasing Groceries

One significant purpose for older women in public places is the fulfilment of daily necessities, such as shopping for groceries and essential items. Despite their challenges in navigating urban landscapes, these women often rely on local markets and stores to procure the goods necessary for sustenance. Access to fresh produce, household items, and other essentials is crucial to their routine, prompting them to venture into public places regularly.

Most respondents prefer visiting local markets like Jamalpur Sabzi Mandi, Shamshad Market, etc., to buy vegetables. They said buying things from there in the evening is challenging due to the busy road.

Health care services

Another purpose is to go to public places for older women for healthcare services. The responses of the older women interviewed highlight a demarcation between private and government hospitals in terms of accessibility, affordability, and quality of services for the elderly. This demarcation could have significant implications for the healthcare choices made by elderly individuals based on their financial constraints and preferences. The challenges of accessing the government hospital health care system were highlighted, with concerns raised about overcrowding, poor management, insensitivity, and insufficient medical

consultation coverage.

During the interviews, it emerged that many respondents favoured seeking treatment for major diseases at JNMC (Jawaharlal Nehru Medical College) and Tibbiya College. The respondents mentioned they came to the hospital because they expected to get the best diagnosis from expert doctors.

Interestingly, the prevailing inclination was towards nearby clinics, a choice influenced by accessibility considerations. The respondents highlighted a preference for local clinics, indicating a practical approach in selecting healthcare options based on convenience and proximity to their residences.

Social Interaction and Community Engagement

The social engagement opportunities for older individuals in Aligarh are quite restricted. Older women are spending more time on household chores than older men, leaving them with little time for leisure or recreational activities. Older women's lifestyles do not emphasise community involvement and social connection outside the home. Nevertheless, the scenario only applies to some participants, while some respondents socialise with others.

Places that older women visit for social interaction consist of:

I. Parks and Community Centres in their locality

Some residential complexes like Alig Apartments, Sagar Colony, and Gulistan Apartments feature dedicated parks and green spaces designed for the enjoyment of residents of all ages, including the elderly and children. These thoughtfully planned spaces encourage

activities such as playing, jogging, walking, and exercising, fostering a healthy and active lifestyle. Some female respondents residing in such areas can visit parks for regular walks.

In light of the significance of community involvement, residents have proactively set up community centres within their buildings. These centres are communal hubs where older men and other residents gather for conversations on various topics.

However, despite their inclusive nature, there is a concern about excluding older women in these community discussions. Despite the lively community involvement, there is an apparent lack of female participation in these discussions, suggesting a type of gender bias in these environments. While these community centres promote social connections and conversations among male residents, it is important to also focus on including older women. This will allow them to participate in and enjoy the social events in these residential areas. Promoting community initiatives that include all genders can improve the overall well-being and unity of the residents in these areas.

ii. Public Parks

Research findings indicate that older women mainly engage in social activities within family-oriented environments. Local parks and neighbourhood areas are the primary public domains where older women communicate. The observed social interactions include unplanned conversations, strolling, and family gatherings.

The results highlight the importance of family-centred social events for older women, emphasising the role of

community areas such as parks in promoting their social contacts. Informal discussions and leisure activities enhance older women's connection and overall health, creating a supportive atmosphere in their local communities. The focus on family-centred interactions highlights the importance of strong relationships and community ties in influencing the social environment of older women, where these settings operate as crucial centres for communication and participation in many daily activities.

Some respondents mentioned that they visited Gulistan-e-Syed, a local park, for a walk with their neighbours only in the mornings due to the park being closed during the rest of the day. They added that they have a group of older women who exercise together and discuss various topics related to religion and other issues. They believed that social interactions play a role in countering feelings of loneliness and isolation, which positively impact their mental well-being, reduce stress and promote relaxation.

For Work

For some older women, public places also serve as employment workspaces. Many individuals find purpose and fulfilment in contributing to the community, and public spaces provide avenues for them to offer their skills, knowledge, and time. This involvement allows them to stay active and reinforces their sense of purpose and value within society.

During interviews, some elderly female respondents reported working to support their families. These people work as domestic workers and patti workers and sell different things. They

Thoughtfully planned spaces encourage activities such as playing, jogging, walking, and exercising, fostering a healthy and active lifestyle. Some female respondents residing in such areas can visit parks for regular walks.

The present study examined the obstacles older women encounter when navigating urban settings. These challenges encompass congested streets, insufficient

shared that they have little free time because they constantly work to ensure their families have what they need to survive. Whether working in different houses as a maid or selling items, their days are filled with labour, leaving little time for relaxation or leisure activities.

One of the female respondents, a 65-year-old widowed, was selling 'roasted chana' in Ajmal Khan Tibbiya College (a government hospital in Aligarh) for her survival. Despite having children, she emphasises the necessity to work for her livelihood. She expressed a sense of responsibility, stating, "Jab se miyan ka inteqalhuahai tab se bechrahihun agar wo hote to kyu kuchkarnapadta" (Since my husband passed away, I have been selling [roasted chana]. If he were here, why would I need to do this?). This story provides a glimpse into the complex dynamics of elderly individuals, particularly widows, who navigate the challenges of financial independence and survival without spousal support.

Conclusion

Ageing encompasses various aspects, including physical, social, and economic dimensions. Cities can be instrumental in creating a supportive atmosphere for older women to age comfortably and flourish. It is essential to develop age-friendly infrastructure, including public places that are easily accessible, well-planned transport systems, and healthcare facilities specific to the needs of older women. These efforts specifically address the unique requirements and preferences of the elderly population, especially older women in Aligarh City.

