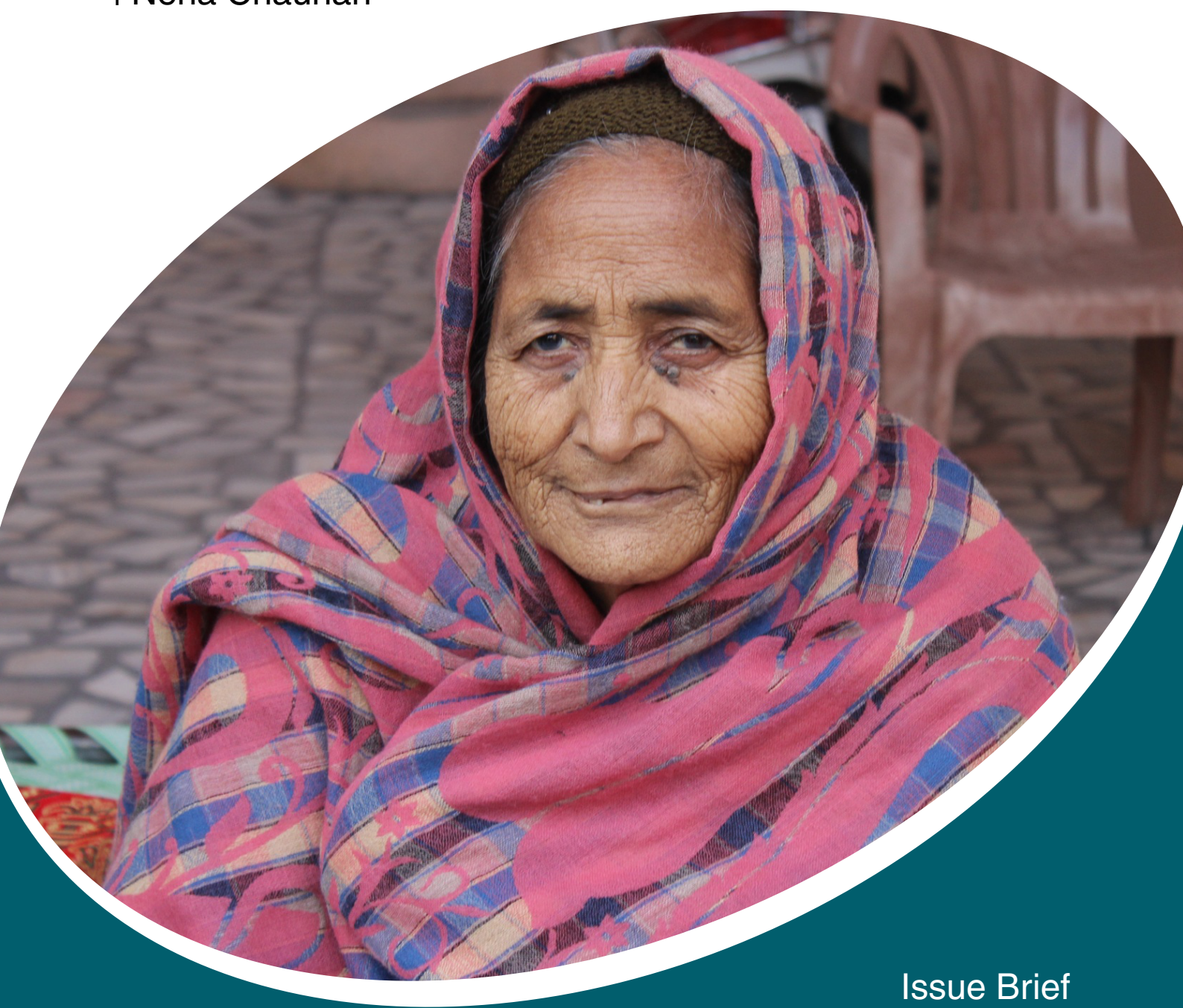




Feminisation of Ageing in India: Concerns and Vulnerabilities

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| Neha Chauhan



Issue Brief

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ISSUE BRIEF

Feminisation of Ageing in India: Concerns and Vulnerabilities

| Neha Chauhan

ABSTRACT

The population of elderly persons in India has been steadily increasing since 1961. Further, based on the Census projections, the population of elderly women is currently more than that of elderly men. This outnumbering is projected to strengthen with time. While aging is associated with several challenges for both men and women, the problems elderly women face are fundamentally different because of the gender-based discrimination experienced by them throughout their lives. A lifetime of gender disparity has an impact on the quality of life that women have in their old age. In this context, this issue brief looks at different economic, social, and health concerns that elderly women face.

