LIVING ARRANGEMENTS OF ELDERLY WIDOWS IN INDIA:

FAMILY CONVENTION, BAD LUCK AND ABANDONMENT

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In India, issues of gender discrimination and female empowerment have become more prominent in the last several years. Elderly women, specifically widows, are often abandoned or not well cared for by family members and are typically marginalized within Indian society, vulnerable, and susceptible to poverty. This is an exploratory analysis with a research hypothesis asking, *who are the caregivers of elderly widows?* Statistics indicate that women may be taking on more of a caregiving role with elderly widows which in turn may exacerbate the already existing issues of poverty and neglect for this population.

The purpose of this study was to examine in more depth the factors related to living arrangements of elderly Indian widows using the NFHS-3 (2005-2006) data set. Quantitative methods of secondary data analysis and systematic literature review are employed in this research. Sociological factors related to family self-reported living arrangement, age of widow, education, caste, socio-economic level, religion, and geographic region were analyzed using data from the respondents identified as older widows (N = 2,176). Findings indicate 78% report living alone or in non-familial households while 22% reported living in various familial constellations.

The odds of living with a relative versus not living with a relative were found to be significant for three variables: age, religion Muslim, and region Northern. Living arrangements for elderly widows in Indian society are determined based on a complex system of logic embedded in a patrilineal descent, family convention, religion, and regional cultural practices. Understanding these complex factors is important in predicting the needs and available services for this population of vulnerable elderly women.

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Lastly, I acknowledge the widows in India . . . the songs that they sing . . . the poverty and isolation they endure . . . and the blessings that they receive in spite of their suffering. It is my hope that this research will bring an awareness of their plight and daily struggles, which in turn may help generate more needed support for them that is greatly needed. Om shanti om.

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CHAPTER 1

INTRODUCTION

Background

Aging in Modern Society

Elderly individuals are vulnerable and in need of social services because they often live alone, can be subject to numerous health difficulties, and develop difficulties in functional ability. The goal of most people working in the field of gerontology is to enhance quality of life. Some see this as a vague and general concept and not all agree on the specific factors that need to be assessed when determining quality of life for older adults. Quality of life is also thought of as being synonymous with life satisfaction which has been found to be a direct indicator of well-being and predictor of good or bad health.

In general, the term elderly is meant as a descriptor of individuals over the age of 65. Based on demographic data it is easy to see that the population of people over the age of 65 is increasing not only in the U.S. but in other countries as well. There has been a gradual decline in child bearing in many cultures and an increase in medical technology and quality of life resulting in people living longer. These facts are true in both low and high income societies. As these numbers continue to increase there could be less likelihood for isolation and neglect of elderly populations simply because there will be more people in this population and more awareness around their needs.

The fact that individuals are living longer is contributed partially to the advances made in the health sciences (Rajkumar & Kumar, 1996). As technological advances in the health industry improve, it is predicted that average life expectancy will continue to lengthen. Information on

quality of life and life satisfaction as a subjective measure of well-being can be useful in medical treatment and planning of care both individually and for a community at large.

Issue of Social Concern

The health and well-being of elderly individuals becomes a matter of public concern in that as the trend of the general population in India continues to grey, advanced old age brings with it a multitude of problems. Some of these problems include financial dependence, poverty, alienation, loneliness, and health problems such as diabetes, cardio vascular disease, dementia, a variety of conditions associated with pain, arthritis, and a decrease in physical strength which creates a higher risk of falls and an increasing need of dependency. The well-being and quality of life for elderly widows is complicated by societal judgment and stigma that results in this population being neglected, abandoned, and not well cared for. Encampments have begun to emerge in larger areas and other private and religious groups have started creating safe house environments to help small groups of women that are widowed and living in sub-standard human conditions with sometimes little food and no health care.

The care of elderly widows becomes an issue of societal concern when families are no longer willing or able to support these vulnerable women. While care of elderly widows has become a significant social problem that has gained increased media attention in the last five years, as evidenced by increasing journalistic reports, questions being raised regarding social assistance and health care programs designed for elderly widows in India is limited. This issue has become a significant social problem that has gained increased media attention in the last five to 10 years (i.e., PM Tony Blair proclaiming this as a state of emergency), India is a nation without social security and state health care so the question becomes, *"*How will society offer to take care these women?*"* Widowhood is an issue that affects many countries and, according to global population statistics, the percentage of widows greatly outnumbers the percentage of widowers throughout the world.

Data shown in Table 1, available through the United Nations, clearly indicates the higher number of elderly widows that exist in many countries across the globe. Older women are far more likely than older men to be widowed worldwide. This situation exists because women around the world have a life expectancy that surpasses men in almost every culture. This disparity is particularly evident in all regions of Asia, including India. New and existing NGO's have begun to address the problem of meeting basic needs for this population which has been noted in recent television, radio, and print news media. Examples of this are care homes, encampments, and educational day programs designed to help empower elderly widows that are congregating in increasing numbers over the last 10 years in several cities such as Varanasi and Vrindavan, i.e., the non-profit organization Maitri (2015).

In India, research examining the sociological phenomena of elderly women and widows is beginning to develop further. One main obstacle is finding good data that measures significant demographic variables used to predict and determine the needs of this population (Sen & Noon, 2007). The examination of national public health data may help reveal more about living arrangements and family dynamics with regard to kinship care giving in ways that could improve the development and distribution of services to this vulnerable population of women. The National Family Health Survey (NFHS-3) 2005-2006 has been identified as a public health data set in the country of India that tracks information on a variety of health and social conditions International Institute for Population Sciences and Macro International, 2007). One of these populations, and many of these conditions, are related to widows in India, their living arrangements and family care relationships. While this data set has limitations with regards to age and identification of reported head of household, it presents an opportunity to explore

aspects of living arrangements of Indian families and contains information about widows that are in the young old age category of the population sample (widows age 40-49).

Table 1

United Nations: Widowhood Worldwide

WIDOWHOOD Worldwide	Women	Men
	% of those 60+ and widowed	
Africa		
Northern Africa	59	8
Sub-Saharan Africa	44	7
Latin America		
Central America	36	12
South America	37	13
Asia		
Southern Asia	51	11
Central Asia	58	13
Western Asia	48	8
Developed Regions		
Eastern Europe	48	14
Western Europe	40	12
United States	39	11

Note. Source: *The World's Women 2000, Trends and Statistics* (United Nations publication, Sales No. E.OO.XVII. 14)

Statement of the Problem

The purpose of this study was to dive further into the NFHS-3 (2005-2006) data set and explore the relationships between variables related to living arrangements for elderly widows. These variables relate to family, age of widows, living arrangements, religion, geographical

region, socio-economic stratification, caste and education. Implications for applied sociology and social work practice will be drawn based on the findings from this exploratory study that may help guide future efforts of caregiving for elderly widows.

India currently has a population of over 1 billion people with an aging population that has increased from 19 million (4% of the total population) to 77 million (7.5% of the total population) from 1991-2001. It is anticipated that the population of elderly adults (aged 60 and older) will reach 137 million by 2021 (United Nations, 2002). India is currently accepted as being the second most populated country in the world and also as having the second largest aging population in the world. Life expectancy is increasing and fertility rates are decreasing causing a demographic phenomenon of aging much like a greying tsunami. This is happening in two ways; at the top of the population demographic due to increased mortality and at the bottom due to decreased fertility (Bhat & Dhruvarajan, 2001). Individuals are living longer and families are choosing to have fewer children creating a crisis in many areas leaving elders with no caregivers to monitor physical and health care needs.

In some areas the rate of care homes being built are beyond expected development and there is still a need for more services and understanding of need as this human population growth continues to expand (Jesmin, Amin, & Ingman, 2011). Furthermore, issues related to poverty and urbanization has begun to cause erosion in traditional family values related to elder caregiving. This erosion has created problems for older adults that no longer have adult children to care for them due to migration to other areas, often times other countries in search of employment. This situation becomes even more problematic due to the absence of social security in India and the extremely limited old age pension programs that are available (Jesmin & Ingman, 2011).

There currently are a limited number of care homes available and these vulnerable adults are often found homeless or living in ashrams and begging on the streets. As previously noted, the incidence of widowhood is higher among women because they live longer and in Indian society men generally marry women younger than themselves by several years, often a decade or more (Baruwa, 2015). Issues such as social attitudes regarding widow remarriage, patrilineal lines of inheritance and problems with limited options for employment create vulnerabilities for widows that far out-weigh those of many other groups in Indian society (Bhat & Dhruvarajan, 2001). As illustrated in Figure 1, data available through the NFHS-3 show that in the 13 year span between the waves of NFHS-1, NFHS-2, and NFHS-3 the proportion of households with a woman designated as the household head has risen by more than half, from 9% to 14% (NFHS-3, 2005-2006).

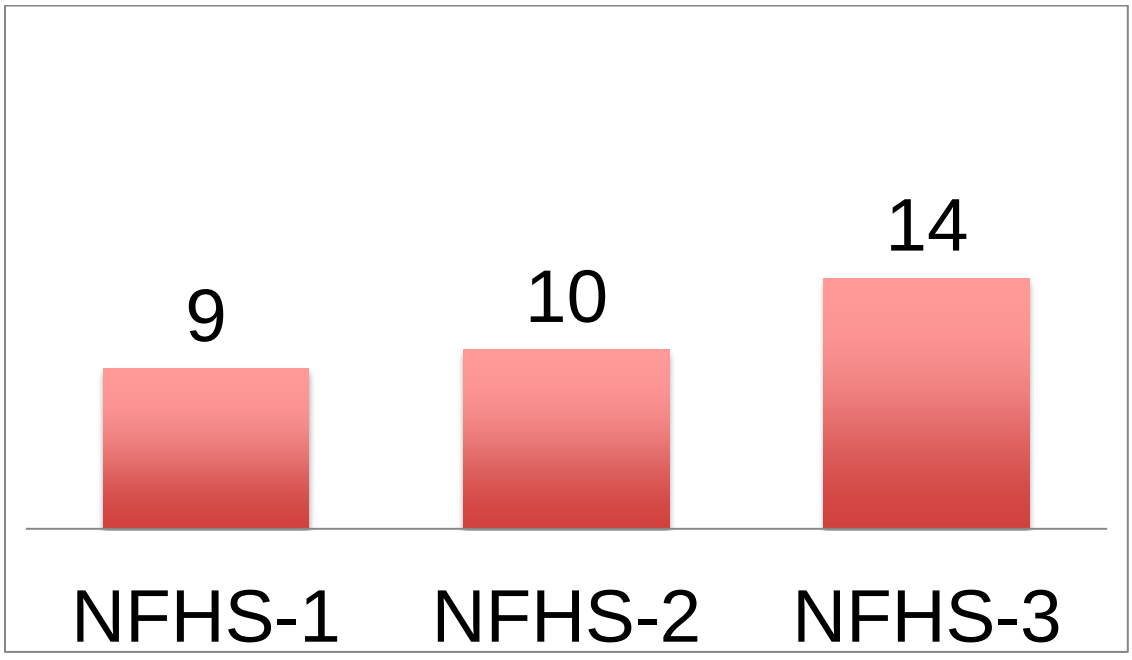

Figure 1. Trends in the percentage of households headed by females. Source: National Family Health Survey-3 (2005-2006).

The aged dependency ratio has been shown to be higher in the rural than the urban areas with approximately 75% of all elderly living in rural areas. Most recently, it has been found to be the increasing in Kerala which currently has the highest proportion of aged persons in India. Females outnumber males in terms of poverty indicators with slightly higher proportion in the urban areas. One third of elderly adults in India are living below the poverty line, 73% are found to be illiterate and dependent on manual labor, and almost 90% are identified as having no regular source of income (United Nations, 2002). There is also a research notion that women are taking on more of a care giving role with elderly widows which compounds the already exacerbating issues of poverty and neglect for this population of women. As seen in Figure 2, according to the National Family Health Survey (NFHS-3) 2005-2006, the percentage of households headed by females are highest in the lowest quintile of wealth (International Institute for Population Sciences and Macro International, 2007).

