

Chapter 15

Some Insights on the Living Arrangements and Quality of Life of Older Women



Smita Bammidi

Abstract In India, out of the total population of general category of 1210 million, those in the 60+ and 80+ years age categories comprise of 104 and 11 million, respectively. The distribution of rural (70%) and urban (30%) elderly is 73 and 31 million, respectively. Of the estimated 104 million elderly (60 years and over), 53 million are women (51%) and 51 million are men (49%). Older women, once they reach the age 60 years have a life expectancy of 18.6 years, whereas for men it is 16.5 years; so women tend to outlive their male counterparts by at least 2 years. The proportion of elderly who are 80 years and above is 11 million, and on the rise; 6 million women fall in that specific category. Older women in 60+ and 80+ age categories have been observed to face social issues such as indifference, alienation, abandonment, abuse, neglect, mental health disorders, and compulsion to work or care for family (Census of India 2011). Within the 60+ age category, given the demographics and the patriarchal setup existing in India, women are at a far greater disadvantage than older men, and the government has to look out for them. It is therefore clear why the National Policy for the Senior Citizens 2011 that was announced in the year 2016 called for tending to the needs of the older persons that impact the quality of life, especially of the oldest-old (80+ years), the rural poor, and elderly women. Living arrangements (LAs) of older women are—they live with their spouse, adult children, relatives, and with a personal attendant or alone. It is important and possible to measure their Quality of Life and related domains within the respective living arrangements to ascertain whether they are having a good life. The current study has made this attempt with a sample of 243 elderly from both the genders in Vadodara, Gujarat. In this chapter, findings from studying the quality of life, adaptation to old age and loneliness of the sample older women ($n = 123$) across five identified living arrangements are exclusively presented and discussed. Surprisingly, the older women seemed to report experiencing a much lower quality of life, poor adaptation to old age, and higher levels of loneliness compared to older men in the sample. Women who were living with their children and relatives fared poorly on the quality of life, adaptation to old age, and level of loneliness experienced, showing that contrary to common belief, close family members failed to provide them with a safety net. Also,

S. Bammidi (✉)
College of Social Work, Nirmala Niketan, Mumbai, India

findings on relevant factors that may be studied within the context of living arrangements such as family relations, interaction with family members, social interaction, leisure time and daily leisure activities, nutrition and access to food, preferential living arrangements and life preparatory measures are presented and discussed. The need for further studies to understand why older Indian women fared so low on Quality of Life and related domains has been highlighted. The kind of social security programs that may be designed and implemented by the government to improve womens' situation in their old age are reflected upon. Recommendations are given for interventions that may be initiated by the civil society such as creating awareness about the poor quality of life experienced by older women, improving the family and intergenerational relationships by using the thrust of value education, ensuring informal supports required by the family to care for older women, and carrying out advocacy efforts to enhance their well-being.

Keywords Older people · Elderly · Population aging · Vulnerability of women · Living arrangements · Quality of life and related domains

Introduction

Graying of population is spreading rapidly with time, and across regions of the world. The population of older persons in the world was 205 million in the year 1950 that grew to 606 million in 2000 and is now projected to rise to 2 billion by 2050. In 1950, only three countries reported that their nations had more than one million elderly—they were China, India, and the USA. In 2000, two more countries, i.e., Japan and Russian federation joined the list. By 2050, 33 countries are supposedly going to join this list. The growth rate of the older population in the world at 1.9% in the year 2000 is much higher than that of its total population, which is at 1.2%. It is projected that the growth rate of older population would be 2.8% compared to 0.8% growth rate of the total population of general category in 2025–30. The distribution of older population across the regions of the world show some significant trends. In 2025, the number of older people is growing at a faster rate that that of the total population of general category in the more developed regions of the world (19.4% in 2000, 28.2% in 2025, and 33.5% by 2050), but the pace is observed to be faster in the developing regions of the world (7.7 in 2000, 12.6 in 2025, and 19.3% by 2050). In the least developed regions of the world, it is interesting to find that graying of its population is not projected to begin until 2050 and even by then, older persons will still constitute a 10% of the total general population (United Nations, 2002). Hence, the global pace of aging is marked by characteristics such as tripling in number of older persons over the last 50 years in developed and developing regions, growth rate of the older population being far greater than that of the total population of general category in countries almost all over the world, and their concentration being found in developing regions of the world (Chakraborti, 2004, 33–41).

The rise in the number of elderly as a proportion of the total population as discussed in the preceding paragraph and certain other unique demographic trends observed among the older population constitute the phenomenon of “population aging” that needs mention to bring focus on the magnitude of aging issues. Due to technological and medical innovations, more people are living up to and beyond 60 and 80 years, and the numbers of 60 and 80+ years old persons as a proportion of the total population are higher (Alam, 2006, 30). Similarly, at birth, at age 60 and at age 80, the number of years the infant/elderly may live (life expectancy at birth and at the respective ages of 60+ and 80+) has also increased. As men are exposed to more hazardous life style, stress, and occupations than women, they are more prone to die before reaching the age 60 or 80 years. Hence, in the 60 and 80+ age categories, women whose life expectancy at birth and at the ages of 60 and 80 is higher constitute a higher percent than their male counterparts. In the Asian countries, men marry women who are much younger than them. This coupled with the higher life expectancy among women leads to a greater number of women who are widows, both in the 60+ and 80+ age category, among the married older persons. In developing countries, the family structure has been transformed from joint and extended to the nuclear type (Chakraborti, 2004, 52–63).

Elderly Women as a Vulnerable Group

In India, in terms of literacy rates, work participation, health care, property rights, political participation, other rights, etc., women still lag behind men. The demographic trends specific to older women are that they are more in number than men both in the 60+ and 80+ age groups, they have a higher life expectancy than their male counterparts at birth and in late adulthood, they may most likely be widowed, separated, or deserted, have higher disability rates, and coming to their living arrangements, and they may be living alone or with the kin in the family. Given the patriarchal system that leads to inequity in gender socialization and gives girls and women a secondary status, it has varied implications and a bleak predicament for older women’s quality of life, adaptation to old age and loneliness, in a developing country like India. This research area needs an urgent focus, a discussion with relevant findings, and there are indications for further research.

Although social security for the elderly covers a gamut of needs, it is clearly enmeshed in notions of the family where women are dependent on male family members who are the breadwinners. Women may involve in unpaid work at home throughout their life and well into old age, but this is not recognized. Many of the elderly women who have been in productive labor in the unorganized sectors or those who are self-employed hardly have any protections or privileges. As unorganized labor, elderly women do receive social security benefits but as destitute, and this is outside the ambit of the family (Neetha, 2006, 3497–3499). Hence, due to this discrimination, the elderly women fare poorly than their male counterparts even in the family, in terms of receiving supports. As a result, elderly women become

dependent on other family members, and they are vulnerable to abuse and neglect. Further, the review of state and national initiatives for providing social security to the elderly women points to this serious lack of will to address the concerns of a silent yet vulnerable section (Arber & Ginn, 1995, 2–3).

