



Psychological Perspectives among Aged Women in Indian Society

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ABSTRACT

The number of elderly women in India is increasing more quickly than that of men, a phenomenon known as the “feminization of aging.” Indian women frequently outlive their spouses, but they also have greater rates of chronic illness and disability (Alam, 2009). Increasing life expectancy has a great burden on the state, society, and family as well, because this brings many issues, such as physical, economic, emotional, and mental challenges. In India, elderly women are especially vulnerable to conditions, as most of them face many difficulties in their lives, such as limited access to benefits, limited access to education, lack of employment opportunities, healthcare, and property rights. The study follows a qualitative research design. It relies upon secondary data sources like census reports, articles, books, research papers, and government publications. The findings highlight that the psychological well-being of elderly women is closely linked to social support, financial security, and emotional inclusion. The study urges gender-sensitive policies and community-based policies, interventions to improve the quality of life and mental well-being of elderly women in society.

Introduction: Ageing is a biological, psychological, and social process that affects the body, mind, and social life of every individual. Gender, culture, and socio-economic conditions can influence the experience of ageing. Ageing is a process that includes a broad spectrum of experiences. There is a huge



shift in the global population that is aging, and feminization of ageing is also witnessed. According per Census 2001, India had around 76 million people aged 60 years and above (Census of India, 2001). This number had increased almost three times over the span of four decades since 1961 (Rajan, 2006). There is a large part of aged women who are aging and are also being affected by this trend throughout the world. Aged women also continue to endure unequal and inadequate access to health facilities, lack of emotional and family support, economic crisis, and many more. In old age, their life is full of social, emotional, psychological, and financial insecurities. They are often subjected to discrimination on the grounds of age. They are neglected and being violated. The prevalent psychological and mental issues that the majority of the aged women are experiencing are: a feeling of frailty, misery, pointlessness, seclusion, and decreased competency. These issues, like widowhood, loss of partner, and isolation, disturb the satisfaction level of old women, elder abuse, family clashes, changing attitudes, etc. Depression is also increasing, and many studies indicate that depression is mostly prevalent in elderly women in India. Through the study, it is aimed to determine psychological problems among aged women in India. The study will highlight psychological perspectives among aged women. The government can develop programs and policies that address the needs of aged women to reduce psychological problems. Multi-faceted approaches to mental health, which consider age, literacy, and location, are essential. Programs that target specific populations can be developed to address the root causes.

Review of literature

Many studies have revealed that aged women are more likely to suffer from physical and mental disabilities that decrease their quality of life. They suffer from poor vision, anxiety, depression, malnutrition, back pain or slipped disk, impaired physical performance, domestic violence, and elder abuse, etc. Mostly widowed and economically dependent women lack proper food and clothing. They face fear in the future, and they also lack proper care. It is also seen that they face difficulty in coping with these health problems. They face many psychological problems. However, existing policies and programmatic capacities are inadequate and lack gender sensitivity to address the socio-economic and health needs of aged women (Ahmed et al 2016).

Kumari (2001) has explored the health problems and morbidity pattern of aged women of Thiruvananthapuram District in Kerala. She has highlighted that most of the women are dependent upon their families. Most of the women are uneducated, and they are not taking proper medicines and facilities. They are being neglected by their family members. Mostly, they are suffering from chronic diseases,



loneliness, and many other psychological problems. They are facing many health issues, and very few are aware of medical and non-medical institutions.

Kaur et al (2019) have explored that in India, the number of the elderly is growing at the highest rate, with the increasing visible phenomenon of feminization in aging. All this leads to more physical and psychological problems, and discrimination on the economic and social front. This study has highlighted that the elderly women experience various health problems that are led by widowhood, economic dependency, and lack of perception about these problems amongst them and their significant others. The study also suggests that the present national policies and programs are inadequate and lack gender sensitivity. The need of the hour is to understand the complex nature of problems faced by aged women and take appropriate action to resolve these problems.

