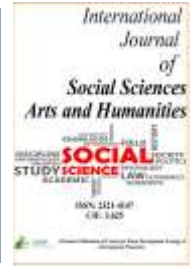


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Review Paper

Aging of Women in India: The Experience of Older Women in Formal Care Homes

Khyati Singh*

Assistant Teacher, Shri D.R.H Arya Kanya Inter College, Sitapur, (U.P.) India.

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Corresponding Author:
Khyati Singh

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ABSTRACT

The population expansion in the nation is increasing the number of aging females in formal care homes. The feminization of ageing is a process that has begun in India but is not occurring uniformly throughout India. Older women are more likely to be widowed, poor and suffer vulnerability to adverse outcomes like poor health. With the changing social landscape of India, middle income older women are increasingly opting for 'pay and stay homes' an emerging type of old age home in India. The review paper explores the conditions of older women such as their living environment, condition of these homes and quality of life they are provided with. The social, physical, emotional and cultural dimensions of their lives along with mental wellbeing and how to overcome with the temporary psychological disorders, how these foster homes compete with their day today activities without interfering into cultural differences and maintains a communication with their families and other social engagements. The paper researches the insights into these kinship care centers by being transparent as the facilities provided by them, their current status, caregivers and the other staff and most importantly the experiences of the residents.

1. Background of the Study

The population of India is rapidly aging causing a huge shift in the country's demographic landscape. The gearing up population confronts politicians, healthcare professionals, and society as a whole with possibilities as well as difficulties brought about by the demographic transition. The aging population (65 & above) should be provided with a complete set of instructions due to the dynamic swapping in the demography of the nation and needs a solid mechanism to support their overall wellbeing.

1.1 Demographic Trends

India's aging population is expanding at an unprecedented rate. According to the Census of India, the proportion of individuals aged 60 and above increased from 7.5% in 2001 to 8.6% in 2011, and it is projected to reach 19.5% by 2050. This demographic shift is primarily driven by declining fertility rates, improved healthcare, and increased life expectancy. The average life expectancy at birth has risen from 49.7 years in 1970-75 to 69.7 years in 2015-20. While these trends are indicative of progress, they also pose significant challenges for the nation's social and economic fabric.

* Author can be contacted at: Assistant Teacher, Shri D.R.H Arya Kanya Inter College, Sitapur, (U.P.) India.

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1.2 Socio-Economic Implications

The aging population has profound socio-economic implications. On the economic front, an increasing number of retirees relative to the working-age population could strain pension systems and social security frameworks. Currently, a large proportion of the elderly in India are not being benefitted by formal pension schemes, relying instead on familial support and personal savings. This lack of financial security poses a risk of increased poverty among the elderly, especially as traditional family structures evolve and urbanization continues (Armstrong, 2005).

Healthcare systems also face mounting pressure as they adapt to the needs of an aging population. The elderly are more prone to chronic illnesses such as diabetes, cardiovascular diseases, and arthritis, which require ongoing medical attention and resources. The cost of healthcare for older adults is significantly higher due to the complexity and chronic nature of their health issues. This scenario demands a strategic enhancement of healthcare infrastructure and services tailored to geriatric care, including preventive, curative and palliative measures.

1.3 Gender Disparities in Aging

Gender disparities significantly impact the experience of aging in India, with older women facing distinct challenges compared to their male counterparts. Women generally have a higher life expectancy than men, resulting in a larger population of elderly women. However, this longevity often comes with a higher burden of morbidity and disability. Many older women have experienced lifelong gender discrimination, leading to worst health outcomes, limited access to education and employment, and financial dependency. Widowhood is another critical issue affecting older women in India. Cultural norms and social practices often marginalize widows, stripping them of social status and economic support. Many widows face isolation, neglect, and even abuse, exacerbating their vulnerability. The combination of these factors underscores the need for gender-sensitive policies and programs that address the unique needs of older women.

