

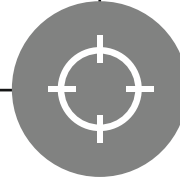
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Mission

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



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Editorial

Gendering the Discourse on Ageing: Uncovering Complex Realities, Gaps, and Future Directions

Ageing in public discourse is often viewed as a uniform process—something everyone experiences in more or less the same way. But this assumption is increasingly giving way to a more nuanced understanding. Ageing is not homogenous; it is shaped by a complex interplay of gender, economic status, education, employment, health, social security, and access to care. These layered determinants influence how individuals experience old age, and nowhere is this clearer than in the lives of older women.

HelpAge India has long focused its programmatic interventions on poor older persons, while its advocacy encompasses a wide array of issues related to ageing. In recent years, however, the organisation has begun to confront the deeper structural inequities that arise at the intersections of gender, disability, and advanced age. Chronic and relative poverty, for instance, shape ageing in profound ways—eroding the informal care families might offer, limiting access to state benefits, and intensifying vulnerabilities across the life course.

Among these intersecting factors, gender remains foundational. Women often begin life at a systemic disadvantage—restricted access to education, limited employment

opportunities, deeply embedded caregiving expectations, and socio-cultural norms that reinforce dependency. These inequities accumulate over time. By the time women reach older age, many are homebound, economically insecure, socially dependent, and still performing unpaid care work, often for grandchildren or ill family members. Their ageing is not just a biological process but a reflection of lifelong structural inequalities.

In 2023, HelpAge India undertook a significant Pan-India study, *Women and Ageing: Invisible or Empowered?*¹, to illuminate these realities and spark deeper conversations among policy-makers, practitioners, and researchers. This research series in the HelpAge India Research and Development Journal emerged as a complementary effort—to distil diverse insights and highlight the multifaceted challenges older women face.

The enthusiastic response to our open call for articles underscored the urgency of the issue. Across earlier editions, contributors explored destitution, institutional care, disability, quality of life, mental health, spirituality, loneliness, healthcare access, and legal rights. Each article added a piece to the complex mosaic of gendered ageing.

HelpAge India has long focused its programmatic interventions on poor older persons, while its advocacy encompasses a wide array of issues related to ageing.

1. Available on www.hwelpageindia.org

The articles presented here examine issues such as digital inclusion and exclusion in healthcare for older women, the role of legal frameworks in upholding their right to dignity.

This final edition adds yet another critical dimension to the discourse. The articles presented here examine issues such as digital inclusion and exclusion in healthcare for older women, the role of legal frameworks in upholding their right to dignity, and the value of scoping reviews as a method for synthesising fragmented research on gender and ageing in India. Collectively, they map patterns of disadvantage while revealing gaps that demand urgent scholarly and policy attention.

We are deeply grateful to the experts who advised us, the guest editors who enriched the series with their insights, the peer reviewers for their rigorous feedback, and above all, the authors, who remained patient and committed throughout the process.

As this series concludes, it leaves us with a richer, more textured understanding of the lived experiences of older women in India. But it also signals the need for sustained inquiry and action.

Looking Ahead: A Call for Deeper Research and Stronger Advocacy

The insights gathered through this series point to several emerging directions:

- Life-course research that tracks how disadvantages accumulate and reshape women's ageing.

- Studies on digital health equity, including access, safety, and usability of digital health tools.

- Gendered analyses of elder abuse, extending beyond physical to financial and emotional vulnerabilities.

- Examination of the care economy, especially the invisible caregiving roles older women continue to play.

- Comparative research on rural–urban differences in ageing experiences and service access.

- Advocacy for gender-responsive pensions, legal protections, community based care models, and digital inclusion initiatives.

The work ahead is expansive, but the imperative is clear: ageing policy and research must place gender at the centre.

We hope this edition—and the series as a whole—encourages scholars, practitioners, and policymakers to re-examine assumptions, deepen inquiry, and champion interventions that uphold the dignity and rights of older women. The journey has been enriching for us, and we look forward to a future where the voices and experiences of older women are no longer invisible but recognised, valued, and acted upon.

Empowering Senior Women In Vadodara: The Role of Digital Media in Health Management

Ms. Dhara Patel* and Prof. Avani Maniar**

Abstract

The use of digitalization has surged in nearly every industry, including health care. The advent of FemTech companies, which see economic prospects in women's health care, has been bolstered by the development of digital health care. Digital technology has made women's healthcare more accessible, convenient, and individualized than ever before. These platforms provide women with accurate and current health information, covering a wide range of topics such as general health and wellbeing, mental health, pregnancy and lactation care, and reproductive health. This study primarily aimed to explore the usage of digital media for health purposes and the challenges faced by senior women in Vadodara City. Data were collected from 35 senior women who used digital media through purposive and snowball sampling techniques. A structured questionnaire was administered to gather the necessary information. The significant findings of the study revealed that all the senior women used digital media for health purposes. The majority used digital media for exercise and home remedies (40%), followed by watching

videos and tracking blood pressure (37.14%). However, the senior women encountered several issues, such as English language competency (28.57%), difficulties in finding authentic information, small font sizes, the use of complex medical terminology, and intrusive pop-up menus (22.86%). Today, the aging population in cities with access to digital media remains in constant touch with their progeny. In essence, digital media can enrich the lives of senior women by providing opportunities for creative productivity and enhancing their overall well-being.

Key Words: Digital Media, Senior Women, Health Usage, Health Management.

Introduction

Today, many senior women use digital tools to shop online, connect with friends and family, listen to devotional content, and access essential services like groceries and healthcare without leaving their homes. For those who don't drive or have mobility issues, digital media is a powerful enabler. Telehealth services allow them to consult doctors, manage chronic conditions, and receive expert advice easily. This not only reduces dependency

This study primarily aimed to explore the usage of digital media for health purposes and the challenges faced by senior women in Vadodara City.

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Women can now build stronger support networks and greater connections with other women as a result of digital technology. Women can interact with other women worldwide and share their stories, experiences, and points of view via social media.

on others but also gives them more control over their health and daily life. In short, digital media is not just a convenience—it's a vital support system that empowers senior women to live more independently and manage their health effectively.

"In today's digital age, technology is reshaping every aspect of our lives, from how we communicate to how we work. For women, the rise of digital technology presents unprecedented opportunities and challenges that are transforming their roles in society." "Digital technology has become an integral part of daily life, influencing everything from career opportunities and education to health and personal safety. For women, these technological advancements offer new avenues for empowerment, education, and economic participation while also presenting unique challenges." "From online learning platforms that provide access to education and skill development, to e-commerce opportunities that enable women to start and grow their businesses, technology is opening doors that were previously closed. Additionally, telemedicine and health apps are revolutionizing women's access to healthcare, while social media platforms offer a powerful voice for advocacy and change." (Danaana, P et al., 2023)

Women and Digital Technology

Women now have more options to access resources and knowledge that were previously out of reach or prohibitively expensive due to the digital revolution. Women now have access to knowledge and information that can help them live better lives

because of digital technology. Additionally, it has given them access to networks and marketplaces that are necessary for social and economic progress. Women who have access to technology can access markets, produce and distribute information, and open up business prospects. Women can now engage in conversations

that were previously exclusively held by men and participate in the global economy through digital technology.

Additionally, women can now build stronger support networks and greater connections with other women as a result of digital technology. Women can interact with other women worldwide and share their stories, experiences, and points of view via social media. As a result, they have been able to exchange knowledge, build supportive groups, and get access to networks and resources that can help them achieve their objectives.

Digital technology has also made it possible for women to become more visible and recognized in their areas. Women who have access to digital platforms can network with prospective employers, highlight their abilities, and receive recognition for their achievements. They now have access to better prospects, higher-paying jobs, and leadership roles as a result of this.

Role of Digital Technology for Women's Empowerment

Women now have access to markets, networks, and resources that were previously inaccessible or prohibitively expensive due to the digital revolution. Additionally, it has made it possible for them to join in on discussions that were

previously limited to males. With the use of digital technology, women can now interact with one another and create support networks, which helps them learn from one another and achieve their objectives. Digital technology has also helped women become more visible and recognized in their industries, which has opened doors for females to take on leadership roles, better prospects, and higher-paying professions.

Women are now able to become more financially independent by digital technology. Women can launch their own companies and enter areas that were previously closed to them or too expensive with the help of digital platforms. They have been able to create chances for themselves and their families in the economy and become more financially independent as a result. Digital technology has also made it possible for women to take advantage of educational opportunities that were previously inaccessible or prohibitively expensive. Women who have access to digital platforms can engage in online courses and programs, interact with mentors, and obtain educational materials. They have been able to achieve their objectives by gaining the abilities and information required.

Senior Women and Digital Healthcare

According to a recent AARP survey (2023), three digital health solutions—smart watches, telehealth, and smart phone apps—are empowering older women by increasing their knowledge and awareness of their specific healthcare needs.

Elderly people sometimes have several

humiliating medical disorders, such as urinary incontinence, and often find it difficult to disclose these conditions to a care team in full. According to the AARP survey, 78% of women over 50 "place importance on well-secured digital health solutions," and nearly one-third were worried that utilizing AI in healthcare would "impinge on privacy." This may be especially true for senior women.

Care providers in senior living and long-term care facilities can help residents by letting them utilize digital technology as a bridge to keep up healthy lifestyles without hiding issues that could become life-threatening.

The authors contend that while many people—including some women themselves—often mistakenly believe that "women's health" refers exclusively to reproductive issues, gendered health issues also include nutrition, heart health, and bone density. "Digital health solutions that encourage private care could bring relief to those women suffering in silence," the statement goes on, "can help alleviate these issues by offering the convenience and control of monitoring one's health in one's own home, and at will through private, personalized education and solutions." Only 10% of senior women reported using technology to manage a chronic health condition in a separate AARP survey, while another 30% expressed interest in digital solutions that could help them. A growth of devices or apps targeted at senior women, or seniors of all genders, should coincide with stronger privacy regulations due to the issues around AI. (Dorman, A et al., 2024).

Women who have access to digital platforms can engage in online courses and programs, interact with mentors, and obtain educational materials. They have been able to achieve their objectives by gaining the abilities and information required.

Women may now get medical advice and doctor consultations online thanks to digital health, which is especially helpful for those who live in distant places.

Digital Healthcare and Senior Women in India

The advent of digital technologies to enhance healthcare services was a blessing that arrived at the ideal moment. It gave our nation's women privacy and security while also providing access to healthcare and health education. By enabling women to obtain healthcare services from the comfort of their homes through tele medicine and remote consultations, digital health technology can aid in bridging the gap. Because of social, cultural, or religious conventions, many Indian women may feel awkward talking to others about their health problems. Women can talk about their health concerns in a safe and secure setting using digital health technologies, free from discrimination or fear of criticism. Particularly for women who live in remote places or have low financial means, digital health technology may be more practical and affordable than traditional healthcare services. In India, there is one government doctor for every 10,189 people, according to the National Health Profile 2019. In rural locations, the pool of healthcare professionals is much less. Women may now get medical advice and doctor consultations online thanks to digital health, which is especially helpful for those who live in distant places.

Overall, by facilitating easier access to healthcare services, raising health awareness, guaranteeing privacy and security, and giving practical and affordable healthcare options, a digital healthcare clinic has the potential to improve health outcomes and quality of life for women in India. When it comes to health, women—the gender that

bears and nurtures life on our planet and bears the burden for future generations in their DNA—should take center stage.