Hussain (2021) examined the psycho-social well-being of Indian elderly women. The study also highlighted how ageing is shaped by social relationships, cultural expectations, and economic dependency. The study revealed that elderly women often experience loneliness, declining social recognition, and emotional vulnerability, reduced family interaction, financial insecurity, and limited social participation. The study also emphasized that psycho-social well-being in elderly age is directly linked to respect within the family, financial security, and opportunities for social engagement. Despite all these problems, the study also threw light on elderly women who maintain social networks, religious involvement, and a sense of purpose to demonstrate better emotional resilience. The research underscores the urgency to strengthen social support systems and community-based interventions to improve the psycho-social well-being of elderly women in India.

Mishra et al. (2022) examined the psychological well-being of elderly women living in institutionalized homes and those living with families. Their study revealed that elderly women living in non-institutionalized settings generally had better psychological well-being due to emotional security, family support, and social interaction. On the other hand, women living in old age homes often experience feelings of loneliness, lack of independence, and emotional neglect, which negatively affect their mental well-being. The study also throws light on the fact that while institutional care meets basic needs, emotional support and social bonding play a major role in maintaining psychological well-being among elderly women.

Daffline and Mathew (2024) examined self-esteem among Indians and highlighted that self-esteem plays an important role in determining psychological well-being and quality of life in elderly age. Their study focused on the fact that elderly women often face multiple problems, like health issues, lack of



social support, widowhood, economic dependency & financial insecurity, and limited decision-making power, which negatively affect their self-worth. The study further examined that the Indian socio-cultural context, patriarchal rules, regulations, and gender-based inequalities intensify feelings of neglect and marginalization among elderly women. The study indicated that low self-esteem is associated with increased risk of depression, loneliness, and social cut off, whereas strong family support, social inclusiveness, and empowerment-based interventions contribute positively to self-esteem and successful ageing. The study stresses the importance of psychological, social, and structural factors to enhance self-esteem among elderly women in India.

Theoretical Framework

The theoretical framework gives the conceptual foundation for any research. It guides the selection of variables, methodology, and interpretation of the findings. The theoretical framework also helps to locate the research within existing knowledge, linking empirical evidence with established theories. In this research, to study psychological perspectives among elderly women in Indian society, a theoretical framework is very important to understand the factors influencing mental well-being, self-esteem, and social adjustment in the elderly period. This framework throws a light upon well-established theories of ageing to explain how social engagement, role continuity, family support, and societal structures impact the psychological health of elderly women. By elaborating these theories, the study gains a structured lens to analyze the interconnection between social, cultural, and emotional factors affecting the mental well-being of aged women in India.

- **Activity Theory of Ageing:** Robert J. Havighurst, Bernice L. Neugarten, and Sheldon S. Tobin proposed the Activity Theory of Ageing in the early 1960s. The theory explains that successful ageing is achieved when elderly people remain actively involved in social, familial, and community roles, etc. Havighurst suggested that maintaining activities and social interactions similar to those of middle age leads to higher life satisfaction (Havighurst, 1961). This also helps in maintaining better psychological well-being. In the Indian context, this theory is highly suitable as per the Indian psychological lens. Elderly women who continue to participate in household activities, responsibilities or duties, care-giving activities, religious practices, and community involvement tend to experience a stronger sense of self-esteem, emotional stability, etc. All these activities help them to cope with the problems and difficulties like widowhood, loss of role, social marginalization, etc. In contrast, elderly women who experience forced inactivity due to institutionalization, major health issues, or lack of family support often face loneliness,



depression, or stigma, and reduced psychological well-being. Thus, Activity Theory provides a strong theoretical framework for understanding how active social participation positively shapes the psychological well-being of elderly women in Indian society.

- **Disengagement Theory of Ageing:** This theory was propounded by Elaine Cumming and William E. Henry (1961). This explains ageing as a process in which elderly people gradually withdraw from social roles and interpersonal relationships. According to Cumming and Henry, this withdrawal is considered a natural and mutually beneficial adjustment for both the individual and society. In the context of Indian society, especially for elderly women, disengagement is often not voluntary but socially imposed. Many things, like widowhood, declining health, economic dependency, and reduced authority within the family, contribute to their exclusion from decision-making and social participation. While the theory explains the growing social isolation experienced by elderly women, contemporary thinkers and gerontologists argue that forced disengagement can lead to their loneliness, emotional distress, depression, and reduced psychological well-being. Cumming and Henry's theory provides a deep insight to structural explanation of ageing, it has been widely critiqued for ignoring the psychological outcomes of imposed withdrawal, especially among aged women in patriarchal societies like India.