1.4 Health and Well-Being of the Elderly

The health and well-being of the elderly in India are influenced by a variety of factors, including nutrition, physical activity, mental health, and access to healthcare services. Malnutrition is a prevalent issue among the elderly, stemming from factors such as poverty, lack of access to nutritious food, and physiological changes associated with aging. Ensuring adequate nutrition through community programs and healthcare interventions is essential for improving their quality of life. Physical activity plays a crucial role in maintaining health and preventing disease among older adults. However, many elderly individuals, particularly women, have limited opportunities for physical exercise due to safety concerns, lack of facilities, and socio-cultural barriers. Promoting age-friendly environments that encourage physical activity can significantly benefit their physical and mental health (Barnett, 2006). Mental health is another critical component of overall well-being. Depression, anxiety, and cognitive decline are common among the elderly, yet mental health services are often inadequate or inaccessible. Social isolation and loneliness exacerbate these issues, highlighting the need for comprehensive mental health support systems and community engagement initiatives.

1.5 Social Support and Caregiving

Traditionally, family has been the primary source of support and caregiving for the elderly in India. However, rapid urbanization, migration, and changing family structures are altering the dynamics of familial support. Many elderly individuals, especially in urban areas, live alone or with only their spouse, increasing their reliance on formal care services. The emergence of formal care homes and assisted living facilities reflects this shift, but these institutions face challenges such as resource constraints, staffing issues, and varying quality of care. The role of caregivers, whether family members or professional staff, is pivotal in ensuring the well-being of the elderly. Caregiving is often physically and emotionally demanding, with significant implications for the caregiver's health and financial stability. Supporting caregivers through training, financial aid, and respite care services is crucial for sustaining the caregiving system.

1.6 Policy and Legislative Framework

India has implemented various policies and programs to address the needs of its aging population. The National Policy on Older Persons (NPOP) and the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, aim to ensure the welfare of the elderly by promoting their health, security, and participation in society. These policies advocate for the creation of age-friendly infrastructure, provision of healthcare services and protection of elderly rights (Bartky, 1998). However, the implementation of these policies faces challenges, including inadequate funding, lack of awareness, and insufficient coordination among stakeholders. Strengthening the policy framework through better enforcement, increased budget allocation and public-private partnerships can enhance the effectiveness of these initiatives. The aging population in India represents a significant demographic shift with wide-ranging socio-economic implications. Addressing the challenges faced by the elderly, particularly older women, requires a multi-faceted approach that encompasses healthcare, social support, financial

security, and gender-sensitive policies. As India continues to age, it is imperative to build a robust support system that ensures the dignity, health, and well-being of its elderly citizens. By prioritizing the needs of this growing demographic, India can transform the challenges of aging into opportunities for inclusive growth and social cohesion.

2. Specific Challenges Faced by Older Women in India

As the population of older adults in India grows, understanding the unique challenges faced by older women becomes increasingly important. These challenges are multifaceted, encompassing health, economic security, social status, and access to services. Addressing these issues requires a nuanced approach that considers the specific needs and vulnerabilities of older women.

2.1 Health-Related Challenges

Older women in India face numerous health-related challenges that are often exacerbated by lifelong gender disparities. Women generally have a longer life expectancy than men, but this longevity often comes with a higher burden of chronic illnesses and disabilities. Conditions such as osteoporosis, arthritis, cardiovascular diseases, and diabetes are common among older women. These health issues are compounded by limited access to healthcare services, particularly in rural areas where healthcare infrastructure is often inadequate. Malnutrition is another significant concern. Many older women suffer from malnutrition due to factors such as poverty, lack of access to nutritious food, and social norms that prioritize the nutritional needs of other family members over their own. This can lead to weakened immune systems, increased susceptibility to infections, and overall poor health outcomes (Bernard, 2000). Mental health is also a critical aspect of well-being for older women. Depression, anxiety, and loneliness are prevalent among this demographic, often linked to social isolation, bereavement, and the stresses of aging. Mental health services are frequently inaccessible or inadequate, particularly in rural areas, leaving many women without the support they need.