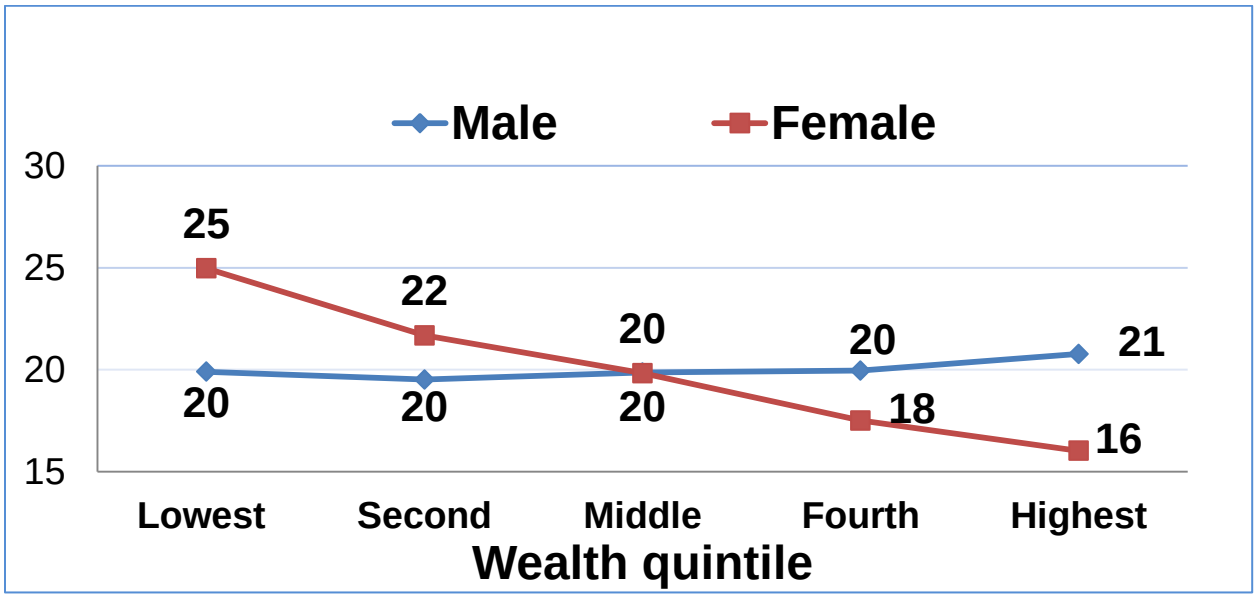

Figure 2. Percent distribution of households headed by males and households headed by females by wealth quintile. Source: National Family Health Survey (NFHS-3), 2005-06 (International Institute for Population Sciences and Macro International, 2007).

Significance of the Study

The significance of this study was to examine in more depth the factors related to living arrangements of elderly widows throughout India using the NFHS-3 (2005) data set. Sociological factors related to family self-report age of widow, education, caste, socio-economic stratification, religion, and geographic region were analyzed using logistical regression analysis. Demographic variables are described and conclusions drawn as to any implications for social work practice that may be made. Theoretical analysis is presented in a conceptual framework so as to address wide spectrum implications that may or may not be linked to impact of globalization and migratory patterns of Indian males.

Public health becomes a concern for this population of women that often do not have health care and have medical problems related to impoverishment such as diabetes and malnutrition. Ethical questions regarding who is valuable and who is not valuable are raised in a society that exhibits such severe discriminatory practices. Issues of generational equity and distributive justice emerge in terms of how societies handle needs of youth, adults, and elders throughout the lifespan. A matter of concern becomes how much the welfare state is responsible for providing social security, pension, and housing support when family structures are responding to such rapid shifts in modernization.

The migratory patterns of Indian males in an increasingly urbanized and globalized society has impacted the traditional structures necessary to meet the care needs of elderly widows in India (Bryceson & Vuorela, 2002). Significant changes happen in family systems when adult children become transnational citizens. In a study by Baldock (2000), participants comment on the issues faced by transnational families with regard to factors of distance in choices made for elder care and living arrangements:

> Their commitment to fulfilling their family obligations contributed to sometimes emotionally painful recollections about the question of who they were and where they belonged. In this sense, transnational migrants who seek to be involved in caregiving for their elderly parents face an extra burden, not carried by distant children who remain within their country of birth, even if far from home. (p. 222)

Examination of living arrangements for elderly widows revealed information about family structure and elderly caregiver arrangements that could be helpful in determining further programs to support the needs of this population and their families (Chou, Yeung, & Chi, 2001). Demographers continue to predict men will be migrating away from rural India into more urban areas and into other countries. This expectation creates more unique problems for this population in a country whose elderly population is rising and plans to improve government supportive resources are almost non-existent.

The research hypothesis asserts families in India are relying less on their sons to care for their aging widows in society. Journalistic reports indicate there is a higher incidence of abandonment and group living arrangements in India due to the increase in widow encampments in larger urban communities. Widows are often abandoned by their sons; who no longer wish to shoulder the burden of care for them despite the country's reliance on familial support for elderly citizens (Basu, 2010). More in-depth analysis of report of living arrangements from existing public health data may reveal modifiable risk factors that could impact elder program development.

CHAPTER 2

LITERATURE REVIEW

Literature Research Process

Mediated Search

A librarian-mediated search was done with the assistance of a social science librarian at the University of North Texas. This process began with the researcher completing an EBSCO Host and a Google Scholar search of journals available at two local universities (University of Texas at Arlington and University of North Texas [UNT]). The next phase was consulting with the PACS (Public Administration and Community Planning) librarian at UNT who has been designated as the Applied Gerontology subject specialist. Preliminary information in the form of an abstract was given to the librarian and an appointment was scheduled to meet and review the findings. The librarian and the researcher searched independently with keywords (*India, women, elderly, widows, living arrangements, poverty, effects of immigration, social condition)* and then met with one another to compare results.

Results of this librarian-mediated search revealed limited scholarly peer reviewed articles addressing the specific social problem of elderly widows in India (<50) published within the last 20 years. The majority of items found were from soft data such as journalistic news sources or items considered seminal works on the topic of widows in India that were 20 to 30 years old. Very few peer reviewed social science publications addressing the problem of elderly widows in India were found and even fewer that were published on this topic within the last 10 years. National public health data exists in India, similar to census data in the United States, which tracks the living arrangements of individuals and families (NFHS-3). There has been an increase in journalistic reporting over the last five to seven years that have been tracking the problem of

displaced Indian widows. This reporting has resulted in announcements being made by previous UK Prime Minister Tony Blair, with his wife Mrs. Cherie Blair, developing a campaign to raise awareness of widowhood in India including in 2010 the United Nations designation of an International Widows Day (June 23). International Widows Day is now acknowledged around the world with education and campaigning to raise awareness of the needs not only of Indian widows but of widows in other developing and under developed nations. There has also been an increased development of NGO's throughout India to help address the problem of caregiving for elderly widows (United Nations, 2014). There is, however, what appears to be a significant lag in the current scholarly research related to this social problem as evidenced by the limited amount of information published within the last 10 years.

Systematic Review

After the initial articles were reviewed more in-depth searching was done with a Social Work graduate research assistant at Stephen F. Austin State University School of Social Work, Mr. Ray De Blanc. Articles referenced in the academic publications that were selected as most relevant in the initial search were obtained for cross referencing. An additional mediated search was done with this author and the graduate assistant using more key words including; *elderly widows*, *domestic violence,* and *elder abuse.* Eight additional articles were found in the second search with only four being found as relevant to the current study. Thirty-five articles were reviewed and selected in all from both mediated searches that were identified as relevant to the subject area and having been published within the last 10 years. Appendix A was constructed to illustrate the evidence of this systematic review noting the relevant findings of each source.

Aging and Elder Care in India

The population of India is expected to surpass China in terms of elderly citizens by 2050. Once this happens, India will become the world's largest nation (United Nations, 2002). For the elderly population of India in general, the 60+ cohort currently has census of 100 million. This census is expected to rise to 300 million by 2050. The number of 80+ is expected to increase sevenfold. Approximately 10% of the total population of women in India are elderly widows. In the entire country, it is estimated that India has a population of 40 million widows. Women are typically younger than their husbands in Indian culture, they often outlive their male companions and opportunities for re-marriage are thwarted by laws in many regions. Women often marry young, as early as 15, and have children and grandchildren by the time they are 40. Culturally, a woman in India is often a grandmother and considered old in society by age 40 (Cohen, 1998).

The social welfare system of India is practically non-existent (old age security exists but is limited and difficult to get). When a woman qualifies for an old age pension she is often unable to complete the necessary steps to apply and obtain this benefit due to the chaotic and disorganized bureaucratic system. Elderly widows rely on family members for support and oftentimes families abuse, discriminate, and abandon elderly widows because they are seen as bad luck or a burden on the family. If a widow has any property left to them by their husband, it is not uncommon for other family members to step in and take it away from her without any fear of legal or societal recourse for doing so.

Elderly widows are a vulnerable population subject to poverty, discrimination, and neglect. In the holy city of Vrindavan known as the *city of widows* where 6,000 widows are currently known to be living, it is common for families from other parts of India to take their aging widowed family member to the city for a religious festival and walk away leaving her

there in the city to fend for herself or die. These women have been growing in numbers and often found on the streets begging for money, neglected, and in ill health.

Intergenerational Relationships

Intergenerational relationships among elder adults, younger adults, and children can be positive and healthy. Older adults have much to offer younger generations with regard to experience, strength, and hope. Oftentimes there is a mentoring aspect between an older adult and younger people that can increase self-esteem for the older adult and help to develop confidence in the young adult or child. Many people develop a sense of wisdom later in life that can be passed down to the next generation having a positive effect on human development. As population numbers increase for elderly women in India, it is safe to assume that an increase in awareness will help to improve the chances of programs and policies to address these needs. Economic conditions may also result in families merging and joining out of financial need. This could help create more opportunity for older adults to engage in intergenerational relationships as educators, volunteers, mentors, and custodial grandparents.

As economic conditions worsen, families tend to pool resources and merge living arrangements with older adults. This can have a positive influence on families that have harmonious relations with one another because there are financial as well as care giving benefits for family members that are dependent on one another. This unity is based on the sociological principle that there is strength in numbers and solidarity in groups. There seems to be a secondary effect of globalized society on traditional Indian family life in that younger men are leaving some parts of India in search of employment in larger cities and in other countries. Often time these men are leaving behind elderly parents and are unable to care for their parents when they are not living directly at home (Singh, 2003).

Discrimination and Abandonment

Women in India have had an eventful history that has been fraught with change, discrimination, and inequality. India has had women in high positions of leadership such as Prime Minister, President, political leaders, academic professors, medical doctors, and CEO's of major banking institutions. Despite these open doors there continue to be serious concerns regarding discrimination and equal rights for women affecting prevalence of violence, rape, sex trafficking of young girls, acid throwing, and dowry killings. Discriminatory treatment and abandonment of widows later in life is another example of sexist and abusive acts toward women in Indian society that has begun to attract more attention (Menon, 2013). In many parts of India, widows live in large encampments or loosely formed homeless collectives in large cities seeking refuge during the day with NGO's and temple charity programs.

Older women are far more likely than older men to be widowed worldwide. This situation exists because women around the world have a life expectancy that surpasses men in almost every culture. India is unique in that for approximately the last four decades population statistics have revealed that men are surpassing women in life expectancy. Although this trend is changing somewhat, the population of widowed women still surpasses widowed men throughout all of India. This poses the question of why are men suddenly beginning to outlive women in India? Many reasons could exist related to health, economics, and family living arrangements.

Gender and the Elderly in Indian Culture

India is known for having significant regional differences in cultural norms and practices. This variance is seen not only in the distinction between urban and rural but also in the regional differences of North and South. Historically this related to the patterns of migration in the Northern area versus the Southern area and the characteristics of the tribes that settled in those

regions. Sons are considered to be a valuable commodity for Indian families because of expectations of marriage and elder care. Due to gender discrimination, the absence of sons can create a whole host of problems affecting the care of elderly women and the impact they are having on society by living neglected and in poverty (Vlassoff, 1990).

When people think of Indian culture it is not uncommon for the stereotypical assumption to be that families care for their elder adults in their homes. This assumption is partly based on the tradition of Indian culture being family oriented and for the intergenerational bonds. In regards to widowhood, grief over loss of spouse is compounded by societal strains related to care obligations and household property. Chen (1997) describes this as:

> First, a woman who loses her husband has to adjust the entire basis of her life and work: who she lives with, how she earns her livelihood, her access to her husband's property etc. Second, the negotiations involved in these adjustments are typically much easier if she has adult sons or supportive parents and brothers. Third, most widows received very little support from their in-laws. In fact, relations with in-laws are often quite tense. (p. 316)

Determining the care needs of elderly widows is important due to health indicators that will be necessary to address throughout the cycle of aging in older adulthood. The dominant culture in India tends to support family care arrangements for older adults; however, the care needs of elderly widows bring with it a whole host of potential problems and challenges for extended family. Elderly widows are often treated like third class citizens and thought of as bringing bad luck to the family. They are often the last fed at the dinner table, the last identified for health care, and the last respected in distribution of wealth and property within a family system.