Objectives of the study:

Research objectives are clear and concise statements. Research objectives define the purpose and goals of a research study. These also guide the research process by specifying what the study intends to investigate, analyze, or achieve. Objectives also help in focusing the research, determining the methodology, and providing a suitable framework for interpreting the findings of the study.

- 1) To recognize the psychological perspectives of aged women in Indian society with special attention to their mental health, social integration, emotional well-being, and relationships with family.
- 2) To understand how family structures and institutional support systems influence their psychological well-being.
- 3) To give suggestions on the needs and demands of elderly women in India.

Research Methodology

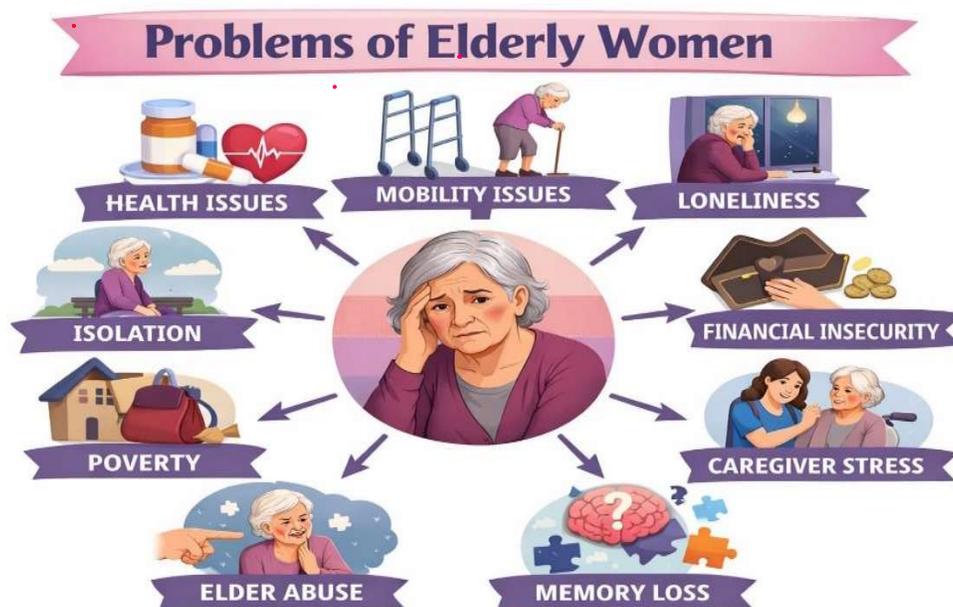
This paper aims to explore and identify the major psychological challenges faced by elderly women in Indian society, with special focus on areas requiring targeted social work intervention. The study is based

upon a qualitative, secondary source-based methodology and draws light upon an extensive review of existing literature to understand the multifaceted experiences of elderly women. A wide collection of scholarly and credible sources was reviewed, including peer-reviewed journals, books, research articles, governmental and non-governmental reports, thematic papers, magazines, newspapers, and reliable online databases, etc. This comprehensive review enabled a detailed review of major issues like social isolation, declining self-esteem, emotional vulnerability, gender-based disadvantage, and the impact of institutional versus family living arrangements on psychological well-being.

Psychological problems faced by elderly women

There are many psychological problems faced by elderly women, such as depression, anxiety, and cognitive decline, etc. These issues are not only influenced by physical health but are also deeply embedded in socio-cultural and economic contexts. These challenges require a holistic approach that includes mental health support, improved healthcare access, and greater social support for elderly women. These are as follows:

Figure 1. Psychological problems faced by elderly women



- **Memory loss:** Memory loss means Cognitive decline and dementia are also major growing concerns among the aged women in India. Aged women are more prone to dementia and cognitive decline than their male counterparts. This is a higher prevalence and is due to hormonal



(menopause) and social factors. All these factors lead to their cognitive decline, memory loss, etc. They face confusion in their lives, and they face dementia in their lives as well.