2.2 Economic Security

Economic insecurity is a significant challenge for older women in India. Many have spent their lives in unpaid domestic roles or informal employment, resulting in a lack of savings and pension benefits. The absence of a stable income makes them financially dependent on family members, which can be precarious if family support is not available or reliable. Widowhood exacerbates economic vulnerabilities. Widows often face social stigma and discrimination, which can limit their access to property, financial resources, and social support. Without a husband, many women lose their primary source of income and may lack the skills or opportunities to become economically self-sufficient. This economic dependency can lead to poverty and marginalization.

2.3 Social Status and Isolation

Older women in India often experience a decline in social status and increased isolation as they age. Traditional gender roles and cultural norms can contribute to the marginalization of elderly women, especially widows. Social exclusion can lead to loneliness, depression, and a sense of worthlessness (Butler, 1990). The breakdown of joint family systems, driven by urbanization and migration, has further isolated older women. While traditionally, elderly family members would live with and be cared for by their extended family, the shift towards nuclear families has left many older women living alone or in old age homes. This separation from family and community can lead to emotional distress and a loss of social support.

2.4 Access to Services

Access to essential services is a major challenge for older women in India. Healthcare, social services, and legal support are often difficult to access due to financial constraints, lack of information, and mobility issues. Rural areas, in particular, suffer from a dearth of adequate services, leaving many older women without necessary care and support. Legal issues, such as property rights and inheritance, also pose challenges. Many older women are unaware of their legal rights or lack the means to enforce them. Inheritance disputes and property grabbing by relatives are common, further jeopardizing their economic security and well-being.

2.5 Gender-Sensitive Policies and Interventions

Addressing the challenges faced by older women requires gender-sensitive policies and interventions. This includes ensuring access to comprehensive healthcare services, providing economic support through pensions and social security, and creating programs that address social isolation and mental health. Legal frameworks must be strengthened to protect the rights of older women, particularly in areas related to property and inheritance. Public awareness campaigns can help combat the stigma and discrimination faced by elderly women, promoting greater social inclusion (Cumming, 1961).

Community-based initiatives can play a crucial role in supporting older women. Programs that encourage social engagement, provide caregiver support, and promote intergenerational bonding can help mitigate the impacts of isolation and enhance the

quality of life for older women. The specific challenges faced by older women in India are complex and multifaceted, requiring a comprehensive and nuanced approach to address them effectively. By focusing on health, economic security, social inclusion, and access to services, policymakers and society can work towards creating an environment where older women can live with dignity, security, and well-being.

3. Research Objectives

- *To traverse the milieu of aging female population in formal care homes in India.*
- *To assess the quality of care provided to older women in these settings.*

4. Literature Review

According to Kalavar (2011), The feminization of aging is a process that has begun in India but is not occurring uniformly throughout India. Older women are more likely to be widowed, poor, and suffer vulnerability to adverse outcomes like poor health. With the changing social landscape of India, middle-income older women are increasingly opting for 'pay and stay homes', an emerging type of old age home in India. Majority of the 97 women residents of 'pay and stay' homes reported being widowed (68%), and 25% were childless. Childlessness and widowhood were important considerations in the decision to relocate to an old age home. Older women reported higher degrees of psychological closeness and contact with daughters than sons, and the overall social network size was small. High prevalence of diabetes rates among older women carries implications for potential functional disability. Strong advocacy measures for empowering older women in India should be a priority policy directive.

According to Singh (2020), The Indian joint family was a well-developed system to take care of the needy in the family. The social fabric has changed with globalization leading to migration and breaking up of joint families into nuclear families. The women of the family are among the worst to be impacted. As the nurturer before she realizes she is already past her prime and unlike the west where the parents are left alone by their children quite early in their life thus leaving them with sufficient time and energy to decide the route of their life, in India, it is yet not so. The paper proposes to trace the problems faced by the elderly especially the women in the Indian society. The paper shares with its readers some of the practices adopted within India and abroad to engage the elderly women actively so that they become productive citizens of the society.