Population studies confirm that in general, elderly females in India are typically in a lower socio-economic status, are often un-educated and illiterate, are dependent, unemployed, widowed, and living with a son head of household (Datta, 2008). Elderly Hindu widows become

vulnerable members of Indian society due to discrimination and social stigma (i.e., being made to wear white and having their heads shaven, no longer being able to provide a dowry for re-marriage, being thought of as a burden for basic care of food and shelter without equal contribution to the family). Creating services that meet the needs of elderly widows, while also providing support to family members that are willing to care for their aging widows, is an important contribution to Indian society. In addition, being able to understand cultural values and their significance in care giving can provide important information in the design of culturally sensitive services for this population of older women (Gupta, Rowe, & Pillai, 2009).

Basically, widows that have sons can be predicted to have a better story and most likely fair better than widows who do not have sons simply because of the societal matrix and familial roles. If you are a woman and you do not give birth to a son then other women do not accept you and you spend your whole life as considered *lesser than*. In one ethnographic study, there are numerous examples of widows describing incidences where their son-in-laws try to dismiss of them because they want the inheritance for themselves and their wives as opposed to having to take care of a mother-in-law that is considered to be bad luck and a burden (Nagar & Marg, 2008). There is what South Asian scholars refer to as *a logic in the patrilineage*. It is the societal and family matrix that sets guidelines and expectations for kinship care. Miltiades (2002) points out that in South Asian culture, the immigration of an adult child may dissolve the ties of a complex family system. Hindu family values are often at odds with the experience of the adult child's immigration. The barrier of geographic region prevents the fulfillment of family care obligations and creates stress and tension between the values and reality of the family.

Vlassoff (1990) identifies two main perspectives on the view of children as economic collateral in Indian culture:

> The economic value of children in contemporary societies has been studied from two main perspectives: (a) the labor that the children contribute towards household production and maintenance; and (b) old age security or as insurance against future risk in socially and environmentally hazardous circumstances. (p. 5)

The model of care in the U.S. factors in the state/government where as in India the care available through the state/government is meniscal and families are expected to provide that kinship care. Changes in Indian families are having a dramatic impact on the ability to do that for the elderly population mostly due to extended life span and reduction infertility. Adults are living longer and families are choosing to have fewer children. Both of these factors compounded together create a demographic pattern of elder care needs that should be addressed if India does not want to experience a public health crisis in regards to elder care (Rao, 2005). As migration continues and sons move out of India in search of greater employment opportunities, they are seeking government assistance and support to care for their elderly. Rajan and Kumar (2003) summarize this by pointing out:

> The elderly expect ecomomic, social, and emotional support from family members as their economic productivity and physical strength decline. Thus, living arrangements become an important constituent of the overall well-being of the elderly and provides some indication of the level of actual support available to them. (p. 75)

Religious Beliefs and Societal Practices

Religious beliefs play a significant role in the decisions that individuals make about elder care. Families often fall back on religious codes and values when making choices that affect care and support of their elder members. In India, the two most predominant religions are Hinduism and the religion of Islam. Christianity and Budhism are also practiced in some regions more than others. Most women perform religious rites and participate in annual festivals and ceremonies to ensure the male members of their families live long lives. According to Wadley (1994), most women perform yearly rites to gain sons and to ensure their brothers and husbands live long

lives. The ritual behavior of the women in Indian society reinforces the ideology of a male-dominated system and reproduces these practices in the next generation as women teach their daughters and daughters-in-law to participate in the same religious practices.

The Hindu Widow Remarriage Act of 1856 made it possible for widows to remarry legally but there are still problems with families and communities supporting a widow to remarry. Demographic variables, such as age at time of widowhood, education, caste, and socioeconomic status, are all considered to be significant in determining whether or not a widow will have the opportunity to re-marry (Johnson & Shayamala, 2012). When a woman becomes a widow in Indian society she must be more public about her needs and often times has to take on some of the roles and duties of a man (i.e., seek employment). Issues of property ownership and power and control of land rights suddenly become topics for dispute which effect the family's decision to support a widow in remarriage or to banish the widow from the confines of a household (Wolpert, 2005).

Because of the patrilineal logic, typically a woman only has status in Indian society if attached to a husband. After a husband dies, it is not uncommon for family members to take away the property of the widowed woman and abandon her or worse yet, encourage a Hindu practice known as *sati*. Culturally having an elderly widow as a family member is often viewed as bad luck. While this view is changing some, gender discrimination still exists for this elderly generation of women in India. Laws exist prohibiting the re-marriage of widows in many regions throughout the country. Once a woman is widowed later in life then she becomes the responsibility of the sons in the family. If the sons are migrating away from their region or country, or concerned that the widow may bring bad luck, then widows are often ostracized and abandoned by their families.

In Indian culture is not uncommon for women to be considerably ". . . younger than their husbands, life expectancy of women is longer, women are less likely to remarry than men, and their opportunities for employment and inheritance are fewer" (Vlassoff, 1990, p. 6).

In some parts of the country, more so in rural areas, the custom of *sati*, also known as widow burning, is still practiced. Very often widows will still practice *sati* and immolate themselves following the death of their husband. While it is not known why in all cases, it does still happen with a few cases reported annually with seemingly more prevalence in the rural villages. It is thought that widows will immolate themselves in response to discrimination, shame, and domestic disputes. Some reports indicate that widows are also encouraged to follow through with *sati* by being told of the religious benefits of purity and spiritual loyalty being maintained to a spouse in the after-life (Ahmad, 2009). The *Sati (Prevention) Act, 1987* upholds punishment for participation in or abetting *sati* of a widow. The Act even includes someone that is talking about or convincing a family that this practice is an acceptable thing to do in order to eliminate the burden of a widow upon a family (Nagar & Marg, 2008). Clearly, the image of the *sati* has an emotional impact. Although the symbolic power of *sati* has always been thought to exceed the actual incidence, *sati* has been and will remain one of the most controversial social issues for women in India (Chen, 1997).

CHAPTER 3

THEORETICAL AND CONCEPTUAL FRAMEWORK

Supporting Theories

Theories are used to help explain, predict, and understand human phenomena. Theories of aging have developed in the field of gerontology as a way to understand how older people are integrated into and accepted by society. In the realm of sociology, theories come in micro, mezzo, and macro forms, which are designed in order to address the individual, community, and society at large. The current study was based on several interwoven theories. Looking at the social problem of the care for aging widows in India is complex and multi-faceted requiring multiple theoretical perspectives.

Beginning with modernization theory, the foundation of this phenomenon is based on the gradual yet steady urbanization of society which has been further impacted by globalization. Continuity theory reflects the belief that social change is pervasive, continuous, and closely linked with adaptation. Feminist theory examines the gender relations within a cultural context and the impact of the feminization of poverty and religious discrimination has upon the elderly widowed population in India. Ecological systems theory (EST) integrates aspects of the proceeding theories and explains homeostasis as it relates to culture and family care of elderly widows.

Modernization Theory

The modernization theory of aging is a macro theory which basically states development in society is linked to the aging of human beings. As society has become more urbanized, the status of older adults has decreased. In pre-industrial society, elders were more revered and thought of as the *wisdom keepers* but this has gradually changed as society has become more

industrialized and families have become less engaged due to urbanization, education, and technological lag of employment for older adults. Health technology and economic conditions of retirement have created situations for older adults who are neglected, abandoned, and ignored more and more in society. The status of older adults declines as society becomes more modernized. Many Indian families cannot afford the cost of elder care and family structures have been affected by urbanization and social mobility. The example of widows in India supports this aspect of post industrialized culture as more traditional Indian society begins to show signs of decline. The elderly, specifically female elderly, experience a drastic reduction in status that is exhibited by the lack of care and support by families once a woman becomes widowed later in life.

Continuity Theory

Continuity theory is based on the assumption that social change is everywhere and always present. Adaptation is defined as an individual's ability to adjust and adapt to their environment in a way that allows for optimal functioning in order to get basic human needs met (Blackburn & Dulmus, 2007). The question is often asked, how well does the individual fit or adapt to their environment in order to get needs met? Learning to adapt and *go with the flow* of the natural world around us is critical for surviving and thriving with a healthy lifestyle. Life changes cause individuals to modify their core values and attitudes, and identity which creates a cycle of change, modification, adaptation, and continuity at a core level that goes on throughout the aging process. These core values and attitudes carry us through the inevitable changes in life and impact optimal development in later adulthood.

Whether or not someone resists situations in their internal and external environment hinges upon how stress is created in body, mind, and spirit. The ability to appraise and adapt to

stress is becoming even more important in modern society due to the onset of the information revolution and the subsequent technology invented to enhance transfer of information. This availability of information has created an unprecedented acceleration in data and human processing exchange that in many cases has created road blocks to adaptation. Assessing for new opportunities arising from this drastic ecological change is critical in the sociologist's ability to influence human adaptation positively.

Feminist Theory

Feminism is a value very often adopted by social workers and sociologist that are concerned with improving social problems. Adopting a feminist approach typically involves a holistic, process oriented mentality that emphasizes connection, diversity, and equal opportunity for women (McPhail, 2003). There is a term known as the *feminization of old age* which refers to the fact that as individuals age in society there tends to be an imbalance of sex ratio in the population 60 years and older with a higher percentage of women which steadily increases up until the age of 80 years old. Because women are widowed and very often live alone during old age, there is the higher incidence of physical disability, isolation, and poverty that affects women later in life.

Due to the impact that aging and care giving has on the status of women in society, it seems fitting to look at the issues of care, neglect, and abandonment of elderly widows in India through the lens of feminism. Statistically, women live longer than men and are in need of more long term care simply based on longevity. Very often the basic premise of social welfare programs is based on a socialist implication that the values of society take precedence over the values of the individual.

Some laws are in place to protect these widowed women in Indian society but they are often not adhered to nor enforced with punishment (Mohindra, Haddad, & Narayana, 2012). In fact, in some more remote areas of India the practice of *sati* or *widow burning* is still practiced by communities that perceive their elderly widows as a burden that bring bad luck upon the family and the community. Because of the Widow Remarriage Act of 1856, widowed women are legally allowed to re-marry in India but this creates problems in a society where arranged marriages with dowries are still very common. The practice of marrying a younger woman to a much older man is also acceptable and common practice in Indian culture. This arrangement can mean a woman might be married off by her family to a much older man that may leave her widowed with children and unable to remarry at an early age, perhaps in her 20s or early 30s. Years of care giving and lack of family support in society very often leads a widowed woman to a poor quality of life and bad health that will then affect her ability to age well in elder adulthood.

Feminist values promote a sense of equal opportunity and access to resources for all people, especially women. Elder care giving poses a complicated array of issues regarding health care, vocation, and family lifestyle that impacts the role of women in society more significantly than the role of men. The development of NGO's like Maitri (2015), Sulabh International (2015), The Guild for Service (2015), and The Loomba Foundation (2015) are each examples of the societal attempt to create more resource and accessibility to alternatives for women as elders and as care givers who need education, health care, and support in order to maintain in society as aging adults. There is no doubt that women juggle multiple roles throughout the course of a lifetime and the impact this has on health, quality of life, and stress creates on-going opportunities for oppression and negative health outcomes. When women are depleted of

physical strength and financial resources, situations of vulnerability are more likely to arise (Chokkanathan, 2014).

Ecological Systems Theory (EST)

Ecological systems theory, which will be referred to throughout as EST, focuses on the individual as *part of* and *integrating with* other systems. This theory works to analyze the social environment and emphasizes a social focus when working to address problem situations (Payne, 2005). The term ecological stems from the scientific reference to ecology which is the study of how organisms relate with their natural environments. From a sociological perspective this often refers to how human beings or groups relate to their existing environments and is linked with human ecology (Dale, Smith, Norlin, & Chess, 2009). Systems perspectives are based on the belief that persons are in constant interaction with their environment and are encircled within networks that can impact an individual or a family in both positive and negative ways.

Ecological systems theory is a combined approach of ecological principles and systems theory first presented by Bronfenbrenner in the 1970s as a theory of human development (Bronfenbrenner, 1994). EST very much relates to the meta-paradigm in social work commonly referred to as *person in environment*. This is described as how an individual and their numerous and complex environments are interactive and synergistic with each other in ways that simultaneously affect one another (Weiss-Gal, 2008). An empowerment model is often associated with EST that works together with the patient and the extended support system to strengthen and maintain what is necessary in order to improve functioning (Trask, Hepp, Settles, & Shabo, 2009).

One unique feature of the ecological model is its distinguished concept of human development within an environmental perspective. The ecological environment is thought of as

nested structures encircled within and inside the other like a set of Russian dolls. Starting with the most inside to the outside, these networks are described as micro systems, meso systems, and macro systems (Bronfenbrenner, 1994).