The present study examined the obstacles older women encounter

when navigating urban settings. These challenges encompass congested streets, insufficient infrastructure, and transportation-related issues. As they traverse the outdoor places, the absence of accessible toilets poses a significant problem because, in old age, holding urine is a major issue. It is of utmost importance to address these issues to guarantee the safety and accessibility of public places for older women.

Furthermore, the research emphasises the importance of community involvement for older women residing in Aligarh, particularly in settings prioritising family-oriented activities like parks and community centres. It is imperative to acknowledge and rectify gender biases within community discussions. Moreover, it is worth noting that a subset of older women finds meaning and fulfilment through their involvement in various public work settings. This engagement in the community plays a significant role in enhancing their overall well-being by facilitating social interactions and mitigating feelings of isolation.

Eventually, creating age-friendly cities requires a joint effort from urban planners, policymakers, community leaders, and residents. By emphasising the importance of the well-being of older women, cities can create a more inclusive and compassionate urban environment that values life at all ages. By careful planning, cities can transform into environments where older women can age gracefully, maintaining their dignity and finding fulfilment.

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Health Concerns of Older Women in Mumbai Slums -An Overview

Manjushaa Batle* and Rashmi Kausadikar Karle**

Abstract

This paper is based on review of published work. It provides an overview of the health concerns older women face in Mumbai's slums. Mumbai, being a metropolitan city, has a significant population residing in overcrowded slums with insufficient resources for a healthy lifestyle. Among this vulnerable population, older women are the most socially, economically, and culturally marginalised group.

The objectives of this review are to comprehend the impact of longevity on the health of indigent older women in Mumbai slums, understand the economic disparities affecting their well-being; determine barriers preventing them from accessing healthcare; identify gaps in healthcare accessibility.

A review of literature in this area of study was carried out. Findings reveal that the ageing population, particularly women, face health disparities due to longer life expectancy and insufficient social support. Lack of data, illiteracy and dependency on family hampers understanding of their health issues and limits access to government aid.

Key Words: Older women in Slums, Health concerns of older women, barriers to access to health care.

Introduction

As per the India Ageing Report 2023, the demographic landscape of the country has undergone significant changes from 2000-2022, with a total population increasing by 34 per cent and the population aged 60 and above experiencing a substantial growth of 103 per cent. Notably, individuals aged 80 and above saw an even higher increase at 128 per cent during this period. Further, it reveals that over 50 per cent of women aged 60 and above in India are widowed, and this proportion escalates notably in older age groups.

In India, the older demographic is primarily composed of economically disadvantaged and poorly educated women. These women mostly rely on their children for financial support and lack substantial influence or role within the family structure as highlighted by Sharma (2009). Additionally, women encounter diverse reproductive health challenges stemming from pregnancies, childbirth, and insufficient nutritional intake, with lasting implications for their

In India, the older demographic is primarily composed of economically disadvantaged and poorly educated women.

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well-being in old age. Furthermore, older women in India are more likely to be widowed, illiterate and out of paid employment as compared with older men. These challenges coupled with factors such as low literacy rates, limited involvement in paid employment, inequitable access to resources, and substandard nutrition among poor older women, contribute to their vulnerability to both immediate and prolonged health issues, as well as social isolation. The emergence of chronic illnesses in old age further deteriorates the overall quality of life for those who already experienced persistent socioeconomic hardship as noted by Balagopal in 2009 and continues now as well.

According to the Older in India 2021 report released by the Department of Social Statistics, Government of India, over 50% of the older population is disabled (other than mental health), with mobility disability being the most common, followed by hearing loss, blurred vision, blindness, and visual impairment. Studies also show that there is an increased prevalence of non-infectious chronic conditions, leading to increased morbidity and disability. This includes life-threatening diseases and chronic diseases & disability conditions that affect different aspects of health. This poses a significant challenge, especially for developing countries such as India, which is expected to bear a greater burden of these diseases in the future. Prominent disabilities among the older include those related to movement (25%), seeing (25%), and hearing (12%). Furthermore, the census highlights that 12% of the older population experiences multiple disabilities.

The National Mental Health Survey (NMHS) of India, 2016 reports an overall treatment gap of 83% for any mental health problem – 85.0% for common mental disorders, and 73.6% for severe mental disorders. Mental health problems among the aged, which include Depression, Dementia, and Alzheimer's, are widely prevalent and present a significant global challenge. Research on the prevalence of dementia and associated risk factors in the older highlights the association between socio demographic factors and dementia. Reports in India indicate that dementia affects 0.6–3.5% of older individuals in rural areas and 0.9–4.8% in urban areas. Furthermore, the nationwide prevalence of schizophrenia is reported to be 34.4%, with different figures in different regions.

Review of Literature

Over the past few decades, India has seen a steady rise in the elderly population, attributed to factors like increased longevity and falling fertility rates. While the demographic shift signifies achievements in various sectors, it also presents challenges, such as a growing age dependency ratio. This demographic change burdens a country like India with no social security systems and low investments in health and welfare programs.

A study on women's healthcare practice in urban slums: Indian scenario indicates how sustained growth presents the country with several challenges. Mumbai, a metropolitan city, has a sizable population living in bustling slums that lack adequate resources and an environment conducive to healthy living. A 2017 qualitative study, using a literature review and 17 focus groups with at-risk individuals, found that older

A study on women's healthcare practice in urban slums: Indian scenario indicates how sustained growth presents the country with several challenges.