According to Kaushik (2021), Population aging is considered as a mark of success of human civilization achieved through medical advancement and public health initiatives containing mortality rates and increasing longevity. And aging is more peculiarly a female experience. World over, societies and nations are aging fast, and "feminization of aging" is becoming a reality. However, for most females, old age is not a cherished stage of life. For more than three-fourths of elderly women in the world, old age is illustrated by increased morbidity, disability, dependence, despair, depression, and marginalization. India is a home to nearly 90 million elderly women. Aged ladies who have lived 50–60 years of their life in poverty, illiteracy, chronic malnutrition, learnt helplessness, devoid of skills, their old age is invariably portrayed by loneliness, alienation, powerlessness, without assets and resources, marginalization, and social exclusion. This paper chalks out the causal factors of the vulnerabilities faced by elderly women in India at the biological, social, and psychological levels. It also captures the efforts and interventions geared toward ameliorating their sufferings and empowering them. These interventions are undertaken by civil society organizations and government agencies. The paper also identifies the gaps in services and provides suggestive measures so that the elderly ladies can live the last years of their lives with health, dignity, independence, fulfillment, productivity, and happiness.

According to Nair et al. (2021), Aging is an inevitable physiological process. A significant increase has been noted in the elderly population over the years. Aging population face challenges with physical health conditions, but also mental health problems. Care of the elderly is influenced by health conditions, health services, as well socio-cultural factors. Gender plays an important role in the aging process with significant differences noted in the aging process, variations in health conditions as well care received. The current review addresses the role of gender in the aging process and its influence in the prevalence, clinical presentation and course of various mental and physical health conditions in the elderly. The review identifies gaps in understanding the gender perspectives related to long-term elderly care, legal and financial issues. The review emphasizes the necessity to address the gender perspective in aging to adequately meet the health demands of the elderly.

According to Bandyopadhyay (2023), There is a growing recognition of the importance of subjective definitions of successful aging from a clinical and policy perspective, and for their social and cultural relevance. However, the voices of older Indians remain largely underrepresented in the emerging body of qualitative literature on successful aging. Given this gap, and India's burgeoning older population, the present study set out to examine their subjective perception of successful aging. Using

convenience sampling, data was collected from older men and women (N = 63, M Age = 71.21) living in the community, and in old age homes in Delhi NCR, through face-to-face interviews and focus group discussions. Reflexive thematic analysis resulted in four primary themes and eight sub-themes - Successful Aging as Personal Well-being, Tensions between Agency and Fatalism, comprising three sub-themes viz. the person as an active agent, co-existence of agency and fatalism, and negotiating with the invisible powers; Linked Lives comprising two sub-themes viz. the aging parent and the adult child, and spousal interrelationship; and The Social and Built Environment comprising three sub-themes, viz. complexity of social life: the health interface, social life in the neighbourhood, and the good house. These findings provide a culture-specific view of successful aging in the Indian context, and reveals the multifaceted conceptualization of successful aging of older Indians - one that encompasses various bio psychosocial components.

According to Thampi et al. (2024), As global population ages, "Aging in Place" is prioritized as the top aging strategy for many of the older adults worldwide. India, being a nation that is expected to hold the maximum share of the older adult population in the near future, has a huge responsibility vested in it to take care of the needs of older adults. The social structure of the nation has emphasized the importance of older adults to age in place, experiencing all the independence and autonomy at their own dwelling places for as long as possible. This study aims to provide a profound understanding of the meaning, attitude, and perceptions of older adults toward aging in place. Using a qualitative research design, in-depth interviews were conducted among 15 community-dwelling older adults who chose aging in place in Kerala, India. Following the interviews, thematic network analysis was done, inspired by Jennifer Attride-Stirling. Three global themes were derived, which include the older adults' perspectives on (1) determinants of aging in place, (2) challenges of aging in place, and (3) strategies for successful aging in place. The study evokes in-depth exploration of the experiences of older adults aging in place, which inform future evidence-based practices and policy-level implications.