The ecological perspective analyzes how well the individual or family fits with their environment and is based on the assumption that when a person or group is connected and engaged within a supportive environment then functioning improves. Bhat and Dhruvarajan, (2001) noted how families in India are now beginning to seek more state sponsored support mechanisms for the problems of elderly family members. Unlike developed countries, the Indian government is not able to financially step up and take some of the responsibility for the care of the aged population through a system equivalent to the U.S. Social Security Administration. Pensions exist but they are meager (rupees equivalent to $5-7 per month) and are only available to state workers employed at length and widows that are determined destitute. From an ecological systems perspective this presents societal problems within the welfare structure that contribute to the health and well-being of Indian widows and their families responding to the demands of a globalized world.

In order to determine the best fit, usually for an individual, there is an examination of difference between the amount of social support needed by the person and the amount of social support available in the existing environment. This is sometimes referred to as a person in environment approach (Greene, 2008). In this case, finding a place for elderly widows in Indian society becomes more conflicted as the traditional place in the patrilineal society is disappearing while the population of elderly widows is expanding (Lamb, 2009). These concepts help to support an EST approach to the examination of living arrangements for elderly widows as related to extended family. By illustrating the need for elderly adults to maintain social supports of

extended family in order to sustain health and quality of life (QOL), this in turn supports the strong theoretical underpinning of EST in an intergenerational family context that emphasizes the need for extended family to contribute to the care of aging family members (Singh, 2003). This population of women is considered to be a marginalized sub set of the overall population in a society that is highly stratified based on a caste system. Assertions could implying this sub group of women have actually become a *caste of their own* in Indian society.

Figure 3 illustrates the interplay of the four theories: Modernization, Continuity, Feminist and EST showing how each theory explains many of the compounding factors related to the social problem of elderly widows in India. Modernization theory is seen as an explanation for urbanization and globalization relating to the structural changes in the traditional values of Indian society and the migration of sons as well as relating to the problem of poverty and issues related to QOL (quality of life). Continuity theory of aging helps in understanding the impact these changes are bringing about on Indian family structures, living arrangements, and health care required for elderly widows which is also related to poverty, QOL. Continuity theory also helps explain the historical impact of gender discrimination toward elderly widows in India. Feminist theory accounts for the on-going presence of gender discrimination and attitudes in society with issues of social justice for elderly widows (i.e. widows, pension, and cultural pressures related to widow re-marriage). Ecological Systems Theory (EST) provides supportive information explaining the impact of urbanization and globalization from a micro, mezzo, and macro perspective while also addressing aspects related to poverty, QOL, attitudes toward elderly widows, and social justice.

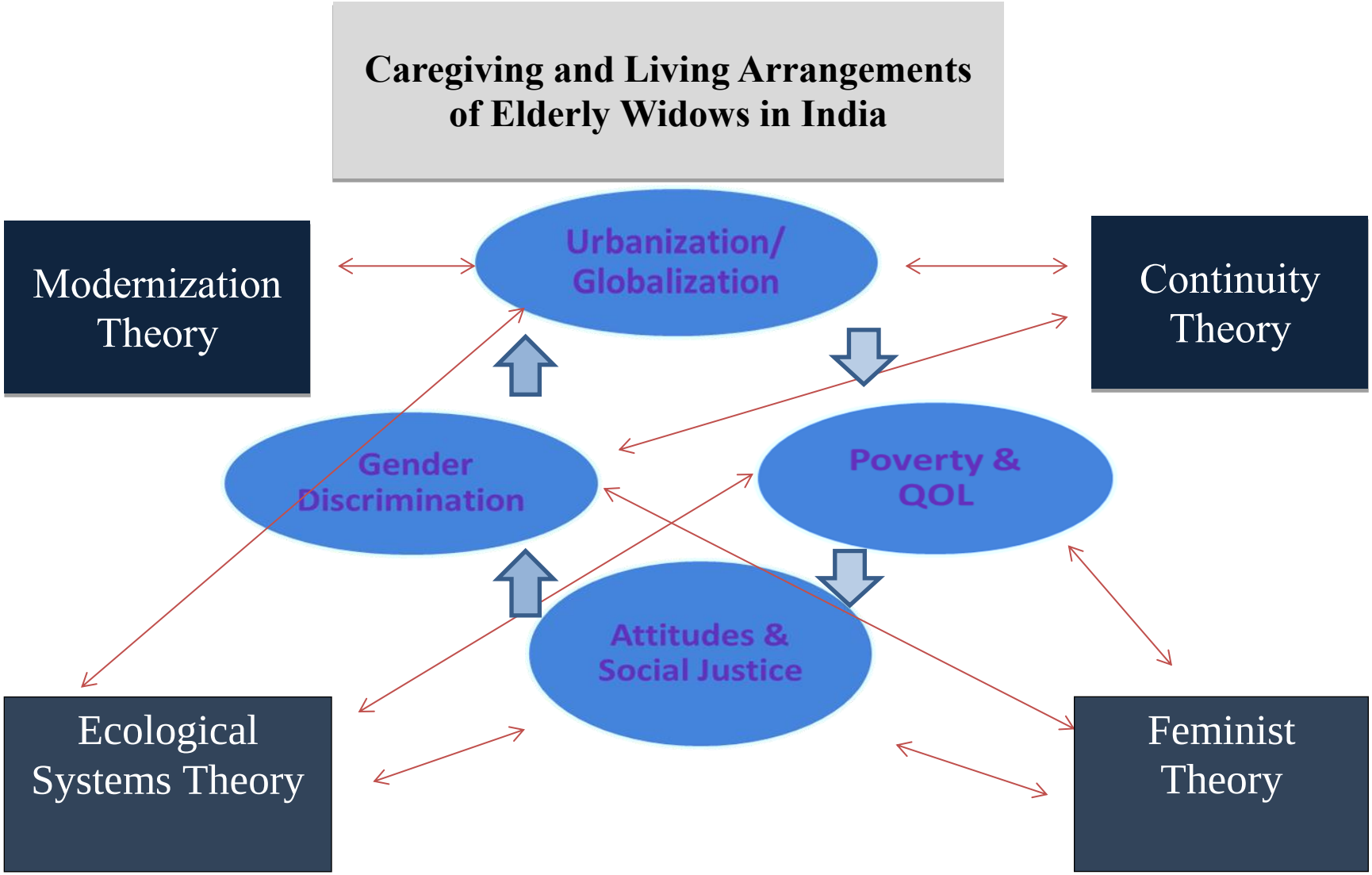

Figure 3. Conceptual model.

Purpose of the Study

Hypotheses

The question is: "What are the living arrangements of elderly women in India?" There is a Hindu mantra that has been in existence for thousands of years in Indian culture; s*ons are responsible for the care of their aging parents*. Through examination of reported living arrangements, implications for kinship care can be inferred. The current author asserts the migratory patterns of Indian males in a globalized society have affected the traditional structures necessary to meet the care needs of elderly widows in India. This implies a growing need for services to support elderly women and their families in India as men continue to relocate to other countries for employment and educational opportunities.

Examination of living arrangements for elderly widows reveals information about family structure and elderly care giver arrangements that could be helpful in determining further programs to support the needs of this population and their families. The research hypothesis asserts that families in India are relying less on their sons to care for their aging widows in society. There is also a research notion that women are taking on more of a care giving role with elderly widows which compounds the already exacerbating issues of poverty and neglect for this population of women. Journalistic reports also indicate there is a higher incidence of abandonment and group living arrangements in India due to the increase in widow encampments in larger urban communities. More in-depth analysis on reports of living arrangements from existing public health data may reveal modifiable risk factors that could impact elder program development.

Research Questions

The research questions for this study have been explained as one overarching primary question followed by multiple secondary questions that can each be answered through analysis of data in the NFHS-3 (2005) database.

Primary Research Question

Who are the care givers of elderly widowed women in India?

Secondary Research Questions

Q1: How do Indian families report living arrangements for elderly widows?

Q2: How does age of widow affect living arrangements of elderly widows?

Q3: How does education effect living arrangements of elderly widows?

Q4: How does caste effect living arrangements of elderly widows?

Q5: How does socio-economic stratification impact living arrangements of elderly widows?

Q6: How does religion effect living arrangements of elderly widows?

Q7: How does geographical region effect living arrangements of elderly widows?

CHAPTER 4

METHODOLOGY

Study Design and Methods

According to Heineman, in the 1950s there began to be a break in the sociological and social work community from the strict controls of the logical empiricists. It was at that time discussions regarding alternative forms of research design began. Arguments against concepts such as operational definitions, symmetry thesis, and reductionism began to emerge in the behavioral and scientific community (Tyson, 1994). This disagreement was partly due to advances made in the area of quantum physics and mechanics that have shown the existing element of the unknown and mutability which helps link theory to scientific data. These advances began to challenge the beliefs of what is actually known to be true and brought about a different level of truth based on experiences not previously understood or observable in the academic community (Tyson, 1994).

Positivism is based on empirical science and adopts the perspective that what is known comes from objective observation of external events. The role of the sociologist is considered to be more of an expert and is best performed through the use of established assumptions about what is best in a given situation. This role is done by adopting an objective and neutral stance in order to avoid personal bias (Greene, 2008). Positivism offers a belief that there is a possibility for consistency, reliability, and replication within its methods which are not always compatible with the constant change accepted as truth by constructivist thinkers (Reamer, 1993). Positivist approaches are designed with structure and objectivity in mind that is not always relevant within an EST perspective. This approach is inherently weak within the EST model but with concerted efforts on the part of the sociologist, this can be controlled for through the use of existing data to

support assessment and intervention strategies. The primary focus of this research was to explore the living arrangements of elderly widows living in India using empirical data analysis from a positivistic approach. This approach is to help bring validation to the findings and glean more information addressing the identified social problem that is being analyzed from an ecological systems perspective.

Population and Sample

The current research was a quantitative study using methods of secondary data analysis from the NFHS-3 Survey. The National Family Health Surveys (NFHS) program, initiated in the early 1990s, has emerged as a nationally important source of data on population, health, and nutrition for India and its states. The 2005-06 National Family Health Survey (NFHS-3), the third in the series of these national surveys, was preceded by NFHS-1 in 1992-93 and NFHS-2 in 1998-99. Like NFHS-1 and NFHS-2, NFHS-3 was designed to provide estimates of important indicators on family welfare, nutrition, and maternal and child health. All three NFH surveys were conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India (International Institute for Population Sciences (IIPS) and Macro International, 2007). In addition, NFHS-3 provides information on several new and emerging issues including family life education, domestic violence, safe injections, perinatal mortality, adolescent reproductive health, high-risk sexual behavior, tuberculosis, and malaria.

Further, unlike the earlier surveys in which only ever-married women age 15-49 were eligible for individual interviews, NFHS-3 interviewed 124,385 women age 15-49 and 74,369 men age 15-54. Information on nutritional status, including the prevalence of anemia, is provided in NFHS-3 for women age 15-49, men age 15-54, and young children. The survey used a uniform sample design, questionnaires (translated into 18 Indian languages), field procedures,

and protocols for biomarker measurements throughout the country to facilitate comparability across the states in effort to ensure high quality levels of data.

The NFHS research study is based on a design using quantitative measures accepted as standard procedure in completing a binary logistic regression analysis. This approach helps strengthen the validity and depth of the findings by using empirical measures which support a positivistic approach. The NFHS-3 researcher interviewed women age 15-49 and men age 15-54 to obtain information on residents of India in each of its 29 states. The survey is based on a sample of households that is representative of the population at the national and state levels. Participants responded to the NFHS in its third dissemination with data collection completed in the year 2005-06.

Inclusion criterion for the study was based on marital status (widowed) and age (40-49) of participants that are living throughout India who completed the NFHS questionnaire in person by an employed survey researcher. For the purposes of the current analysis, all the widows aged 15-39 were removed from the total sample of 124,385 female respondents. The sample population consists of women who identify themselves as widowed adults aged 40-49 years old. Of the total female respondents, there were 3,921 (32%) widows in the entire sample of women. Of these widows, 2,176 (56%) were widows that met the age inclusion criterion of young old, 40-49 years old. Results from this data collection were analyzed using a binary logistical regression to determine the relationship between the dependent variable of self-reported living arrangements (living with family member or non-family member) and the independent variable when controlling for age, education, caste, religion, state residence, and income.