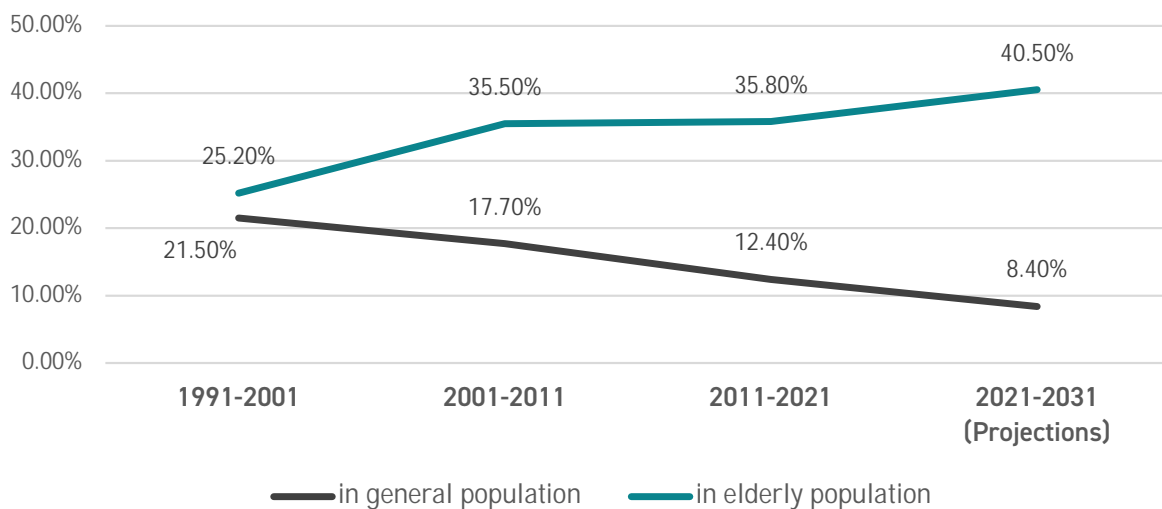
Keywords: ageing, gender, demographic transition, widowhood

INTRODUCTION: TOWARDS AN AGEING POPULATION

United Nations Population Fund (n.d. a) defines a demographic dividend as the “economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older)”. India has nearly 67% of its population in the 15 to 64 years age group (United Nations Population Fund n.d. b). As a result, the policy focus has mainly been on how to reap the benefits of its demographic dividend. However, the policy discussions often miss the future implications of such an age structure of the population.

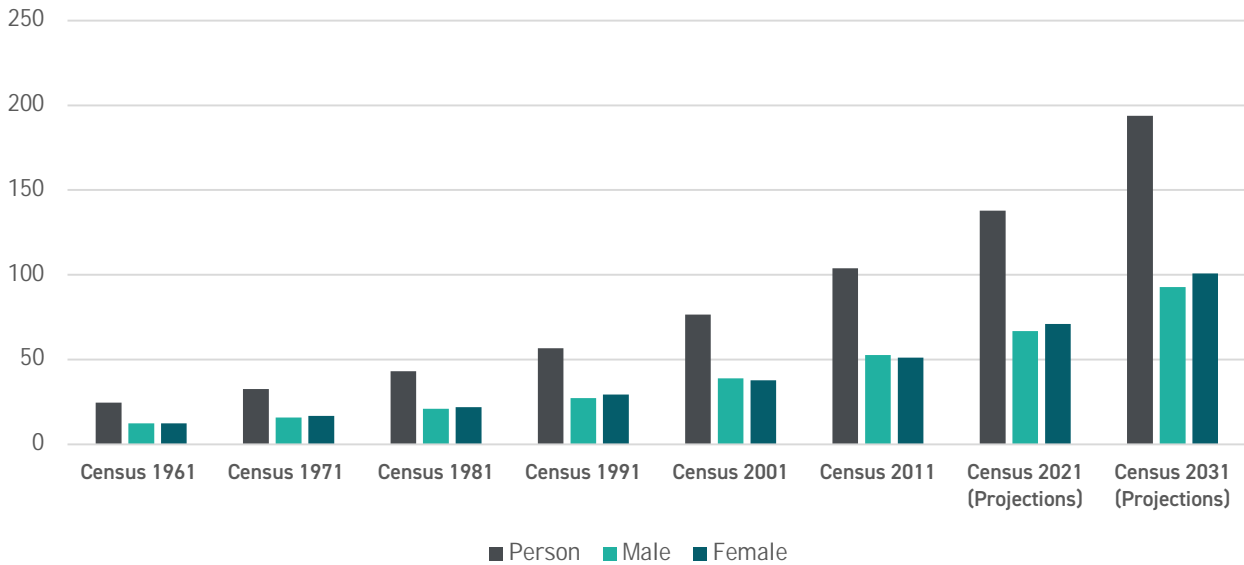
The population of elderly persons aged 60 years and above has steadily increased since 1961 (National Statistical Office 2021a). This is mainly attributed to improvement in economic well-being and healthcare facilities, leading to declining death rates, falling fertility rates, and rising life expectancy (ibid.). From 2001 to 2011, the general population grew by 17.7%, while the elderly population grew by 35.5%. Between 2011-2021, the general population was estimated to grow by 12.4% compared to the elderly population’s 35.8%. The high growth rate in the elderly population with regards to the growth rate of the general population is projected to continue in the next decade as well (see figure 1).