According to Capistrant et al. (2015), Family members have long provided care for aging and older adults at home, especially in low and middle-income countries. However, many of the deep-rooted cultural cornerstones of caregiving have not been explored in the context of India's current myriad rapid demographic and epidemiologic transitions. 30 semi-structured, in-depth qualitative interviews of older adult caregivers (aged 60+) were conducted in Jodhpur, the 2nd largest city in Rajasthan state. Caregivers were identified through key informants and sampled purposively, stratified by type of care needed (cognitive impairment/dementia, physical health condition, healthy/normal aging). Analysis was both deductive (based on care demands, caregiving role and responsibilities) and inductive (based on new themes that emerged from the interviews and not originally included in the guide). Common cultural explanations for taking on care roles included feeling compelled to care for one's family, akin to but distinct from filial piety (respect for elders and parents). Cultural gender norms remained important, but not sole motivators of care expectations. A key reward for care providers was the hope that providing their loved one care would result in this being their last re-birth, or offer them a better birth or life in the next life. Caregiving appeared distinct from *seva*, a Hindu concept of selfless service. Cultural explanations for caregiving in this sample of Indian caregivers included concepts not typically seen in either Western or East Asian caregiving research. There may be different and greater subjective rewards of caregiving than typically included in Western caregiving stress models.

5. Demographics and Health Status of Older Women in India

The demographic landscape of India is undergoing a profound transformation, marked by a significant increase in the population of older adults. Among this aging population, older women constitute a particularly vulnerable group, facing unique health challenges and socio-economic disadvantages. This essay provides a comprehensive analysis of the demographics and health status of older women in India, highlighting key trends, health issues, and the socio-economic context that shapes their well-being (Desai, 1955).

5.1 Demographic Trends

India is experiencing a demographic shift with a growing proportion of its population entering old age. According to the Census of India, the population of individuals aged 60 and above is projected to reach 19.5% by 2050, up from 8.6% in 2011. This trend is driven by declining fertility rates, improved healthcare, and increased life expectancy, which has risen from 49.7 years in 1970-75 to approximately 70 years today. Women, in particular, have a higher life expectancy than men, leading to a larger population of older women (Fonner, 1972). This demographic shift has significant implications for the country's social and economic fabric. The increasing number of older adults, particularly women, requires a reassessment of social policies, healthcare infrastructure, and support systems to address their specific needs. Older women often outlive their spouses and may face the challenges of aging alone, necessitating targeted interventions to ensure their well-being.

5.2 Health Challenges

Older women in India face a range of health challenges that are exacerbated by their gender and socio-economic status. These challenges can be broadly categorized into physical health issues, mental health concerns, and accessibility to healthcare services.

5.3 Physical Health Issues

Chronic illness is prevalent among older women in India. Common conditions include cardiovascular diseases, diabetes, hypertension, arthritis, and osteoporosis. These diseases often require long-term management and can significantly impact the quality of life. Arthritis and osteoporosis, for instance, lead to reduced mobility and increased risk of fractures, which can further limit an individual's ability to perform daily activities and maintain independence. Additionally, sensory impairments such as vision and hearing loss are common in older age. These impairments can lead to social isolation and increase the risk of accidents and falls. Regular health check-ups and timely medical interventions are crucial for managing these conditions, but access to healthcare services remains a significant barrier.

5.4 Mental Health Concerns

Mental health is a critical component of overall well-being, yet it is often overlooked in older adults. Depression, anxiety, and cognitive decline, including dementia, are prevalent among older women. The social isolation resulting from the loss of a spouse, children moving away, and reduced social networks can exacerbate these mental health issues. Additionally, older women who have spent their lives in caregiving roles may struggle with a loss of purpose and identity as they age. Stigma surrounding mental health in India further complicates the issue, often preventing individuals from seeking help. There is a pressing need for mental health services tailored to the elderly, including counseling, support groups, and community-based interventions to address these concerns.

5.5 Accessibility to Healthcare Services

Access to healthcare services is a significant challenge for older women in India, particularly those living in rural areas. Healthcare infrastructure in rural regions is often inadequate, with a shortage of medical facilities, healthcare professionals, and essential medicines. Older women, who may have mobility issues or lack financial resources, find it particularly difficult to access the care they need. In urban areas, while healthcare services are more readily available, affordability remains a barrier. Many older women do not have health insurance and must pay out-of-pocket for medical expenses. This financial burden can lead to delayed treatment and exacerbation of health conditions.