Procedures for Data Analysis

Research has been done on public health and factors related to family welfare in India that includes information about widows and their living arrangements. The NFHS-3 researchers looked at family living arrangements with relationship to head of household. The data were examined to look at the living arrangements for elderly widows in households that participated in this study using secondary analysis of data gathered and reported in 2005-06. Based on head of household information, kinship care giver will be inferred on the basis of familial and cultural norms. Projections on widows aged 40-49 years of age were made based on the results of the secondary data analysis.

The analysis included a descriptive report of the findings using the variables identified. A binomial logistic regression analysis was done using the secondary data source of the National Family Health Survey (NFHS-3). Logistical regression and Chi-Square analysis were completed showing the relationship between the dependent and independent variables identified using IBM SPSS Statistical Package for Social Sciences, Version 23. The outcomes of the current data analysis were further examined for the living arrangements of widowed women and the relationship these widowed women have to their head of household. Demographic tables, cross tabulations, Chi-Square analysis, and binary logistical regression output are used to illustrate the findings from the data analysis.

Variables

The dependent variable chosen for this analysis is living arrangement which was determined by examining the head of household identified as *widow* and the self-reported family members they are living with. The category RELATEFAM was created for the total widows that were used in this sample. RELATEFAM is a category that was re-coded to include self-report of

widow as living with a related family member or not living with a related family member. This included several possible relationship configurations each being a self-reported relationship to the head of household in the data set. This concept was measured by respondent's answer to the following question: 1.) Who do you live with? This variable was labeled RELATEFAM and includes responses given in a format where head of household (widow) self-reported living with one or more family members. The option of family members is coded as: 1 = head, 2 = wife, 3 = daughter, 4 = daughter-in-law, 5 = grandchild, 6= parent, 7 = parent-in-law, 8 = sister, 9 = co-spouse, 10= other relative, 11= adopted/foster child, 12= not related, 13=niece by blood, 14= niece by marriage, 15= sister-in-law, 16= niece. All others, including 12= not related, were identified as non-family members and coded as (0) for reference category.

Demographic variables for current age, level of education, caste, self-reported income, religion, and "dejure" state of residence were explored using the following criterion and identifiers. Age of respondents is labeled AGE (v013) and includes results for widows in two categories age 40-49 years old reported at last birthday. The two categories are age 40-44 (1) and age 45-49 (0) years. Level of education is labeled EDUC (v106) and includes two categories based on response to a YES or NO question asking if respondents graduated from high school and received a high school diploma. Caste of respondents is labeled as CASTE (S118) and includes four categories of respondents: the first category being scheduled caste, scheduled tribe, and other backwards classes identified as (1) and a reference category of (0) being all other identified castes.

Religion is labeled RELIGION (v130) and includes five categories: Hindu, Muslim, Christian, Buddhist, and Sikh. Geographic location of respondents is labeled DEJURE (v024) and includes respondents reported state of residence. Thirty states are included with three

categories labeled as Himalayan, North, and Deccan (0) regions. Level of income is labeled WEALTH INDEX (v190) and includes the variable “woman factor.” The category of “poor/poorest” = 1 and “middle/rich/richer” equals reference category of (0).

CHAPTER 5

DATA ANALYSIS

Interpretations of Findings

The current researcher examined how the reported living arrangements of older widows in India were affected by age, education, caste, income, religion, and geographic region of residence. Overall the sample of widows in this research was divided into two categories by age. The first group being old widows age 40-44 years and the second group being older widows age 45-49 years. Data were gathered from the NFHS-3 2005-2006 (International Institute for Population Sciences (IIPS) and Macro International, 2007), the United Nations ([UN], 2002), Office of the Registrar General and Census Commission, India (Government of India, Ministry of Home Affairs, 2011), and the World Health Organization (2015) to address questions presented using a secondary data analysis. An exploratory hypothesis was developed followed by a primary research question and seven secondary research questions. This data analysis continues with descriptive information about each variable examined, illustrated population demographics of India with a current map showing the division of states into regions, followed by a presentation of results of Chi-Square and binary logistical regression analysis.

Hypothesis

The research hypothesis asserts that families in India are relying less on their sons to care for their aging widows in society. There is also a research notion that women are taking on more of a care giving role with elderly widows which compounds the already exacerbating issues of poverty and neglect for this population of women. As previously introduced, journalistic reports in the last five years indicate there is a higher incidence of abandonment and group living arrangements of widows in India due to the increase of widow encampments in larger urban

communities. More in-depth analysis of reported living arrangements by widows from existing public health data may reveal modifiable risk factors that could affect nationwide elder program development.

Research Questions

There was one primary question and seven secondary questions used to guide the research and data analysis. These questions are listed below, followed by all of the measurement variables used in this analysis.

Primary Research Questions

Who are the care givers of elderly widowed women in India?

Secondary Research Questions

Q1: How do Indian families report living arrangements for elderly widows?

Q2: How does age of widow affect living arrangements of elderly widows?

Q3: How does education effect living arrangements of elderly widows?

Q4: How does caste effect living arrangements of elderly widows?

Q5: How does socio-economic stratification impact living arrangements of elderly widows?

Q6: How does religion effect living arrangements of elderly widows?

Q7: How does geographical region effect living arrangements of elderly widows?

Conceptual Definition of Dependent Variable in Table 2

- Living arrangement: Relate Fam is the dependent variable that was created for the purposes of the current research to examine self-reported living arrangements better of older widows aged 40-49 identified as the sample population from the data set.
- Care givers of elderly widows: This terminology is used in the research hypothesis. It is based on the information available in the data set on relation to head of household and the logic of Indian family structures based on restrictions of caste and tribe. Caregiver is inferred from self-reported living arrangements of elderly widows using RelateFam as the dependent variable.

Table 2

Level of Measurement of Variables

Variables	Level of Measurement
Dependent Variable	
Living Arrangement/Relate Fam (self-report of relation to head of household)	Nominal
Control Variables	
Age	Continuous Numeric
Education	Nominal
Caste	Nominal
Wealth	Continuous Numeric
Religion	Nominal
Geographic Region	Nominal

Note. Source: National Family Health Survey 2005-06 (NFHS-3)

Operational Definition of Control Variables in Table 2

- Age: The NFHS-3 contains information on 124, 385 women between the ages of 15-49. For the purposes of the current analysis, all the widows were separated out equaling 3,921 (32%) of the total sample population. Of these 3,921 widows, this data was separated further to create a variable that captures the older aged women in this sample. Widows that met the criterion of "older" between ages 40-49 were 2,176 (56%) of the total sample of widows. Two categories were created, "old" between ages 40-44 and "older" between ages 45-49.
- Education: Response to education has been categorized into a Y/N question as to whether or not the respondent graduated from high school. Variables for education include a re-coding where primary and secondary are categorized as NO and graduated high school or higher as YES.
- Caste: This is a variable that has four options that were consolidated into two categories with (1) being scheduled caste, scheduled tribe, and other backwards classes and (0) being all other identified cases.
- Wealth: Report of income for this analysis was re-coded into a variable with two categories. The reference category being "not poorest" which included income classified as poorer, middle, richer, and richest. Poorest was (1) and represented the lowest income reported.
- Religion: Multiple religions are listed in the NFHS-3 to choose from. For purposes of this analysis, Hindu, Muslim, and Christian religions were selected for analysis. The reference category was for all other religions which included Seikh, Budhist, Jain, Jewish, Parsi, Zoroastrian, Donyi polo, and other.

- Geographic Region: India has 29 states that were all used in gathering information to complete the NFHS-3. Table 3 shows the breakdown of those states into three regions, Himalayan, Northern, and Deccan, used for further analysis.

Table 3

Geographic Regions of India with States Included in Data Analysis

Geographic Region	States
Himalayan	Jammu & Kashmir
	Himachal Pradesh, Arunachal Pradesh
	Uttaranchal, Sikkim, Nagaland
	Manipur, Mizoram
	Tripura, Meghalaya
Northern	Punjab, Haryana, Utter Pradesh
	Delhi, Rajasthan, West Bengal
	Assam, Bihar, Jharkhand, Chhattisgarh
Deccan	Orissa, Madhya Pradesh
	Gujurat, Andra Pradesh
	Goa, Kerala, Tamil Nadu
	Maharashtra, Karnataka

Note. Source*:* National Family Health Survey 2005-06 (NFHS-3)

India has 29 states that were used in the distribution of questionnaires for the NFHS-3. Figure 4 identifies these 29 states and shows the separation of each state into three regions that are areas often referred to in the geographical discussions of Indian culture.

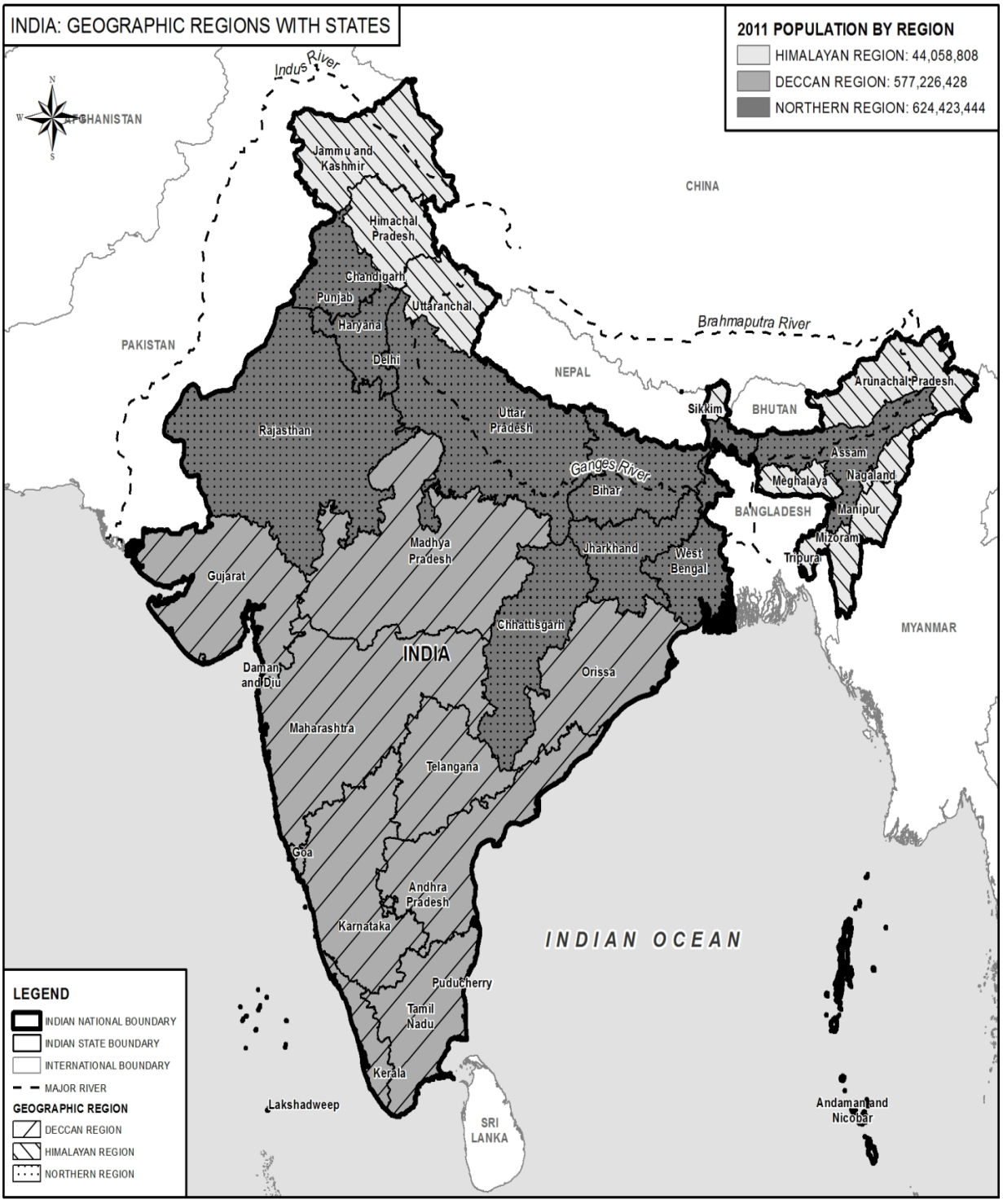

Figure 4. Map of India: Geographic regions with states. All population values with the exception of Telangana: http://www.census2011.co.in/states.php, Telangana: http://www.telangana.gov.in/about/state-profile Map constructed by Douglas Burns, MS, GIS Librarian, University of North Texas, Denton, TX.

The map in Figure 2 represents a modern view of India with the geographic regions for each of the 29 states. Information is provided on the population statistics by region for 2011 that were gathered from the Office of the Registrar General and Census commission, India (Government of India, Ministry of Home Affairs, 2011). A total of 1.27 + billion people are identified as inhabiting India based on the 2011 census used to populate this map. The NFHS-3 contains data for 124,385 women and 74,369 men making a sample which is approximately 2% of the total population of the country of India. Out of the three regions, the Deccan covers the largest scale area and the North, although smaller in scale, has a denser and higher population.