Figure 1: Decadal growth in elderly population vis-à-vis that of the general population (% change)



Source: National Statistical Office (2021a)

According to the Report of the Technical Group on Population Projections (National Commission on Population 2020), India’s elderly population is currently estimated to be around 13.8 crores. This number is expected to be close to 19.3 crores in 2031 (ibid.). Up to Census 1991, the female elderly population outnumbered the elderly male population (see figure 2). Post that, as per Census 2001 and 2011, this trend reversed. However, according to the Census 2021 projections, the elderly female and male populations stood close to 7.1 crores and 6.7 crores, respectively. This means that elderly females have once again outnumbered their male counterparts. The elderly female and male populations are now projected to rise to 10.09 crores and 9.29 crores, respectively, in 2031. This indicates that the trend will only strengthen with time.

Figure 2: Elderly Population (aged 60 years and above) in India (in millions)

Source: National Statistical Office (2021a)

The larger population of elderly females is a sign of feminisation of the elderly population in the country, which brings its own unique set of challenges.

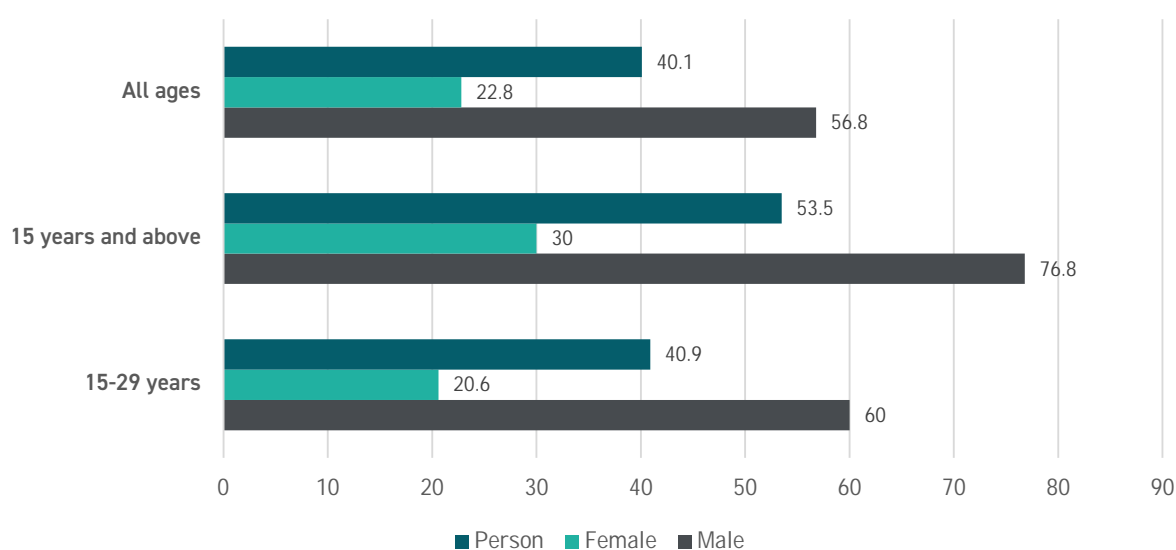
CHALLENGES FACING ELDERLY WOMEN

The move towards an older age structure has important policy implications. Owing to their growing population, the challenges that elderly women face require immediate addressing. If these challenges are not addressed, the feminisation of old age will likely become a roadblock in achieving gender equality in the future.

I Economic Concerns

Despite India's significant economic progress in recent decades, women's economic participation is low. The latest Periodic Labour Force Survey [PLFS] sheds light on women's poor participation in the work that is recognised and paid for (National Statistical Office 2021b). According to PLFS estimates for 2019-20, women's labour force participation rate was lower than men in all the age groups (see figure 3). For instance, for women aged 15 years and above, the labour force participation rate was around 30%. For men in the same age bracket, this rate was around 77%. Indian women's participation in the labour force remains poor compared to the global labour force participation rate for women, which stood close to 49% in 2018 (International Labour Organization 2018).

