

Health disparities among older women in India during the COVID-19 pandemic

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Abstract

Purpose – Older women in India continually experience disparities in health. The legally enforced lockdown in India has impacted both physical and psychosocial well-being of the populace. Amid the restrictions on mobility during the lockdown, older adults are presented with challenges such as impaired access to healthcare services, nonavailability of attendants and prolonged social isolation. Due to these challenges, disparities related to gender and age may considerably widen. The potential health threats may particularly afflict older women, who bear a disproportionate threat to illnesses, compared to their male counterparts.

Design/methodology/approach – This commentary explores how health threats among older Indian women may have worsened during the lockdown. The authors also propose recommendations for expanding health and social care to older women in India.

Findings – Approaches aimed at strengthening gerontological social work must be duly adopted, especially during the ongoing pandemic. Public institutions and development partners should utilize and if needed, overhaul existing resources and policies to adequately serve this marginalized group. Older women, especially those residing in unbearable circumstances, should be identified and brought under comprehensive care coverage within the social landscape.

Originality/value – This article proposes recommendations to foster gerontological social work among older Indian women.

Keywords Older women, COVID-19, Health disparities, India

Paper type Commentary

The first COVID-19 case in India was reported on January 30th, 2020, and soon after, the Indian government declared a state of legally enforced lockdown [1]. Amid the restrictions on mobility during lockdown, older adults are presented with challenges such as impaired access to healthcare services, nonavailability of attendants and prolonged social isolation [1]. Coping with health challenges is especially strenuous for older women, who experience disproportionately higher rates of adverse health outcomes [2]. Socioeconomic challenges such as childlessness, widowhood, poverty and economic dependency significantly exacerbate the long-afflicted, differential access to healthcare services and poor health status among older Indian women [2, 3].

Home-based care with family members is the preferred and often the sole source of caregiving among the majority of older adults in India [4]. Collective caregiving in joint family



systems fosters easier navigation through and endurance toward physical and psychological difficulties [4]. However, the increasing nuclearization of Indian families has substantially changed the dynamics of elderly care. Furthermore, India lacks a structured, social security system, and the majority of the workforce does not receive financial assistance after retirement. Although the recently launched universal healthcare scheme, Ayushman Bharat offers elderly and palliative care via designated health centers, the majority of gerontological social care is shouldered by nongovernmental-organizations (NGO) [5, 6].

A higher life expectancy of women is associated with extended periods of chronic health conditions, economic dependency, gender-related discriminatory practices and elderly abuse [7]. Compared to men, older women in India pose a higher risk to chronic morbidities (arthritis, hypertension and cataract) [7], impaired cognitive functioning [8] and are more likely to face verbal, financial and physical abuse [9]. To add, an unprecedentedly high number of physical and mental abuse cases have been recorded across India in the past few months [10]. Furthermore, 59% older Indian women do not have an independent, stable source of income, 33% do not own assets, about a third claim social pension and over two-thirds are financially dependent [7]. Income insecurity and economic dependence largely translate into a compromised diet, sub-optimal medical care and infrequent health-checkups, leading to low quality of life.

As the biopsychosocial burden of COVID-19 continues to unfold, the approaches aimed at strengthening gerontological social work must be duly adopted [11–13].

First, older women living in family and institutional settings should be offered preventive care through community health and social workers. India's extensive, multidisciplinary community care network should be optimized, such that tailored strategies toward empowering older women are effectively disseminated. Such strategies may also foster India's preparedness to deliver COVID-19 vaccines to older women.

Second, employing informal caregivers toward advancing the well-being of older women is likely to be conducive, especially in the strong cultural, family-oriented context of India. Integrating sociocultural values into caregiving may be necessary while planning and implementing social work, especially in the context of older adults.

Third, implementing policy interventions surrounding comprehensive medical, and psychosocial delivery and care, may be a cost-effective solution toward mitigating the unfortunate, disparate access to health and social services among older women. At this juncture, we strongly recommend leveraging universal health and social protection schemes in India, such that older women, especially those residing in unbearable conditions, are adequately served. For example, policies within the national Ayushman Bharat or Pradhan Mantri Jan Arogya Yojana should be conformed to suit the unmet health needs of older women [14].

Fourth, remote care delivery via telemedicine is another viable means of expanding health and social care. By limiting interpersonal contact, remote care delivery safeguards older women during the prolonged pandemic. However, in view of India's prominent digital divide, older women are less likely to own or use electronic devices [15]. Employing community service providers in assisting older women with technology-based care may potentially bridge the gap.

Fifth, public awareness regarding the prevention of elderly abuse must be fostered. Specifically, mass social media campaigns may reinforce public awareness and improve the quality of life of older women receiving family and/or community support.

Sixth, social welfare programs must expand efforts regarding the socioeconomic protection of the older women. We recommend urgent reforms in the existing health policies, such that the health and socioeconomic welfare of older women are protected, even after the COVID-19 pandemic ceases.

Lastly, societal efforts toward uplifting older women should persevere, alongside the clinical measures against COVID-19 pandemic in India.

Conflict of Interest: None

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