There is enormous diversity among older people in terms of social, economic, educational and health status which has accelerated demographic transition and increased the burden of various diseases.

adults contribute their experience, resources, and relationship-building capacity to prepare themselves and support others during an emergency (Howard, Blakemore, and Bevis, 2017).

Poverty is experienced differently according to gender, age, caste, income, and ethnicity and has a direct bearing on life choices and food security. The majority of the population living in slums are migrants facing poverty and nutritional deprivation. Further, some other factors that adversely impact the health of slum dwellers are low-quality housing, unclean and inadequate water supply and unregulated waste disposal.

A cross-sectional study conducted by the Department of Community Medicine and D.Y. Patil Medical College in Pune regarding "Health Problems Among the Elderly" showed a higher number of widows compared to widowers. Literacy has a positive impact on overall health and well-being but the illiteracy rate was higher in marginalized women which increased challenges to geriatric health problems.

In a study 'Types of health service utilization in Mumbai slums: a community-based survey' it was found that older women were found to be more likely than older men to access public rather than private health care. This further proves that families as well as older women are conditioned to not expend financial resources on health care of older women than on older men.

The study 'Living condition and life style of Mankhurd slum dwellers' highlighted that three fourth slum dwellers lived in their own house less than 5 percent lived in pucca houses (made of concrete, cement or asbestos

etc.) while more than 90 percent in kaccha houses (made of tin, mud, wood etc.) . Only one percent slum dwellers had water supply in their house through a tap and most of the slum dwellers got water from the nearby public tap but due to scanty water supply a 20 litre vessel cost them Rs. 5. Drainage and road was occasionally cleaned by the corporation employees.

There is enormous diversity among older people in terms of social, economic, educational and health status which has accelerated demographic transition and increased the burden of various diseases. A vast disparity in social-economic determinants has burdened a fast-ageing population with various diseases which include communicable diseases, emerging non-communicable and infectious diseases. However, due to the absence of population-wide mechanisms of social security, the public health infrastructure is inadequate for bearing the health burden.

Objectives

- To comprehend the influence of longevity on the health status of indigent older women in Mumbai slums.
- To understand the underlying factors contributing to gender-based economic disparities and their effects on the physical and mental health and overall well-being of elderly women in Mumbai slums.
- To identify the barriers that prevent poor elderly women in Mumbai slums from seeking health services
- To understand the socio-economic status of indigent elderly women in Mumbai slums.

- To analyse the gaps in accessing health services for vulnerable elderly women in Mumbai slums.

- To grasp the effects of accessible sanitary amenities, lifestyle, and housing conditions on the wellbeing of indigent elderly women in Mumbai slums.

Methodology

This article is based on a search strategy aimed at exploring literature related to "Health issues among the older women in India." The objective was to understand various aspects through research studies available on Research Gate, PubMed, Jstor and Google Scholar through an internet search using various combinations of keywords such as "Issues of the Older," "Health Care in Urban Slums," "Health Care Facilities and Support Systems," "Older people," and "India". Synonyms and highly similar terms were included in the search to identify articles and references. The total 36 papers and articles were studied. Title, abstract, and article content were screened for eligibility for inclusion. In addition, cross-referencing was used to search for articles cited in research papers and articles found through search engines to find additional relevant papers.

Result

Half of the Indian older are dependents, often due to widowhood, divorce, or separation, and a majority of the older are women (70%) (Rajan, 2001). Studies have shown that widows are disproportionately vulnerable to disability, illness, and poor healthcare utilization About 16% of the older women surveyed reported abuse with 50% reporting physical violence, which came out as the top form of abuse for the first time, followed by disrespect

(46%) and emotional or psychological abuse (31%). As per the National Health Mission, one health centre caters to 30,000 people in general areas and one per 20,000 people in difficult/tribal and hilly areas.

A report released by the NGO Praja Foundation revealed that the worst hit are the western suburbs which need at least 315 public dispensaries. The report said the city, which has a 27% slum population, needs 133 more dispensaries while the eastern suburbs with a 51% slum population need 211 more dispensaries.

Sanitation remains a major contributing factor in adversely affecting women's health. Most of the 100 square feet slum houses do not have sanitation and water facilities, either because applications for individual toilets and taps are pending approval or because the slum is on encroached land, which means that the civic body will not provide any services there. For sanitation, people in Mumbai pay two to three rupees (₹0.02-0.04) to use a community toilet, which generates revenues of 3.6bn rupees (₹47m) a year, according to a recent report by the Observer Research Foundation. The poorest of the poor pay more than 10m rupees (₹120,000) per day for the most basic necessity, yet the facilities are rarely maintained, despite complaints. Some 78% of community toilets in Mumbai's slums lack water supply, 58% have no electricity, and many don't have proper doors. Moreover, older individuals face challenges in accessing toilets, especially when there are stairs. This becomes even more difficult for seniors with mobility issues. The use of Indian-style toilets is problematic for those with disabilities or old age disability, impacting both their physical

A report released by the NGO Praja Foundation revealed that the worst hit are the western suburbs which need at least 315 public dispensaries.

and mental well-being. It puts an additional burden on families, leading to potential neglect and abandonment of older family members.