Figure 3: Labour force participation rates (in per cent) in usual status for persons of 15-29 years, 15 years & above, and all persons in 2019-20



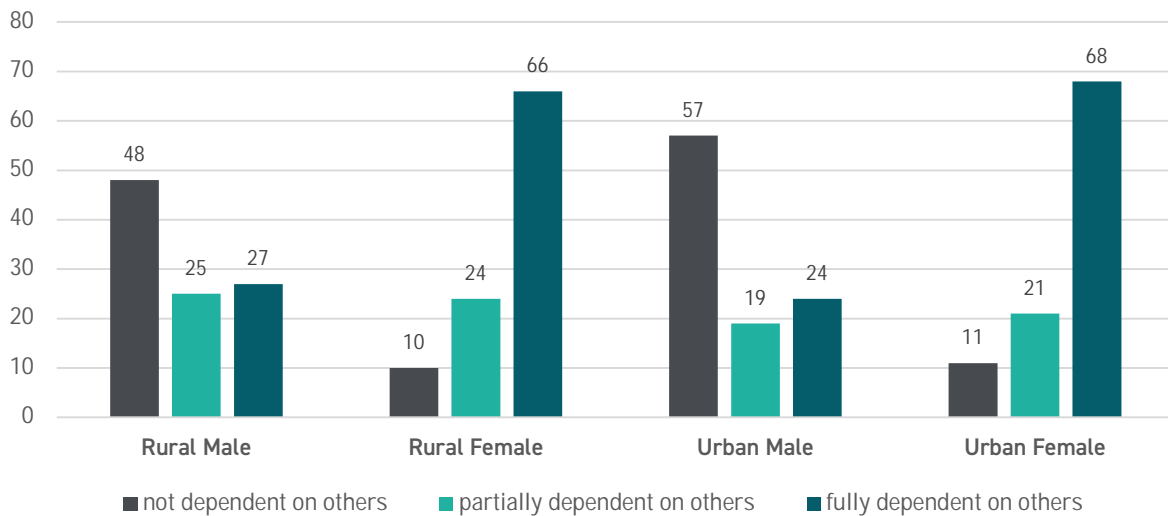
Source: National Statistical Office (2021b)

Various social and economic factors explain this poor participation. These include lack of mobility and freedom to work, lack of quality jobs, significant gender wage gap, amongst others (Chapman and Mishra 2019). Apart from these, the burden of unpaid work, which falls disproportionately on women, acts as a barrier to women's economic participation. The Time Use Survey¹ [TUS] results help capture this unequal sharing of unpaid work. In India, on average, a woman spends 299 minutes on unpaid domestic services for household members in a day compared to 97 minutes spent by men (National Statistical Office 2020b).

According to the TUS 2019, 81.2% of women were engaged in performing unpaid domestic services for household members in a day. Compared to this, merely 26.1% of men undertake this activity. Social norms dictate that such activities are considered primarily a woman's responsibility. As per the 68th NSS Round (National Sample Survey Office 2014), one of the most prominent reasons for women to spend most of their time on domestic duties, across the age groups in both rural and urban areas, was that there was "no other member to carry out the domestic duties". The unequal distribution of unpaid work puts restrictions on women on the extent to which they can participate in the labour market. For women who are engaged in paid work, the gender gap in unpaid work results in a double burden of housework and paid work.

The underrepresentation of women in paid work has long term implications. One of them is that older women are less likely to have savings and financial support such as pension or retirement benefits. Therefore, they are economically dependent on others. As per the NSS 75th Round (National Statistical Office 2020), only 10% of elderly women in rural areas and 11% of elderly women in urban areas were economically independent. Elderly men fared much better than elderly women in this aspect (see figure 4).

¹ Time Use Survey [TUS] is conducted to measure time spent on the various activities performed by the population.

Figure 4: Percentage distribution of the elderly population by the state of economic independence

Source: National Statistical Office (2021a)