Literature Review

Sedrak, MS et al., (2020) conducted a study on Online Health Information–Seeking Among Older Women with Chronic Illness: Analysis of the Women's Health Initiative. The primary goal of the study was to compare the characteristics of patients who reported utilizing the internet to access health information with those who did not, as well as to describe the online health information-seeking behavior among older patients with chronic conditions. A sample of 72,806 women over 65 years of age was chosen for the study. Participants with and without a history of chronic illness were compared, as were those who used and did not utilize online resources for health information. The study's main conclusions were that 59% of the women utilized digital media for health-related reasons and that women who had received a cancer diagnosis during the last two years or between two and five years ago were more likely to use the internet for health-related information. Women with Alzheimer's disease were least likely to report online health information-seeking compared to those without the disease.

Henson, C et al., (2023) conducted a study. How Older Indigenous Women Living in High-Income Countries Use Digital Health Technology: Systematic Review. The primary aim of the research was to investigate how older Indigenous women residing in affluent nations use digital health technologies to improve

their health. In March 2022, they conducted a systematic search of eight databases to choose papers based on peer-reviewed literature. The study's main conclusions were that elder Indigenous women desire digital health solutions to adapt to their preferences and needs. They want digital health technologies to recognize them and take into account their specific health and cultural needs.

Visaria, A et al., (2023) conducted a study on digital technology use, in general and for health purposes, by older adults in Singapore. Total 2887 respondents aged 62 years participating in a national survey conducted in 2019. Andersen's behavioural model of health service use guided selection of potential correlates. The prevalence of digital technology use was 66.2%. Analysis shows that those older, of Malay and Indian ethnicity, unemployed, with physical function limitations, and vision impairments were less likely to use digital technology in general whereas those with higher education, in larger housing, physically active, and with strong social networks were more likely. The prevalence of health-related digital technology use was 21.4% among digital technology users, and more likely among females, those with higher education, strong social networks, and with more depressive symptoms but less likely among those older, Malay, and with physical function limitations.

Justification of the Study

The rationale behind investigating the use of digital media by older women for health-related objectives is the substantial impact technology can have on enhancing their general well-being

and health results. In addition to managing chronic diseases, older women frequently face additional health-related obstacles, such as navigating healthcare systems and getting mental health support. Their experience with healthcare can be improved by easy access to essential information, telehealth services, and online support communities provided by digital media.

Furthermore, knowing how older women use digital media can help identify potential obstacles for them, like privacy issues, device accessibility, and technological literacy. We can create more inclusive digital health solutions that enable older women to take control of their health by solving these problems. Furthermore, as the population ages, the knowledge gathered from this research can help shape healthcare practices and legislation to meet older women's needs. In the end, this study contributes to the larger objective of creating a healthcare environment that is more effective and equitable for everyone.

Objectives of the Study

1. To study the demographic profile of the senior women in Vadodara City.
2. To study the digital media usage of senior women in Vadodara City.
3. To study digital media usage for health purposes by the senior women residing in Vadodara City.
4. To study the problems faced by senior women while using digital media.
5. To study the use of digital media equipment by senior women to measure different health parameters.

The study's main conclusions were that elder Indigenous women desire digital health solutions to adapt to their preferences and needs.

Methodology

Population of the study	Sample of the study	Sample size	Sampling Method	Data Collection	Analysis of data
Senior Women residing in Vadodara City	Senior women using Digital Media for health purposes	Thirty Five Senior Women using digital media	Purposive and Snow ball sampling method was used	Detailed questionnaire was prepared for the data collection	Frequency and percentage was used for analyzing the data.

Using a snowball sampling technique, participants were added to the sample size by being referred by the original subjects.

The study used an exploratory design to examine how older women in Vadodara use digital media for health-related reasons. Initially, a purposive sample approach was used to find older women who utilize digital media regularly. Using a snowball sampling technique, participants were added to the sample size by being referred by the original subjects. A systematic questionnaire was used to collect data, and it was intended to gather specifics on the participants' digital media usage patterns, demographic profiles, and specific health-related uses of digital media. Both closed- and open-ended questions were included in the questionnaire to collect quantitative information and qualitative insights. The age range of the 35 female participants in the sample was 60–75 years.

Inclusion Criteria

1. Women using digital media for health purposes
2. Women who are aged 60 and above

Exclusion Criteria

1. Who are not using digital media for health purposes

Findings of the Study

Table 1 shows that the majority (62.85%) of senior women had high blood pressure, which was followed by diabetes (31.42%). Additionally, some were suffering from Thyroid (20.00%), cholesterol (17.14%), arthritis (11.43%), and obesity (8.57%). Very few senior women (2.86%) have constipation, asthma, and experienced stroke.

Table 1: Different Health Issues Among Senior Women

(n=35)

Health Issue	F	%
Blood pressure	22	62.85
Diabetes	11	31.42
Thyroid	7	20.00
Cholesterol	6	17.14
Arthritis	4	11.43
Obesity	3	8.57
Heart issues	2	5.71
Constipation	1	2.86
Asthma	1	2.86
Stroke	1	2.86

*Multiple Responses

Table 2 illustrate the usage of digital media by senior women. The most common activity was watching videos (85.71%), followed closely by using mobile apps, social media (82.85%), and SMS (45.71%). Other notable activities included listening to MP4 audios (31.43%), online display advertisements

(28.57%), and browsing websites (25.86%). Less commonly forms of digital media were digital photos (22.86%), email(17.14%) and digital art(8.57%). Podcasts and virtual reality used by (5.71%) very few senior women. Only 2.86% of senior women rely on e-books and blogs.

Table 2: Usage of Digital Media

(n=35)

Forms of Digital Media Usage	F	%
Videos	30	85.71
Mobile Apps	29	82.85
Social Media (Facebook, Instagram, Twitter etc)	29	82.85
SMS	16	45.71
Mp4 audios	11	31.43
Online display advertisements	10	28.57
Websites	9	25.71
Digital photos	8	22.86
Email	6	17.14
Digital art	3	8.57
Podcasts	2	5.71
Virtual reality	2	5.71
E-books	1	2.86
Blog	1	2.86

*Multiple Responses

Table 3 shows that all senior women (100%) use digital media for health purposes. Similar results were found in the study of Sedrak MS et al (2020). More than half of the senior women (68.57%) used it for chatting and internet telephone (57.14%) followed by watching and reading the news (40.00%), watching live telecast of sports and TV, downloading songs

(34.29%) and for online shopping (28.57%). One fourth of the senior women (25.71%) used digital media for watching online movies followed by E-mailing (20%), playing online games (17.14%) and very few were used it for online banking (11.43%). Very less of them (5.71%) used it for hotel booking and air and railway tickets.

In addition to managing chronic diseases, older women frequently face additional health-related obstacles, such as navigating healthcare systems and getting mental health support.

Table 3: Purpose of Usage of Digital Media

(n=35)

Purpose of Digital Media Usage	F	%
Health	35	100
Chatting	24	68.57
Internet telephone	20	57.14
Watching/reading news	14	40.00
Watching live telecasts of sports, TV	12	34.29
Downloading songs	12	34.29
Finding information on activities for senior citizens	12	34.29
Reunion with old friends	11	31.43
Online shopping	10	28.57
Watching online movies	9	25.71
E-mailing	7	20.00
Playing online games	6	17.14
Online banking	4	11.43
Matrimonial information for children, grandchildren, relatives	3	8.57
Hotel booking	2	5.71
Booking of air/railway tickets	2	5.71

*Multiple Responses

More than half of the senior women (68.57%) used it for chatting and internet telephone (57.14%) followed by watching and reading the news (40.00%), watching live telecast of sports and TV, downloading songs (34.29%) and for online shopping (28.57%).

Table 4 highlights the sources of information used by senior women. The most of the senior utilizes sources like videos (77.14%), followed by YouTube (68.57%), WhatsApp (60.00%), and Facebook (48.57%). Other sources included Images (28.57%) and textual

material (25.71%). Only seventeen percent of them used advertisements and websites (17.14%) and Instagram was less frequently used with only 8.57%. Podcasts or audio tapes are least preferred with just 2.86%.

Table 4: Source of Getting Health Information

(n=35)

Source of Information for Health Issues	F	%
Videos	27	77.14
You tube	24	68.57
WhatsApp	21	60.00
Facebook	17	48.57
Images	10	28.57
Textual material	9	25.71
Advertisements	6	17.14
Websites	6	17.14
Instagram	3	8.57
Podcast/audio taps	1	2.86

*Multiple Responses

Table 5: Usage of Digital Media Equipment for Measuring Health Parameters

(n=35)

Digital Equipment	F	0%
BP measuring machine	22	62.86
Oximeter	18	51.43
Thermometer	17	48.57
Weighing machine	12	34.29
CGM (Continuous Glucose monitor)	6	17.14
Smartwatch	2	5.71

*Multiple Responses

As the previous finding shows, most senior women suffer from high blood pressure, and this table supports the finding. The majority of the women kept track of their Blood Pressure through a BP machine (62.86%) followed by an oximeter (51.43%) and thermometer (48.57%). Thyroid and obesity were also seen in the elderly; they monitor their health parameter by using a weighing machine (34.29%) and CGM (Continuous Glucose Monitor) (17.14%). Only five percent of them used smart watches to check their health parameters.

Table 6 shows shows the item-wise intensity indices for items related to using Digital Media, ranging between 2.31 and 1.20. This means that the usage of Digital for health proposed by senior wone was more to less. Digital media used for home remedies, watching

videos, and searching exercises are more rather than sharing health-related information, keeping track of BP, Yoga, Different diseases, healthy diet, and food, medication, ayurvedic treatment, enhancing understanding regarding illness, information regarding nearby doctors, effects of medicines on health, the content of drugs, health services, keeping track of glucose level, price of medicines, diagnostic centers and watching interviews of doctors.

It was also found that digital media usage was shallow among senior women when it came to getting information regarding naturopathy and homeopathy treatment, alternative or generic medicines, ordering online medicines, keeping track of heart rate and calories, online consultation, and telemedicine.

The majority of the women keep track of their Blood Pressure through a BP machine (62.86%) followed by anoximeter (51.43%) and thermometer (48.57%).

Table 6: Item-wise Intensity Indices for Usage of Digital Media for Health Purpose

(n=35)

Usage of Digital Media	MT (Most of the Time) (%)	ST (Some Times) (%)	R/N (Rarely/ Never) (%)	I.I (Intensity Indices)
Home remedies	40.00	51.43	8.57	2.31
Watching videos	37.14	45.71	17.14	2.20
Yoga	37.14	40.00	22.86	2.14
Keeping track of BP	37.14	31.43	31.43	2.05
Exercise	40.00	22.86	37.14	2.03
Sharing health related information	28.57	42.86	28.57	2.00
Different diseases	25.71	45.71	28.57	1.97
Diet/food	31.43	28.57	40.00	1.91
Hospital near me	20.00	37.14	42.86	1.77
Medication	25.71	25.71	48.57	1.77
Experts/doctors near me	14.29	42.86	42.86	1.72
Ayurvedic	14.29	42.86	42.86	1.71
Effects of medicines on health	20.00	31.43	48.57	1.71
Enhance understanding regarding illness	11.43	48.57	40.00	1.71
Content of medicines	14.29	31.43	54.29	1.60
Keeping track of glucose level	22.86	11.43	65.71	1.57
Get updated about health services	8.57	40.00	51.43	1.57
Price of medicines	11.43	28.57	60.00	1.51
Naturopathy treatment	8.57	28.57	62.86	1.46
Diagnostic center	5.71	34.29	60.00	1.45
Alternative/generic medicines	8.57	25.71	65.71	1.43
Watching interviews	5.71	28.57	65.71	1.40
Homeopathy treatment	5.71	28.57	65.71	1.40
Emergency helpline	2.86	28.57	68.57	1.34
Keeping track of Heart rate	8.57	8.57	82.86	1.26
Online consultation	2.86	17.14	80.00	1.23
Ordering online medicines	2.86	17.14	80.00	1.23
Telemedicine	0	20.00	80.00	1.20
Keeping track of calories	5.71	8.57	85.71	1.20

Digital media used for home remedies, watching videos, and searching exercises are more rather than sharing health-related information.