Due to the above specific demographic and social scenario, elderly women are more vulnerable to face marginalization, experience loneliness, neglect and abuse, and face financial constraints, and this adversely affects their well-being (Wolf, 1994, 165–168). It forms the background for long-term efforts being urged in to change attitudes and behaviors of the family members, to step up government initiatives for provision of assistance and safety net to women in their later life, apart from advocating against unequal gender socialization and patriarchal systems.

Research Design

The data being analyzed in the current chapter were reported as part of a research study that was conducted during 2010–12 in Vadodara (Urban) Municipal Corporation (VMC) limits. As part of the quantitative approach, a household survey of 243 sample elderly respondents comprising of 123 women was conducted using an interview schedule, and for qualitative approach, the case study and observation methods were used. The schedule comprised questions covering socio-demographic and family details, work and economic background, financial security, living arrangements, family relations, interaction with family members, social interaction, nutrition and access to food, leisure time and daily routine activities, preferential living arrangements, and life preparatory measures.

Operational Definitions

Older person. One who has attained the age of 60 years or above at least 6 months prior to the date of the study.

Living arrangements. Living arrangements in relation to older population refer to two aspects, i.e., the type of residence, whether institutional or private dwelling, and the household composition, which comprises the presence or absence of others and the kin relationship among the coresiding individuals. Keeping this in view, the definition given by Rajan and Kumar (2003, 75–80) was considered for the study. According to them, living arrangement is the type of household/family setting in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and on the whole, the extent to which they adjust to the changing environment (Fig. 15.1).

After careful reading of the literature, the following scheme of classification of the types of living arrangements of the elderly was identified to be adapted for the

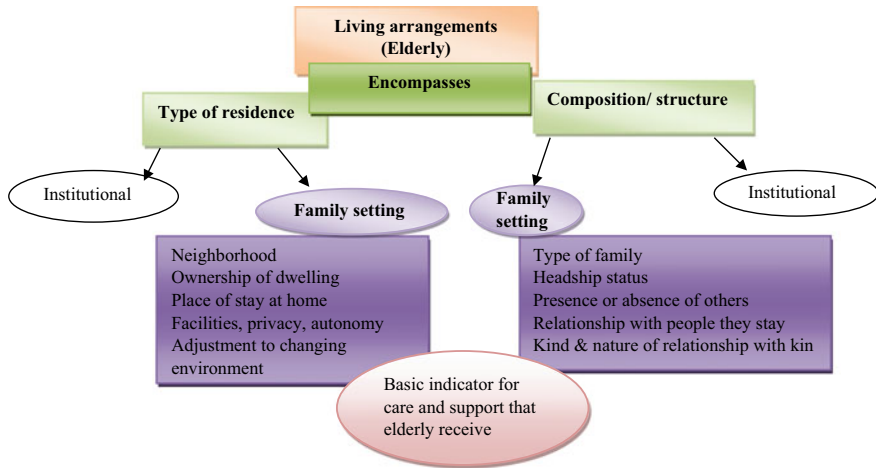


Fig. 15.1 Meaning and scope of the living arrangements of the elderly

study. This classification was suggested by Shanas et al. (1968, 227) and modified by Palmore (1975, 148).

1. *Coresidence with children*: The household comprised the elderly person or couple who are living along with son(s) or daughter(s) (married or unmarried).
2. *Living with spouse only*: The household comprised the elderly married couple.
3. *Living alone*: The household comprised the elderly person who is staying alone.
4. *Living with relatives*: The household comprised the elderly person living along with siblings/grandchild(ren) or other relatives of the family (paternal/maternal).
5. *Living with assistance*: The household comprises the elderly person living with the assistance of a full-time hired person who takes care of household maintenance, physical support, nutrition, health needs, and personal care of the elderly person.

Current living arrangement. The living arrangement in which the elderly person has been living for 2 or more years.

Interaction with family members. Refers to the information about the respondents' relationship with the hardest person to get along with in the family.

Social interaction. Refers to the purpose/place and the frequency of visits of the elderly to the neighborhood and farther, and their engagement with friends, visitors, and community voluntary work.

Nutrition and access to food. The food habits and routine for food intake of the elderly based on the presence or the absence of arrangements in the family for ensuring nutrition are made available to them.

Leisure time and daily routine activities. Leisure is discretionary time, or time when a person is free to do as he chooses. Leisure is unobligated time—free from prior commitments to physiological or social needs (Williams, 1961, 926–927). However, daily routine includes all the activities that are carried out by the elderly person on any typical day from morning to evening till they go to bed, to maintain the household and their life.

Life preparatory measures. The changes in habits, routine, decisions, and resolutions taken and followed by the older persons after they attained the age of 60+ years in order to maintain a healthy life in the old age.

Measures Used in the Study

Measures like WHOQOL-BREF questionnaire, Index of Independence in Activities of Daily Living, University of California and Los Angeles Loneliness scale (Version 3), and Adaptation to Old age Questionnaire were incorporated into the interview schedule to collect information about the key variables of the study. Both fixed-end and open-ended questions were used.

- a. **Quality of life.** It is the subjective rating of personal well-being and life satisfaction of the elderly in relation to specific domains such as physical health, social relationships, psychological well-being, and environment. A WHOQOL-BREF questionnaire has been used to measure this dimension (WHOQOL Group, 1998, 551–558).
- b. **Loneliness.** It is a feeling expressed by a person defining his or her form or level of relationships with others as inadequate (Russell, 1996, 20–40). Such feeling is an expression about the presence of relative deprivation, looking at one's own lifestyle, situation, or relationships as socially and emotionally inadequate in comparison with the past or in anticipated future, or in comparison with other people who are assumed to be satisfactorily engaged. The Version 3 of University of California and Los Angeles (UCLA) Loneliness Scale is used to ascertain this state of feeling.
- c. **Adaptation to old age.** Adaptation to old age refers to the evaluation of the older person's adjustment to life along the subdomains of health comparison, self-control, self-efficacy, and generativity. The adaptation to old age questionnaire is used to measure this (Efklides et al., 2003, 178–191).
- d. **Activities of daily living.** Refer to a set of common, everyday tasks, which are required for personal self-management, maintenance, and independent living such as bathing, eating, dressing, toileting, and transferring (Chadha et al., 2006, 135–158). Katz Independence in activities of daily living is used to measure the level of functioning of the respondent elderly (Katz et al., 1970, 20–30).

Sampling Procedure

Data were collected from a sample of 243 respondents who are 60 years and over, selected from the 13 wards, which was arrived at using a multistage probability sampling in Vadodara City. The map of the Vadodara City with the 13 wards already outlined was divided into 26 equal-sized grids and then serially numbered. Out of the 26 grids, only 22 grids covered residential areas. Further, in the 26 areas which have been identified falling in the 22 grids covering the 13 wards, older persons living in the family context were enumerated using the preliminary data sheet. In this manner, a list with a total of 640 elderly was enumerated from all the 26 areas. Next, keeping the constraints of time and human power in view, it was decided to select randomly around 40% of the older persons from the list thus generated. Thus, the researcher arrived at a sample of 250 respondents. While finalizing the filled interview schedules, seven schedules were found to be incomplete and were discarded thus making 243 persons as the final sample for study. The sample turned out to be purposive in view of the mobility and non-availability of some of the respondents when approached during data collection.

