

Lonely Twilight of Older Women in India

Living alone among older adults could offer independence for some, but it can pose serious challenges of social isolation, healthcare access, and financial security for many. Addressing these challenges requires harnessing social networks, better healthcare access, and stronger social safety nets.

India, currently the most populous country in the world, is undergoing the consequences of a demographic change that includes increasing longevity, declining fertility, improved healthcare, better immunisation services, and access to preventive screening methods. These have led to a rapid increase in the population of adults aged 60 years and above, in both absolute and relative terms. This ageing of the population is a significant challenge and presents a wide range of complex social, economic, and health challenges, for today and the future.

India's estimated population, as of 2024, is 1.44 billion and this is about 17.7% of the world's total population. According to a National Sample Survey Office (NSSO) report in 1961, about 5.6% of the total population of India was in the age group of 60 years and above. In 2021, the proportion had increased to 10.1%. As per the Report of the Technical Group on Population Projections for India and States (2011), there were 138 million older adults in India in 2021 (67 million males and 71 million females), and this is expected to increase by around 56 million by 2031.

While India has the world's second-largest older adult population, it also has one of the world's fastest growth rates for this segment of the population. While ageing is associated with several challenges for both men and women, older women tend to face undue discrimination and daily challenges due to gendered norms in society. A lifetime of undergoing | discrimination does have an impact on the quality of life that women experience, can expect and tend to have in their later years.

Another concerning phenomenon is that of older adults living alone in India and this is increasingly significant given the context in which this is playing out. Living alone is widely thought to be influenced by demographic shifts, socio-economic changes, and evolving family structures, all of which predispose older adults to either choosing to live alone or being left to live alone. This is disconcerting in a context where social security and support for older adults is negligible and where familial norms expect families to provide eldercare, a mechanism that is soundly encouraged by the state as well. Older men and women living alone into their twilight years in the Indian context raises concerns about their ability to self-manage, their health and well-being, and the socio-economic support system that is required for them.

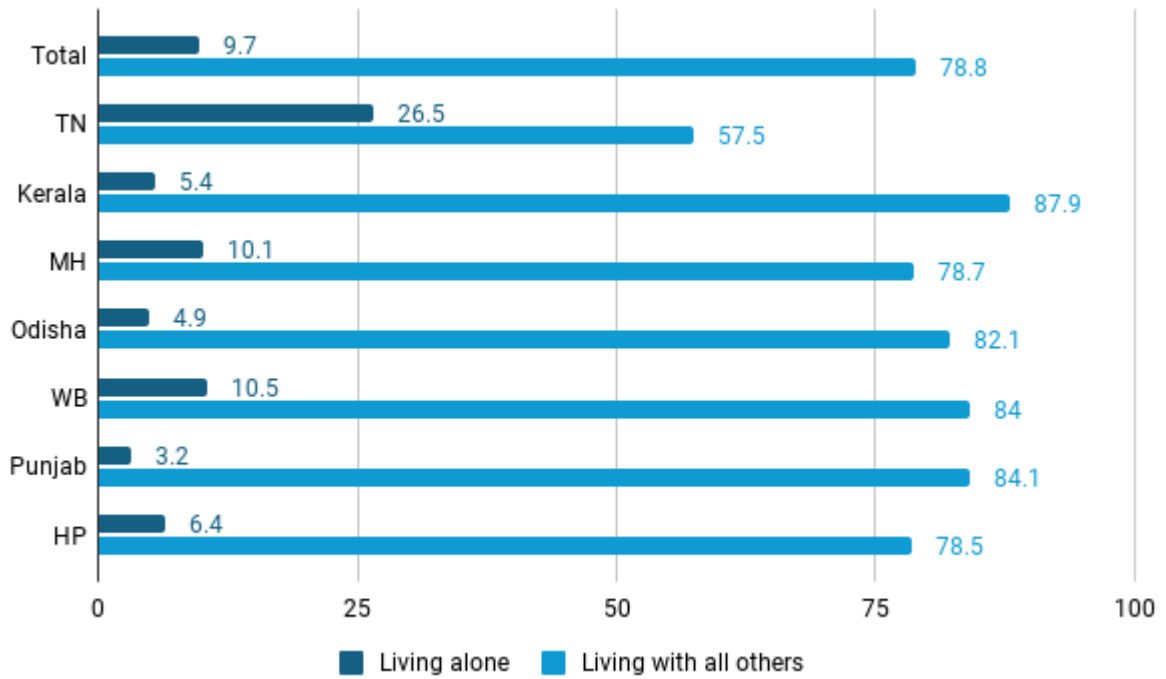
Even today, truly little is understood about the health and well-being of older adults who live alone and whether their characteristics differ from those who cohabit. Living arrangements are commonly classified, as in the Longitudinal Study of Ageing in India, as (a) living alone, (b) living with spouse and/others, (c) living with spouse and children, (d) living with children and others, and (e) living with others only. It is seen that 5.7% of the country's senior citizens (age 60 years and above) live on their own without the support of family or friends.