Table 7 shows item-wise intensity indices for items related to problems faced by senior women while using Digital Media, ranging from 2.00 to 1.37. this means that the women face internet-related problems sometimes, rarely, or never.

Problems like getting authentic information, pop-up menus, low internet speed, large amounts of information, small font size, old age-

related issues, too much information on one page, and lack of awareness regarding e-health services are some problems they face sometimes. Problems like technical support, misuse of personal information, and lack of electricity supply were faced by the senior women rarely or never. Visaria, et al (2023) also found that, due to a lack of poor vision, many women do not use digital media much.

Item-wise intensity indices for items related to problems faced by senior women while using Digital Media, ranging from 2.00 to 1.37.

Table 7: Item-Wise Intensity Indices for Problems Faced by Senior Women While Using Digital Media

(n=35)

Problems Faced by Elderly Citizens	MT (Most of the Time) (%)	ST (Some Times) (%)	R/N (Rarely/ Never) (%)	I.I (Intensity Indices)
Low internet speed	20.00	60.00	20.00	2.00
Small font size	22.86	51.43	25.71	1.97
Old age problems like backache, sitting, weak eyesight, etc.	25.71	45.71	28.57	1.97
A large amount of information	22.86	45.71	31.43	1.91
Pop-up menu (when you open any site, unwanted advertisement appears)	25.71	37.14	37.14	1.89
Lack of technical skills	20.00	45.71	34.29	1.86
Authentic information	22.86	40.00	37.14	1.86
Lack of English competency	28.57	25.71	45.71	1.83
Fear of the wrong operation	17.14	45.71	37.14	1.80
Use of complex medical terminology	22.86	31.43	45.71	1.77
Lack of awareness for health-related media	17.14	40.00	42.86	1.75
Lack of awareness for e-health services	14.29	45.71	40.00	1.74
Logging and navigation problem	8.57	57.14	34.29	1.74
Too much information on one page	17.14	40.00	42.86	1.74
High cost of digital media	11.43	42.86	45.71	1.66
Lack of face-to-face communication	11.43	40.00	48.57	1.63
Privacy and trust issue	8.57	34.29	57.14	1.51
Lack of technical support	2.86	37.14	60.00	1.43
Misuse of personal information	8.57	20.00	71.43	1.37
Lack of electricity supply	2.86	31.43	65.71	1.37

Ethical Considerations

Ethical integrity was a cornerstone of this research, ensuring the privacy, confidentiality, and autonomy of all participants. Before data collection, participants were informed about the purpose and scope of the study, and their informed consent was obtained. This process ensured that their participation was voluntary, and they were free to withdraw themselves from the research. Their health-related information was safeguarded and was not disclosed on any open platform to see and review. The data collected was solely used for research purposes only. By following these standards, senior women revealed the data with trust on the researcher.

Implications of the Study

Based on the findings, the researcher recommends several avenues for future consideration:

Enhancing senior citizens' knowledge, understanding and confidence in digital media for health purposes through tailored training programs.

Educating seniors about e-health services and reliable health related digital resources.

Investigating how family members and caregivers can support the use of digital media for health among older adults.

Exploring the role of emerging

technologies such as wearable medical devices and telemedicine, in improving the quality of life.

Conducting longitudinal studies to examine how digital media use impacts seniors' health and well-being overtime.

Future research could address those gaps and guide the development of more effective programmes to empower older individuals in managing their health using digital media.

Conclusion

According to the study's findings, senior women in Vadodara are using digital media as a more crucial tool to manage their health. The majority of older participants actively utilize digital devices, especially smartphones, to access healthcare services, look up disease information, and keep track of their health. However, concerns about the veracity of online health information and technological challenges impede the adoption of digital media. To increase the usefulness of digital media as a resource for older individuals, these obstacles must be removed. The senior women can be made to feel much more confident and competent when using digital media for health purposes if they receive tailored training programs to increase their digital literacy and if online health material is verified by trustworthy sources.

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Understanding the Intersections of Gender and Ageing in India through a Scoping Review

Mehreena Manzoor* and Prof. Ramila Bisht**

Abstract

Ageing in India is profoundly shaped by gender, with women facing distinct health, social, and economic vulnerabilities. While reports such as WHO (2007) and UNFPA (2023) acknowledge gender in ageing, systematic mapping of Indian evidence remains limited. **Objectives:** This study explores how gender intersects with ageing in India, identifying disparities and gaps in existing research. **Methods:** Following the PRISMA-ScR framework, a scoping review was conducted across four databases (JSTOR, PubMed, ScienceDirect, Web of Science) for studies published between 2000 and 2024. Twenty-four peer-reviewed articles focusing on gender and ageing in India were included. **Results:** The review highlights consistent gender disparities. Elderly women report poorer health, higher morbidity, depression, and social isolation, while continuing to shoulder caregiving responsibilities. Economic insecurity is compounded by limited pension access, restricted property ownership, and dependence on kin. Men, by contrast, benefit from greater financial autonomy, healthcare use, and social engagement. **Conclusions:** Elderly women in India remain structurally disadvantaged. Policies

must expand gender-sensitive healthcare, pension coverage, and eldercare support, while future research should adopt intersectional, region-specific approaches.

Keywords

Gender, Ageing, India & Scoping Review

Introduction

Gender plays an important role in the ageing process, with significant differences noted in the ageing experience, health conditions (Nair, et al., 2021), access to healthcare services, and receipt of social care. Gender, distinct from biological sex, encompasses social identities as well as associated roles, norms, and relationships (Kiely, et al., 2019). Gender identity, shaped across the life course and influenced by cultural norms and values, affects how older people perceive themselves and the roles they believe they can and should perform in later life (Schatz & Seeley, 2015). These roles and responsibilities persist into old age, particularly in India, where rigid patriarchal norms dominate many cultural contexts. Gender-based responsibilities and relationships remain traditional and segregated, and continue to shape intergenerational,

This study explores how gender intersects with ageing in India, identifying disparities and gaps in existing research.

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instrumental, and affective connections that are mutually significant (Jefferys, 1996). Masculinities and femininities, as learned gender norms, further influence the perspectives and lived realities of elderly people (Schatz & Seeley, 2015).

The gendered patterns in ageing vary by country, culture, and social context (Kiely et al., 2019). In India, where health and well-being, access to care, and socio-economic position are strongly mediated by gender, it becomes essential to examine the intersections of age and gender. International and national reports have already recognized these dynamics. The WHO Report on Women, Ageing and Health (2007) framed ageing as a gendered process and called for gender-sensitive approaches to older women's health. Similarly, Chauhan's *Feminisation of Ageing in India* (2022) highlighted how elderly women face unique vulnerabilities owing to lifelong gender disadvantages. The India Ageing Report 2023, produced by UNFPA and HelpAge India, reinforced these concerns, documenting the feminization of ageing and showing that women's longer life expectancy often translates into widowhood, economic dependence, and social isolation (WHO, 2007; Chauhan, 2022; UNFPA & HelpAge India, 2023).

Despite these contributions, existing reviews and reports are primarily descriptive and policy-oriented. They do not provide a systematic mapping of empirical literature specific to India that captures the breadth of research on gender and ageing. This study addresses that gap by conducting a scoping review to chart what aspects of ageing and gender have been studied in India and to

identify areas requiring further exploration. Through this approach, we aim to understand how gender intersects with ageing in the Indian context, with particular attention to health, financial security, social roles, and vulnerability to neglect and abuse.

Research Questions

- 1) How does gender affect the health, health care and social care among the elderly population of India?
- 2) What are the gender differences in the experiences of ageing?
- 3) How does gender shape the roles and responsibilities of elderly people within familial contexts?

Methodology

The methodology adopted for this scoping review will be informed by the Preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) given by Tricco et al in 2018. A scoping review will tell us how much has been done in this aspect and what the gaps are that can be filled by future research, while dwelling on the intersections of gender and ageing in India.

Information Sources

The scoping review was conducted using four databases: Jstor, PubMed, Science Direct and Web of Science

Search Strategy

The key terms identified for the search are: "Ageing and Gender" or "Gender and Ageing", "Gender differential" or "Gender differences" in health or prevalence of morbidity/diseases. "Gender Discrimination" in health and

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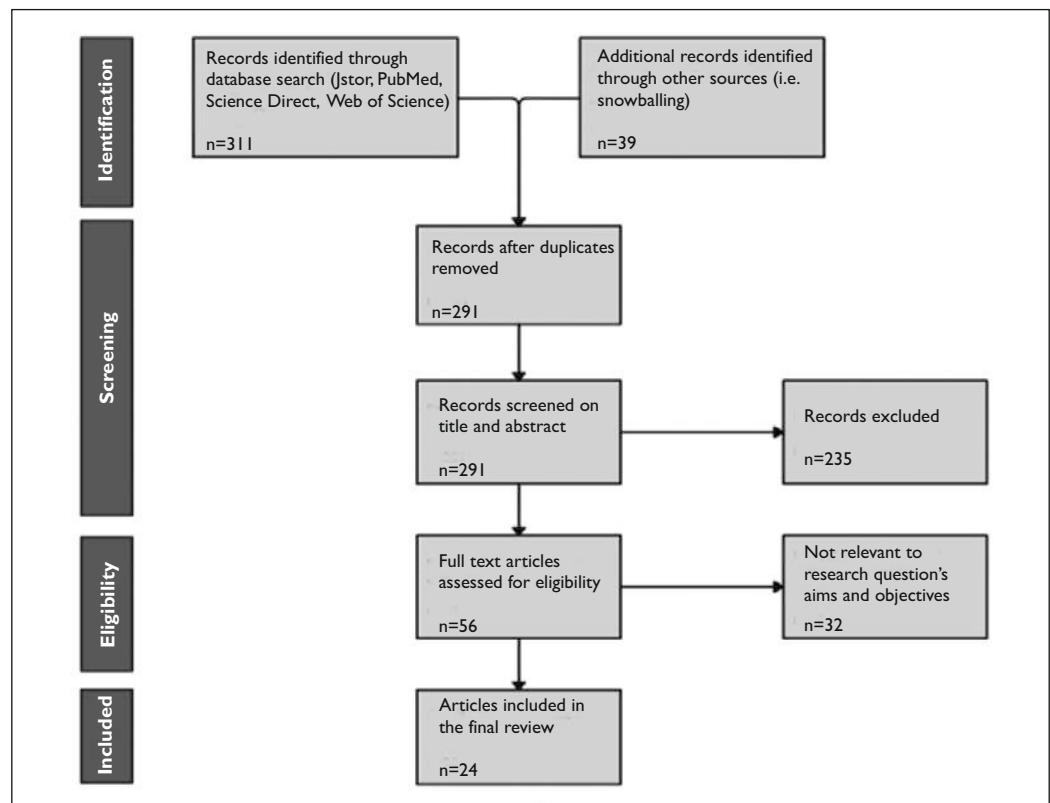
the study will have more relevance if the intersection of gender and ageing could be chalked out for the present generation of elderly people.

social care. “Gendered experiences” of ageing. All these terms were combined with keywords like Elderly Population, older persons, India and specific state names to identify the relevant articles.