The dependent variable for this study was created by re-coding the (v150) variable found in the NFHS-3 data set and creating a new variable, RelateFam. Table 4 shows the descriptive statistics for this variable. This new variable consists of widows that report living with at least one family member in a variety of constellations and related settings. These family members consist of sons, daughters, son-in-laws, daughter-in-laws, brothers, sisters, cousins, parents, or grandparents. Out of the 2,176 widows in the sample, 22% report living with family members while 88% report living alone or with non-related family members.

Table 4

Descriptive Statistics for Dependent Variable – RelateFam, Widows Self-reported Living Arrangements

Variable	$\bar{x}$	Min. Value	Max. Value	*N*
RelateFam	.222	0	1	2,176

Note. Source*:* National Family Health Survey 2005-06 (NFHS-3)

Descriptive statistics for control variables listed in Table 5 provides mean ($\bar{x}$) and SD of the sample for each of the control variables that were included in the logistical regression model. The total number of widows identified as meeting criterion for the sample (age 40-49) is shown in Table 6 as N = 2,176. Out of this sample, 78% reported living alone or with non-familial households while 22% reported living in a variety of constellations with one or more family members.

Table 5

Descriptive Statistics for Control Variables

Variables	$\bar{x}$	*SD*	Min. Value	Max. Value	*N*
Age	44.50	11.30	40	49	
Education	.73	.44	0	1	
Caste	.65	.48	0	1	
Wealth	.29	.46	0	1	
Hindu	.74	.44	0	1	
Muslim	.11	.32	0	1	
Christian	.09	.28	0	1	
North	.56	.49	0	1	
Himal	.23	.42	0	1	
Deccan	.00	.00	0	1	
Total					2,176

Note. Source*:* National Family Health Survey 2005-06 (NFHS-3)

Table 6

Widows (age 40-49) Self-reported Living with Related Family Members

RelateFam	Family Relationship of Widow to Head of Household		
	Not Related (0)	Related (1)	Total %
Not Related (0)	1,692	0	78
Related (1)	484	0	22
Total			100
df	1		
N	2,176		

Note. Source*:* National Family Health Survey 2005-06 (NFHS-3)

The Chi-Square analysis found in Table 7 was used to test the null hypothesis between the predictor variables used in the regression model. The analysis was done in order to determine the goodness of fit after determining the null hypothesis to be true. An association was found between the dependent variable of reported living arrangements of widows and the categorical variables of age, education, and religion. In this case, three of the predictor variables were found to be associated with the dependent variable of reported living arrangements for older Indian widows. In the case of age, $x^2 = 2.45$ with 1 *df*. From the chi-squared table, the probability of obtaining a statistic of this magnitude or larger when there is no association is <.05. In other words, the probability of obtaining discrepancies between observed and expected counts of this magnitude are unlikely to occur by chance, therefore concluding that there appears to be an association between reported living arrangements and age.

Table 7

Family Relationship of Widow to Head of Household - Based on Self-report of Living With or Not With Related Family Members

Variables	Family Relationship to Head of Household		
	Not Related (0) %	Related (1) %	Total %
Age			
40-44	49	51	100
45-49	45	55	
	x^2 (1, 2176) = 2.45, p=.05 *		
Education			
Graduated HS	77	23	100
Not Graduated HS	82	18	
	x^2 (8, 2173) = 5.58, p=.018 *		
Religion			
Hindu	77	23	100
Muslim	71	29	
Christian	85	15	
	x^2 (8, 2173) = 17.9, p=.022 *		
Geographic Region			
Himalayan	80	20	100
Northern	78	22	
Deccan	77	23	
	x^2 (1, 2176) = 1.98, p=.159		
			N = 2,176

Note. *$p \leq .05$; **$p \leq .01$; ***$p \leq .001$
Source: National Family Health Survey 2005-06 (NFHS-3).

In the case of education, $x^2 = 5.58$ with 8 *df*. From the chi-squared table, the probability of obtaining a statistic of this magnitude or larger when there is no association is <.01. In other words, the probability of obtaining discrepancies between observed and expected counts of this

magnitude are unlikely to occur by chance, therefore concluding that there appears to be an association between reported living arrangements and education.

In the case of religion, $x^2 = 17.9$ with 8 *df*. From the chi-squared table, the probability of obtaining a statistic of this magnitude or larger when there is no association is <.02. In other words, the probability of obtaining discrepancies between observed and expected counts of this magnitude are unlikely to occur by chance, therefore concluding that there appears to be an association between reported living arrangements and religion. A higher discrepancy is noted for the Christian religion between living with related family (15%) and alone or not related family (85%). Association is found for Hindu and Muslim but with less discrepancy.

Table 8 shows the results of a logistic regression on estimates predicting the probability of a widow to live in a familial household on six predictor variables (age, education, caste, wealth index, religion, and geographic region of residence) in the model with a sample of widows responding to the NFHS-3 (N = 2,176). This model is a full model including all six variables in order to determine their effects on the estimates predicting probability of a widow to live in a familial household in a sample drawn from the population of women that interviewed as part of the NFHS-3 (2005-2006).

When interpreting the log regression, it was found that three of the predictor variables had an effect on the probability of a widow to live within a familial household. The odds of living with a relative versus not living with a relative were found to be significant for three variables: age, religion Muslim and region Northern. Specifically, holding all other variables constant, widows who were in the "older" category, when compared to the reference group in the "old" category, were more likely to report living in a familial household as indicated by a negative difference in logged odds between age categories (β= -.209, (.005): $p \leq .01$). The odds

of “older” widows (aged 45-49) living with family members is about .9 times the odds of “old” widows (aged 40-44) staying with family members significant at the $p \leq .05$ level. The older widows were more likely to stay with family members.

The odds of living with a relative versus not living with a relative were found to be significant for widows who self-identify as Muslim. Specifically, holding all other variables constant, widows who self-identified as Muslim, when compared to the reference group of all other religions, were more likely to report living in a familial household as indicated by a positive difference in logged odds between categories of religion ($\beta = .667$ (.278) $p \leq .01$). The odds of Muslim widows living with family members are 1.9 times the odds of widows from other religions living with family members significant at the $p \leq .01$ level. Muslim widows were more likely to be living in a familial household.

The odds of living with a relative versus the odds of not living with a relative was found to be significant for widows who are residing in the Northern regions of India. Specifically, holding all other variables constant, widows who reside in the North, when compared to the reference group of Deccan, were more likely to report living in a familial household as indicated by a positive difference in logged odds between categories of all regions ($\beta = .592$ (.117) $p \leq .001$). The odds of widows residing in the North living with family members are 1.8 times the odds of widows from the Himalayan or the Deccan region living in a familial household is significant at the $p \leq .001$ level. Widows living in the Northern region were more likely to be living with family members. Holding all other variables constant, the predictor variables of education, caste, and wealth index were not found to have a statistically significant effect on estimates predicting probability of widows to report living in a familial household from the sample of widows in NFHS-3 (2005-2006).

Table 8

Logistic Regression of Living Arrangements for Elderly Indian Widows on Selected Determinants NFHS-3 (2005-06) Self-report

Variable	Relate Fam vs Non Relate Fam	
	β	Odds Ratio (Exp B)
Age	-.209*	.881
(ref. = widows 45-49	(.005)	
Education	.145	1.156
(ref. = graduated HS)	(.132)	
Caste	.014	1.014
(ref. = all other tribes)	(.116)	
Wealth Index	.157	1.170
(ref. = not poor)	(.120)	
Religion (*ref. = all other religions)		
Hindu	.351	1.421
	(.246)	
Muslim	.667**	1.947
	(.278)	
Christian	.010	1.010
	(.323)	
Geographic Region (ref. = Deccan)		
Himalayan	.134	1.144
	(.159)	
North	.592***	1.807
	(.117)	
Constant	-1.922***	.146
	(.272)	
-2 log likelihood	2254.787	
Model ^{x2}	8.157	
Psuedo R^2 (Nagelkerke)	.036	
Degree of Freedom	8	
N	2,176	

Note. *$p \leq .05$, **$p \leq .01$. *** $p \leq .001$
The dependent variable Relate Fam is the self-reported relationship to head of household by adult females identifying as widows. Standard errors are in parenthesis.
Source: National Family Health Survey 2005-06 (NFHS-3)

CHAPTER 6

LIMITATIONS, IMPLICATIONS, AND CONCLUSION

Limitations of Study

As with any research study, there are bound to be limitations. It is important to understand these limitations in order to reflect on where the research is leading to. Secondary data analysis present with obvious limitations in regards to variables that had to be created to answer questions of the study. Data on older widows living in India is difficult to find and the NFHS-3 (2005-2006) is one of the few data sets available that even tracks some information about widows in Indian society. The sample size of the data set is small compared to the number of widows that are presumed to be living throughout all of India. According to Basu (2010), there are over 10,000 widows in the city of Vrindavan alone. This data set was only able to capture information about 2,176 "older" widows throughout the entire country as a sample from the 124,385 total women that were interviewed in the NFHS-3 (2005-2006).

Results of the systematic literature review found there were actual limitations in the number of peer reviewed journal articles that are available on the subject of aging widows; yet, as already noted in previous chapters, political leaders and journalistic soft data continue to report on the increasing number of widows in various regions throughout India (Mondal, Shekhar, & Sarkar, 2012). Other limitations include the issues related to policy and health care of the elderly regarding lack of social security and pensions for older adults in India. This lack of social security and pensions creates tension between the individual and the state with regard to expectations for humanitarian aid. The current study was limited in that no other data was analyzed that might address the systemic problems for families in Indian society that may compound issues related to care decisions for older widows. While in the current study, the

researcher was able to review a near exhaustive amount of literature available on this topic, very little consensus is found from the scholars and researchers addressing the topic of elderly widows and how to approach this social problem. A limitation on proposed solutions for the needs of elderly widows was found to exist from this research and the secondary data analysis did not ask questions from the existing data that might shed light upon the issues of *why* widows are in their currently reported living arrangements.

Population aging is an issue faced by all societies. In this situation, one of the factors involved with addressing the interrelated aspects of changing demographics in Indian society is a response to issues and challenges of a rapidly aging demographic. This rapidly changing situation creates a unique set of problems for Indian individuals, families, and society that are different than the more slowly aging societies (Chakraborti, 2004). This situation also affects many aspects of human growth in areas such as family structure, health care, and employment. The term structural lag was first identified as a concept by sociologist Matilda Wiley (Hooyman & Kiyak, 2008). Structural lag refers to the phenomena that occurs when a society moves and changes in one direction without compensation or modification necessary for the corresponding and related aspects in society that will also be impacted by the change which causes systems and societies to become out of balance. When this imbalance happens, there becomes a structural lag in the ability of society to meet the changing needs of a population (Hooyman & Kiyak, 2008).

Implications

Implications of this research come from both the secondary data analysis and the systematic literature review. Women in India have had and continue to experience an eventful history fraught with change, discrimination, and inequality. India has had women in high positions of leadership such as Prime Minister, President, political leaders, academic professors,

medical doctors, and CEO's of major banking institutions. Despite these open doors, there continue to be serious concerns regarding discrimination and equal rights affecting violence, rape, sex trafficking of young girls, acid throwing, and dowry killings (Dandvate, Kumari, & Verghese, 1989). Abandonment of widows later in life is another example of sexist and abusive acts toward women in Indian society that has begun to attract more attention. The reason for this abandonment is the population of widows in India seems to be increasing as women are living longer and family constellations are changing that impacts traditional values related to elder care. In many parts of India, widows live in large encampments or loosely formed homeless collectives in large cities seeking refuge during the day from NGOs and temple charity programs (Datta, 2008).

Determining the care needs of elderly widows is important due to the quality of life and health determinants that will become necessary to address throughout the cycle of aging in older adulthood. Family values of the dominant culture in India tend to support family care arrangements for older adults; however, identifying the needs of elderly widows brings with it a whole host of potential problems and challenges for an extended family. Elderly widows are often treated like third class citizens and thought of as bringing bad luck to the family (Lamb, 1999). They are often the last fed at the dinner table, the last identified for health care, and the last respected in distribution of wealth and property within a family system. They are often viewed as a burden placed upon a son and may become a target for feuds in families that have unresolved disputes over property or inheritance (Cohen, 1998).