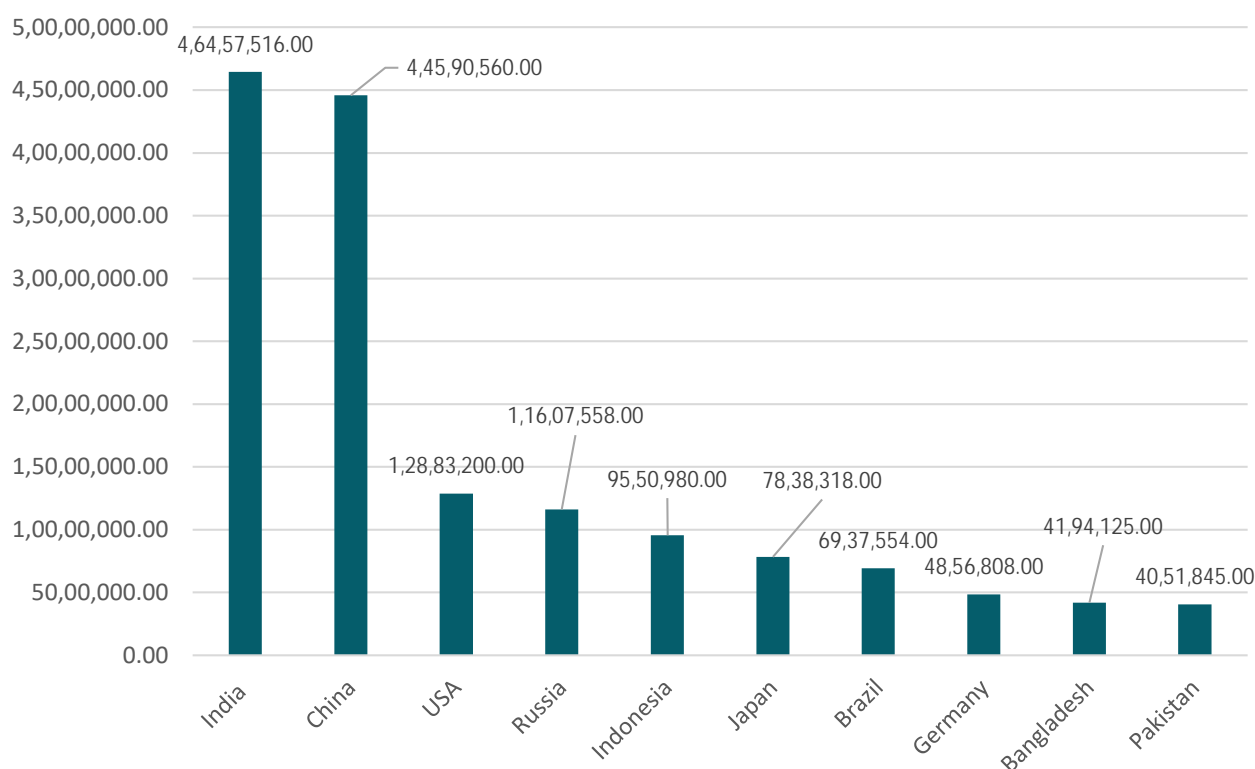
According to the recent Global Gender Gap Report, India ranks 135th out of 156 countries in wage equality for similar work (World Economic Forum 2021). Lower lifetime earnings due to the pervasive gender wage gap imply that even the small percentage of women who receive wages for their work will have less money saved for retirement than men. Women also require financial knowledge to have a financially secure future. Unfortunately, financial illiteracy is particularly pronounced among women, leaving them at a disadvantage. According to a recent report (Hasler and Lusardi 2017), only 20% of women in India can be considered financially literate.

Globally, life expectancy for males was nearly five years lower than for females (World Health Organization 2021). In India, in 2019, the life expectancy of males and females stood at 69.5 years and 72.2 years, respectively (ibid.). When women's longer life expectancy is taken into account, the economic concerns become even more critical to address. This is because longer life expectancy implies that women need a larger pool of savings than men.

Lower financial knowledge, along with fewer available resources at disposal, put women's financial security at old age at risk. Therefore, policy interventions are essential to ensure economic safety for elderly women in the country.

I Social Concerns

India is home to the highest number of widows in the world. According to the World Widows Report from The Loomba Foundation (2016), there are close to 5 crore widowed women in India (see figure 5). Due to the rising population of elderly women and the longer life expectancy of women in general, the prevalence of widowhood among women is expected only to increase.

Figure 5: Countries with the highest number of widows in the world

Source: The Loomba Foundation (2016)

While widowhood is associated with complexities for both men and women, women tend to be more adversely affected. Widowed women suffer social stigmatisation and discrimination. Additionally, the pattern of residence in the country is mainly patrilocality². This isolates widows and adds to their social and economic marginalisation (Chen and Drèze 1995). Widows are subjected to harmful traditional practices and often face restrictions on their movement, how they can dress, and other aspects of their lives. Furthermore, inheritance norms in the country favour men over women (Agarwal et al., 2016). Asset ownership and the right to property are essential for women's social and economic well-being, and once widowed, women often confront denial of these rights (UN Women 2021).

Elderly women are largely dependent on their families for their social well-being. With the nuclearisation of families gaining traction and increasing migration of the working-age group population to cities, elderly women are also facing long periods of social isolation.