Framework of Analysis

Living arrangements have been established as the single most important entry point (variable) through which to assess the various indicators to understand an older person's well-being in a community setting. Data of the older women are analyzed to reveal their basic profile, how they had scored on their quality of life, and adaptation to old age and loneliness in correlation with the type of the living arrangement in which they experienced these. An attempt is then made to understand the factors in their current living arrangement such as nature of family relations, interaction with family members, social interaction that they experienced, their nutrition and access to food, leisure time and daily routine activities, preferential living arrangements, and life preparatory measures that may have in some way influenced their quality of life and related domains.

Results

The data analysis of information that was collected during the study pertaining to the profile of older women, their living arrangements and its correlation with their QoL and related domains, and factors that may influence their QoL and related domains revealed various findings that are showcased in this section of the chapter.

Profile of the Respondents

Age: The mean ages of the elderly men and women were 70.32 (SD = 7.08) and 68.11 (SD = 6.8), and median ages were 69.5 and 66 years, respectively, indicating that women were younger compared to the elderly men in the sample. More than half of the sample (52%) was in the age range of 65–74 years, with a slightly higher percent of elderly men (55%) as compared to elderly women (50%) in that age category. In the 60–64 years age category, women were represented in higher number (32%) as compared to men.

Education: More elderly women (32%) compared to that of elderly men (7%) were found to be illiterate. Similarly, the representation of elderly women with primary and college level education (23 and 28%, respectively) was more, compared to those with similar education levels among elderly men (22 and 25%, respectively). At technical and professional levels, elderly men were more as compared to women respondents (Table 15.1).

Marital status: As can be seen, of the total married respondents who were in the majority (70%), a higher percent were men (83%) compared to that of women (57%), whereas, among the widowed elderly, women (35%) were more in number compared to that of men (11%). With the exception of the remarried, a slightly higher percent of the elderly women were seen in both unmarried and separated categories (3.3% each) compared to that of men.

Head of the household: Among the 66% of the elderly who said that they were heads of the households, men were more (94%) as compared to women (40%). Added to this, another 50% ($n = 61$) of the elderly women said that their husbands were the heads of the households. According to data, while elderly men reported as being heads of households irrespective of their work status, in the case of women, they heading the household were found to be less frequent if they were a homemaker or have retired.

Current income p.m.: It refers to income earned by the respondent. It was found that of the 55 respondents who reported current income, elderly women were less in number, and they fell within the lower-income ranges of Rs. 5000 and below and Rs. 5001 to Rs. 10,000. While most of these women reported their spouse or son, and a few reported self as head of the household, it was mostly the elderly men from across the current income p.m. groups who were found to be heading the household.

Family Background

With regard to the *type of family* that the sample elderly belonged to, it can be seen that around 70% of the sample elderly reported belonging to nuclear (36%) and joint families (34%), and more elderly men were in these two types of family settings

Table 15.1
Socio-demographic profile of
the sample elderly

Characteristic	Sex of respondent		Total (<i>N</i> = 243)
	Male (<i>n</i> = 120)	Female (<i>n</i> = 123)	
<i>Age</i>			
60–64 years	24 (20)	39 (31.7)	63 (25.9)
65–74 years	66 (55)	61 (49.6)	127 (52.3)
75–84 years	25 (20.8)	19 (15.4)	44 (18.1)
85 years+	5 (4.2)	4 (3.3)	9 (3.7)
<i>Education</i>			
Illiterate	9 (7.5)	39 (31.7)	48 (19.8)
Primary	26 (21.7)	28 (22.8)	54 (22.2)
High school	17 (14.2)	14 (11.4)	31 (12.8)
College	30 (25)	34 (27.6)	64 (26.3)
Technical	19 (15.8)	–	19 (7.8)
Professional	19 (15.8)	8 (6.5)	27(11.1)
<i>Marital status</i>			
Married	99 (82.5)	70 (56.9)	169 (69.5)
Widowed	13 (10.8)	43 (35)	56 (23)
Separated	1 (0.8)	4 (3.3)	5 (2.1)
Unmarried	2 (1.7)	4 (3.3)	6 (2.5)
Remarried	5 (4.2)	2 (1.6)	7 (2.9)
<i>Head of the household</i>			
Self	113 (94.2)	48 (39)	161 (66.3)
Spouse	4 (3.3)	61 (49.6)	65 (26.7)
Son	2 (1.7)	9 (7.3)	11 (4.5)
Other (sibling, son-in-law)	1 (0.8)	5 (4.1)	6 (2.5)
Total	120	123	243

as compared to women. However, a higher percent of elderly women were living in extended family settings (37%) as compared to men (13%). Around 5% of the respondents reported as staying alone (see Table 15.2).

The *family income (p.m.)* comprised the combined income of all the earning members in the family including that of the respondent. More than 75% of the elderly fell in the income ranges from Rs. 5000 and below to Rs. 20,100–Rs. 40,000, with around 40% of the sample falling in the income range of Rs. 5000 to Rs. 10,000. It appeared from the data that among the sample elderly, more women belonged to families with comparatively lower incomes. However, a few elderly women were from families with higher family incomes. Compared to women (20%), more men (29%) reported a family income in the range of Rs. 40,100 to Rs. 100,001 and above per month.

Table 15.2 Summary of family background characteristics of the sample elderly

Characteristic	Sex of the respondent		Total ($N = 243$)
	Male ($n = 120$)	Female ($n = 123$)	
<i>Type of family</i>			
Nuclear	50 (41.7)	37 (30.1)	87 (35.8)
Joint	49 (40.8)	34 (27.6)	83 (34.2)
Extended	16 (13.3)	45 (36.6)	61 (25.1)
Staying alone	5 (4.2)	7 (5.7)	12 (4.9)
<i>Family income (p.m.)</i>			
Rs.5000 and below	20 (16.7)	28 (22.8)	48 (19.8)
Rs.5100–10,000	27 (22.5)	22 (17.9)	49 (20.2)
Rs.10100–20,000	19 (15.8)	28 (22.8)	47 (19.3)
Rs.20100–40,000	19 (15.8)	20 (16.3)	39 (16.1)
Rs.40100–60,000	10 (8.3)	10 (8.1)	20 (8.2)
Rs.60100–80,000	8 (6.7)	5 (4.1)	13 (5.3)
Rs.80100–100,000	7 (5.8)	4 (3.3)	11 (4.5)
Rs.100,001 and above	10 (8.4)	6 (4.9)	16 (6.6)
Total	120	123	243

Work and Economic Background

Almost 66% of the total respondents (120 men and 40 women) reported that they were in paid employment before they attained 60 years of age. Out of a majority of the men who reported *previous work status* as salaried job (60%), 47% reported to have retired. However, it seems that the homemakers and those who worked as domestic help in their previous work status, who were exclusively women, continued to function in the same capacity and retirement did not appear to apply to them as in the case of men. Of them, only 34% (37 men and 18 women) reported as in paid employment at the time of the interview as seen in Table 15.3.