Elderly widows become vulnerable members of Indian society due to discrimination and social stigma (i.e., being made to wear white and having their heads shaven, no longer being able to provide a dowry for re-marriage, being thought of as a burden for basic care of food and

shelter without equal contribution to the family) (Lamb, 2000). Population studies confirm that in general, elderly females in India are typically in a lower socio-economic strata, are often un-educated and illiterate, are dependent, unemployed, widowed, and living with a son head of household (Mohindra et al., 2012). Creating services that meet the needs of elderly widows, while also providing support to family members that are willing to care for their aging widows, is an important contribution to Indian society. In addition, being able to understand cultural values and their significance in care giving can provide important information in the design of culturally sensitive services for this population of older women (Gupta & Pillai, 2002).

Migration continues to impact the constellation of Indian families that have previously been known for traditional practice of familial responsibility in elder care. Increasing numbers of transnational families make it difficult to manage changes in elder care giving, health care, and economic structures in several ways (Zechner, 2008). First, there is a decrease in the number of adult children who can provide familial care of their elders. This lack of familial care also affects the state welfare and health care system because more services are required to meet the needs of these aging adults that will quite likely be living alone without attendant care. Transnational families will also have an effect on the work force in India as seen by fewer people becoming available to fill positions due to the increasing number of men migrating to other parts of the world (Chakraborti, 2004). This migration will also affect fiscal management at the state and national level of government and have a rippling effect on the global economy. There will be an effect on the nation's economic safety net as there will be fewer people available to care for their elders, fewer young people to fill professional job positions, and therefore a greater need for the country of India to fill the gap in senior health and social services (Rajan & Kumar, 2003).

Policy, Practice, and Research

Some laws exist shaping policy of widow remarriage, the prevention of the practice of *sati*, and abandonment of aging parents in India. Information about these policies needs to be made more accessible to the public and the vulnerable populations that are most affected. Symptoms of cultural lag as seen by adherence to laws regarding *sati* create issues for women who are widowed and still practicing specific religious codes of Hinduism. This practice makes it difficult to separate religious beliefs from legal practice therefore creating incongruence for women that has familial, sociological, and psychological impact. The Hindu Remarriage Act (1857) also poses problems for widows in that they are allowed to re-marry but are still often not encouraged to do so by family members because of conflicts related to dowry and inheritance. Once a woman becomes a widow, she is branded in a sense by society and her family in what is often viewed as no win circumstances (Harlin & Courtright, 1995).

Pension for elder adults is very low and an individual and their family needs to be determined destitute before an older adult can receive the pension. Once a widow has qualified for a pension, her resources are so depleted that opportunities for care that meets adequate quality of life standards are very slim. Some non-profit organizations help women to obtain their qualifying pension and then put them in group care situations providing some food and housing in exchange. This group care is not unlike the U.S. nursing home model where individuals often sign over their SS, SSI, Medicare, or Medicaid payments in exchange for having a stable source of food and shelter with medical care provided. There is a need for supportive services to help empower widows within all aspects of Indian society. Developing programs that will help empower, educate, and sustain would most likely be beneficial.

As this population steadily increases, opportunities for research need to be explored. Engaging staff within the Non-GMOs to assist in collection and dissemination of data would help with development of services. Interviewing staff about the needs of elderly widows and what some of the primary concerns of both the population and the workers serving them would be beneficial. Opportunities need to be given to Indian widows to come together and define themselves in a more modern context in order to understand the cultural differences that prevail in the different regions of India better, in the rural and in the urban areas too (Rahman & Kuhn, 2004). More ethnographic interviews need to be conducted with elderly widows themselves to learn more about the problems that have led to their final years being spent outside of familial households which could help in determining preventative needs of Indian families in order to provide more supports (Chen & Dreze, 1995).

Conclusions

In the current study, I presented a combined effort of secondary data analysis and systematic literature review addressing a complex problem facing women in Indian society, specifically older widows. This is a marginalized population of women that have a cultural and historical context within Indian society that could almost be referred to as *a caste of their own*. Results of the secondary data analysis addressed the primary question of living arrangements by identifying trends based on the self-report of widows from the NFHS-3. Based on the findings of the current study, older widows (age 45-49 years) more so than younger widows (age 40-44 years) tend to live in familial households in the Northern regions of India and from the Islamic faith tradition. Secondary questions of caste, education, and socio-economic class did not reveal significant predictors in living arrangements from this data analysis. No other findings related to

religion or geographic region of residence was significant other than Islamic faith tradition and Northern region as reported to be predictors in report of widow living in familial household.

There will always be a need for social work, applied sociology, and gerontology on an international level as global human need is a vast and infinite problem presenting with a multitude of potential solutions; I propose that a specialty emphasis be established in working with international human rights and issues related to social justice to extend existing skills and knowledge to the global arena without abandoning local communities in the United States. Barriers of poverty, discrimination, and lack of education will continue to cause disparity in access to resources and put individuals at risk for exploitation, neglect, and abuse with a wide degree of variation around the world depending on human rights and social development (Mapp, 2007). With regards to poverty and discrimination based on gender, Moffat (1996) refers to the fact that even though there have been recent shifts in society, referring back 20 years ago, South Asians continue to live in extreme poverty, especially in rural areas where poverty and sexism are village and caste imbedded. Women continue to be isolated to where they are immobile and lack the ability to relocate (Moffat, 1996).

What is our responsibility internationally if anything at all? Applied sociology, gerontology, and social work are three areas that have models of assessment, intervention, and planning when approaching human problems. Applied sociology and gerontology as disciplines are very broad and encompass many aspects of human rights and social service. International social work is also complex and complicated. Developments in technology, globalization, and outsourcing all have expanded our social and economic boundaries as a nation, as a society, and as a global culture. Navigating barriers of law, language, policy, and politics requires a specialized skill base that must be obtained through education and training (Mapp, 2007).

One example of societal change creating structural lag is the rapid increase of women with children entering into the work force and the slowly changing relative systems such as childcare and family leave not compensating to meet the needs of more working women. Another issue exemplifying this in India is the problem with increasing numbers of women as head of households, increasing numbers of adult males migrating out of the country in search of employment, and longer life expectancies for older adults. These three things combined cause a structural lag between the current needs of individuals and families and societal response to meet these needs (Kofman, 2004). Asking questions about gender causes Indian society to be more aware of the amount of structural change that is necessary for society to take steps at valuing all people. The more incidences of harm and devalued treatment that are brought the attention of mass media the more the Indian community and the global community will become aware of the need for change. Simply getting more women into the labor force or in governmental positions of policy making that would improve the lives of women is not enough (McPhail, 2003).

The South Asian scholars that have focused on the needs of widows, Vlassoff, Cain, and Uhlrich to name a few, have debated over the issue of isolation and exclusion of widows. Vlassoff (1990) discussed the value of sons in the Indian family dynamic and how this impacts family planning and responses that women have toward one another and with extended family when decisions of long term care are made later in life. Cain (1991) raises multiple questions regarding Vlassoff's commentary and challenges the questions raised of whether elderly widows are happier living with their sons in familial households or if they may actually have more benefit from living in contained ashrams where they have more autonomy, independence, and wage (although meager as referenced by widow pension). What seems like common sense is really based on the level of harmony that family members experience with one another as to how

the decisions regarding the treatment of elderly widows in Indian society is carried out (Cain, 1991). Ullrich (1988) examined from a longitudinal perspective the behaviors of rural villagers toward widows and has observed responses to the phenomena of widowhood that are traditional in nature, caring and inclusive into harmonious inter-generational family structures.

Individualism and collectivism are two dichotomous views that have both positive and negative aspects. There has always been a push and pull in societies between these two aspects with one perceived as being more conservative (individualism) and the other more liberal (collectivism). Individualism is the phenomena of placing the needs of the individual over the needs of the group in social, economic, and political environments. The individual person becomes the focal point of interest and their needs become paramount over any other needs of the social group. This can be observed in micro scenarios such as families, mezzo scenarios such as neighborhoods or communities, and large social systems such as governmental bodies, states, and nations. In a sense it is a view point that supports self-centered interests sometimes at the cost of the group. Basically individualism promotes self interest in systems based on capitalism where competition in the free market economy is thought to be the driving force behind the order, action, and development of a society.

Collectivism is a more cooperative or socialistic view where the good of the group or society is seen as being more important than the needs and interests of the individual. Collective societies, governments, and markets are based on more consensus style management and decision making where everyone contributes and everyone has a say in the process of decision making. Examples of collective systems in society is usually seen in more tribal based cultures that uphold family values of care and consensus type decision making in social, economic, and political arenas. Values of the collective are generally altruistic by focusing on the needs of more

fit and intellectually capable members caring for socially dependent members (i.e., children, disabled, or elderly). This is exhibited through the sharing of resources necessary for basic needs such as health care, food, housing, and energy.

The push and pull between collectivism and individualism is what has created an energetic force which in itself moves society forward. This phenomenon of forward motion often takes the form of automated and semi-automated fits and starts in an effort to maintain homeostasis. When one of these two systems becomes out of balance then there is usually a natural uprising that occurs by the majority less balanced group in society that begins to spring forth and call for change. An example of this imbalance in modern society can be seen in the Occupy movements in the U.S., the Arab springs. and the current issues faced by many nations with regards to a global refugee crisis that are emerging in other countries around the globe calling attention to the negative effects of an imbalance of individualism in societies today. Similar uprisings have started to happen in India around women's rights and domestic violence in the last three years (i.e., Nirbhaya, December 2012 [Singh, 2013]) where Indian citizens are rallying around women's rights and demanding justice for what seems to be an increase in domestic violence toward women.

One example of societal change creating structural lag related to gender and family is seen in the rapid increase of women with children entering into the work force and the slowly changing relative systems such as childcare and family leave not compensating to meet the needs of more working women. Another issue exemplifying structural lag in India is the problem with increasing numbers of women as head of households, increasing numbers of adult males migrating out of the country in search of employment, and longer life expectancies for older

adults. These three things combined causes a structural lag between the current needs of individuals and families and societal response to meet these needs (Kofman, 2004).

This structural lag makes it difficult to manage changes in family, health care, and economic structures in several ways. First, there is a decrease in the number of adult children who can provide familial care of their elders. Another example of how this affects the state welfare and health care system is in the issue of more services that are required to meet the needs of these aging adults that will quite likely be living alone without attendant care. This will have an effect on the nation's economic safety net as there will be fewer people available to care for their elders, fewer people to fill job positions and therefore a greater need for the country of India to fill the gap in senior health and social services (Giridhar, Sathyanarayana, Kumar, James, & Alam, 2014).

The basic value issue that seems to be in question here is one based on the difference between hope and selfishness and being able to maintain a healthy balance in a society between the good of the whole and the needs of the individual. The plight of elderly widows has begun to attract the media attention of journalists in the UK. These problems facing older women are more prolonged and deeply embedded in the Indian culture that affects families for generations when unresolved conflicts are related to inheritance and land ownership. This author agrees with Ranjan (2001) when she states:

> Thus Hindu law and high cast ideology have mandated the control of women's sexuality and denied women access to economic resources. These norms are embedded in a hierarchy of caste and class; looking at widows demonstrates the key role of caste and class concerns in Indian society. (p. 4089)

The problem with widows in Indian society is not that different than the one time incidences of extreme violence toward *Nirbhaya* who died following her attack on the bus (Singh, 2013) or *Malala* who survived her near fatal attack (Husain, 2013). All of these seem to be examples of a

collectivist change for women in Indian society that is gaining more momentum and attention in the global media arena. Further research is recommended in an effort to understand the cultural attitudes that contribute to wide scale violence against women, and specifically discriminatory and oppressive attitudes toward elderly widows.

In closing, it is important to note that by 2050 it is estimated that close to four-fifths of the global elderly population will be living in impoverished and less developed regions (Ranjan, 2001). This trend is not likely to be changing although the societal response to this trend is certainly something worth examining. Addressing the needs of the elderly in society is an important call for all of humanity. Being able to strike the balance between the human condition and the reactions of nature is dependent upon the relationships that are built, economic development and population growth, choices that are made with regards to natural resources, and the steps taken to protect the environment (Zhibang, 2009). All of these aspects are important to take into consideration and addressing the needs of elderly widows in Indian society is an important part of the puzzle of sustainability and humanitarian aid. They are living in a marginalized strata, experience poverty and deprivation as a way of life as they sing songs to the divine while they wait to die. Taking time to listen to their stories and hear their songs can help to bring greater understanding of how women are treated in Indian society in hopes of improving their condition for generations to come. Om shanti, om shanti, om shanti om.