- **Financial insecurity or poverty:** In India, many elderly women face economic dependency and poverty due to patriarchal societies, especially when they are widowed. Their condition becomes miserable, and this dependency can create insecurity and vulnerability. Elderly women have limited control over their financial circumstances. So they feel worthless, inadequacy etc. It contributes to their psychological health issues, and they feel helpless and worthless.
- **Loneliness:** Widowhood is another important factor contributing to emotional distress among aged women in India. Widows often experience stigma and marginalization within society, as women's identity has often been closely tied to their husbands, and after their husbands' death, many widows face social isolation and exclusion. They are sometimes blamed for their husband's death and forced to live in poverty, and all these things lead them to a feeling of hopelessness, loneliness, and depression. These are the major factors of downing their psychological health.
- **Health issues:** In India, elderly women are more likely suffer from chronic illness, often due to a lack of access to healthcare and a lifetime of malnutrition. These health issues are not just physical; they also cause a great deal of psychological and mental health suffering. Many Indian women face anxiety and sadness due to the stigma associated with mental health, which manifests as "somatic symptoms" such as the prevalence of physical aches or chronic exhaustion. As a result, women experience a "burden of longevity" in which their physical and mental well-being is harmed while they live longer.
- **Mobility issues:** Mobility is also a major issue for the social inclusion of elderly women of India. Physical handicap and mobility problems (such as arthritis or post-stroke sequelae). Mobility in the Indian setting is closely related to a woman's capacity to take part in family get-togethers, religious places visits, and communal rituals. Elderly women feel a sharp sensation of "redundancy" and loss of agency when their movement is limited. Because she sees herself as a physical burden on the family, the ensuing reliance on family members for basic mobility leads to a deep "fear of the future" and feelings of worthlessness.
- **Caregiver stress:** Ironically, many elderly women who are having health problems are also forced to take on the job of primary caregiver for younger grandkids or a sick spouse. All these things contribute to extreme emotional weariness, which is the result of this caregiving stress. The



lack of assistance from younger generations in many families compels these women to put other people's needs ahead of their own mental health. This selflessness frequently results in "burnout," which is typified by persistent anxiety and a deterioration in cognitive resilience.

- **Elderly abuse:** In Indian society, elder abuse is very normal. Whether it be financial, emotional, or physical, it is a serious but little-reported issue. Due to their complete lack of property rights and financial instability, women are especially vulnerable. Family members who view the elderly woman as a financial or physical liability are frequently the source of abuse. All these can increase the likelihood of developing clinical depression, cause severe psychological trauma, and completely vanish trust in family support networks. This is one of the major hidden but harmful psychological attitudes on aging, since the victim's dependence on the abuser for survival frequently silences them.
- **Depression and anxiety:** Depression is one of the most common mental health issues faced by aged women in India. Depression is highly prevalent among aged women in India. They face more difficulty due to limited access to health care, economic instability, and a lack of social services as well. The reasons behind depression in aged women are multifaceted, as one of the most prominent factors is loneliness. In India, where joint families are still present, aged women often experience isolation after the younger members of the family move away or their spouses pass away. This leaves them in a vulnerable condition and with depression. Physical illnesses like arthritis, diabetes, and heart problems, etc. also lead to depression and leave them in stress. The feeling of being a burden on the family is also a cause of depression for them. Anxiety is another prevalent psychological issue in aged women. Aged women living in underserved areas experience higher levels of anxiety, particularly related to economic uncertainty and health concerns. Anxiety among aged women is not only a consequence of immediate life events but is often a chronic condition followed by social and other factors. Anxiety in aged women has many factors, such as economic insecurity, death, fear of loss of spouse, etc. Many aged women who live without a stable income and are dependent on their children or government pensions always live in anxiety. Financial dependency in the future, fear of death, and loss of independence are other major concerns. This fear is intensified by a lack of psychological support and access to end-of-life care. Aged women also sometimes experience the fear of being a burden on their families. This fear of becoming dependent and losing their autonomy contributes to anxiety, further impacting their mental health.