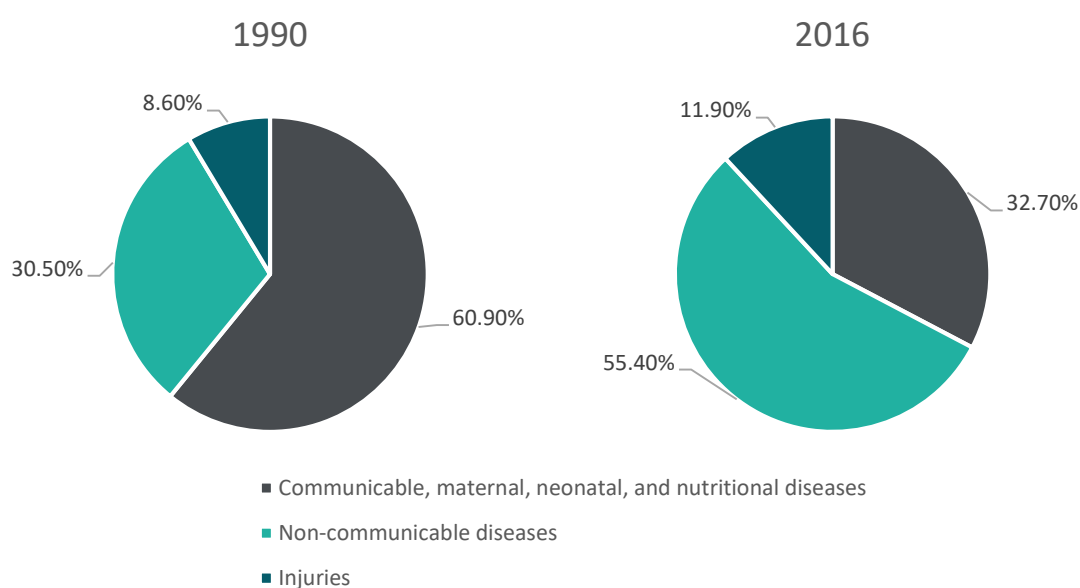
Adding to the vulnerability of elderly women is the abuse and ill-treatment that they face. According to the Longitudinal Ageing Study in India [LASI] findings, elderly women experienced more ill-treatment than elderly men (International Institute for Population Sciences 2020). This abuse deprives them of leading a dignified life. Adding to their perils, women are disadvantaged compared to men when it comes to access to education. Due to this, elderly women are likely to be unaware of their rights and laws which are there to help them.

² Patrilocality residence or patrilocality refers to a system of postmarital residence where the married couple resides with or near the husband's parents.

I Health Concerns

Along with a changing population structure, India is also going through an epidemiological transition (Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation 2017). This refers to a move from a disease pattern dominated by infectious diseases to one dominated by non-communicable diseases [NCDs]. NCDs include chronic respiratory diseases, heart ailments, diabetes, etc., and their prevalence increases with age. This indicates that India is shifting a large share of the country's burden of disease to the older population.

Figure 6: Contribution of major disease groups to total disability-adjusted life years³ in India, 1990 and 2016



Source: Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation (2017)

In order to experience healthy ageing, women need to have access to affordable and adequate healthcare services throughout their lives. Unfortunately, this has not been the case for Indian women. Due to the inequality in access to education, Indian women are likely to be unaware of health risk factors. Furthermore, they are also less likely to engage in healthcare-seeking behaviour. This coincides with the observation that healthcare expenditure on females is systematically lower than on males across all demographic and socio-economic groups (Saikia et al., 2016). Based on the data from 71st NSS Round, a study (Moradhvaj and Saikia 2019) found that the percentage of women's hospitalisations paid for using sources such as borrowing, sale of assets, and contributions from relatives is lower than that for men's hospitalisations.

The breakdown of the joint family structure has meant that traditional family-based care is also not as readily available as it was in the past (Arokiasamy et al., 2012). The trend of elderly living alone or living only with a spouse is increasing, especially in urban areas (International Institute for Population Sciences 2020). This means that the elderly population's traditional support system is weakening, and they will have lesser access to care in the future.

³ The World Health Organization (n.d.) defines disability-adjusted life year as a "measure to assess the overall disease burden. This measure combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability."

WAY FORWARD: CLOSING GENDER GAPS AT ALL STAGES OF THE LIFE COURSE

With an increasingly female ageing population, India needs to implement policies that ensure gender equity for the elderly population. The challenges faced by elderly women are primarily due to the gender-based discrimination experienced by them throughout their lives. In order to ensure healthy and secure aging for women, it is critical to have policies that are aimed at closing the gender gaps that exist at all stages of the life course.