APPENDIX

LITERATURE REVIEW OF RELATED ARTICLES (2005–2015) USING KEYWORDS

Authors/Year	Participants	Intervention	Outcomes	Outcome Measures	Results	Study Design
Ahmad (2009)	Analysis of *Sati Act, 1987* policy from a social and legal perspective	Historical review with references to incidences of *sati*	Review of *Sati Act, 1987*	Social networking	Convention on the Elimination of Discrimination Against Women (CEDAW)	- Historical policy analysis
Balachandran, Raakhee & Sam Sananda (2007)	176 elderly people in India representing different socio-economic classes 74 men 102 women aged 60-79 (X=69.2)	Administered Psychological tests	Alienation Life Satisfaction	Alien Inventory Life Satisfaction Index	Elderly women in this sample population were significantly more alienated and isolated than men.	- Stratified random sample - Sample >50 - Survey design with purposive sample
Baruwa (2015)	NSS 1995-96 data set NSSO Report (2004-05)	Descriptive Analysis	Asses health, social & economic insecurities of the aged pop in major Indian states	Old age dependency ratios Living arrangements	India has failed to respond to demographic change indicating increase of elderly populations	- Quantitative - Secondary data analysis from existing data sets and reports
Barua, Ghosh Kar & Basilio (2010)	Systematic literature review of studies between 1995-2005; 77 met inclusion criterion	Selection of community based cross sectional studies re: depression in geriatric populations	Geriatric risk factors for depression	Key words: depression, prevalence, risk factor, geriatric population, elderly, aged, community	Potentially modifiable risk factor for depression in geriatric adults identified as low SES	- Systematic literature review with combined qualitative analysis socio-demographic factors
Bhattacharya & Bhattacharya (2014)	Indian women aged 15-49 reporting domestic violence	Logistical regression secondary data analysis of NFHS-3 (2005-06)	Domestic violence against women in India	NFHS-3 (2005-06)	Younger women & female members of nuclear families more vulnerable to DV	- Secondary data analysis using logistical regression analysis

Chadda & Deb (2013)	Systematic Review of family psychiatric data in India- Indian families with mental health issues	Family Therapy Family Oriented Psychotherapy	Indian family systems, psychotherapy	NFHS – 1 NFHS – 2 NFHS – 3	Indian families are showing stress and need of more support due to changing demographics Family therapy is a viable means of intervention	- Quantitative analysis using mixed methods
Chen, Gill, & Prigerson (2005)	200 elderly bereaved persons Sample >50	Survey of health behaviors at 6 mos. post loss and 11 mos. post loss. Survey of QOL at 11 mos. post loss and 19 mos. post loss	Health Behaviors Quality of Life	RAND 36-Item Health Survey	Consistent exercise, monitoring of caloric intake, and maintaining regular sleep routines were all found to be significant factors of health and well-being for bereaved elderly adults	- Community-based longitudinal, observational study
Chokkanathan (2014)	95 villages in rural Tamil. 930 older participants aged 61 yrs and older	Study of reported risk factors	Multiple factors associated with elder mistreatment in rural Tamil Nadu	Multivariate analysis	Characteristic of older adults and family are potent predictors of elder maltreatment	- Quantitative analysis - Mixed methods design
Clark, Glick, & Bures (2009)	Selective review of literature of immigrant families in the US	Summary of secondary data sets that can be used to study immigrant families	Immigrant families over the life course	Report of findings from analysis of secondary data sets	Synthesis and report of findings	- Literature review and analysis of select secondary data sets relevant to topic using keyword searching
Dam, Datta, Mohanty, Kam, Sirgh, & Kumar (2010)	N= 150 Average age = 63.15 yrs	SF-8 health survey	Organizing health camps for rural aged	Comparison to US averages	Scores were lower than US	- SF-8 health survey was administered to health camp participants. Results were analyzed and reported.

Datta (2008)	Widowed elderly N= 18	Architectural mapping, semi structured interviews	Low-income widow housing	Compare original design to redesign 8 years later	Changed from total residential for widows to mixed use	- Mixed-method design
Dongre & Deshmukh (2012)	N= 180 78 male 65 female	WHO quality of life survey, Focal group discussions	Social determinants of QOL for elderly in rural India	Factors effecting perceived health, social relations, and environment	Perceived health was higher for males, literate, and not poor	- Regression analysis
Evans, Kiram, & Bhattacharyya (2011)	Review of geriatric care in India	Analysis of context, demographics and policies related to elder health care	Activating knowledge to action	Knowledge translation action plan utilizing National Programme for Healthcare of the Elderly (NPHCE)	A geriatric KT action plan	- Knowledge Translation - Scientific study of methods for closing knowledge-to-practice gap
Gupta (2015)	450 older women: 150 Poor 150 Middle and 150 Well off	WHO quality of life survey	Current issues and concerns of older women in India	Compared higher income and lower income elderly women	Older women in high strata income suffer from lifestyle and chronic diseases. Women from lower income strata suffer from stress due to financial insecurities and work pressure	- Multivariate analysis
Gupta, Rowe & Pillai (2009)	260 Primary caregivers	Questionare developed by authors	Perceived caregiver burden	Compared male and female caregivers to role overload	Male overload depended on the size of the role overload. Females depended both on role overload cultural norms.	- Survey methods were employed
Harris, Grootjans, & Wenham (2008)	Systematic review of setting approach in Australia	Comparison of settings approach and ecological aging with elder health care	Ecological aging and settings approach	Concept mapping	Report of findings from analysis and mapping	- Settings approach - Ecological aging

Hosseinpoor et al. (2012)	103,154 Men 125,728 Women From 59 countries	World Health Survey 2002-2004	Social determinants of self-reported health based on gender	Compared women's and men's health	Women's health was significantly lower that men	- Multivariate regression analysis
Ingle & Nath (2008)	Review of Literature	Geriatric health in India	Highlights gleaned from profiles of the elderly: socio-demographic, medical, SES and role of health care in QOL	Compared rural and urban geriatric health	Rural elderly have less access to health programs than urban even though more of the elderly live in rural areas	- Selective review of public health and demographic data
Jesmin, Amin & Ingman (2011)	Review of literature	Social support of older adults in Bangladesh	Aging and the care giving crisis in low and middle income	Rate of growth of elderly is highest among low and middle income countries	Family support decreasing for elderly, other supports need to be developed to compensate	- Literature review based on keywords related to topic
Johnson & Shyamala (2012)	68 women	Survey	Widow remarriage and dimensions of social change	Why do widows remarry in India?	Concerns for their children's future and family economics.	- Stage 1 and Stage 2 sampling based on interview schedule
Kadoya & Yin (2015)	794 interviewees distributed across Delhi, Bangalore, Mumbai, Chennai, Kolkata and Hyderabad	Interviews conducted of family members of elderly women in India regarding attitudes toward caregiving	Attitudinal variables were examined, and some difference exists in how family caregivers responded to widows vs. non widows but there were no nationwide indicators of national discrimination toward widows	Osaka University's Global Center of Excellence (GCOE) Program "Preference Parameter Study of India in 2011"	While some indicators of widow discrimination are still prevalent in certain parts of India, results did not reveal statistical significance for the existence of a nationwide discrimination of widows	- Adults aged 20-71 years old - Multi stage sampling and allocation - Responses randomly collected within each stratum

Kayser, Lombe, Newransky, Tower, & Raj (2010)	109 widowed and abandoned women in a self-help microcredit group	Microcredit self-help groups for widowed abandoned women in India	Women's investment patterns, loan amounts, demographics and overall well-being	Structured interview format	Programs improved women's lives but gender bias decreased effect	- Bivariate analysis
Malik (2013)	Political and social analysis	Review of several policies affecting Indian widows	Problems with widow remarriage in India are summarized	Legal and policy analysis in relation to societal attitudes	Recommendations to help empower women and reverse stereotypes	- Policy analysis framework
Mohindra, Haddad & Narayana (2012)	10 widows	Semi structured interviews	Debt, shame and survival – living as widows in rural Kerala, India	Local constructions of "widowhood" and the welfare and social opportunities for widows	When becoming a widow: the participants were concerned with debt, shame and survival.	- Thematic analysis and emerging patterns
Nagar & Marg (2008)	6 case studies	Information from family members and police reports	Elderly widows as victims of physical abuse-qualitative study in state of Punjab	Case study analysis reporting on incidences where physical violence was involved toward an elderly widow	Domestic maltreatment of the elderly is an important social problem in India	- Case study method - Qualitative design and analysis
Nayar, 2013	Political leader of major organization on aging in India: All India Senior Citizens Confederation providing analysis and commentary on policy issues affecting older women	Written commentary on policy analysis of issues affecting older and single women in India	Older Women in India, Policy issues related to widows and single women	Data that supports need for structural changes necessary o provide more protection specifically of elderly and single women living in Indian society	Elder abuse has increased in India Widowhood is often a "curse" Older women are often soft targets of abuse through anti-social oppression Problems for widows are compounded by lack of education	- Policy analysis - Secondary data analysis - Questionnaire

Pandey (2012)	70,301 households	NFHS-3 (2005-2006)	Poverty and disability among Indian elderly	Economic conditions and inequality among elderly with and without disabilities	High level of poverty in elderly	- Survey - Regression analysis
Peace, Wahl, Mollenkopf, & Oswald (2007)	Reflection on theories and concepts in environmental gerontology related to impact of environmental surroundings and ageing	Assessment of environmental conditions in aging for older adults	5 points identified for further critical reflection	Critical examination of theory and reflection on existing research	1. Docility and proactivity 2. Better integration of micro and macro 3. Better integration of temporality 4. Relationship between physical and social environments 5. Better integration of cohort dynamics	- Secondary data analysis - Theoretical analysis - MEAP procedure to asses environment
Pillai & Salehin (2012)	131,598 eligble women 85,400 eligible men	Secondary data analysis of the NFHS-2	Spatial divisions and fertility in India	Three selected fertility determinants being age at marriage, years of woman's education and level of child loss on family size	Significant differences in the median age at motherhood as well as the total family size	- Secondary regression analysis
Rao (2005)	Scholarly commentary following a conference	Report from conference	Commentary on demographic shock of elderly population in India	Response to report from conference on increase in population and life expectancy	Identification of grandparent boom in India based on population demographics	- Reference made to public health and demographic data - Response to conference proceedings

Sarka, Shekhar, & Mondal (2012)	41,554 households in India	Indian Human Development Survey (2005)	Living arrangements and health well-being among elderly women in India	83% of elderly women are living in joint families and 3% are living alone. Numbers of women in joint families is higher in urban than rural areas.	The elderly. women are more likely to suffer psychological and health problems. Variables identified as significant to living arrangements are age, marital status and SES;	- Bivariate and multivariate analysis
Sen & Noon (2007)	40,000 households in India nationwide	Analysis of elderly living arrangements	Relationship between living arrangements and health of elderly in India	Living arrangements of elderly. Health status Amount spent on treatment when sick. Household decision making index as intermediary variable.	Based on preliminary analysis of short term morbidity , elderly are less prone to short term illnesses when living with joint family. Conjecture being that sharing the burden of aging with other adults and engaging with the vitality of youth are beneficial to QOL	- Secondary data analysis
Srivastava & Mohanty (2012)	124,644 households	NSSO (2005-2006) and NSSO(1995-1996)	Poverty among elderly in India	No significant differences of poverty among the elderly and non-elderly in India	Age factor identified as significant in relationship to poverty among Indian elderly. Currently 18 mil people are living below poverty level in India.	- Survey - Secondary data analysis
Taqui, Hrat, Qidwai, & Qadri (2007)	400 subjects 65 yrs and older 78% of subjects were male	Interviews and scores on a 15 item depression scale	Role of family system in determining depression in elderly populations	Prevalence of Depression 19.8% Significant indicators include: nuclear family, female sex, marital status, unemployment, low level of education	The transition in family systems toward nucleation hurts both the physical and mental health of the elderly	- Multi logistic regression analysis

Thakur, Banerjee, & Nikumb (2013)	407 subjects over the age of 60 living in both rural and urban slums of India	Survey developed by World Health Organization	Health problems among the elderly in developing countries	Unmet health needs of elderly in rural and urban slums were identified such as cataract, hypertension, hearing impairment, and tobacco use.	A large number of unmet mental and pyschological needs for the elderly.	- Percentages - Odds ratios- - Confidence Intervals
Trask, Hepp, Settles & Shabo (2009)	Four University academic authors providing professional commentary on the importance of cultural competence with elders and their families	Professional commentary presented in paper on culturally diverse elders and their families	Areas identified for recognition and further research	Commentary based on public health, demographic data and evidenced based publications relating to cultural diversity in elder care	Areas identified as necessary components of cultural competency with diverse elder populations	- University academics sharing ideas and commentary on topic that is outlined in format to share existing information and promote further research and discussion

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