Strategies to cope with the Psychological Problems of Elderly Women

The psychological and mental well-being of Indian elderly women is shaped by a complex interplay of social, cultural, and structural parameters, among which family structures and institutional support systems play a major role. Family is the basic unit of support in India, as it provides emotional, financial, and social support throughout an individual's life. For elderly women, strong family support ensures physical care and also fosters a sense of belongingness, self-worth, and emotional security. Here are some suggestions to cope with the psychological problems of elderly women:

- **Societal Integration:** Maintaining robust social networks can be a defensive factor against clinical depression and cognitive deterioration in aging women. Beyond deep familial ties, the cultivation of “weak ties”—brief, positive interactions with neighbors or community members—contributes to a sense of social embeddedness. Engaging in structured social groups like book clubs or faith-based organizations fosters a sense of belonging that mitigates the neurobiological hazards associated with long-term loneliness.
- **Physical Activity:** Frequent or regular, low-impact physical exercises serve as a non-pharmacological intervention for mood regulation. Many activities, such as swimming or chair yoga, cause the release of neurotransmitters, specifically serotonin and endorphins, which modulate anxiety and increase emotional stability. Furthermore, regular physical exercise improves sleep architecture and cardiovascular health, providing a physiological foundation that enables elderly women to better manage age-related psychological stressors.
- **Cognitive engagement activity:** The transition into late adulthood often involves “role exits. These role exits can cause an identity crisis or a perceived loss of utility. Engaging in goal-oriented hobbies like gardening, creative activities, or volunteerism promotes neuroplasticity by challenging the brain with new cognitive activities. These activities provide a sense of agency and achievement, which are critical components of psychological resilience and life satisfaction in the post-retirement phase.
- **Mindfulness-Based Stress Reduction:** Chronic psychological distress, which frequently results from worries about one's health or finances, causes a prolonged release of cortisol, which can impair immunological response and cognitive function of the body. Cognitive reframing is made easier by putting mindfulness techniques like diaphragmatic breathing and gratitude writing into practice. These methods can also safeguard both neurological and systemic health by grounding



the person in the present, decreasing ruminative thought patterns, and lowering physiological indicators of stress.

- **Psychotherapeutic Support:** Addressing the complex psychological needs of elderly women is very necessary, and these often require Formal therapeutic intervention. Evidence-based modalities such as Cognitive Behavioral Therapy and Reminiscence Therapy are especially effective in treating late-life depression and complicated grief patterns. Additionally, peer-led support groups provide a platform for “universalization,” the realization that one’s struggles are shared, which decreases the stigma of mental health issues and encourages adaptive coping mechanisms.
- **Nutritional diet and Sleep:** The diet rich in essential nutrients plays a vital role in emotional resilience; a diet rich in Omega-3 fatty acids, antioxidants, and leafy greens is linked to reducing rates of cognitive impairment and depressive symptoms. Concurrently, strict adherence to sleep hygiene—maintaining a consistent circadian rhythm and limiting blue light exposure—is very crucial for synaptic repair. Together, these lifestyle factors ensure the brain remains biologically equipped to regulate mood and process emotional trauma.
- **Family support:** Elderly women often continue to perform care-giving roles, participate in household management, and maintain daily interactions with children and grandchildren. Such engagement roles provide them with meaningful social roles and help sustain their self-esteem, emotional stability, and life satisfaction. Research by Hussain (2021) and Mishra, Mishra, and Vashishtha (2022) highlights that elderly women living in supportive family environments report higher psychological well-being due to consistent social interaction, respect, and involvement in family decision-making. Moreover, the presence of multiple generations within the household can often mitigate the feelings of loneliness and social isolation commonly associated with ageing. But on the other hand, in nuclear family settings or in situations where elderly women lack close family support, social engagement can be limited, leading to marginalization and emotional vulnerability. Women experiencing widowhood, migration of children are at risk of loneliness, anxiety, and depressive symptoms. The absence of meaningful roles and reduced social interaction often fades self-worth and life satisfaction, demonstrating the critical role of family in maintaining psychological health among aged women.
- **Institutional support systems:** Institutional support systems like old-age care homes, day-care centers, community organizations, and social welfare programs serve as alternative sources of care and engagement for elderly women. Institutional care centers provide opportunities for social