The statistics highlight the deteriorating state of sanitation and toilet accessibility across all age groups in the M-East ward. Further, a few studies conducted a decade ago have described the living conditions and amenities in Mumbai's slums. The present scenario indicates minimal changes in these facilities.

Discussion

The problems faced by the older can be broadly categorised as:

- Economic challenges - There have been reports of financial exploitation of the older with respect to ownership of their physical assets and their savings. Propertyless indigent older are often abandoned by their kin and take to living on the streets and begging for livelihood. Specifically, older women do not have any share in asset ownership. They have no personal income and have a high level of dependency on their family members. Though economic compulsions force older women to seek livelihood, despite their age and health-related issues, such opportunities are rare. Traditionally, women are not part of the decision-making process in the family. So, when older women face vulnerable situations like widowhood, they lack negotiation skills to deal with kin regarding finances/caregiving.

Physical Well-being

The physical and mental health of older indigent women is poor since childhood because of gender preference for male children. Such neglect can lead to

sustained malnutrition in adulthood, Along with hard manual labour, poor lifestyle choices due to poverty and lack of education cause myriad problems in adulthood.

These older women are considered to be a liability and often abused verbally, emotionally, physically, and economically as they are unable to contribute to household chores/income. The older living with their kin/caregivers are reportedly deprived of required nutrition and medical care. Largely, their medical problems remain undiagnosed because of the older person's inability (physical and financial) to access medical services or their kin's unwillingness to assist them.

- Emotional well-being : Aging brings with it changes in the behaviour and attitude of the older. The older are often depressed and suffer from physiological illnesses like Alzheimer's or incontinence. The feeling of being unproductive/immobile impacts their mental health and increases their loneliness, and they often find themselves isolated and neglected within their families, neighbourhood and socially. When indigent older women stop contributing to household chores/income they are not involved in the household decision-making process and thus their feeling of isolation and neglect increases. Lack of mobility and financial dependence restricts their social outings/connections which directly impacts their mental health.

In cases of domestic violence, neglect and abuse, older women do not feel comfortable sharing their family problems with the police or social organizations. There is a tendency (cultural norm) that household

A few studies conducted a decade ago have described the living conditions and amenities in Mumbai's slums. The present scenario indicates minimal changes in these facilities.

issues/problems should not be discussed openly.

•Shelter: Urban indigent elders' dwellings are often inappropriate for their mobility and illness. Those who share shelters with their kin are neglected concerning privacy and dignity. Their needs are ignored and disregarded, with priority given to earning male members. In the case of the indigent older without any shelter, finding free shelter in urban spaces is extremely difficult.

This situation is true for all slums in Mumbai region. The older women specially those living alone and with age related cognitive difficulties, find it difficult to fetch water from public taps and water tankers. Lack of finances is also a factor that forces them to purchase water at exorbitant costs and this places severe restrictions on use of water and thereby has a negative impact on their health.

The place where the urban indigent older woman resides and the approach and distance to the surrounding areas (marketplaces/ toilet structures, etc) are also not older-friendly and restrict the mobility of older women. This makes them increasingly dependent on their caregivers.

Urban slums often do not have toilet blocks within independent household units. Public sanitation facilities are provided by the government in case of authorised slums and not provided at all in case of unauthorised slums. Often there is a charge on usage of public toilets for their maintenance. This increases the burden of physical and economic dependency on caregivers and also increases the risk of medical problems in older indigent women.

Older indigent women are vulnerable to eviction from their own/shared households by their kin to negate their property rights. In the case of dwelling on encroached land, there is always the fear of forcible eviction by the government.

Slum dwellers on encroached land also do not have access to safe drinking water. Families have to buy water which is not potable for drinking. This has a negative impact on the health and finances of an indigent older woman. Waste management is another problem in urban slums. Most of the slums do not have proper drainage or waste disposal facilities leading to unhygienic living conditions. Since the mobility of older women is restricted, they are also exposed to these unhygienic conditions for longer periods as compared to men.

•Social abuse: The ageing process decreases social connections and limits mobility as physical and mental health deteriorates. Most older women are expected to earn their livelihood or contribute to household chores and continue caregiving for spouses or grandchildren, limiting their social activities. Younger family members frequently disregard their needs, preventing them from contacting other relatives, making phone calls, or attending to religious or cultural practices. This social isolation can lead to the development of serious mental health concerns such as depression.

Conclusion

Considering the rapid growth of the older population, the life expectancy rate of older women is higher than that of men, there are more widows and unmarried women, and an inadequate

Lack of finances is also a factor that forces them to purchase water at exorbitant costs and this places severe restrictions on use of water and thereby has a negative impact on their health.

the lack of specific data on the problems of older women residing in Mumbai slums impedes a comprehensive understanding of their physical health problems, psycho-social issues, and intervention planning.

social support system can exacerbate various health concerns in this population. Furthermore, the lack of specific data on the problems of older women residing in Mumbai slums impedes a comprehensive understanding of their physical health problems, psycho-social issues, and intervention planning. Also, lack of awareness, illiteracy, lack of identification documentation, and dependency prevent them from benefiting from various government schemes. Therefore, it is imperative to address the healthcare needs of this ageing population to ensure societal stability.