Of the 160 sample elderly who reported *previous income p.m.* (being in paid work before attaining 60 years of age), only 25% were women. A majority (76%) of these women reported lower earnings per month of Rs. 5000 and below. Compared to them, 7.6% elderly men reported an income in that range. Also, more men were represented across the income categories.

Pension details: Of the total sample elderly, only 27% ($n = 65$) said they were receiving a monthly pension of some kind, with men outnumbering women (34% men as against 23% women). Out of the 72 elderly men who have previously worked in a salaried job, 57 men retired (see Table 15.3) of whom 41 reported receiving a job pension (see Table 15.4). Of the 14 elderly women who worked previously in a salaried job, ten retired (see Table 15.3), of whom nine reported receiving a job pension (see Table 15.4). Fifteen elderly women reported receiving their deceased

Table 15.3 Sexwise distribution of the sample elderly by their current work status

Current work status	Sex of the respondent		Total ($N = 243$)
	Male ($n = 120$)	Female ($n = 123$)	
Not working	26 (21.7)	12 (9.8)	38 (15.6)
Homemaker	–	83 (67.5)	83 (34.2)
Daily wage labor	4 (3.3)	1 (0.8)	5 (2.1)
Salaried	4 (3.3)	–	4 (1.6)
Professional	2 (1.7)	2 (1.6)	4 (1.6)
Business	20 (16.7)	4 (3.3)	24 (9.9)
Retired	57 (46.7)	10 (8.1)	67 (27.6)
Domestic Help	–	8 (6.5)	8 (3.3)
Other ^a	7 (5.8)	3 (2.4)	10 (4.1)

^aIncludes cattle tending, tuitions, paper agent, free-lance, honorary member, volunteer work, and part-time work

Table 15.4 Sex-wise distribution of the sample elderly by the job pension (p.m.) received by them

Job pension (p.m.)	Sex of respondent		Total ($n = 65$)
	Male ($n = 41$)	Female ($n = 24$)	
Rs. 2000 and below	13 (31.7)	2 (8.3)	15 (23.1)
Rs. 2100–5000	6 (14.6)	9 (37.5)	15 (23.1)
Rs. 5100–8000	6 (14.6)	4 (16.7)	10 (15.4)
Rs. 8100–11,000	7 (17.1)	4 (16.7)	11 (16.9)
Rs. 11,100–14,000	4 (9.8)	2 (8.3)	6 (9.2)
Rs. 14,100 and above	5 (12.2)	3 (12.5)	8 (12.3)

Note In the case of women, 15 of them received their deceased husbands' job pension

husbands' pension and another four received a government old age pension (see Table 15.4). As can be seen from Table 15.4, of the 65 respondents, all the 41 men and only nine women reported receiving their job pension.

Possession of assets: Almost 75% of the sample, comprising 43% men and 32% women reported possessing some type of asset on their name. Though 181 respondents reported possessing assets, only 87 of them reported earning an income, and the remaining ($n = 94$) did not earn any income on the asset(s). With regard to the type of assets being reported, a majority of men (73%) and women (47%) were having savings, and 70% men and 38% women had house(s).

Respondents' income (p.m.): It refers to their exclusive earnings constituting income from work, pension, and assets. Out of the total sample, 61% respondents ($n = 149$) reported monthly income under this head (more men compared to women). The

Table 15.5 Sex-wise distribution of the sample elderly by the respondents' income (p.m.)

Respondents' income (p.m.)	Sex of the respondent		Total ($n = 149$)
	Male ($n = 82$)	Female ($n = 67$)	
Rs. 2000 and below	–	25 (37.4)	25 (16.8)
Rs. 2100–10,000	33 (40.2)	26 (38.8)	59 (39.7)
Rs. 10,100–20,000	26 (31.7)	14 (20.8)	40 (26.8)
Rs. 20,100–40,000	12 (14.6)	1 (1.5)	13 (8.8)
Rs. 40,100–60,000	2 (2.5)	–	2 (1.3)
Rs. 60,100–80,000	5 (6.0)	1 (1.5)	6 (4)
Rs. 80,100–100,000	2 (2.5)	–	2 (1.3)
Rs. 100,100 and above	2 (2.5)	–	2 (1.3)

remaining elderly were completely dependent on their children, relatives, or others. Except for the income category of Rs. 2000 and below, men were represented in all other income ranges. A majority of the women reported an income that fell in the ranges of Rs. 2000 and below to Rs. 10,100–20,000 (see Table 15.5).

Present income sources: An equal percent (58%) of elderly men and women responded that the children they stayed with were the source of their income. Around 62% elderly men and 41% women told that their past savings and their spouse's past savings, respectively, were the sources of their income. A substantial number of elderly men (36 and 31%) reported job pension and income from their employment as sources of livelihood compared to women (9 and 15%). Interestingly, more women (34%) compared to men (3.3%) reported their source of income as the job pension of their spouses. It was clear from the data that more men (62%) than women (27%) had past savings to rely upon during old age. This is because women's employment was less during the earlier times.

Ownership of the dwelling: Out of the 243 elderly, only 19 lived in rented dwellings. The remaining though not living in rented dwellings, the nature of ownership differed. Of the nearly 34% of the sample who reported staying in their own house, only 17% were women as against 50% men. Of the nearly 22 and 8% of the elderly who lived in a house owned by spouse and their child(ren), respectively, there were more women than men.

Living Arrangements of the Sample Elderly Women and Their Quality of Life

It is seen that a majority of the elderly men and women live in parent–child coresidence, followed by living with spouse. Compared to men, more elderly women reported as living alone and with relatives (see Table 15.6; Fig. 15.2).

Table 15.6 Sex-wise distribution of the sample elderly by the type of living arrangements

Characteristic	N	Type of living arrangement				
		Parent-child coresidence (n = 156)	Living alone (n = 9)	Living with spouse only (n = 57)	Living with relatives (n = 18)	Living with assistance (n = 3)
<i>Sex</i>						
Male	120	78 (65)	3 (2.5)	31 (25.8)	6 (5)	2 (1.7)
Female	123	78 (63.4)	6 (4.9)	26 (21.1)	12 (9.8)	1 (0.8)

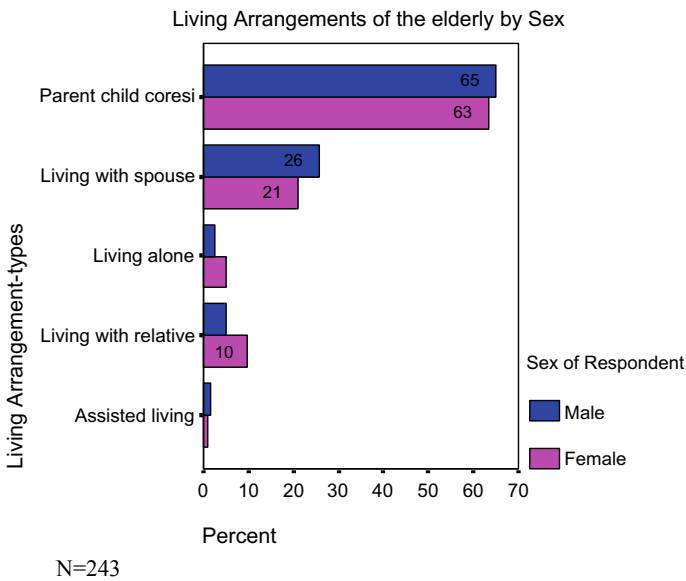


Fig. 15.2 Sex-wise distribution of the sample elderly by type of living arrangements

The next question was whether the means of age and mean scores and SDs of quality of life and its related measures differed because of the sex of the respondents.