interaction, inclusiveness in recreational and cultural activities, and access to healthcare services. Such support can compensate for inadequate family support and help maintain emotional well-being. But the quality of institutional care is very important. Many studies indicate that elderly women living in poorly managed institutions or in poor facilities with limited social and emotional support may experience feelings of neglect, loss of autonomy, and reduced psychological well-being (Daffline & Mathew, 2024). The combined effect of family and institutional support is very necessary. Elderly women who enjoy strong family ties or bonds while also engaging with institutional or community resources often show higher levels of resilience, emotional stability, and overall psychological well-being. This double support system allows them to benefit from intimate, familiar relationships within the family while also receiving structured social interaction, healthcare, and mental stimulation through institutions.

Recommendations

The following recommendations are suggested to enhance the psychological well-being of elderly women through coordinated efforts at the individual, family, society, and institutional levels.

- **Social Security & Pensions:** Establish pensions specially for elderly women, particularly widows and those from the rural or remote sectors, which can be proven beneficial for elderly women, as many women lack a formal work history. Financial security is the first step in reducing the fear of the future and dependence on the next generation. It can help them better.
- **Gender-Sensitive Healthcare Literacy:** Implementation of community-level health programs through ASHA workers that focus on mental health issues can be a boon to them. These programs can educate family members that physical problems in elderly women are often linked to underlying depression or anxiety, etc.
- **Mobile Medical Units (MMUs):** As there is limited mobility of many aged women in rural India, MMUs should be provided, and those should also be equipped with geriatric mental health specialists. This will also ensure that elderly women with chronic illnesses or disabilities receive psychiatric screenings in the comfort of their homes or nearby areas.
- **Legal Protections:** Strengthening and enforcing the Maintenance and Welfare of Parents and Senior Citizens Act. Policies should specifically protect the right of elderly women to remain in



their matrimonial or ancestral homes, preventing property-related abandonment, which is a major driver of psychological trauma.

- **Community-Based programs:** Encouragement of the creation of local day-care centers or social hubs should be there, where elderly women can be involved in community-based activities, skill-sharing, etc. This will reduce social isolation and restore the sense of purpose lost due to the nuclearization of families.
- **Digital Literacy Initiatives:** Launch programs to teach elderly women basic digital skills. Being able to use video calls or digital banking decreases the psychological feeling of being left behind by a rapidly modernizing society and helps them stay connected with migrant children.

Conclusion: Elderly women are a very important part of society. But they often face a variety of psychological challenges, and all these challenges can significantly affect their overall well-being and quality of life. Very common psychological issues include depression, anxiety, loneliness, and cognitive decline, which can lead them in condition of frailty among them. Elderly women face sadness or isolation due to changes in physical health, loss of loved ones, or limited social contacts. All these can lead to depression, which is more common in older women than in older men. They face anxiety due to financial crisis, health problems, and fear of the future, etc. Meanwhile, they also face cognitive decline, confusion, memory loss, and many other problems. Aged women need special care and attention; they need financial, mental, and physical support. Family support and staying socially active are crucial in managing these psychological challenges. There should be proper engagement with family members, which can provide them with emotional comfort and also reduce their anxiety and depression, etc. Professional mental health support, counseling, or therapy sessions can also be beneficial in coping with anxiety or depression. By addressing the unique needs of the aged women, the government should entertain and implement effective care strategies. NGO's and other policymakers should come forward to support these women. Different programs and policies should be implemented and launched to help these people out. Health care systems should be improved, and these should be based on maximum outcomes, and these people should not be neglected.



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