Some suggestions based on this study are:

- Increasing accessibility and availability of affordable and qualitative medical services/medication.
- Increase in the number of free/affordable old age homes/day care centers for geriatric population.
- To include nutritional meals/prescribed medication to indigent older population on lines of National Tuberculosis Elimination Program (NTEP)/National AIDS Control Program (NCAP).
- To provide common platforms for all stakeholders in geriatric care (NGOs, Corporates, Funding organisations, Government bodies, medical and familial caregivers with representation of older population) to discuss, initiate and collaborate for focussing on activities centered on needs, challenges and redressals available for geriatric care.

• Same can be done at the policy level to ensure the following facilities can be made available to the older in the slum areas where they reside:

- Health facilities (Check-up as well as treatments)
- Nutrition (apart from subsidised PDS, introduction of a scheme similar to ICDS for older in slum areas)
- Sanitation facilities (easy accessibility for those with mobility issues)
- Increasing the stipend amount available to them under the government schemes.
- Stakeholders need to collectively integrate their efforts by conducting outreach programs/workshops for all stakeholders (non-governmental organisations, government departments, CSR bodies, foundations, medical caregivers and familial caregivers) to highlight needs, challenges and redressals available for geriatric care.

Various other measures need to be undertaken by corporates and social organizations to implement policy measures like the establishment of old age homes, etc. to provide these facilities to the older, corporate social responsibility (CSR) bodies and corporate foundations for developing sensitive policies and programs and their proper implementation to provide pensions, housing, and social security cover.

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Feminist Analysis of Resilience Among Older Adult Women in Privately Managed Institutions: Stories from Delhi and Dehradun

Dr. Shivani Bhardwaj* and Dr. Sudeshna Roy**

Abstract

Increasing number of older adults from better economic backgrounds are choosing to stay in long-term paid institutional arrangements in India. This trend is seen among older women too who are choosing alternate living arrangements. Using thirteen cases narrative description and observatory participation methodology, this paper unravels the lived experiences and choices of older adult women who are positively managing their resources and life within four privately managed paid residential senior-care living institutions located in Delhi and Dehradun. The feminist analysis is postulated on the interrelationship of resources, relationships and resilience these women balanced through choices they made to lead a better life. The article shows that women situate themselves and their wellness in alternate ways of living beyond the patriarchal control of familial based resources. Access to resources has healed women to be stronger and independent to form new relationships and community solidarity at their older age. The breakdown of family-based care systems made these

women plan for their future to live lives independent of family. This can be possible for women from lower economic class with support from government and stakeholders who need to support collectives to set up safe spaces in every neighbourhood as an alternative inclusive care network that each human being is a member of for times that family abandons them.

Keywords: Living arrangements of older women, Gender and resource management, Older women and resilience, Retirement retreats and older women.

Introduction

With the increasing proportion of older adult population in India, the country is witnessing rapid market boom and demand for private retirement community homes for senior citizens replete with plethora of paid amenities (Jain, 2024; Datta, 2017). Newer forms of alternative institutional senior living spaces are emergent and evolving in Indian real estate and social housing landscape (Agarwal et al., 2021). The homes also referred as 'retirement retreats, aging resorts, convalescent

The feminist analysis is postulated on the interrelationship of resources, relationships and resilience these women balanced through choices they made to lead a better life.

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The growing proportion of geriatric women population in India, particularly the single women belonging to economically better off categories are selecting to live in such housing in recent years .

centres' are generally designed meticulously for older adults who desire to live away from their familial establishment (Krishnan, 2023). This budding commercialized residential model can be in the form of ownership, tenure possession, leasing out or rental housing (Agarwal et al., 2021). The growing proportion of geriatric women population in India, particularly the single women belonging to economically better off categories are selecting to live in such housing in recent years (TheTimes of India,2015).

Review of Literature

This paper focuses to break the stereotype that older adult women are seeking old age homes as a last resort after being humiliated and disowned from their family living arrangements (The Hindu, 2013, Times of India, 2021). Rather, older adults with opportunities and affordability are selecting their preferred living environments with options of co-residence, co-sharing spaces and not being limited within patriarchal multigenerational family living systems (Prasad and Rani, 2007). Outmigration of adult children has resulted in rising older adult population of 'empty nesters' or 'left behind parents' who suffer from declining family support and have taken to institutional living (Rajan and Kumar, 2003; Bailey et al., 2018).

The attitudinal shift towards notions of 'productive and successful' or 'active and healthy' or 'positive aging' ideologies are increasingly being accepted by the Indian demography (Lamb and Goswami, 2024) away from the traditional discourses of Vanprastha and Sanyasa lifestyles embodying renunciation, asceticism,

charity, philanthropy, surrender control and dedication to spirituality (Tiwari and Pandey, 2013). Women who are ably managing their resources decide to share only a part of it among family, putting away portions for themselves. Access and control over resources empower them to command their assets, practice self-care and pursue good health till they are not incapacitated and have to rely on others for basic activities of daily life (ADL) (Bhardwaj and Roy, 2024). The older adult women have adapted themselves into socio-economic systemic changes occurring in India and opted for paid community-living accommodations for reasons ranging from childlessness, illness, infirmity, widowhood, immigration of children, growing nuclearization and dismemberment of traditional family dwelling arrangements (Kalavar & Jamuna, 2011).