In Table 15.7, an attempt was made to test whether the differences in the means of age and in the means of scores of quality of life and its related variables for the elderly men and women were statistically significant. Elderly women were younger (68.1 years) than men (70.3 years), and women exhibited consistently lower scores on the quality of life domains with the exception of psychological well-being. Further, they reported experiencing higher levels of loneliness and a lower adaptation to old age as compared to men. These differences of mean scores for these variables by sex were found to be statistically significant on a *t*-test, except for psychological well-being.

Table 15.7 Significance of the difference between the means of age, means, and SDs of scores of quality of life domains and its related variables of the sample elderly by sex

Characteristic	Sex	Mean	SD	<i>t</i> -value (<i>df</i> = 241)	Sig. Two-tailed
Age	Male	70.32	7.08	2.46	0.01
	Female	68.11	6.8		
<i>Quality of life</i>					
Physical health	Male	14.84	3.04	3.04	0.00
	Female	13.66	3.02		
Psychological well-being	Male	15.80	2.59	1.35	0.17
	Female	15.33	2.74		
Social relationships	Male	13.90	3.30	2.05	0.05
	Female	13.02	3.36		
Environment	Male	16.51	2.49	2.00	0.05
	Female	15.81	2.91		
<i>Loneliness</i>	Male	43.88	8.94	-2.26	0.02
	Female	46.59	9.66		
<i>Adaptation to old age</i>	Male	63.47	9.58	3.15	0.00
	Female	59.45	10.28		

N = 243 (Female(*n*)= 123; Male(*n*) = 120)

It was found above that the well-being of the sample elderly varied greatly by sex (see Table 15.7), where women consistently fared poor than men on the three measures used. Hence, a further analysis was done by taking a sex-wise distribution of the sample elderly in each type of the living arrangement, to see whether there were any variations observed in the three measures used by sex and type of living arrangements. The information is given in the following pages (Tables 15.8, 15.9, and 15.10).

First, the means of scores on the four domains of quality of life distributed by sex and living arrangements of the sample elderly were examined in Table 15.8. On the whole, in all types of living arrangements for the four qualities of life domains, men fared better than women, with a few exceptions. That is, women living with spouse reported better psychological well-being, better social relationships, and environment than men in the same type of living arrangement.

The means of scores of loneliness of the sample elderly who were distributed according to their sex and type of living arrangement were looked at in Table 15.9, to see whether levels of loneliness reported by men or women varied with the type of living arrangements they were in. While women in the sample were lonelier (mean = 46.59, SD = 9.6) than men (mean = 43.88, SD = 8.9), even in the different types of living arrangements they continued to report being lonelier. Moreover, the experience of loneliness was greater among women when they were living alone, followed by living with relatives and in parent-child coresidence, in that order.

Table 15.8 Means and SDs of scores of the quality of life domains by sex and type of living arrangements of the sample elderly

Living arrangement	Sex	n	Quality of life							
			Physical health		Psychological well-being		Social relationships		Environment	
			Mean	SD	Mean	SD	Mean	SD	Mean	SD
Parent-child coresidence	Male	78	14.51	3.06	15.68	2.79	13.66	3.30	16.31	2.52
	Female	78	13.32	2.96	15.15	2.85	12.68	3.12	15.47	2.85
	Total	156	13.91	3.06	15.41	2.82	13.17	3.24	15.89	2.72
Living with spouse	Male	31	15.41	3.26	16.06	2.44	14.45	3.48	16.74	2.63
	Female	26	15.12	2.70	16.33	2.14	15.23	2.90	17.33	2.55
	Total	57	15.28	2.99	16.19	2.29	14.81	3.22	17.01	2.59
Living alone	Male	3	16.57	0.57	17.33	1.15	15.11	2.04	17.83	0.76
	Female	6	11.43	1.62	13.67	1.62	11.11	3.12	16.08	3.73
	Total	9	13.14	2.89	14.89	2.31	12.44	3.33	16.67	3.10
Living with relatives	Male	6	15.71	2.36	15.78	1.17	13.56	3.52	16.50	2.19
	Female	12	14.14	3.56	15.11	3.29	11.67	4.07	14.54	2.86
	Total	18	14.67	3.23	15.33	2.74	12.30	3.90	15.19	2.76
Living with assistance	Male	2	14.29	0.81	14.00	0.00	14.00	2.83	18.50	0.00
	Female	1	10.29	0.00	16.67	0.00	9.33	0.00	16.50	0.00
	Total	3	12.95	2.38	14.89	1.54	12.44	3.36	17.83	1.15
Total (N=243)	Male	120	14.85	3.05	15.80	2.60	13.90	3.31	16.51	2.50
	Female	123	13.66	3.03	15.33	2.75	13.02	3.37	15.81	2.92
	Total	243	14.25	3.09	15.56	2.68	13.45	3.36	16.15	2.73

Table 15.9 Means and SDs of scores of loneliness by sex and types of living arrangements of the sample elderly

Living arrangement	Sex of respondent						Total		
	Male			Female			Total		
	n	Mean	SD	n	Mean	SD	n	Mean	SD
Parent-child coresidence	78	42.8	8.6	78	46.1	9.2	156	44.5	9.0
Living with spouse	31	45.0	10.1	26	45.1	9.4	57	45.0	9.7
Living alone	3	50.3	7.0	6	53.3	8.7	9	52.3	7.9
Living with relatives	6	46.6	5.7	12	49.5	12.6	18	48.5	10.7
Living with assistance	2	48.0	8.4	1	41.0	0.0	3	45.6	7.2
Total (N=243)	120	43.8	8.9	123	46.5	9.6	243	45.2	9.4

Table 15.10 Means and SDs of scores of adaptation to old age of the respondents by sex and type of living arrangement of the sample elderly

Type of living arrangement	Mean	Sex of respondent		Total
		Male	Female	
Parent–child coresidence	Mean	63.29	59.45	61.37
	SD	9.44	9.21	9.49
	<i>n</i>	78	78	156
Living with spouse	Mean	63.19	64.58	63.82
	SD	10.00	9.67	9.79
	<i>n</i>	31	26	57
Living alone	Mean	61.67	47.67	52.33
	SD	15.50	9.81	13.01
	<i>n</i>	3	6	9
Living with relatives	Mean	64.5	54.5	57.83
	SD	8.04	12.58	12.04
	<i>n</i>	6	12	18
Living with assistance	Mean	74.5	57	68.67
	SD	0.71	0.00	10.12
	<i>n</i>	2	1	3
Total	Mean	63.48	59.46	61.44
	SD	9.59	10.28	10.13
	<i>N</i>	120	123	243

Similarly, as mentioned earlier, in terms of adaptation to old age, overall, the elderly men expressed better levels of adaptation to old age than women. Now, the data were analyzed further to find out how the living arrangements by sex of the respondents made a difference. The results are shown in Table 15.10.