The research articles published from 2000-2024 were considered for this review. The reason is that in India, until the beginning of this century, overpopulation was always seen as a major problem, but it's predominantly in the last two decades that debate around population ageing has evolved, thus giving rise to empirical studies. Also, gender and ageing would have intersected in different ways for older people in the 20th century, given the socio-economic realities in which they would have grown up. So, the study will have more relevance if the intersection of gender and ageing could be chalked

out for the present generation of elderly people.

The research articles which have empirically captured the gender differentials in health, health care, food and nutrition, and social care among the elderly population were included in this review. Further, those empirical papers which have captured the perceptions, experiences and challenges of ageing through a gender lens in India were also included. Articles that theorized about gender and ageing in the context of India were also included in this review. Searches were limited to articles published in peer-reviewed journals; books, theses, and grey literature were excluded from the review. After the evaluation, a total of 24 studies were then considered for the final analysis. (Refer to Flow Diagram)



Data Extraction and Synthesis

A standardised data extraction template was developed to record relevant information from selected studies, including 1) Study details: Author(s), year of publication, and study location. 2) Focus area: Health, social care, economic well-being, inter-generational roles, caregiving, etc. 3) Methodology: Quantitative, qualitative, or mixed-methods approach. 4) Sample

size and characteristics: Number of participants, gender distribution, age range, etc. 5) Key findings: Summary of gender-specific trends and disparities (Refer to Table 1). Thematic analysis was carried to synthesise the evidence, with line-by-line text coding as a preliminary step. After that, descriptive themes were created and analysed according to the objectives of the study.

The views of the elderly on the QOL can also differ according to their gender, ethnicity, health, and socio-demographic background.

Table 1: Summary Table of the selected studies for the review:

Study	Focus Area	Methodology	Sampling Size	Key Findings
Saha (2024)	Role of gender in social relationships and subjective well-being	Quantitative (Structural Equation Modeling)	Data from BKPAI, 2011. (N=9,852)	Elderly women are more dependent on children for support
Srivastava, et al., (2023)	Gender differences in successful ageing	Quantitative (Multivariate Analysis)	Data from LASI (2017-2018) (N=31,464)	Significant gender difference in successful aging among older adults in India: with 34.3% older men and 25.6% older women experiencing successful aging.
Akhtar, et al., (2023)	Gender differences in self-rated health	Quantitative Analysis	Data from 75 th Round of NSSO. (N=42759)	Elderly Women report poorer self-rated health due to economic and social stressors

Paul, et al., (2023)	Depression by gender and associated factors among older adults in India	Quantitative (Logistic Regression)	Data from the Longitudinal Aging Study in India (LASI) wave I (N=30,337)	Women have higher depression rates (9.5% vs 7.4% for men)
Malik (2022)	A gender perspective on functional disability among older adults in India	Quantitative Analysis (Bi-Variate and Multi-Variate Analysis)	Data from LASI Survey (2017-2018) (Sample Size-20910)	Gender Bias in Functional Disability, with greater proportion of women (52%) at risk for functional disability than men (35%)
Moirangthem and Ojha (2022)	Gender differences in quality of life and subjective happiness in Indian elderly	Quantitative Analysis (Cross-sectional Survey)	100	The findings of this study demonstrate that females have scored less in the area of physical health and psychological well-being of QOL.
Nair, et al., (2021)	Gender issues in the care of elderly	Review Study (Narrative Review)	NA	Gender influences the prevalence, clinical presentation and course of various mental and physical health conditions in elderly
Irshad & Dash (2021)	Healthy ageing and gender gap	Quantitative	Data was taken from LASI wave I (2017-2018)	Women experience greater inequality in healthy ageing outcomes

Roy, et al., (2020)	Intersectional effects of gender, education, and geographic region on functional health disparities among older adults in India	Quantitative Analysis	Data from Wave I (2007–2010) of the Study of Global Ageing and Adult Health (SAGE) (N = 7,150)	Lack of resources available to the less-educated older women likely lead to more functional limitations in later life.
Anand, et al., (2020)	Functional disability	Quantitative (Survey Analysis)	WHO-SAGE (2007-10) and BKPAI-2011	42% of women experience frailty vs 28% of men
Kumar & Bhakat (2020)	Social networks	Mixed Methods	Data extracted from the Census of India (1961–2011).	Lives of elderly women are more precarious due to their lower literacy, limited social exposure, and monetary dependence.
Srivastava, et al., (2020)	Gender differentials in prevalence of loneliness among older adults in India	Mixed Methods	Data was taken from WHO SAGE I	Women experience higher loneliness due to widowhood and social isolation
Borooah (2016)	Gender disparities in health outcomes of elderly persons in India	Quantitative Analysis	Data from NSS 71 st round	Women have higher chronic morbidity and lower healthcare access
Saikia, et al.,	Gender differences in health care expenditure	Quantitative Analysis (Multi-Variate Analysis)	Date from two rounds of IHDS. IHDS 1 (2004-2005), IHDS 2 (2011-2012)	Health Care Expenditure on females was systematically lower than on males across all age groups (including in 60+)

Priyanka, et al., (2016)	Gender differentials in the health status of geriatric age group and their coping mechanisms	Quantitative Analysis	110	High prevalence of morbidities and health complaints and the poor health seeking behaviour among elderly women
Lee, et al., (2014)	Cognitive ageing	Quantitative (Cognitive Tests)	1451	Cognitive decline more severe in women, especially in North India
Gupta (2013)	Feminization of ageing	Review Paper	NA	Women face more significant social and financial vulnerabilities
Pandey & Ladusingh (2013)	Self-rated health	Quantitative (Statistical Analysis)	60 th Round of NSS (n=34,831)	Women report poorer self-rated health than men
Singh, et al., (2013)	Gender differences in self-rated health among older population	Quantitative (Regression Analysis)	34,831	Gender disparities exist in morbidity and disability
Vera-Sanso (2012)	Gender, poverty, and ageing livelihoods	Qualitative (Ethnographic Study)	No data	Older women contribute to family income but lack financial security

Chaudhuri (2009)	Gender differences in living arrangements among older persons in India	Quantitative Analysis	Data from NSS 52 nd Round	Older women are more likely to live alone than older men, even after controlling for demographics, socioeconomic characteristics, health status, economic independence and property ownership.
Ghosh (2009)	Ageing and Gender in India	Conceptual Paper	NA	Ageing Experiences of Elderly Women are gendered
Dhak (2009)	Gender differences in health	Quantitative	Data was taken from 60 th round of NSS (2004)	Older women report poorer health and greater immobility than men
Roy, et al., (2008)	Socioeconomic disparities	Quantitative (Logit Models)	34,086	Women report worse health and lower healthcare utilization

Source-Author's Analysis

Findings

Based on the scoping review of the research papers, the findings were structured into thematic areas,

highlighting health disparities, economic vulnerabilities, caregiving responsibilities, social support systems, and policy implications. (Refer to Table 2)

Table 2: Major Themes Generated After Thematic Analysis

Theme	Study References	Key Findings	Implications
Health Disparities	Borooh (2016), Singh et al. (2013), Paul et al. (2023), Srivastava et al. (2020), Dhak (2009)	Elderly women have higher morbidity, frailty, and self-rated poor health than men. Men report higher cardiovascular diseases, while women suffer higher osteoporosis and arthritis.	Healthcare access remains inadequate for elderly women, requiring gender-specific interventions
Mental Health and Social Isolation	Paul, et al., (2023) Kumar (2020), Srivastava, et al., (2020), Pandey (2013)	Higher depression and anxiety rates among elderly women, especially widows. Men have stronger social networks, while women rely on family-based interactions.	Need for mental health programs tailored for elderly women and community engagement initiatives
Economic Security and Financial Dependence	Roy (2008), Pandey (2013), Srivastava, et al., (2020), Vera-Sanso (2012), Kumar (2020)	80% of elderly women are financially dependent on family. Only 12% receive pensions, compared to 30% of elderly men. Widowed women face significant economic marginalization.	Policy interventions must enhance financial independence for elderly women, including better pension coverage and asset ownership rights.

Caregiving Roles and Responsibilities	Chaudhuri (2009), Saha (2024), Anand et al. (2020), Singh et al. (2013)	70% of elderly women continue caregiving, compared to 28% of elderly men. Daughters and daughters-in-law bear most caregiving responsibilities, while sons contribute financially.	Recognition of caregiving burden in policymaking and financial/social support for ageing caregivers.
Intergenerational Support and Family Dynamics	Saha (2024), Singh, et al., (2013), Srivastava, et al., (2020)	Sons provide financial support, while daughters offer emotional and caregiving support. Widowed men receive more financial assistance than widowed women.	Need for gender-equitable caregiving policies and legal safeguards for widowed women's property rights.
Social Care and Institutional Support	Vera-Sanso (2012), Pandey (2013)	Women are underrepresented in institutional elder care. Only 40% of elderly women receive government pensions, compared to 70% of elderly men.	Expansion of gender-sensitive social welfare schemes, including accessible elder care facilities for women.

Theme I Gendered Health Disparities Among the Elderly in India

Ageing in India is a highly gendered phenomenon, with older women encountering greater health risks, higher morbidity rates, and reduced access to healthcare services compared to men. Empirical research underscores that elderly women experience disproportionate health challenges, including chronic illnesses, functional disabilities, and mental health disorders, which are exacerbated by socio-economic inequalities and restricted healthcare access (Borooah, 2016; Paul, et al., 2023; Srivastava, et al., 2020). These disparities are not merely biological but deeply embedded in structural inequalities, such as gendered healthcare neglect, nutritional deprivation, and economic dependence, all of which accumulate over a lifetime to produce worse health outcomes for older women (Dhak, 2009).

1.1 Higher Morbidity and Chronic Illness Burden Among Elderly Women

Evidence from the reviewed studies indicates that elderly women in India suffer from significantly higher rates of chronic illnesses than men. Frailty is reported among 42% of elderly women, compared to 28% of men, underscoring the greater physical vulnerability of ageing women (Anand, et al., 2020). Hypertension prevalence is also 10-15% higher among elderly women, particularly in rural areas, where healthcare facilities remain inadequate (Dhak, 2009). Women are also 1.5 times more likely than men to develop

osteoporosis and arthritis, conditions that severely impact mobility and quality of life (Paul et al., 2023).

1.2 Gender Disparities in Self-Rated Health among the Elderly in India

Self-rated health (SRH) serves as a critical indicator of overall well-being, reflecting both objective health conditions and subjective perceptions of health status. Studies consistently show that elderly women in India rate their health significantly worse than men, even when controlling for actual morbidity and disability levels (Singh, et al., 2013; Pandey & Ladusingh, 2013). More than 65% of elderly women report poor self-rated health, compared to 48% of men, indicating that older women perceive their health as substantially worse than their male counterparts, even in cases where morbidity levels may be similar (Singh, et al., 2013; Pandey & Ladusingh, 2013). Moreover, widowed women are 30% more likely to report poor health compared to married women, reflecting the adverse effects of social and financial isolation on elderly women's well-being (Kumar, 2020).