Aging is an inevitable transitional stage marked by decline in physical and mental health, escalation of multifaceted vulnerabilities, lifestyle changes, growing frailties, social isolation and host of challenges (Mishra et al., 2023). Longitudinal Aging Study in India (LASI) (2017-18) data shows prevalence of functional disability, restricted mobility, multimorbidity including mental health issues in greater proportion among older adult women relative to men in India (Malik, 2022). But amidst this, older adult women are choosing to 'age well' (Hawkins, 2005; Balderas-Cejudo et al., 2020) finding companionship, safety, convenience, belongingness, scope for desired activities and socialization in these senior occupancy institutions. This has been rooted to claim such living environments and spaces which are promising them

healthy and secured aging, overall psycho-social wellbeing, independence, inclusivity, building interpersonal social capital and guaranteeing optimal functioning in their greying years. Studies have resonated that finding purpose and meaning in life through mindful engagements such as volunteering, pursuing hobbies and creative social contributions accelerate life satisfaction among older adults (Bertelli-Costa and Neri, 2021).

Objectives

The paper attempts to study the resilience and relational dynamics of older women and how they have organised their resources for themselves. It showcase show these women had developed skills and practicing autonomy on the utilisation of their money and assets based on their individual value frame work. The aim is to narrate the importance of women realising their agency to effectively manage resource ownership early on in their lives and commence shaping their household and work spaces, assembling wealth and expanding their networks during their youth and middle-ages to reach and arrange the institutional spaces towards leading a healthy happy aging life of their choice without being dependent on their natal and marital homes. The narrative tries to situate the need for building resourceful and safe spaces and linking to formal and alternative institutions other than which are inherited from natal family and marriage as a buoyant and sustainable way for older women. The objective is to bring forth the need for policy and programmes for community living and working spaces that the vulnerable and resourceless older adult women can access and manage.

Methodology

This paper is a narrative essay and uses reflective methodology based on one-to-one interactions and participant observation that the authors have had with the older adult women living in the all-gender privately managed senior-care residential assisted living institutions in Delhi-National Capital Region (NCR) and Dehradun. The four institutions are first (40 living units) in East Delhi, second (more than 600 units) in Bhiwadi, Haryana, third (300 units), and fourth (50 units) in Dehradun, Uttarakhand. The living arrangements include single or couple ownership, older adult with children occupancy, dormitory structure with common dining canteen, community and nursing centres, parks, gardens, rules for entry and exit, other amenities. The authors selected three categories of older residential institutions catering to lower middle-class population (first and fourth institutions), upper middle-class occupants (second institution with multi-storeyed posh gated tranquil colonies) and the inhabitants of third institution; a senior living community for richest class.

The authors interviewed 25 women, but use 13 case stories and descriptive analysis of everyday lived experiences, the life choices of the women are highlighted. The article uses thematic story-telling to document the challenges encountered, the decisions made by the women. The authors have known the women through their social and work network. Some women were a part of 'Love Your Neighbourhood and Safety Campaign' and others who support the 'Safe Space For All Campaign' organised under the aegis of Sathi All For Partnership (SAFP); a non-

The narrative tries to situate the need for building resourceful and safe spaces and linking to formal and alternative institutions other than which are inherited from natal family and marriage as a buoyant and sustainable way for older women.

profit trust which the authors represent. The names of the respondents have been changed to maintain privacy and keep their identity confidential.

Discussion

The case stories reveal the good practices where women from middle and higher-income classes are navigating their aging phases by steering away from being a burden on their consanguine and kinship relationships. The stories emphasize advance life planning for secure older years from adulthood so the person can make choices of where they should work or live with people of their own choice.

The difference
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and facilities.

Responsibility

Resident of East Delhi institution Mrs T sold her house, divided the inheritance among her children and shifted to the one room, bathroom, kitchen and balcony accommodation to live with people of the same age cohort when she was widowed at age 55. But with progressing age 20 years hence her health does not permit movement and travel back to her family and friends. Now Mrs. T's family comes to be with her during the day and stay back for the night in absence of an attendant. Similar stories repeat in the other institutions that are higher in terms of economic bracket. The difference is of the ambience and the services the resident avails when they have resources to buy living space and facilities. To sold and shifted out of her home as she had a mentally ill son whom she put in a healthcare facility in Bangalore. She got her daughter married off and ensured that her other healthy son had a roof of his own to bring up his family which visits her to take care of her.

Ms D a competent septuagenarian citizen has actively mobilized her fellow women residents to attend and celebrate women's day, environment day and tree plantation drives undertaken by SAFF at the institution since 2015. She too fulfilled her responsibilities to take on community engagements to feel socially active.

Resources

S's case depicts contentment and hopeful enthusiasm by being immersed in a life's passion. She was a resident of retirement resort in Bhiwadi that she recently put to the market for sale. She enrolled for senior living at age 34 as her father wanted his son to inherit most of his assets. She married a much younger man. She has been staunch environment protection advocate, practicing water conservation, recycling and re-using, composting kitchen wastes in everyday living, using energy-efficient equipment, disusing air-conditioning/heating systems ignoring comfort and luxuries. S had been saving large portions from her income choosing to live relatively simply and sustainably with fewer material possessions, sans extravagance. She has imbibed a good life, raising pets, committing to organic gardening, having friends over, and employing house staff to support with daily living. This allowed her to save for hefty term insurances, medical insurances, post office savings and, mutual fund investments, which grew in time and assisted in an easy planning for their aging. Possessing a financial acumen S invested in housing flats in the retirement resort as it provided services that normal residential complexes do not; home-cooked food for those who don't self-cook, required nursing support and several participatory collective social