As can be seen, elderly women living with spouse showed better adaptation to old age (mean = 64.58, SD = 9.6) followed by those who were staying in parent–child coresidence (mean = 59.45, SD = 9.2) than those living in other living arrangements.

Factors that May Influence the QoL and Related Domains of Older Women in LAs

Living Environment

Majority of the sample (31%) lived in a two bed rooms, living hall, and kitchen type of house followed by 16% in 1BHK houses. Among the elderly living in one roomed houses, there were more elderly women (15%) than men (10%). Coming to the space

they slept in during the night, differences between men and women could be seen. Less number of women mentioned sleeping in a room of their own and more women slept in their living room, compared to men. Sleeping in the verandah, which is a space outside the house, was also reported by more women as compared to men.

Relations with Family Members

Of the 243 sample elderly, about half of them (comprising 58 men and 63 women) reported a family member as the hardest person to get along within their life, who might or might not be living with them at the time of the study. Son emerged as the hardest person in the case of both men (41%) and women (32%). Daughter-in-law (20%) was the person hardest to live with for women (25%) than men (14%). In the case of a few elderly women, the daughter or son-in-law did emerge as the hardest persons to live with. Out of the 121 elderly who mentioned having a person hardest to get along with in their life, 86 reported that the hardest person caused arguments and tensions. According to the data, a majority ($n = 60$) comprising 73% men and 67% women reported that arguments and tensions with the hardest person occurred as frequently as about 10 times in a year. In the case of 23% of the elderly (mostly women), such situations had occurred almost daily. Out of the total sample elderly, about 6.5% (12 women and four men) reported abuse and neglect by family members in their current living arrangement.

Intake and the Access to Food

An analysis of the 143 elderly who reported skipping meals in a day showed that in all types of living arrangements, a higher percent of women compared to men skipped meals in a day. A considerable percentage of the elderly women who lived with relatives and in parent-child coresidence reported that they skipped meals in a day. Of those who reported ($n = 143$) skipping meals in a day, more than half (57%) of the elderly cited *Upavas* (fasting) for religious purpose as the reason. Around 23% of the elderly stated health consciousness as the reason. A smaller percentage of the elderly gave the reasons such as not having the practice of eating breakfast, cannot afford, and none at home to prepare food. As can be seen from data, throughout the reasons given, women were slightly more in number compared to men.

Social Interaction

The sample elderly went out to a variety of places with different purposes in mind. A majority (73%) of them reported that they went out for attending social functions, grocery purchases (68%), to visit relatives (67%), and to the places of worship (62%). Some went out to interact with people, pass the time, for walks, on errands, to shop, or to attend events in the city. For almost all the places/purposes that the elderly

went out to, especially for going for a stroll, to run errands, hanging out in a place in the neighborhood, and going to the park, the elderly men were relatively higher in number. Those who were unable to go out because of their inability to move were also included here for comparison. About a half and another quarter of the elderly sample reported going out daily and a few times in a week, respectively. The percentage of the elderly who went out less frequently was small. In all the frequencies of going out mentioned (except for going out daily), a higher percent were women compared to men. A small (4%) number of the elderly (comprising more women than men) were unable to move and hence did not go out. It is seen that more than half of the sample elderly ($n = 128$) consisting of 59% men and 46% women reported having friends. Among those who did not have friends, women outnumbered men. Overall, the number of friends the sample elderly had ranged between 1 and a maximum of 20. A higher percent of the elderly (more women than men) had one or two friends. Further, it was assessed whether having or not having friends had any influence on the quality of life domains and its related variables for the sample elderly (see Table 15.11).

It is seen clearly from Table 15.11 that the elderly who reported having friends had higher mean scores on the four domains of quality of life, lower mean scores for loneliness, and higher mean scores for adaptation to old age and its four subdomains—than those who reported less number of friends or visitors. This difference of mean scores on the abovementioned variables for those who had comparatively more and less friends and visitors was found to be significant on a *t*-test.

Engagement with Leisure Activities

Out of the 243 samples elderly, 228 reported that they were engaged in indoor activities during leisure time. Of these 228 elderly, more men (51%) compared to women (49%) pursued these activities. They gave multiple responses for their engagement in the kind of leisure activities. These are given in Table 27 in the descending order of their percentage. The top three activities mentioned were praying/performing religious rites (85%), followed by watching television/video (57%) (more women than men in both cases), and reading books/newspapers/magazines. However, more men (53%) reported reading as an indoor leisure activity. Out of the 243 samples elderly, 48% ($n = 116$) stated that they were engaged in outdoor leisure time activities. It may be noted that the sample elderly who were engaged in outdoor activities were lesser compared to the number of elderly who were engaged in indoor activities ($n = 228$) during their leisure time. Of the 116 elderly who engaged themselves in outdoor activities during their leisure, 60% were men and 40% were women. A majority (60%) of the elderly (more men compared to women) followed by more than half of the elderly (55%) (more women compared to men) mentioned that they went for walk/exercise, and to a place of worship, respectively. Sex differentials in the nature of outdoor activities taken up during leisure time were observed. More elderly men compared to women were represented as being engaged in outdoor leisure time activities like going for walk/exercise (69%), going to the park (29%), going to a club

Table 15.11 Means and SDs of scores on the measures used for the sample elderly by their having or not having friends

Measures	Have any friends?	<i>N</i>	Mean	SD	<i>t</i> -value (<i>df</i> = 241)	Sig. 2-tailed
<i>Quality of life</i>						
Physical health	Yes	128	15.22	2.80	5.47	0.000
	No	115	13.17	3.05		
Psychological well-being	Yes	128	16.29	2.31	4.61	0.000
	No	115	14.76	2.84		
Social relationships	Yes	128	15.08	2.77	9.27	0.000
	No	115	11.64	3.02		
Environment	Yes	128	16.98	2.29	5.26	0.000
	No	115	15.23	2.90		
<i>Loneliness</i>	Yes	128	42.19	8.34	- 5.7	0.000
	No	115	48.67	9.37		
<i>Adaptation to old age</i>	Yes	128	65.55	8.74	7.3	0.000
	No	115	56.86	9.61		
Health comparison	Yes	128	17.01	2.33	7.04	0.000
	No	115	14.73	2.71		
General adaptation	Yes	128	17.47	2.62	3.39	0.001
	No	115	16.19	3.23		
Self-control	Yes	128	14.65	3.70	7.1	0.000
	No	115	11.46	3.25		
Generativity	Yes	128	16.43	2.74	4.7	0.000
	No	115	14.48	3.70		

N = 243

(10%), and involving in social service/politics (10%), while more women compared to men were represented as being engaged in outdoor leisure time activities which were more expressive such as going to a place of worship (65%), visiting friends and relatives (15%), going to picnic/tours (9%), and going to the movies (2%).