1.3 Gendered Mental Health Disparities Among the Elderly in India

Mental health disparities between elderly men and women in India are stark, with women experiencing higher rates of depression, anxiety, and psychological distress. Elderly women have significantly higher rates of depression and anxiety than men, with depression rates at 9.5% for women

Evidence from the reviewed studies indicates that elderly women in India suffer from significantly higher rates of chronic illnesses than men.

compared to 7.4% for men (Paul et al., 2023). Women living alone are twice as likely to suffer from mental distress compared to those living in extended family setups, further highlighting the protective role of intergenerational support in mitigating psychological distress (Vera-Sanso, 2012).

Widowhood emerges as a critical risk factor for mental health decline, as older women often face social isolation, financial distress, and displacement from family homes (Kumar, 2020). Studies indicate that up to 60% of elderly widowed women experience loneliness, compared to 35% (Srivastava et al., 2020). The loss of a spouse for women often results in reduced social engagement, economic marginalisation, and diminished psychological well-being, making widowed women particularly susceptible to depression and anxiety (Kumar, 2020). In contrast, widowed men are more likely to receive financial and emotional support from their children, ensuring better stability in later life.

The gendered nature of caregiving also exacerbates mental health challenges for elderly women. While men in old age are typically care recipients, older women are often expected to continue caregiving roles for spouses, grandchildren, or dependent family members (Chaudhuri, 2009). This unpaid caregiving responsibility contributes to high levels of emotional and physical exhaustion, further aggravating mental distress.

1.4 Gender Disparities in Healthcare Utilization Among the Elderly in India

Despite higher morbidity rates and

greater health needs, elderly women in India utilize healthcare services at significantly lower rates than men. This disparity is primarily driven by financial dependency, limited mobility, socio-cultural norms, and inadequate institutional support, all of which restrict women's ability to seek timely and appropriate medical care (Roy, et al., 2008 Pandey, 2013). Economic constraints remain a major barrier, as older women often lack personal income or savings, making them dependent on male family members to finance medical treatment. As a result, men are more likely to access formal healthcare services, whereas women often resort to home remedies or informal caregiving arrangements within the household (Gupta, 2013).

The healthcare gap is even more pronounced in rural areas, where elderly women face greater distances to health facilities and a lack of specialized geriatric care (Dhak, 2009). In these regions, traditional healers and informal healthcare providers remain the primary sources of medical support, leading to delays in the diagnosis and treatment of serious conditions (Vera-Sanso, 2012). The cumulative impact of economic, social, and geographic barriers underscores the urgent need for gender-sensitive healthcare policies that address the financial and infrastructural limitations preventing elderly women from accessing necessary medical care.

Theme 2 Economic Vulnerabilities and Gendered Financial Insecurity

2.1 Financial Dependency and Lack of Social Security

Economic constraints remain a major barrier, as older women often lack personal income or savings, making them dependent on male family members to finance medical treatment.

The lack of property ownership contributes to greater financial dependence on male family members, further restricting women's autonomy in making healthcare decisions and seeking professional medical care (Irshad & Dash, 2021).

Economic security in old age is highly gendered, with elderly women experiencing greater financial instability due to lower workforce participation, which leads to lower lifetime earnings and limited pension access. The findings indicate that over 80% of elderly women are financially dependent on family members, compared to 45% of elderly men, highlighting the structural economic disadvantage faced by ageing women (Roy, 2008). The gender gap in pension coverage further exacerbates economic insecurity for elderly women. Only 12% of elderly women receive a pension, compared to over 30% of elderly men, primarily due to their historical exclusion from formal employment sectors and the lack of comprehensive pension schemes for informal labourers (Pandey, 2013). Additionally, women's lifetime earnings are approximately 40% lower than men's, further limiting their ability to accumulate savings for old age (Vera-Sanso, 2012).

2.2 Gender Disparities in Access to Property and Inheritance

Property ownership and inheritance rights in India remain highly gendered, with elderly women facing significant financial insecurity due to restrictive inheritance laws and patriarchal social norms. Only 22% of elderly women own property or financial assets, compared to 60% of elderly men, reflecting the systematic exclusion of women from wealth accumulation and financial decision-making (Srivastava et al., 2020; Kumar, 2020). This disparity is exacerbated by gender-biased inheritance laws and traditional family structures, which favour male heirs, limiting women's ability to secure

economic stability in old age (Borooah, 2016).

Widowed women are particularly vulnerable, as widowed men retain financial control in 85% of cases, whereas widowed women often lose access to family wealth and property upon their husband's death (Kumar, 2020). The lack of property ownership contributes to greater financial dependence on male family members, further restricting women's autonomy in making healthcare decisions and seeking professional medical care (Irshad & Dash, 2021).

Theme 3 Gendered Burden of Caregiving Among the Elderly in India

Caregiving in old age remains a highly gendered responsibility, disproportionately borne by elderly women. Studies reveal that around 70% of older women provide unpaid care within households, compared with only 28% of men (Chaudhuri, 2009). Grandmothers are also twice as likely as grandfathers to care for grandchildren in multigenerational families, reinforcing the lifelong expectation that women remain central to domestic and family care even as they age (Saha, 2024). This caregiving role often comes at the cost of their own health: women tend to neglect medical needs while prioritizing others, which contributes to untreated illnesses, frailty, and psychological exhaustion (Anand, et al., 2020; Roy, 2008).

By contrast, men in later life are more often care recipients than caregivers. They typically receive support from spouses, daughters, or paid helpers, and when widowed, are more likely either

to be cared for by children or to remarry to secure care (Kumar, 2020). Elderly men are also about 60% more likely than women to receive direct family-based care during illness, with their health needs often treated as more urgent, while women's suffering is normalized or overlooked (Anand, et al., 2020; Roy, 2008).

This unequal division of care reflects deeply entrenched gender norms and carries significant consequences for women's well-being. The expectation that older women continue providing care despite declining physical strength and social support exacerbates vulnerability to chronic disease, mental distress, and social isolation. Without structural reforms—such as institutional support for caregiving, financial assistance for ageing caregivers, and recognition of women's unpaid labour—elderly women will remain disproportionately disadvantaged in both health and social security outcomes.

Theme 4 Gendered Experiences of Social Isolation, Neglect, and Family Support Among the Elderly in India

Social support and intergenerational ties play a crucial role in the well-being of elderly individuals, yet gender norms shape the extent and nature of care available to older men and women. Elderly women, particularly widows and those without children, experience higher rates of social isolation, neglect, abuse, and economic dependence than men.

4.1 Social Isolation and Limited Community Involvement

Elderly women have weaker social

networks outside the family, making them more vulnerable to social isolation, particularly in cases of widowhood or when lacking direct family support (Kumar & Bhakat, 2020). Only 25% of elderly women participate in community activities. In contrast, over 50% of elderly men maintain external social networks through religious, economic, or communal engagement, providing them with greater emotional resilience and social support (Srivastava, et al., 2020). In contrast, women's social participation remains largely confined to family structures, reinforcing their dependence on immediate kin for emotional and financial well-being (Vera-Sanso, 2012).

4.2 Neglect, Abuse, and Financial Exploitation

Elderly women, particularly widows and those without sons face higher risks of neglect and abuse, as they often lack direct control over financial resources and property. 58% of elderly women report some form of neglect or isolation, compared to 32% of elderly men (Srivastava, et al., 2020). Widowed women are three times more likely than widowed men to be abandoned by their families, reflecting deeply rooted gender biases that favour men in later life support systems (Pandey, 2013). Additionally, elderly women are more vulnerable to financial exploitation and displacement, as patriarchal inheritance norms often leave them without direct access to property or savings (Roy, 2008).

The prevalence of psychological and physical abuse is significantly higher among elderly women, particularly

Social support and intergenerational ties play a crucial role in the well-being of elderly individuals, yet gender norms shape the extent and nature of care available to older men and women.

Despite the presence of various government schemes aimed at supporting the elderly, gender-sensitive policy gaps remain, leaving elderly women at a greater risk of economic insecurity, inadequate healthcare, and lack of institutional support.

those who are economically dependent on male relatives. Financial neglect, emotional abuse, and property dispossession are common forms of mistreatment, reinforcing the systemic vulnerabilities that older women face (Srivastava, et al., 2020). Meanwhile, elderly men, even when widowed, often retain greater financial autonomy and decision-making power, reducing their risk of being subjected to economic neglect or forced dependency (Kumar, 2020).

Theme 5 Gendered Intergenerational Support and Family Dynamics

The reliance on intergenerational support is also highly gendered, with 78% of elderly women depending on their sons for financial security, while only 32% of elderly men do (Singh et al., 2013). This reflects the patriarchal structure of family support, where men retain financial control while women rely on kin-based assistance. Additionally, daughters play a greater role in emotional and physical caregiving, while sons are expected to provide financial support, leading to an uneven distribution of caregiving burdens within families (Saha, 2024; Singh et al., 2013).

Theme 6 Gendered Gaps in Policy and Institutional Support for the Elderly in India

Despite the presence of various government schemes aimed at supporting the elderly, gender-sensitive policy gaps remain, leaving elderly women at a greater risk of economic insecurity, inadequate healthcare, and lack of institutional support. Policies designed for ageing populations often

fail to account for the compounded disadvantages faced by women, particularly in accessing pensions, health insurance, and institutional elder care services.

6.1 Limited Access to Government Welfare Programs

Government financial assistance programs are unequally distributed between men and women, with only 40% of eligible elderly women receiving government pensions, compared to 70% of elderly men (Pandey, 2013). This disparity is largely due to documentation and procedural barriers, as many elderly women—particularly those from marginalised backgrounds—lack formal identification, financial literacy, or awareness of their entitlements (Irshad & Dash, 2021). The Indira Gandhi National Widow Pension Scheme (IGNWPS), meant to provide economic relief to widowed women, only covers 22% of eligible widows, leaving a vast majority unprotected (Irshad & Dash, 2021). Health insurance enrolment among elderly women remains low, with only 35% covered, compared to 55% of elderly men (Irshad & Dash, 2021).

6.2 Gender Disparities in Institutional Care and Housing Support

Institutional elder care remains male-dominated, with public old-age homes having a 70% male occupancy rate, as placing elderly women in institutional care is socially stigmatised (Vera-Sanso, 2012). Many families hesitate to send ageing women to elder care facilities, viewing it as a violation of traditional caregiving expectations, whereas men are more readily placed in institutional

settings when family support is unavailable (Srivastava, et al., 2020).

For elderly women without family support, the risk of homelessness is significantly higher, as institutional elder care programs fail to accommodate single or abandoned women (Srivastava, et al., 2020).. Without property ownership or independent financial resources, widowed and unmarried elderly women face heightened vulnerability to displacement, abuse, and financial exploitation, further underscoring the urgency for gender-inclusive housing and elder care policies.

Discussion

This review demonstrates that ageing in India is profoundly gendered, with women disproportionately disadvantaged in health, economic security, and social care. Limited labour force participation, constrained property rights, and low pension coverage render elderly women heavily dependent on kin, in contrast to several low- and middle-income countries (LMICs) such as South Africa, Mexico, and Bangladesh, where universal or targeted pension schemes have improved financial inclusion (Barrientos, 2003; Levy, 2008; Rahman & Choudhury, 2012). For example, South Africa's non-contributory pension has reduced poverty among older women (ILO, 2014), while Mexico's *Pensión para el Bienestar* and Bangladesh's widow allowance provide targeted support (Levy, 2008; Rahman & Choudhury, 2012). Nepal's universal pension scheme similarly offers a safety net for older women (HelpAge International, 2013). By contrast, India's fragmented

and means-tested provisions leave many older women without reliable protection.