activities. The layout of the senior living residence with flats opening into the common corridor, large gardens adorned with seating, library, carrom / card rooms, prayer pods etc., permitted nurturing informal friendships and mutual support. They lived in this residential facility for many years, preferring it over their ancestral house in Delhi because of its prompt services, ambience and the large personal garden their flat accommodated. S inherited a property in the Himalayas post her father's death and moved there. She has shown a rare prudence in making her living will, a medical will, will on dying towards investing in a non-profit organisation for building environmental legacy. She advises people to buy hefty term insurances and medical insurances according to affordability at a very low price instead of buying minimal return life insurances. Public provident fund, post office savings and term deposits should also be used to build up emergency funds. She opines that, growing inflationary tendencies in Indian economy is a deterrent for the out of work force older adults' sustenance (The Economic Times, 2022) so that to build the purchasing power of one's savings, stock investment / mutual funds for the very long-term window, may be beneficial. S inherited several paternal properties after her brother passed away. She also had bought homes of her own, to live in, before moving to the retirement flat. The learnings from this case story are many foremost being frugality, to be a generator of resources to maintain separate bank accounts and learn financial skills to invest with a long-term perspective.

Caregiving

V is a cancer survivor and a resident of the woman headed senior living in Dehradun after she retired from an Indian Administrative Service (IAS). Being a single person, she opted for a one-bedroom home as she would also frequently travel on consultancy work. She is a loner who wishes to remain by herself, working in the library on her memoirs and order her food at the facility as she would rather read, introspect and meditate rather than spend time on domestic chore routines. She manages to look after herself as her relation with herself is complete.

Women in general continue with intergenerational caregiving roles through their senior years (Bhardwaj and Roy, 2024). A 65-year-old widow looks after her 89-year-old mother. Similarly, a 68-year-old is looking after her partner who is battling Parkinson's disease. There are mothers who are staying with their children who need assistance due to being differently abled.

Relationships

In the institution at Bhiwadi, a 15 widow Mrs TR still cooks her own food and manages her daily life by her own self without an attendant. The centenarian continues to walk without a mobility aid and possesses a good memory for her age. Her resilience to be her own person is rooted from the autonomous life she led all along, whilst deciding on her travel, eating habits and interacting with her social circle at her own pace. She has lived with her daughter in USA and with her son in Dehradun besides keeping her own space at the Bhiwadi institution wherein she is co-creating

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As an 85 years oldest-old person, she leads an active life performing all domestic chores and even driving around the town. Thus, retirement has not affected functionality and her social net worth.

sisterhood bonds with fellow residents. Another learned woman who retired after heading a college lived in a relationship with a man. This wise woman, never married, even though she did have relationships that did not conclude into marriage. She was fortunate to live in this senior-care residence where she found a nurturing warm bond that her family accepted. Both these single women, chose to live outside their families at their convenience, just like men to choose their self-actualisation.

There are marriages that work well too. Dr. R was a radiologist who migrated to USA post her medical degree. She and husband bought a two-bedroom flat in the Bhiwadi institution just to have a base when they travel to India every year to meet their relatives. She and her husband are entrenched by firm spiritual and ethno-cultural affiliation and they perform household work equally. As an 85 years oldest-old person, she leads an active life performing all domestic chores and even driving around the town. Thus, retirement has not affected functionality and her social net worth.

F has now made the senior citizen home her abode after she could no longer carry out an active professional life due to failing health. She had established her organization to work on advocating girl children and women's rights after retiring from the United Nations, receiving pension to support herself. Her work made her travel extensively abroad. In one such international conference, she met her husband who belonged to the war-stricken army in the Middle-East. Consequently, they both could not live

together in the same country for security concerns. Yet everyday they communicate detailing their daily lives and continue being in a virtual spousal relationship with intermittent visits. This unique cross-cultural relationship is celebrated by F and her colleagues, who knew that they were to be family to F as she would not have children from her married or natal family to look after.

F was part of the women's movement of India and had set up first platform with seven women's organisation getting together their values and resources. F created new chosen families where ever she was at different phases of her life. In the current phase she continues to make newer relationships by guiding people around her to wade out of difficult situations and celebrate life. The residential boarders share an amicable symbiotic bond, tutelage, supporting each other in every step as if entangled in and mirroring foster family alliances. When F's phone needed to be fixed it would be taken by younger resident of the care home to have it become functional again. Her fellowship keeps track of her needs and medical care while the caregiving staff helps her manage daily living. F epitomizes the life all Indian girls could learn from that does not depend upon any one for living a life that can contribute to the larger social milieu.

Mrs L has been instrumental in relocating into the assisted living complex in Dehradun, which she chose as a peace haven to live away from the domestic struggles escalating from her son's marital life. She appreciated and valued her safety and dignity by choosing an alternative yet independent cohousing unit maintaining community

life with institution neighbours. This strategy is opposite to the concept of aging in place in gerontology wherein the older adults maintain autonomy in their homes where they have generally lived long or most in their lives (Thampi and Mathew, 2024). Yet, these older women living in institutional realms have developed a sense of attachment, familiarity, freedom, security, identity, cohesion and unity amongst themselves over a period of time.

Resilience

There is a heightened level of awareness among older women to be safeguarded and be a provider of safe space for others. Women have time and again displayed solidarity and have equivocally got together for protecting other women in need and creating their own agendas to empower themselves (Bhardwaj and Roy, 2023). The case studies below exemplify.

A yoga instructor resigned due to sexual harassment from the institution manager. This polarised the institution between women and men. The women got together to guide the victim to get justice expediting transfer of the managerial personnel after the institution took cognizance of the malpractice.