Wide interstate variations are observed with respect to ageing and the feminisation of ageing in India. The proportion of older women has been more than that of older men (termed the feminisation of ageing) and this gap is expected to widen with time. Decreasing fertility and increasing life expectancy has led to the ageing of the population and States across India are at diverse levels of the fertility transition. As of 2021, Kerala had the maximum proportion of older adults (16.5%), followed by Tamil Nadu (13.6%), Himachal Pradesh (13.1%), Punjab (12.6%), and Andhra Pradesh (12.4%). However, the proportion of older adults across other states such as Bihar (7.7%), Uttar Pradesh (8.1%), and Assam (8.2%) suggests that these states are well behind in the demographic transition sweeping across the nation.

While the proportion of older adults rises, the old-age dependency ratio is also rising in India. As per projections, it increased to 15.7% in 2021 from 14.2% in 2011. It is now expected to rise to 20.1% by 2031. The old-age dependency ratio represents the number of persons aged above 60 per 100 persons for those aged between 15 and 59 years. The ratio is used as a proxy for the economic dependency of the older population. The NSS 75th round (2017–18) had shown that about 70% of older adults are economically dependent on others for their survival.

The economic dependency ratio by gender has also shown to be an increasing trend over time. The context in which this is occurring is important as older Indian adults lack adequate social security or old age pension. As projected by a Ministry of Statistics and Programme Implementation report titled "Elderly in India" (2021), the female older adult population will rise to 10.09 crore by 2031 while the male older adult population is expected to rise to 9.29 crore in the same period. This feminisation of the older adult population is a distinctive feature of ageing in India and presents its own unique set of propositions and challenges for healthy ageing. The rise in the older adult female population has important social and policy implications. In India's patriarchal society, which predisposes one to perpetuate certain gender biases, it is important to recognise and address the challenges that female older adults face.

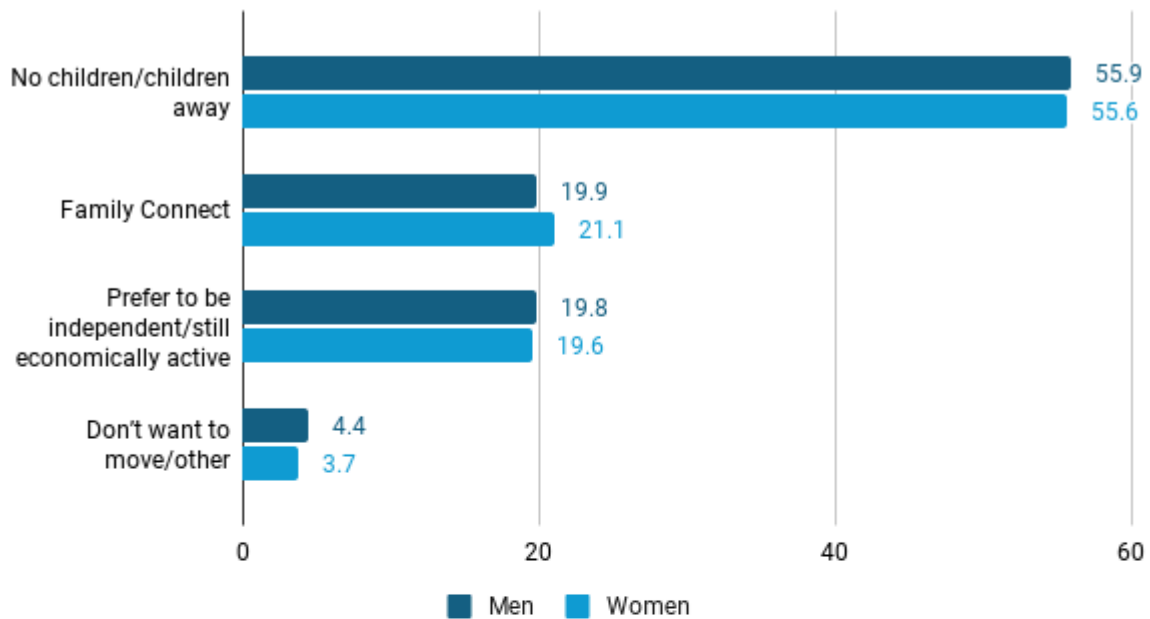
Figure 1: Living Arrangements of Older Women across Indian States, 2011