Social care disparities further intensify women's vulnerability. Widowed and single women are more likely to encounter neglect and isolation, while cultural norms oblige older women to sustain caregiving responsibilities even as their own health declines. Comparable patterns are observed across South Asia, where widowhood often results in economic deprivation and stigma (Palacios & Rajan, 2004). Yet some LMICs, such as Nepal with its universal pension, have introduced mechanisms that mitigate widowhood-related vulnerabilities (HelpAge International, 2013). In India, however, stigma against institutional eldercare continues to restrict older women's access to formal support, making them heavily reliant on informal family arrangements (Rajan & Kumar, 2003).

Health inequities mirror global trends but are particularly acute in India. Elderly women consistently report poorer health outcomes, higher disability, and lower healthcare utilization than men, owing to cumulative disadvantages across the life course. Countries such as Brazil and Thailand have expanded primary healthcare access for older populations, including women (Gorman & Heslop, 2002), whereas India continues to struggle with rural–urban disparities in geriatric care and limited gender-sensitive interventions. The double burden of poor health and caregiving responsibilities compounds older women's vulnerability.

At the same time, state-level initiatives

Comparable patterns are observed across South Asia, where widowhood often results in economic deprivation and stigma (Palacios & Rajan, 2004).

This review highlights the value of a scoping approach in synthesising fragmented research on gender and ageing in India.

within India reveal both innovation and unevenness in addressing gendered ageing. Kerala's community-based eldercare models, supported through Kudumbashree and Panchayati Raj institutions, provide support for widows and elderly women through self-help networks (Government of Kerala, 2020). Odisha's Madhubabu Pension Yojana has expanded coverage to widows and single elderly women with relatively streamlined disbursement (Government of Odisha, 2018). Delhi offers higher pension allocations for women above 60 through the Delhi Old Age Assistance Scheme (Government of Delhi, 2021), while Tamil Nadu's Destitute Pension Scheme targets elderly women without family support (Government of Tamil Nadu, 2019). By contrast, in states such as Uttar Pradesh and Rajasthan, bureaucratic hurdles and low pension amounts continue to limit accessibility. These variations underscore the importance of context-sensitive responses and suggest that lessons from progressive states could be scaled up nationally.

While this review provides a comprehensive overview of gendered ageing in India, several gaps remain. Most studies focus on national-level patterns, with little attention to state-wise or rural–urban variations. Future research should adopt an intersectional lens to examine how caste, class, religion, and disability intersect with gender in

shaping ageing trajectories. There is also a limited empirical evaluation of the effectiveness of welfare schemes in addressing gender disparities. Further work is needed on women's resilience strategies, including community-based networks and alternative forms of economic independence. Finally, demographic shifts such as migration and the rise of nuclear families demand closer study to understand their impact on care arrangements for elderly women.

Conclusion

This review highlights the value of a scoping approach in synthesising fragmented research on gender and ageing in India. By systematically mapping diverse strands of literature, it not only identifies consistent patterns of disadvantage but also reveals critical gaps that remain unaddressed in existing policy debates. The analysis demonstrates how earlier reports have raised awareness of gendered ageing, yet lacked systematic engagement with empirical evidence. This review fills that gap by offering a comprehensive evidence base to inform more inclusive policy design. Ultimately, the findings underscore the importance of embedding gender as a central analytic category in ageing research and policymaking, ensuring that future responses to demographic change address structural inequities rather than merely demographic trends.

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Legal Rights and Awareness among Older Women

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Abstract

As women assert greater awareness of their rights and patriarchal societies begin to respond to this awareness, the focus must extend to elderly women, whose rights and awareness remain a critical yet neglected component of gender equality and human rights. Elderly people, particularly women, face challenges due to ageism and socio-economic conditions that hinder their full participation in the legal realm, for instance- in a case investigated by the National Human Rights Commission (NHRC) in Odisha revealed that around 50 senior citizens and widows, including those living below the poverty line, were denied crucial benefits such as old-age and widow pensions. Despite their repeated requests to government officials, no action was taken to grant these pensions (Commission, 2020), leaving these vulnerable women without necessary support. The case highlights substantial problems in protecting elderly women's rights, especially their access to essential benefits. Further, women experience numerous gender-related inequalities throughout their lives, including lower education levels, limited access to information and services, and reduced participation in social, economic, and

political activities. For example, as per an Age International article, 58 percent of women aged 65 and older in developing countries are illiterate, compared to 34 percent of men. Besides, they are more likely to become widowed and less likely to remarry, factors that often heighten their social and economic vulnerability. Furthermore, the intersection of age and sex discrimination significantly increases the risk of violence against older women. These concerns are particularly critical because, by 2050, the world will witness a "feminization of aging," with older women forming the largest demographic group globally, thereby magnifying the scale and impact of these vulnerabilities. Although general international human rights frameworks recognise the rights of elderly persons, there is no dedicated binding treaty specifically addressing their protection, and elderly women's rights remain inadequately recognised and frequently prejudiced against. In *Dr. Ashwini Kumar v. Union of India* (Ashwini Kumar v. Union of India, 2016) the Supreme Court stressed the need to protect the dignity of older adults, yet elderly women frequently face eviction by their relatives. This situation is further aggravated by gender bias and entrenched societal norms that restrict

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women's property rights; thus, it emphasizes the need for stronger legal safeguards and cultural change to ensure secure housing and dignified treatment for elderly women. This article, therefore, aims to highlight the problems elderly women face in accessing justice and other legal remedies, with specific focus on India. It also explores the intersection of legal frameworks, societal and cultural attitudes, impacting elderly women's ability to understand and exercise their rights.

Keywords: Senior citizens, Women, Aged, Legal awareness, Rights

Introduction

In society, becoming elderly, poor, or illiterate often results in invisibility, as individuals in these conditions tend to be overlooked. According to the United Nations Population Fund (UNFPA), India's elderly population currently stands at 153 million people aged 60 and above and is projected to reach a staggering 347 million by 2050. The average age of this population is 67.5 years (Lakshman, et al., 2023). It highlights that many of these elderly individuals will be widowed women who constitute 50.9%, while men make up 49.1% and the former being highly dependent. The report also notes that women generally live longer than men, especially after the age of 60 and 80, although this varies across different states and regions (Lakshman, et al., 2023). However, increased longevity often brings heightened risks of social isolation, particularly following widowhood, declining health, economic dependency, changing family structures, and, in some cases, the migration of children. This combined with economic

and health struggles, leaves elderly women vulnerable to neglect, abuse, and limited access to healthcare and support services (Singai, 2022). Additionally, the report examined how the government and local authorities responded to the needs of elderly people during the Covid-19 pandemic. While most elderly individuals reported receiving some form of state aid, they felt it was insufficient. There were also concerns about the lack of accessible healthcare facilities, and many elderly people stated that only NGOs and community-based organizations stepped in to help.

Elder Women's economic independence is also notably unequal. According to a 2015 study, older women have a diminished status in the family because they do not earn even though they contribute to their children's families by being caregivers for grandchildren. The institution of family has undergone varied changes from a socio-economic perspective, resulting in negligence, abuse, and even suicide among elderly women. They are particularly at risk, as revealed by HelpAge's 2023 nationwide survey involving nearly 8,000 women over the age of 60. More than 70% did not have savings personal assets or health insurance and well over a half had never been employed leaving them dependent in the increasingly prolonged phase of their life (Ram, et al., 2024). Only 10% of rural and 11% of urban elderly women are reported to be economically independent, compared to 48% of rural and 75% of urban elderly men. (Nair, D 2023).

These statistics underline the fact that elderly women constitute a particularly

This article, therefore, aims to highlight the problems elderly women face in accessing justice and other legal remedies, with specific focus on India.

vulnerable section of society. The extent of their awareness of legal rights will significantly influence the future of a world increasingly shaped by the feminization of aging, a critical issue that remains largely unaddressed. Although various government policies, provisions, and laws exist to benefit elderly persons, including free legal services, maintenance and protections under the Hindu Adoption and Maintenance Act, 1956, as well as other personal laws, the pressing concern is that many elderly women remain unaware of these legal and human rights. This raises a fundamental question: what is the value of laws and policies designed for protection if the very individuals they aim to safeguard are unaware of their existence?

Methodology

The paper used a qualitative research methodology, relying exclusively on secondary sources such as scholarly articles, research reports, and policy documents obtained from reputable and authentic platforms, including government websites and academic databases. Newspaper articles were analysed to understand contemporary socio-political trends, while research surveys and reports hosted on credible platforms were reviewed to incorporate comprehensive data. The selection of sources was guided by their reliability, relevance, and alignment with the research objectives to address the study's focus effectively. Furthermore, the study utilized a data set that included both elderly men and women, due to the limited availability of gender-specific data for elderly women. Following analysis, the focus of the

paper was narrowed exclusively to elderly women.

Results

The Centre for Human Rights, National University of Advanced Legal Studies, in its report revealed that one of the main problems faced by the ageing population is the lack of appropriate legal awareness (Singai, 2022). This necessitates a well-thought-out agenda and approach for addressing the innumerable challenges the aged encounter from a legal perspective. Protecting the aged is not only a moral obligation on the part of the younger generation but also a constitutional obligation cast on the State under Part-IV of the Directive Principles of State Policy (DPSP). Article 21 of the Constitution, which guarantees the right to shelter and the right to live with dignity, includes rights such as access to health and medical care. The right to shelter is violated when elderly individuals are abandoned by their children, as it deprives them of a secure, dignified living environment. Abandonment often leaves elders without access to basic necessities such as housing, healthcare, and social support, exposing them to homelessness and neglect. This contravenes legal protections like the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, which mandates that children provide financial and emotional support to their aging parents. The violations of the above-mentioned rights, especially against elderly women, are rarely reported. This is primarily due to a lack of awareness, and even when they are aware, they often face barriers such as lengthy legal processes, social stigma, and discouragement.

Newspaper articles were analysed to understand contemporary socio-political trends, while research surveys and reports hosted on credible platforms were reviewed to incorporate comprehensive data.

In India, out of 3.2 crore cases filed in various courts, only 6.24% are by older individuals, highlighting their lack of awareness about legal rights.

The Agewell Research and Advocacy Centre in 2020 conducted a nationwide study (Agewell Research & Advocacy, 2020) on access to justice for the elderly. Out of a sample of 5,000 respondents, 1,694 elderly individuals expressed a need for legal protection in old age. Among them, only 23.5% were older women, and just 7.6% of these women had filed legal cases or approached competent authorities to seek justice. When asked why they had not filed complaints against the injustices they faced, the primary reason cited was the lengthy legal process in the country. This concern was particularly noted by older women, who accounted for at least 28.8% of the two-fifths of elderly individuals in the survey. Among these respondents, 18.7% of elderly women identified the lack of support from their families, community, and society as the main reason for not speaking up or seeking legal assistance to pursue justice in old age. The survey also highlighted other factors that discourage older individuals from seeking justice, including financial difficulties, changing perspectives over time, the high cost of legal representation, and a lack of trust in the judiciary. The survey found that 51.6% of older women reported having no knowledge of their specific legal rights. 43.4% of respondents, including older women, stated that they are somewhat aware of their legal rights, but only to a limited extent. The survey also found that only 1.1% of elderly respondents are aware of their legal rights in old age, with older women making up just 0.89% of this group. A significant gap in awareness among older women regarding their

legal rights under the Maintenance and Welfare of Parents and Senior Citizens Act with only 134 out of 5000 respondents aware of this law. Only 4% of respondents are familiar with the Right to Information Act, 2005 (RTI Act), and an even lower 2.6% are aware of the Hindu Adoptions and Maintenance Act. Only 4.1% of elderly women in the survey reported being aware of other legal facilities and schemes for the elderly (Agewell Research & Advocacy Centre, 2020). Furthermore, societal stigma and limited access to institutional care also exacerbate their vulnerability, effectively stripping them of their fundamental right to live with dignity and security.