5.6 Socio-Economic Context

The socio-economic context of older women in India is characterized by financial insecurity, social isolation, and inadequate social support systems. Many older women have spent their lives in unpaid domestic roles or informal employment, resulting in a lack of savings and pension benefits. Financial dependency on family members is common, but as family structures change, with younger generations moving away for work, this support is not always reliable.

5.7 Financial Insecurity

Financial insecurity is a major concern for older women in India. The lack of a stable income or pension makes them vulnerable to poverty. Widowhood, which is common among older women, exacerbates this vulnerability. Many widows face social stigma and discrimination, which can limit their access to financial resources and social support. Without a husband or children to provide for them, many older women live in poverty, struggling to meet their basic needs.

5.8 Social Isolation

Social isolation is another significant issue. Traditional joint family systems, which provided social and emotional support to older adults, are becoming less common due to urbanization and migration. As a result, many older women live alone or in old age homes, away from their families. This isolation can lead to loneliness, depression, and a decline in physical health.

5.9 Inadequate Social Support Systems

The current social support systems for older adults in India are inadequate to meet the growing needs of this demographic. Government programs and policies, such as the National Policy on Older Persons and the Maintenance and Welfare of Parents and Senior Citizens Act, aim to provide support to the elderly, but their implementation is often inconsistent. There is a need for more robust social support systems that can address the diverse needs of older women, including financial assistance, healthcare services, and social engagement opportunities (Gee, 1987).

5.10 Gender-Sensitive Policies and Interventions

To address the unique challenges faced by older women in India, there is a need for gender-sensitive policies and interventions. This includes ensuring access to comprehensive healthcare services, providing economic support through pensions and social security, and creating programs that address social isolation and mental health.

5.11 Healthcare Services

Improving access to healthcare services for older women requires both policy and infrastructure changes. Mobile health units and telemedicine can help reach those in rural areas, while subsidies and insurance schemes can make healthcare more affordable. Training healthcare providers to address the specific needs of older women is also crucial.

5.12 Economic Support

Economic support through pensions and social security can significantly improve the quality of life for older women. Expanding existing pension schemes and creating new ones that include informal workers can help ensure financial security. Additionally, providing financial literacy programs can help older women manage their resources more effectively.

5.13 Social Engagement

Programs that promote social engagement can help reduce isolation and improve mental health. Community centers, senior citizen clubs, and intergenerational programs can provide opportunities for older women to stay active and connected. Encouraging volunteerism and creating spaces where older women can share their skills and experiences can also foster a sense of purpose and belonging.

The demographics and health status of older women in India highlight the need for comprehensive and gender-sensitive approaches to support this growing population. Addressing their physical health issues, mental health concerns, and socio-economic challenges requires a multi-faceted strategy that includes improving healthcare access, providing financial security, and promoting social engagement. By recognizing and addressing the unique needs of older women, India can ensure a better quality of life for its aging population, fostering a society that values and supports its elderly citizens.

6. Conclusion

India is experiencing a demographic change towards an ageing population, which provides a unique set of issues, particularly for older women who are current residents of institutional care homes. The findings of this research shed light on the myriad of challenges that these women confront, which include problems ranging from threats to their health and social isolation to economic difficulties and cultural prejudices.

It is common for elderly women who reside in formal care homes to struggle with major health problems. A significant number of women suffer from chronic diseases, such as diabetes, hypertension, and arthritis, which need ongoing medical attention and care. Unfortunately, many nursing homes lack specialist, geriatric care and mental health treatments because their health care infrastructure is inadequate. This deficiency not only makes existing physical health problems worse, but it also plays a role in the development of mental health disorders, such as anxiety and depression.

The growing number of elderly women in India, especially those who reside in official care homes, brings to light the need of adopting an approach to elder care that is both all-encompassing and humane. We have the ability to greatly improve their quality of life by proactively addressing the health, social, economic, and cultural difficulties that they are confronted with. The improvement of healthcare services, the promotion of social involvement, the guarantee of economic stability, and the adoption of techniques that are culturally sensitive are all essential steps toward achieving this objective.

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