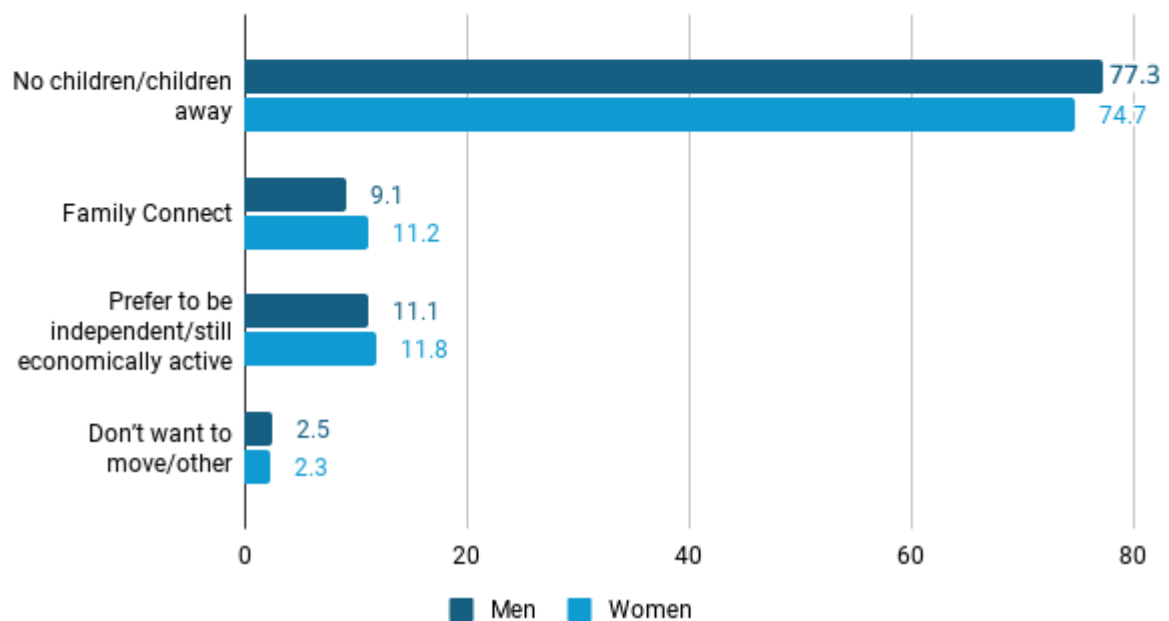
Source: Older Women in India: Economic, Social and Health Concerns, BKPAI;
<https://india.unfpa.org/sites/default/files/pub-pdf/ThematicPaper2-Womenandageing.pdf>

Figure 2: Main Reason Older Adults Live Alone or With Their Spouse, 2011

Rural



Urban



Source: Report on the Status of Elderly in Select States of India, 2011, BKPPI;
https://india.unfpa.org/sites/default/files/pub-pdf/AgeingReport_2012_F.pdf

The phenomenon of living alone amongst older adults is witnessing a rising trend, particularly in urban areas, and is driven by factors such as the migration of younger family members, changing family dynamics, and the economic opportunities of adult children that lead to migration (IIPS and MacroInternational 2007). Rates of living alone amongst older adults vary significantly between urban and rural areas, with urban centres showing a higher

prevalence due to the availability of employment opportunities, higher proportion of nuclear family structures, and social mobility.