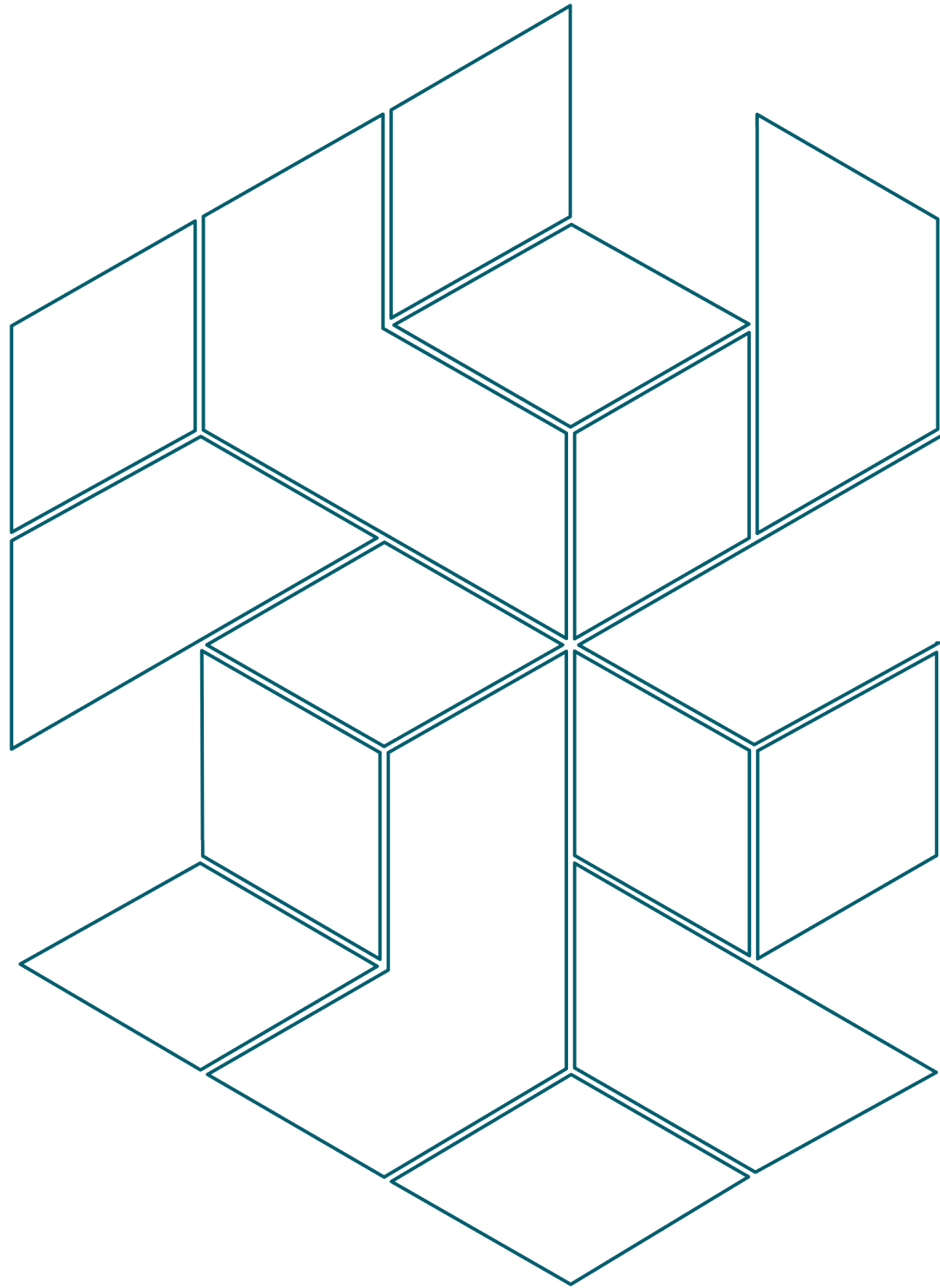
Female workforce participation must be encouraged so that the future generations of older women can become economically independent. Since a significant chunk of the work women undertake, such as their unpaid care work, is not formally recognised, they remain ineligible for many social protection programmes. Therefore, gender-responsive social protection schemes that consider such vulnerabilities are the need of the hour. Taking steps to improve literacy levels among women will help in increasing the awareness and uptake of such schemes. This will help women enhance their financial security at old age.

Special attention must also be paid to India's growing population of older widowed women, and efforts to combat discrimination, disinheritance, and other forms of deprivation should be strengthened. While it is true that the prevalence of NCDs is increasing in India, infectious diseases still pose significant challenges to the public health system. This causes India to bear a double burden of disease. The country's health policies need to be redesigned so that both categories of diseases get due attention from policymakers. Since women face inequalities in access to health interventions, a gendered approach to intervention development would ensure that women experience healthy ageing. Additionally, the breakdown of the joint family structure and increasing nuclearisation highlight the need for interventions that address the care of the elderly.