The all-woman resident welfare committee (RWC) managed the complex and made positive changes to the living environment. The living conditions are as good as the resident can make it as the management committee are largely apathetic. The RWC focussed on the campus beautification, streamlined accounting and office administration but soon internal politics took over and the women team exhausted themselves.

They did not pursue contesting elections again. However, after their term ended, an all-men-led team took over without undergoing democratic electoral process. They not only committed financial irregularities but also used the guest accommodation for sex trafficking. The women team got together to invite SAFF to help them salvage the situation. The author-led SAFF team addressed residents and submitted a petition to district magistrate (DM). The female team got together to complain about misconduct of the male-led team by reporting matters to the DM. The issue is not resolved as yet but the struggle goes on.

The above two stories show how social activism and interest in governance are actualised even within institutional living, where age is not a bar. The learning from this is that the seniors can engage with justice and governance besides looking after their own needs and requirements.

Conclusion

The cases discussed showcase the growing tendencies of older adult women conglomerating their efforts, finance and time in life planning and creating women resource zones, safe spaces and social capital pool within institutional home format. Older women have found social connectedness, financial security, overcome personal loss and grief, championed healthy living, retained independence, maintained social interactions and enhanced their quality of life solely on the basis of resilience, grit and forethought on resource management. Though there remains room for doubt as to how much these dwelling arrangements would continue

Women have time and again displayed solidarity and have equivocally got together for protecting other women in need and creating their own agendas to empower themselves.

to provide for solace and specific care needs into their progressing aging lives since demand for critical, intensive and emergency hospice care would require specialized and upgraded facilities.

The feminist analysis learnings point that a woman at any age can free herself from the patriarchal resource base by planning for and investing her earnings. For the economically poorer class the stakeholders need to strengthen systems at local area neighbourhood

level to develop social networks and community backed safe spaces to work, stay and leisure. This beckons for developing optimal neighbourhood community older care network and collectivizing older institutional population into associations which can offer multidimensional services and preventive care to the older women and additionally skill train them for financial, legal, digital and safeguarding literacy.

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Calendar

2024

25th- 29th March

10th Asian Conference on Aging & Gerontology (Agen2024)

Held in Tokyo, Japan,

Website: <https://agen.iafor.org/>

8th - 10th July

6th World Aging and Rejuvenation Conference (ARC-2024)

Paris, France

Website: <https://www.aging-geriatrics.com>

Email: aging_conference@eventinex.org

9th-10th October

International Conference on Ageing, Gerontology & Geriatric Nursing (ICAGGN - 24)

Vitoria, Brazil

Organized By: Research Plus

Contact Person: Sukumar Sen

Website: <https://researchplus.co>

Email: info@researchplus.com

16th- 17th October

International Conference on Ageing Gerontology & Geriatric Nursing (ICAGGN - 24)

Brasilia, Brazil

Organized By: IIERD

Contact Person: David Jacob

Website: <http://iierd.org/>

Email: info@iierd.org

18th - 19th October

International Conference on Ageing Gerontology & Geriatric Nursing (ICAGGN - 24)

Montreal, Canada

Organized By: Science Cite

Contact Person: Akash Shinde

Website: <https://www.sciencecite.com>

Email: info@conferencealerts.co.in

30th- 31st October

(ICAGGN - 24) International Conference on Ageing

Chengdu, China

Organized By :Science Cite

Contact Person: Akash Shinde

Website: <https://www.sciencecite.com>

Email: info@conferencealerts.co.in

5th - 6th December

International Conference on Ageing Gerontology & Geriatric Nursing

(ICAGGN - 24)

Brasilia, Brazil

Organized By: IIERD

Contact Person : David Jacob

Website: <http://iierd.org/>

Email : info@iierd.org

11th - 12th December

International Conference on Ageing Gerontology & Geriatric Nursing

Vitoria, Brazil

Organized By: Research Plus

Contact Person: Sukumar Sen

Website: <https://researchplus.co>

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27th - 28th December

ICAGGN - 2024 : International Conference on Ageing Gerontology & Geriatric Nursing

Kingston, Jamaica

Organized By: Science Cite

Contact Person: Akash Shinde

Website: <https://www.sciencecite.com>

30th - 31st December

International Conference on Ageing Gerontology & Geriatric Nursing

Kranj, Slovenia

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30th- 31st December

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Chengdu, China

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Times Social Impact Award
Awarded by Times Group, 2015



NGO Leadership & Excellence Award
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Vayoshreshtha Samman (National Award for Senior Citizens) Awarded by Ministry of Social Justice & Empowerment, Govt. of India, 2014

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The paper should be only on issues concerning ageing and aged in India. The manuscript should be typed in double space with a wide margin and should not exceed 4000 words. The title page should carry the title of the paper, name and affiliation of the author/s. The official designation and official address should be typed at the bottom of the first page of the script. The paper should be divided into Abstract, Introduction, Material and method, Results and discussion, conclusion, acknowledgements (if any) and references. Tables should be given in Arabic, serial number and each table on a separate page. References should be listed at the end of the paper in alphabetical order and they should include only works referred to in the text. The format for the reference is:

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Helpful Tips: You can contribute to this column by sending a small article (1000 words) on any subject that concerns the older persons. You can also send us such useful news items published in other magazines or journals. Please give proper reference for the same. Please follow instructions given in column (1) & (2).

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