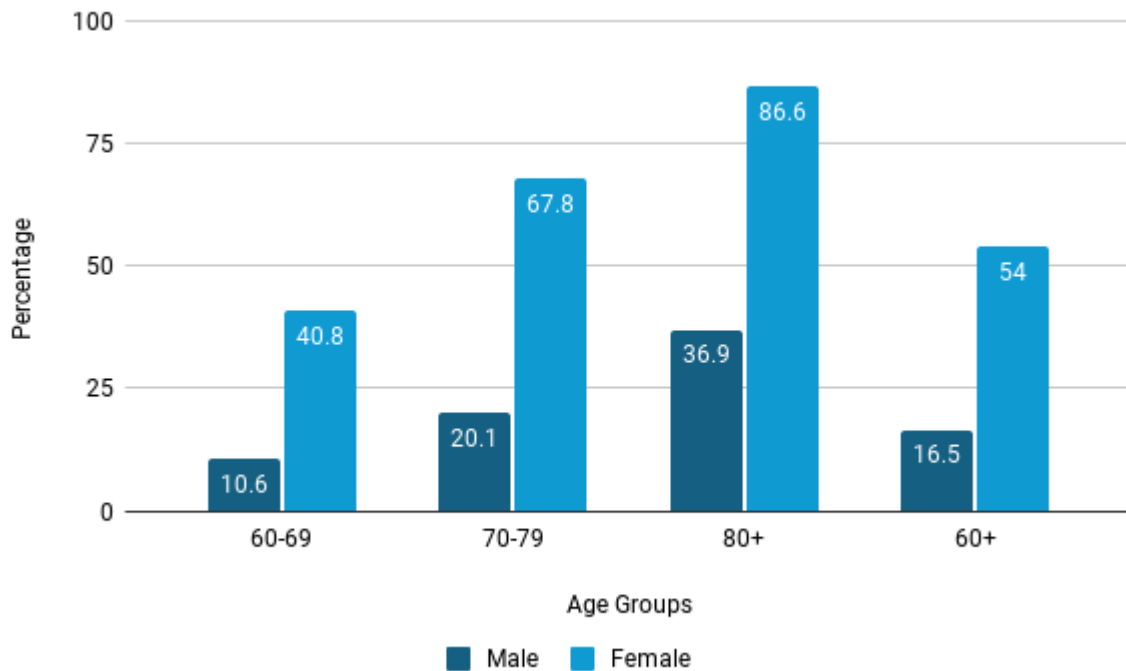
There are probably several other factors that influence the need to live alone amongst older adults. One of the most accepted explanations is the changing family structure in India - where traditional joint family systems are giving way to nuclear structures, thereby reducing the availability of multi-generational households and a significant reduction in the number of caregivers that are available to support and care for older adults. At the upper end of the socio-economic spectrum, we see instances of economic independence leading to economic opportunities, pension income, retirement savings, and social security nets that enable older adults to voluntarily opt for independent living arrangements.

Another reason being discussed in academic literature is the pattern of widowhood and gendered ageing. Widowhood, particularly amongst women, is a significant factor leading to them living alone, and it is widely understood that widows can still face social isolation and certain economic challenges due to continuing socio-cultural biases. Tamil Nadu and Nagaland have been exhibiting a higher proportion of women older adults living alone, and this phenomenon is thought to be due to the out-migration of the adult working population for education, marriage, and business, leaving behind the older parent.

Though women's longevity is an accomplishment in itself, their increased longevity is increasingly associated with the increased likelihood of age-related disability, morbidity, and livelihood challenges. Declining fertility and increasing emigration/migration of adult children lead to older women living alone, and harbouring the gendered disadvantage where poverty from income loss and livelihood loss or declining familial support can make access to healthcare increasingly problematic in later years.

Widowhood amongst older women is higher across all age groups and there are a few explanations for the large difference in widowhood status amongst men and women. (Figure 3) The first is the difference in terms of life expectancy amongst men (around 66 years) and women (around 69 years) in India. The second is the high incidence of preventable disease, hazardous work, and conflict that is seen to aid premature male deaths in developing countries. The third is marriage norms, where the woman is generally younger than the man, which increases their probability of surviving their spouses even without the difference in longevity.

Figure 3: Widowhood amongst Older Persons, by Age and Sex, 2017-18



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

Challenges for older women living alone

We take a closer look at the implications and challenges that older women face while living alone, from gendered disparities as well as the socio-cultural connotations of widowhood to a longer life expectancy.

Widowhood and social marginalisation: Widowhood is a significant factor contributing to older women living alone. Being a widow predisposes a woman to face social isolation and economic challenges in the absence of her spouse's support. The diminished familial support and social exclusion can also significantly impact mental health and quality of life. Social norms and traditional family structures that previously supported multi-generational households are changing due to urbanisation, migration, and economic opportunities, affecting the availability of care for older adults in India. Economic independence or having access to pension income can enable older adults to live alone. However, this is a low possibility among older women who have limited financial resources and no access to a regular pension after widowhood.