Levels of Functioning and Independence

The mean score of the elderly on the Independence in activities of daily living index (IADL) indicated their functional status in performing activities like bathing, dressing, toileting, transferring, continence, and feeding. On the whole, for the total sample, elderly women (mean = 5.95, SD = 0.402) reported better level of functioning when compared to men (mean = 5.88, SD = 0.568). The mean scores on independent activities of daily living for the elderly in 60–64 years (mean = 5.98,

Table 15.12 Distribution of the sample elderly by association between some variables and measures taken by them after 60 years of age to keep healthy

Characteristics	n	Took measures to keep healthy after 60 years	X ²	p < (two sided)
		% ^a		
<i>Sex</i>				
Male	120	69.2		
Female	123	47.2	(1, 12.08)	0.001

SD = 0.12) and 65–74 years (mean = 5.95, SD = 0.39) age range indicated their better levels of functioning and independence, and this seemed to decrease with the increasing age of the sample.

The next aspect examined was the activities of daily routine of the sample elderly. By asking the elderly respondent to describe what they did during the day, their actual routine comprising the three time periods of the day, i.e., before noon, before dark, and before going to bed was captured. The results are presented in the respective tables, in the descending order of the percent responses for the activities reported. The kind of daily routine activities they did seemed to vary by sex. Similarly, certain activities through the three time periods were common for the elderly respondents. Except in performing activities such as morning ablutions, prayer, attending to household chores, preparation of lunch and watching TV, etc., in the rest of the daily routine activities from waking up till noon, the men were represented more than the women. Also, the elderly women were represented more than men in the two daily routine activities which were more confined to the home and specific to gender such as attending to household chores (89% women as against 29% men) and preparation of lunch (80% women as against 7% men).

Life Preparatory Measures

Out of the 243 respondents, about 59% (n = 143) reported that they started taking certain measures after attaining 60 years of age, to keep themselves healthy. There were more men (69%) than women (47%), and the differentials were statistically significant ($\chi^2 = 1, 12.08; p < 0.001$) (see Table 15.12).

Discussion

Who Were These Older Women?

The 123 samples older women mostly fell in the age ranges of 65–74 followed by 60–64 years, and their mean age at 68.11 (SD = 6.8) was lower than that of the older men which was 70.32 (SD = 7.08). These elderly women would have been

born in the 1940s or 50s, and their lower literacy rates are reflective of this. Many of the women were illiterate, some had finished college, and others attained only primary schooling. This did seem to have a bearing, along with their sociocultural milieu on what occupation they went on to take up in their productive phases of life and hence the level of financial in/dependence they attained. There were more number of widowed women (as the age gap in marriage is higher in India), followed by those who were still married. Many women reported their spouse followed by self as head of the household. An exploration into their current work or income, taken as factors in assigning the head of household status, showed that women who worked seemed to more often take on that role, while men even after they retired continued to hold that status. Women's current income p.m. was also found to be in the lower ranges. Most women were homemakers, and they reported their spouse, followed by themselves or their sons in that order, as HoH. Therefore, an individual's gender, current earning power, and who took the decision-making responsibility seemed to decide this position for them in the household. More number of older women reported living with extended family (relatives), followed by nuclear (spouse only) and joint family (adult married children). The sample older women lived in middle-class families, while men were reflected slightly more in high-income households.

As per the data, widowed women are the ones who by default or "may be compelled to" go on to live in parent child coresidence or alone or with relatives. Majority of the married older women stay with spouse only, followed by coresidence, indicating a shift into nuclear family structure or of the preferences of child/older parent for new forms of LAs. Older women who reported themselves as HoH, who work or have income, seemed to be with spouse only or live alone. Older women from middle-class background seemed to live in coresidence or with relatives or spouse only. Therefore, it may be understood that variables of the older women such as education, marital status, HoH status, current work/ income, and type of family did seem to in part decide for them, their current living arrangements.

Living Arrangements of Elderly Women and Their Quality of Life

A majority of the elderly women live in parent-child coresidence, followed by living with spouse. Compared to men, more elderly women reported as living alone and with relatives. An analysis of the distribution of older women (and men) as per their living arrangements and the mean scores of QoL and related domains reported provide a concrete ground to discuss, and the following linkages may be made.

Older women's mean scores on psychological well-being and environment in parent child coresidence were almost as high as that of men in that LA. This may be due to the positive aspects of parent child coresidence such as regular interactions with family members, financial comfort, bigger home, emotional support, and connectedness. However, in this LA, the loneliness experienced by women is higher,

and there is lower adaptation to old age reported, compared to men. Though women are living with the family members, the relationships may be strained or not positive or their husband passed away or there may be several limitations/restrictions they face while staying with a large family, for instance, there may be space and time constraints, daily arguments, resources crunch, poor mobility, health issues with advancing age, and most older women reported daughter-in-law, son, daughter, and son-in-law as the hardest person to get along with that may explain this.

Living with the spouse seemed to provide women with a better environment and on physical health, social relationships, psychological well-being domains, they were almost at par with men. Further, their adaptation to old age was better than that of men, and loneliness experienced was similar to that of men. For women, this LA seems to reduce possible instances of friction with family members, they are generally financially well off, younger, independent, able to care for their nutrition and health, and if there is a good partnership with the husband, this LA seems to be beneficial for women. On the other hand, for the women, the space overlap with husband may be too much or they may be missing their children or lack social connectedness, and they may be caring for the sick husband, leading to various stressors. This living arrangement anyway is of short duration and generally paves path to them entering any one of the other LAs, when the spouses pass away.

The women living with relatives reported poor social relationships, environment, and their physical health, while their psychological well-being was almost at par with men in that LA. They faced higher loneliness and experienced much lower adaptation to old age compared to men in those LAs. Older women who are unmarried, divorced, or have lost their spouse or are unable to live with the married son may have to opt for this LA. The mean age of women living with relatives is 66 years, for those living alone it was 72 years, and it is anticipated that this may lead to them facing health problems, mental health issues, widowhood, isolation, a lack of emotional support and financial hardships, and therefore a report of poor QoL and related domains. Living with relatives may afford them a safety net or lowering of expectations or make available a person(s) that they get along with easily and therefore could explain their psychological well-being that is at par with men in that LA.

Older women living alone fared the worst in comparison with men in that LA and women in other living arrangements. Except for reporting a better environment (almost at par with men), on their physical health, psychological well-being, and social relationships, they seemed to fare poorly compared to men. The loneliness levels expressed are higher than that of men in that LA, and their adaptation to old age is especially low compared to the men who are living alone. While living alone, women may have access to whatever space, privacy, and resources that are available. Women living alone, on the other hand, may face financial constraints, suffer more illnesses, have fewer interactions with the outside world, may miss their child(ren), may not eat properly, and cannot care for themselves—that throw light on the poor mean scores on QoL and related domains.