In India, out of 3.2 crore cases filed in various courts, only 6.24% are by older individuals, highlighting their lack of awareness about legal rights. This issue is further aggravated by factors such as the lengthy nature of legal proceedings, mobility constraints, health challenges, low literacy levels among the older population, lack of free and accessible transportation, and the overwhelming number of pending cases. Even if they are aware of their rights, these obstacles often discourage them from seeking justice (Agewell Research & Advocacy Centre 2020).

Discussion

Constitutional protections such as Articles 21, 38(a), 39(e), and 41 aim to secure dignity and welfare for senior citizens, mandating the State to ensure their well-being through social justice, equality, and financial support mechanisms like pensions. Laws like the Maintenance and Welfare of Parents

and Senior Citizens Act, 2007, and Section 20 of the Hindu Maintenance Act, 1956, obligate children and legal heirs to provide maintenance for elderly women, while Section 144 of the Bharatiya Nyaya Suraksha Sanhita, 2023, ensures widows can claim maintenance unconditionally. Additionally, personal laws protect the property rights of elderly women, though patriarchal norms often hinder their access. The Protection of Women from Domestic Violence Act, 2005, extends safeguards against abuse. However, despite these legal provisions, the lack of awareness among elderly women significantly limits their practical application and enforcement. Despite the extant legal framework designed to protect elderly, its practical enforcement remains a challenge. Judicial cases and reported incidents reveal the persistent struggles faced by elderly women, manifesting gaps in awareness, accessibility, and implementation of these rights. Legal cases have occasionally reinforced the rights of elderly parents, particularly in securing peaceful living and protection from abuse. For instance, in *Sandeep Gulati v. Divisional Commissioner* (*Sandeep Gulati v. Divisional Commissioner*, 2020), the court upheld the right to evict abusive family members to ensure elderly parents' dignity and safety. Similarly, in *H.S. Subramanya v. H.S. Lakshmi* (*H. S. Subramanya v. H. S. Lakshmi*, 2014), the Tribunal directed all sons to contribute Rs. 3,000 monthly to their mother under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, emphasizing the responsibility of children to support their parents. Despite claims of mismanagement by a brother, the petitioners' objections

were dismissed, as the mother lacked sufficient means to support herself. In *H. Mariyam Beevi v. Secretary, Tamil Nadu Govt.* (*H. Mariyam Beevi v. Secretary, Tamil Nadu Govt*, 2011) the court took a different approach to address an elderly woman's financial struggles. The petitioner was denied an old-age pension under the Indira Gandhi National Old Age Pension Scheme because her name was not listed under the Below Poverty Line (BPL) category. Citing Muslim Personal Law, which does not place the responsibility of maintaining a mother-in-law on her son-in-law, and recognizing her daughter's significant medical expenses, the court set aside the order and directed the government to grant the pension.

Bombay High Court recently said that no parent should suffer this way in their twilight years while directing a man to vacate his widow mother's house in Mulund in 15 days. He had come visiting with his wife but never left. In fact, the mother was forced to flee to her eldest son's house after being traumatized by the couple (Ram, et al., 2024). While these rulings have provided relief to victims of elder abuse or ensured maintenance, they remain exceptions rather than the norm. The judiciary's interventions in addressing the challenges faced by elderly women have been sporadic, highlighting the limited legal awareness among this demographic and the systemic inadequacies in addressing their grievances. Although courts are capable of setting progressive precedents, the scarcity of such judgments underlines the need for proactive judicial activism and increased legal literacy. Without these measures,

The judiciary's interventions in addressing the challenges faced by elderly women have been sporadic, highlighting the limited legal awareness among this demographic and the systemic inadequacies in addressing their grievances.

It affirms that age should not diminish dignity or access to legal remedies and highlights the need for greater awareness and institutional support to allow elderly women to speak out safely against abuse.

existing interventions, though meaningful, will remain insufficient to bring about substantive change.

An activist from an NGO Silver Innings recounted a disturbing incident from Mumbai's Western Suburbs in which an elderly woman was subjected to harassment by her daughter-in-law. The abuser reportedly manipulated her young son into avoiding his grandmother and gradually stopped providing food, forcing the elderly woman to approach neighbours for basic sustenance (Ram, et al., 2024). Similarly, Geeta Kapoor, an actress known for her role in *Pakeezah*, was reportedly abandoned by her son, who allegedly left her in a hospital and never returned (Ram, et al., 2017). In an even more alarming case, a man confessed to throwing his 64-year-old mother off a terrace, claiming her illness made her a burden. (Service, 2021). Though reported as individual incidents, these cases reveal a broader pattern of abuse and neglect faced by elderly women, where intersecting factors such as age, gender, dependency, and family power dynamics significantly heighten vulnerability. Such abuse is often compounded by limited legal awareness and the absence of accessible support mechanisms. In contrast, the case of Gisèle Pelicot illustrates how legal literacy can function as an effective means of protection and resistance. She remained present throughout court proceedings for over two months, witnessing the trial of seventy-two accused individuals charged with serious sexual offences against her; crimes said to have been orchestrated by her husband. One of the largest rape trials in French history, the case began in

September 2024. Pelicot chose not to remain anonymous, stating that publicly sharing her experience could challenge entrenched attitudes that enable sexual violence. "The world must know my story," she stated (Gozzi, 2025). Her case demonstrates the role of legal awareness in enabling elderly women to seek justice. It affirms that age should not diminish dignity or access to legal remedies and highlights the need for greater awareness and institutional support to allow elderly women to speak out safely against abuse.

Conclusion and Recommendations

Elderly women, in particular, face challenges due to social norms, illiteracy, poverty, and lack of awareness. They often avoid reporting issues to maintain family peace. These factors exposed them to violations of their basic rights. Technological advancements, changing lifestyles, and shifting societal attitudes have increasingly viewed the elderly as a burden, and neoliberal economy added to their plight. Notwithstanding, women have discovered that they cannot rely on men's chivalry to give them justice as noted by Helen Keller, whenever she stands up, she stands up on behalf of every woman. Thus, to address these challenges, it is imperative for all stakeholders to take action from social and moral perspectives to:

- I. Change societal perceptions about aging and promote respect for older individuals.
- II. educate younger generations to be more empathetic and supportive. This is grounded in the understanding that children often learn social behaviour by observing the actions of adults within

the family, particularly their parents. It may therefore be suggested, in line with Social Learning Theory, that the way parents treat elderly family members shapes children's understanding of respect, care, and responsibility toward older persons. Such observed behaviour is frequently internalised and reproduced later in life, reinforcing the intergenerational pattern that attitudes toward ageing and elder care are learned rather than innate.

III. empower women early in life, helping them develop the confidence to assert their rights in old age (Human Rights & Status of Older Women in India: A National Study., 2011).

IV. bridge the generational gap since growing communication gap between generations contributes to the isolation and neglect of elderly women. It is crucial to sensitize the youth about the importance of intergenerational bonding and respect.

V. organize awareness sessions about laws and schemes in old age homes and parks where senior citizens frequently gather can be highly effective. Forming self-help groups can also facilitate regular sessions. A pyramid model can be adopted, where representatives from local areas (taluks) attend state-level camps and receive training. These trained representatives can then conduct local workshops, creating a ripple effect in spreading legal knowledge and awareness (Human Rights & Status of Older Women in India: A National Study., 2011)

In Indian society, which is deeply influenced by religious and moral values, caring for the elderly is widely regarded as a fundamental duty. Across major

religious traditions, this responsibility is consistently emphasised. For instance, Islam imposes a strong ethical duty, instructing believers not to show even the slightest disrespect to elderly parents and to address them with kindness (Surah Al-Isra 17:23). Judaism commands respect for old age, directing believers to “rise before the aged and honour the face of the old” (Leviticus 19:32). Buddhism, through the Sigalovada Sutta, obligates children to support and care for their parents in old age. Christianity mandates filial respect in the commandment to “honour your father and your mother” (Exodus 20:12). Hindu teachings elevate parents to a divine status, as stated in the Taittiriya Upanisad: “Matradevo bhava, Pitṛdevo bhava.” Together, these teachings frame elder care as a binding moral responsibility rather than optional benevolence. These principles call attention to society's obligation to ensure dignity and respect for senior citizens, a moral value that is gradually eroding. The film Piku offers a compelling portrayal of the responsibilities borne by children in caring for their ageing parents emphasizing that, “at a certain point, parents cannot keep themselves alive; it becomes the responsibility of the children to care for them.”

The following legal recommendations can be made:

I. Mandatory Time-Bound Disposal of Elderly Women's Cases: Substantive and procedural laws should mandate priority listing and time-bound disposal of cases involving elderly women, particularly those relating to maintenance, eviction, and abuse. Similar to fast-track courts for alternative dispute

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Law schools should be required to earmark a minimum number of clinic hours per semester exclusively for senior citizen-related legal aid.

resolution and sexual offences, elder-specific case prioritisation would recognise age as a factor of vulnerability. Delay in justice disproportionately harms elderly women, for whom prolonged litigation effectively amounts to denial of relief.

II. Establishing Elderly Women Protection and Welfare Committee: India's judicial system faces a massive backlog of cases, with 58.59 lakh cases pending across high courts including 42.64 lakh civil cases and 15.94 lakh criminal cases (Nearly 62,000 of cases pending in high courts are over 30 years old, 2024). Additionally, women often avoid filing legal cases against relatives or close associates due to the time, cost, cultural norm and complexity involved. For elderly individuals, attending court hearings regularly is even more challenging. To address these issues, each state government should constitute Elderly Women Protection and Welfare Committees at the district level, functioning as quasi-administrative grievance redressal bodies. These committees should be empowered to resolve maintenance disputes, address complaints of abuse or neglect, and facilitate access to welfare schemes within a fixed time frame of 60 days. The committees must comprise a retired judicial officer, a social welfare officer, a legal expert on elder law, and a trained counsellor. This mechanism would reduce dependence on overburdened courts and provide elderly women with accessible, cost-effective, and time-bound relief.

III. Law Schools and Legal Aid Clinics: According to the Bar Council of India

Rules (2008), law schools are mandated to establish legal aid clinics, a prerequisite for accreditation (BCI Education Rules, 2008) NALSA's 2013 scheme emphasizes sensitizing law students through community engagement, awareness campaigns, and counseling services. Collaboration between law schools, NGOs, and local legal aid clinics at the district and taluka levels is essential. This approach ensures that law students gain practical experience while helping senior citizens access legal aid and information. Law schools should be required to earmark a minimum number of clinic hours per semester exclusively for senior citizen-related legal aid.

IV. Tribunal Challenges and Awareness Campaigns: The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 requires tribunals to be headed by administrative officers without judicial expertise. Moreover, the Act prohibits legal representation, which can disadvantage elderly individuals unfamiliar with legal procedures (Maintenance and Welfare of Parents and Senior Citizens Act, 2007). This creates barriers, as age-related issues like reduced mobility or cognitive decline can hinder their ability to self-represent effectively. The Act also mandates that governments widely publicize its provisions and conduct awareness training for officials, which is rarely seen in practice. There is a pressing need for better implementation and data collection on these awareness efforts. Further, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 should be amended to permit limited legal

assistance through trained legal aid counsel. Tribunal presiding officers must undergo mandatory training in basic judicial procedure and elder rights law. State governments should be legally obligated to conduct biannual public awareness campaigns on the Act through local bodies, healthcare centres, and senior citizen associations. Besides, a centralised data collection mechanism should be introduced to monitor tribunal functioning, case disposal timelines, and awareness activities, ensuring effective implementation rather than symbolic compliance

with statutory mandates.