Care-giving burden: Given the culturally prevalent expectation and norm of female family members assuming the responsibility of being the primary providers of care for sick or older family members, female older adults often have to bear the burden of taking care of their

spouses or other family members. This results in women ending up compromising and neglecting their own health and well-being.

Financial dependence and economic security: Financial constraints and lack of supportive social networks for women can lead to further challenges for women older adults living alone, affecting their overall well-being and quality of life. Many women older adults are economically dependent, having limited access to pensions, social security, or adequate savings due to a lifetime of gendered disparities in employment and financial inclusion.

Property and inheritance rights: Cultural norms in patriarchal societies such as India often deny women older adults their rightful share of family property and inheritance. This can exacerbate their dependency, leaving them economically vulnerable and dependent on others.

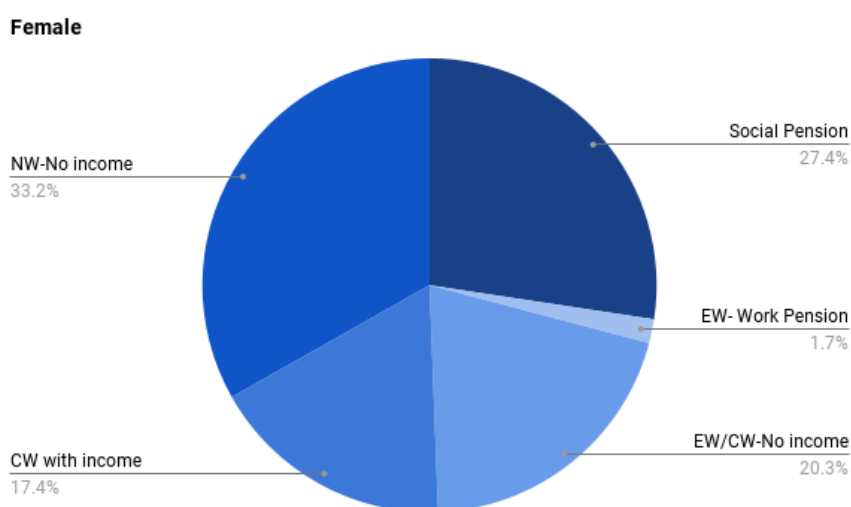
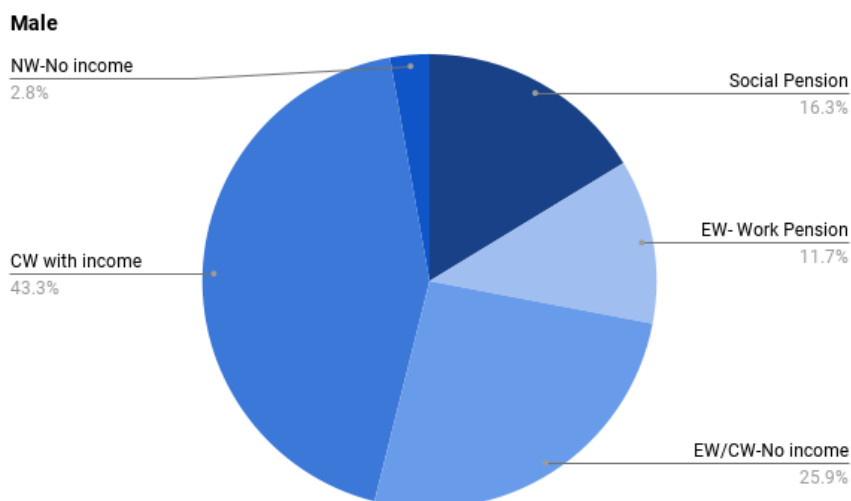
Medical and health issues:

(a) *Physical health:* Women older adults in India face age-related, posture-related, and domestic-work related health and medical conditions. These challenges that are quite often related to chronic conditions such as arthritis, hypertension, and diabetes are compounded by barriers to healthcare access, especially in rural areas, and when out of pocket expenditure becomes inevitable.

(b) *Mental health:* Social isolation, especially post-widowhood, continuing care-giving responsibilities, and the stigma associated with mental health issues can exacerbate psychological distress among women older adults, thereby affecting their overall well-being.