Factors Influencing the QoL and Related Domains of Elderly Women

Older women consistently reported poor mean scores on QoL, adaptation to old age, and loneliness compared to men, irrespective of their current LAs. It may broadly be due to these LAs operating in a sociocultural milieu that we currently live in, their socio-demographic and family profile or the patriarchal systems that women live amidst, including the family. The relevant indicators studied in the living arrangements taken specific to women throw a light on aspects that may be leading to poor QoL and related domains among the older women.

During the later years, the living environment, i.e., living space for the older person in the house, and how the house was kept makes a lot of difference to their quality of life. More women were found to live in one roomed houses, and for those living in larger houses, they did not have a room of their own and their sleeping area such as living room, on the verandah or terrace were also not offering them space for keeping belongings, privacy, or safety.

The presence of hardest persons to get along with might influence their quality of life and the related variables. In the case of women the son, daughter-in-law, daughter, or son-in-law did emerge as the hardest persons to live with. Out of the 121 elderly who mentioned having a person hardest to get along with in their life, 86 reported that the hardest person caused arguments and tensions. A majority of women reported that arguments and tensions with the hardest person occurred as frequently as about 10 times in a year or had occurred almost daily. Older women did report abuse and neglect by family members in their current living arrangement. Some older women also did not perceive that their family members were concerned about their well-being.

Usually, as people age, their diet needs to change, and either the elderly or their family members have to make changes accordingly in the current living arrangements. For the elderly who reported skipping meals in a day and in all types of living arrangements, it was a higher percent of women compared to men. The reasons given such as for fitness or for upvaas are where they require guidance as it may lead them to not getting enough nourishment and having no one to cook as a finding that is of concern.

Having interaction with people in the outside world is important for the elderly persons' quality of life. To understand these patterns, information about the places and purposes that elderly go out to, frequency of their going out, and whether they had friends is helpful. The sample elderly went out to a variety of places with different purposes in mind that overlap with their age such as social functions, social visits, picking up grocery, interaction with people, hanging out, and worship. For almost all the places/purposes that the elderly went out to, especially for going for a stroll, to run errands, hanging out in a place in the neighborhood and going to the park, the elderly women were relatively lower in number. The elderly women seemed to go out in general, but their frequency was on the lower side. More women were unable to go out often as they were unable to move easily, physically. Lesser percent of

women reported having friends and in category of older persons with no friends, women outnumbered men. More women than men had one or two friends. Results clearly show that older persons with friends reported better on the QoL and related domains.

Less number of women compared to men pursued indoor leisure activities such as praying/performing religious rites, followed by watching television/video, and a few women were reading books/newspapers/magazines. There was no deliberate use of leisure time for a range of activities that may enhance their well-being. Compared to those who engaged in indoor leisure activities, those who took up outdoor leisure were fewer in number and were more in the case of women compared to men. Less number of women went for walk/exercise, going to the park, going to a club and involving in social service/politics, while more of them engaged in expressive activities such as place of worship, visiting friends and relatives, going to picnic/tours or going to the movies.

The functional status of the elderly determines their ability to engage in certain tasks of daily routine like bathing, dressing, toileting, transferring, continence, and feeding on their own. The finding that the elderly women reported better level of functioning when compared to men needs to be interpreted with caution, and this maybe because they are trained to be less dependent due to social expectations in an Indian society. The activities of daily routine taken up by older women revealed they were more confined to the home/kitchen and specific to gender such as attending to household chores and preparation of food.

The elderly may hold beliefs about the extent of role of adult children in caring for old parents and may give importance to taking up measures for healthy old age. Slightly more women felt that adult children definitely had role in caring for older parents and comparatively lesser women took measures in taking care of health during old age.

Therefore, from the above discussion one is made aware of the factors that may be making the LAs non-conducive for older women's well-being, while living in them. It is a strong call for reform in current LAs or for bringing in new forms of LAs that ensure better QoL and related domains for the older women.

Suggestions and Implications for Social Work Practice

Suggestions for Specific Programs to Update Policy and Legislation for the Older Women

- Family life education/lifelong learning programs in taking care of older women may be introduced. They can include issues covering older persons' mental health and well-being, long-term care, cultural traditions and values congenial for the promotion of respect and dignity, intergenerational bonding, etc., which will strengthen the family's ability to take care of them.

- Mass media has an important role to play in highlighting the changing situation of the elderly women and to mold people's opinion toward their issues. NGOs and social workers working with the elderly can make use of media in this direction.
- Intergenerational bonding may be developed and promoted so that the younger generation can value/appreciate the need to take care of elderly women. Value-based education to strengthen intergenerational bonding can be incorporated in school textbooks and in other educational contexts.
- Creating and encouraging of women senior citizens support groups in the community.
- Establishment of support services such as tax benefits, subsidies for medical needs and health care of the elderly, especially of the urban poor, the oldest-old and widowed women so that families are better partners in their care.
- Support to the community/neighborhood by the local self-governing bodies such as municipalities in starting daycare centers for the elderly women, and in establishing help lines will create safe and elderly friendly neighborhoods.
- Faith-based organizations, churches, mosques, and temples can be involved in rebuilding the culture of taking care of the elderly women.
- As a last resort, old age homes with assisted living facilities for neglected and abandoned women senior citizens are required to be established.

Implications for Social Work Practice

- Professional social work interventions with the elderly women can take place at different levels—policy, individual, family, and community.
- Several suggestions were made in the earlier discussion with regard to policy. In light of those discussion points, professional social workers can advocate and lobby for bringing out the changes and in the formulation of services and programs for the older women.
- Social workers can organize workshops for building life skills of the older women so that they are equipped to cope with situations in the different types of living arrangements.
- Social workers can extend support to the families or primary caregivers of the elderly women by organizing training programs for them to better care for them.
- Social workers can play an important role in the provision of community-based care in the resource centers, daycare centers, and other similar informal institutions providing services to the elderly women. The task for the social workers is to use methods like community organization and social action and garnering support of the local community to sustain these institutions.
- Social workers can first assess the social networks and supports available to the older women at family and neighborhood level and those who have poor social support may be linked with other elderly, community centers, or volunteers.

- The social workers working in any setting can provide referrals to hospitals, counseling centers, financial or legal aid and mental health facilities available in the community for the elderly women who are in need of assistance.
- Another important social work intervention is to give support to those older women who are identified as abused and neglected by provision of crisis intervention, legal help, counseling family members, provision of shelter if needed and advising for an alternate living arrangement or placement in an eldercare facility, as a last resort.
- In order to create a cadre of professionals to work in this field, there is a need to initiate and offer programs in gerontological social work, specific to women and aging. There is an urgent need to revive and strengthen this component in social work and interdisciplinary educational programs. Such steps will simultaneously promote adequate research and documentation in the field of gerontology and gerontological social work.

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