BIBLIOGRAPHY

- Agarwal, Arunika, Alyssa Lubet, Elizabeth Mitgang, Sanjay Mohanty, and David E. Bloom. (2016). "Population Aging in India: Facts, Issues, and Options." Discussion Paper No. 10162, The Institute for the Study of Labor.
- Arokiasamy, P., David Bloom, Jinkook Lee, Kevin Feeney, and Marija Ozolins. (2012). "Longitudinal Aging Study in India: Vision, design, implementation, and preliminary findings." In *Aging in Asia: Findings From New and Emerging Data Initiatives*, edited by James P. Smith and Malay Majmundar, 36-74. Washington, D.C., USA: The National Academies Press.
- Chapman, Terri and Vidisha Mishra. (2019). "Rewriting the Rules: Women and Work in India". Special Report No. 80, Observer Research Foundation. Accessed 28 December 2021, <https://www.orfonline.org/research/rewriting-the-rules-women-and-work-in-india-47584/>.
- Chen, Marty and Jean Drèze. (1995). "Recent Research on Widows in India: Workshop and Conference Report." *Economic and Political Weekly* 30 (39): 2435-2450.
- Hasler, Andrea and Annamaria Lusardi. (2017). *The Gender Gap in Financial Literacy: A Global Perspective*. Washington, D.C., USA: Global Financial Literacy Excellence Center.
- Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation. (2017). *India: Health of the Nation's States - The India State-level Disease Burden Initiative*. New Delhi, India: ICMR, PHFI, and IHME. Accessed 26 December 2021, <https://www.healthdata.org/policy-report/india-health-nation%E2%80%99s-states>.
- International Institute for Population Sciences. (2020). *Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, India Report*. Mumbai, India: International Institute for Population Sciences. Accessed 26 December 2021, https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf.
- International Labour Organization. (2018). *World Employment and Social Outlook: Trends for Women 2018 – Global snapshot*. Geneva, Switzerland: International Labour Organization. Accessed 5 December 2021, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcom-m/---publ/documents/publication/wcms_619577.pdf.
- Moradhvaj and Nandita Saikia. (2019). "Gender disparities in health care expenditures and financing strategies (HCFS) for inpatient care in India." *SSM - Population Health*, 9. Accessed 4 January 2022, <https://www.sciencedirect.com/science/article/pii/S2352827318302787?via%3Dihub>.
- National Commission on Population. (2020). *Population projections for India and states 2011 – 2036*. New Delhi, India: Ministry of Health and Family Welfare. Accessed 22 December 2021, https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_0.pdf.
- National Sample Survey Office. (2014). *Participation of Women in Specified Activities along with Domestic Duties, July 2011 – June 2012*. New Delhi, India: Ministry of Statistics & Programme Implementation.

- National Statistical Office. (2021a). *Elderly in India 2021*. New Delhi, India: Ministry of Statistics and Programme Implementation. Accessed 19 December 2021, http://mospi.nic.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf.
- National Statistical Office. (2021b). *Annual Report, Periodic Labour Force Survey [PLFS], July 2019 – June 2020*. New Delhi, India: Ministry of Statistics and Programme Implementation. Accessed 5 December 2021, http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2019_20.pdf.
- National Statistical Office. (2020a). *Health in India, July 2017 – June 2018*. New Delhi, India: Ministry of Statistics and Programme Implementation.
- National Statistical Office. (2020b). *Time Use in India – 2019*. New Delhi, India: Ministry of Statistics and Programme Implementation. Accessed 5 December 2021, <http://mospi.nic.in/time-use-survey>.
- Saikia, Nandita, Moradhvaj, and Jayanta Kumar Bora. (2016). “Gender Difference in Health-Care Expenditure: Evidence from India Human Development Survey.” *PLoS One* 11 (7).
- The Loomba Foundation. (2016). *World Widows Report*. New Delhi, India: The Loomba Foundation. Accessed 26 December 2021, <https://www.theloombafoundation.org/sites/default/files/2019-06/WWR.pdf>.
- United Nations Population Fund. (n.d. a). “Demographic dividend.” Accessed 27 November 2021, <https://www.unfpa.org/demographic-dividend#readmore-expand>.
- United Nations Population Fund. (n.d. b). “World Population Dashboard.” Accessed 5 December 2021, <https://www.unfpa.org/data/world-population/IN>.
- UN Women. (2021). “Explainer: What you should know about widowhood”. Accessed 6 December 2021, <https://www.unwomen.org/en/news/stories/2021/6/explainer-what-you-should-know-about-widowhood>.
- World Economic Forum. (2021). *Global Gender Gap Report 2021*. Cologny, Switzerland: World Economic Forum. Accessed 5 December 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf.
- World Health Organization. (2021). *World Health Statistics 2021: monitoring health for the SDGs, sustainable development goals*. Geneva, Switzerland: World Health Organization. Accessed 5 December 2021, <https://apps.who.int/iris/bitstream/handle/10665/342703/9789240027053-eng.pdf>.
- World Health Organization. (n.d.). “Disability-adjusted life years (DALYs).” Accessed 28 December 2021, <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158>.



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