Challenges in healthcare access: Access to healthcare services may be limited for older adults living alone, where geographic distance, acceptability, and the opportunity cost of visiting a health centre may impede access. This can significantly impact their ability to manage non-communicable diseases, other chronic conditions and receive timely medical care.

Figure 4: Sources of Income amongst India's Older Population by Gender



Source: International

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

Re-thinking institutional responses

As feminisation of ageing continues and modernisation and emigration of adult children becomes increasingly inevitable, incidence of women older adults living alone is going to be a natural eventuality. Therefore, it is important to accept the impending reality and provide for supportive frameworks to meet the needs of older adults: men and women living alone. Instead of a disparate gendered response to “living alone”, it would be appropriate to develop gender-neutral frameworks for supporting older adults who live alone with crucial additional safeguards, and provide protective enablements in line with the unique needs and challenges that women older adults face:

1. Social protection and welfare programmes:

a) *Providing a financial safety net*: Introducing specialised schemes or expanding current pension schemes that are tailored to meet the financial needs of women older adults living alone is necessary to guarantee financial stability and reduce economic vulnerability.

b) *Ensuring healthcare access*: Ensuring equitable access to healthcare services through specially conceived geriatric clinics, mobile health units, specially trained home healthcare teams, and outreach programmes for the benefit of women older adults in rural, tribal, underserved, and urban poor pockets is necessary.

2. Protecting assets and legal rights:

a) *Property and inheritance rights*: Creating awareness amongst women older adults, providing them with legal support, and strengthening the enforcement of laws that safeguard the rights of women older adults to property and inheritance are required. These can help ensure there is legal recourse against discrimination and dispossession, sometimes even from their own children and family members.

b) *Legal aid services*: Providing accessible legal aid services to help elderly women navigate the legal complexities related to property disputes and inheritance rights.

3. Ensuring availability of community and support services:

a) *Community support networks*: Establishing community-based support networks and social activities for elderly women living alone to reduce their social isolation and promote mental well-being.

b) *Caregiver support*: Providing training and support for caregivers, often family members or community volunteers, to assist women older adults with their daily activities and healthcare needs. Also initiating respite care and supportive palliative care to reduce the burden and stress on caregivers, especially women caregivers.

4. Supporting longer working lives through reskilling and retooling:

Policies are necessary that can upskill older men and women to be able to extend their working lives, re-engage with the labour market or be in a position to support themselves through vocations that are age-appropriate and convenient for them. Being gainfully employed can be a source of pride and independency that can uplift the morale of older adults as well.

5. Bringing about awareness and education:

a) *Public awareness campaigns*: Conducting awareness campaigns to educate society about the rights, needs, and challenges faced by elderly women living alone, aiming to reduce stigma and promote respect for their autonomy.

b) *Education programmes*: Introducing educational programmes for women older adults on their own self-management, health planning, financial literacy, and legal rights to empower them and enhance their decision-making capacity.

6. Improving monitoring and evaluation:

a) *Data collection and research*: Conducting regular surveys and studies to collect data on the living conditions, health status, and socio-economic profiles of older adults living alone is important. This can, in turn, inform evidence-based policymaking and aid programme development.

7. Seamless integration with existing programmes and schemes:

a) *Integration with national programmes*: Integrating initiatives for women older adults living alone into existing national programmes on ageing, women's welfare, and social protection to ensure comprehensive support and maximise resource utilisation.

In summary

The feminisation of ageing and the feminisation of living alone amongst older adults in India necessitate a concerted effort to address the challenges of ageing and appropriate evidence-informed institutional responses. There is need for a comprehensive and robust social security system that addresses the fallouts of the longevity dividend such as an assurance of decent living arrangements, economic independence, and social support to support active ageing amongst older adults.

Living alone amongst older adults in India is a phenomenon that is influenced by demographic, socio-economic, and cultural factors. While living alone might offer independence and autonomy to an older adult who is capable of independently managing his or her needs, it poses serious challenges related to social isolation, healthcare access, and financial security for those who are not independent. Addressing these challenges requires holistic strategies that harness social networks, promote community support, enhance healthcare accessibility, and strengthen social safety nets for older adults.

Therefore, an appropriate means of addressing the needs of women older adults living alone in India would be to envision a multi-faceted approach that encompasses social protection, legal reforms, community support, education, and healthcare accessibility. Policies need to be designed in such a way that they are sensitive to gender-specific needs of women in India within the patriarchal social order. They must also be aimed at promoting dignity, autonomy, and well-being amongst this vulnerable population segment.

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