V. Institutional Recognition of Elder Abuse as a Rights Violation: Elder abuse should be formally recognised within statutory frameworks as a human rights violation, not merely a family dispute. This would justify state intervention, monitoring, and reporting obligations, similar to frameworks under domestic violence law. Such recognition would also strengthen India's compliance with international ageing and human rights standards compliance.

State governments should be legally obligated to conduct biannual public awareness campaigns on the Act through local bodies, healthcare centres, and senior citizen associations.

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Book Review

Ageing Issues and Responses in India

Edited by: Dr. **Mala Kapur Shankardass**

Publisher: Springer Nature Singapore Pte Ltd., 2020

ISBN: 978-981-15-5187-1 (eBook)

The book brings together experts from diverse disciplines to examine the social, health, policy, gender, and legal aspects of ageing with both empathy and analytical rigour.

This volume, edited by eminent gerontologist Dr. Mala Kapur Shankardass, offers a multi-dimensional exploration of ageing in India—linking health, policy, gender, and social care through a rights-based lens. The review highlights the book's relevance, content range, and its enduring significance for scholars, practitioners, and organizations engaged in elder welfare.

As India moves steadily toward becoming a greying nation, the conversation on ageing has acquired new urgency. *Ageing Issues and Responses in India*, edited by Dr. Mala Kapur Shankardass, is a timely and comprehensive exploration of the many dimensions of growing old in contemporary India. The book brings together experts from diverse disciplines to examine the social, health, policy, gender, and legal aspects of ageing with both empathy and analytical rigour.

At its core, the volume recognizes that ageing is not merely a biological process but a social and developmental issue that touches the entire fabric of society. The editor's opening chapter, "Ageing Issues and Responses in India: A Synopsis" sets a thoughtful foundation. Dr. Shankardass traces India's demographic transformation—from a young nation to one where the share of

older adults is expanding rapidly. She highlights how the proportion of people aged 60 and above, currently around 10 percent, is projected to double by mid-century. This shift, she argues, calls for rethinking public policy, healthcare, intergenerational relationships, and social attitudes toward the elderly.

The strength of this book lies in its multidimensional treatment of the subject. Each of the fifteen chapters delves into a different yet interconnected concern. Dr. Archana Kaushik's essay on "Addressing Marginalization Among the Elderly: A Social Work Perspective" is one of the most engaging contributions. It captures the paradox of modern India—where older persons who once commanded respect and authority within families increasingly face isolation and neglect. Through vivid cases and clear analysis, Kaushik emphasizes the role of social work and community engagement in restoring the elderly's sense of dignity and belonging. Her advocacy for stronger intergenerational bonds and community-based care resonates deeply with the ethos of HelpAge India.

A complementary perspective comes from Anand Ambali's chapter on "Preventive Geriatrics—A Way Towards Active Ageing", which underscores the importance of maintaining health

through prevention rather than mere treatment. His argument for promoting physical activity, balanced nutrition, and mental wellness offers a forward-looking framework that aligns with the concept of “active ageing.” Similarly, Biju Mathew's discussion on “Age-Friendly Initiatives” outlines how urban planning, public transport, and community design can make spaces more inclusive for seniors—a topic of great relevance as India's cities expand.

K. R. Gangadharan's chapter on “Ageing Policies and Programmes in India” stands out for its policy depth. It traces the evolution of state responses—from the 1999 National Policy on Older Persons to the Maintenance and Welfare of Parents and Senior Citizens Act—and assesses the practical challenges of implementation. The discussion highlights the widening gap between policy intent and ground realities, urging for better coordination between government and non-governmental sectors.

The book also foregrounds the lived experiences and vulnerabilities of ageing. Pamela Singla and Meena Yadav sensitively explore the specific challenges faced by older women, such as widowhood, economic dependence, and health disparities. Their chapters expose the “feminization of ageing,” reminding readers that longevity often brings with it loneliness and financial insecurity for women. The volume also includes moving narratives such as those by Asha Banu Soletti and P. V. Laavanya, who investigate elder abuse within families, and Jagriti Gangopadhyay, who examines the experiences of older

adults living alone in Indian cities.

Equally significant are the chapters dealing with institutional care and the changing nature of family-based support. Sandhya Gupta's analysis of “Institutional Care for the Elderly” and Anupriyo Mallick's “Old Age Homes as a New Pattern of Life” document the rise of alternative care models, while still emphasizing the emotional cost of separation from family and community. Vidya Shenoy's work on “Integrative Medicine in the Management of Dementia” adds a valuable health dimension, introducing readers to holistic and traditional approaches for managing cognitive decline—an issue that is becoming increasingly pressing as life expectancy rises.

Throughout the volume, the editor's guiding vision is evident. Dr. Shankardass has long been an influential voice in Indian gerontology, and her commitment to a rights-based and humane perspective runs through every chapter. The contributors collectively advocate for recognizing the elderly as active citizens rather than dependents, calling for policies that secure their health, economic independence, and social participation.

Beyond its scholarly merit, the book carries an emotional appeal. It asks difficult yet necessary questions: Are we, as a nation, prepared for an ageing society? How do we reconcile rapid modernization with traditional family values of care and respect for elders? And can we build systems that uphold the dignity and rights of senior citizens while ensuring intergenerational harmony?

The discussion highlights the widening gap between policy intent and ground realities, urging for better coordination between government and non-governmental sectors.

More
importantly, it
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reflection on the
kind of society
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celebrates
longevity not as
a burden, but as
a triumph of life.

In conclusion, this volume is both an academic contribution and a social document of great significance. It bridges research and practice, combining demographic insight with human compassion. For professionals working in gerontology, social work, healthcare, or policy advocacy—and for organizations like HelpAge India—it serves as an essential reference. More importantly, it inspires reflection on the kind of society we wish to build: one that celebrates longevity not as a burden, but as a triumph of life.

“Ageing Issues and Responses in India” is a thoughtful, comprehensive, and much-needed work. It deserves to be widely read, discussed, and used as a springboard for collective action toward a more age-inclusive India.

Reviewer

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CALENDAR 2025

24th to 29th March 2025

11th Asian Conference on Aging & Gerontology (AGen2025)

Tokyo, Japan

Organized by: The International Academic Forum (IAFOR)

Contact person: Organising Secretary

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

21st - 22nd April 2025

3rd Edition of Unite Scientific Aging Conference(USAC-2025)

Vienna, Austria.

Organized by: Unite Scientific Explores

Contact person: Aaron Scott

Website: <https://aging.uniteexplores.com/>

10th - 14th July 2025

The 5th European Conference on Aging & Gerontology (EGen2025)

London, United Kingdom

Organized by: The International Academic Forum

Contact person: Organising Secretary

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

11th - 12th September 2025

International Conference on Aging, Gerontology & Geriatric Nursing (ICAGGN - 25)

Lima, Peru,

Organized: IIRD

Contact Person: David Jacob

Website: <https://iirdglobal.com/events/index.php?id=3152269>

16th - 17th September 2025 |

International Conference on Aging, Gerontology & Geriatric Nursing (ICAGGN - 25)

Caracas, Venezuela

Organized : SCIENCENET

Contact Person: Sreejesh A K

Email Id: conference@sciencenet.co

Website : <https://sciencenet.co/event/index.php?id=3159358>

20th September 2025

International Conference on Aging, Gerontology & Geriatric Nursing

Rome, Italy

Organized By: APSTE

Contact Person: Sanjay DSouza(Abroad)

Email Id: helpdesk@apste.org

Website: <https://apste.net/conf/index.php?id=3166464>

23rd -24th September 2025

International Conference on Aging, Gerontology & Geriatric Nursing (ICAGGN-25)

Kowloon City, Hong Kong

Organized By: Science Cite

Contact Person: Akash Shinde

Email Id: team@sciencecite.com

Website : <https://sciencecite.com/event/index.php?id=3154666>

07th October 2025

International Conference on Aging, Gerontology & Geriatric Nursing

Dhaka, Bangladesh

Organized By: Research Leagues

Contact Person: Kiera Jones

Email Id: team@researchleagues.com

Website:

<https://researchleagues.com/event/index.php?id=3104982>

14th October 2025

**International Conference on Aging,
Gerontology & Geriatric Nursing**

Lae, Papua New Guinea

Organized By: Research Leagues

Contact Person: Kiera Jones

Email Id: team@researchleagues.com

Website :

<https://researchleagues.com/event/index.php?id=3104983>

21th -22nd October 2025

**International Conference on Aging,
Gerontology & Geriatric Nursing**

Chicago, USA

Organized By: Daniel Brown

Contact Person: Daniel Brown

Email Id: info@wrfconference.com

Website:

<https://www.wrfconference.com/event/index.php?id=3188428>

04th-05th November 2025

**International Conference on Aging,
Gerontology & Geriatric Nursing(ICAGGN-
25)**

Dallas, USA

Organized By: Science Cite

Contact Person: Akash Shinde

Email Id: team@sciencecite.com

Website:

<https://sciencecite.com/event/index.php?id=3249662>

14th - 16th November 2025

**3rd Global Conference on Aging and
Gerontology**

London, United Kingdom

Contact person: Romina Dellucci

Website: <https://www.agconf.org/>



Awards & Accolades

Through the years, HelpAge India's work has been recognised by several organisations and institutions. We are thankful for their faith and belief in our services by giving us such an honour. It encourages us and instils a sense of belief that we are on the right path whilst reminding us of the great responsibility we carry toward the elderly of our society.

More awards on our website:

<https://www.helpageindia.org/aboutus/awards-recognition/>

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Awarded by CRISIL, 2022



UN Population Award
Awarded by UNFPA, 2020



Platinum Award for Transparency & Public Accountability Awarded by Guide Star India, 2017



Times Social Impact Award
Awarded by Times Group, 2015



NGO Leadership & Excellence Award
Awarded by ABP News, 2015



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

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Information for the Contributors

HelpAge India Research and Development Journal is the official journal of HelpAge India and is published thrice a year in January, May and October. It is devoted to publication of contributions that focus on the information pertaining to different issues concerned with older persons.

Manuscripts

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:

1. Periodicals: Surname and initials of the author(s). Year of Publication. Title. Edition. Name of the Journal. Volume. Number: Page No(s)
2. Books: Surname and initials of the author(s). Year of Publication. Title. Edition. Place of Publication. Name of Publisher.

Note: Please follow above mentioned system to help maintain a particular pattern in the Journal. Submit your contribution both on printed format (hard copy) and soft copy in CD. It should be sent on the following address and soft copy could also be sent by email.

HelpAge India C-14, Qutab Institutional area New Delhi-110016 Email: info@helpageindia.org

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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Successful research on elder benefits plays a pivotal role in enhancing the quality of life for senior citizens. By identifying their needs and challenges, it facilitates the development of tailored programs such as improved healthcare, social security, and housing support. This research fosters awareness and ensures policy-makers allocate resources effectively, reducing inequalities. Ultimately, it empowers elders to lead healthier, more dignified, and independent lives, benefiting society as a whole.