



Economic and Social Status of the Elderly: A Comparative Study between Older Males and Females in Kerala

Resmi R. Nair^{1,*}, Nandu CJ²

^{1,*}Assistant Professor, Department of Economics, University College,
Thiruvananthapuram, Kerala, India

²Assistant Professor, Department of Economics, Government College for Women,
Vazhuthacaud, Thiruvananthapuram, Kerala, India

Abstract

Kerala is renowned for its elevated human development indicators, boasting a comparatively superior socio-economic landscape in comparison to numerous other states in India. The state has achieved notable advancements in enhancing the overall quality of life for its populace, particularly among older adults. Distinct socio-economic variations exist between elderly males and females in Kerala, shaped by factors such as cultural norms, educational access, workforce engagement, and healthcare availability. Nevertheless, it is crucial to acknowledge that circumstances may have evolved, and there could have been alterations in the socio-economic conditions of older individuals in Kerala since then.

Keywords: Ageing, MPCE, Living Arrangements, Work status, financial dependency etc.

Corresponding Author's email id. resminair1988@gmail.com

Introduction

The socio-economic status of the elderly is a critical aspect of demographic and social analysis, reflecting the intersection of age, economic well-being, and societal structures. It encompasses the economic and social conditions that influence the well-being of individuals in the later stages of life. Understanding the socio-economic status of the elderly involves examining various factors, including income, employment, education, healthcare access, housing, and social support systems. As a demographic group, the elderly population is growing globally, and with this demographic shift comes a heightened awareness of the unique challenges and opportunities faced by older individuals.

Key elements influencing the socio-economic status of the elderly include the

sources of income, such as pensions and Social Security benefits, the decision-making around retirement, and the ability to access affordable and quality healthcare. Housing conditions, social connections, and cultural factors further contribute to the complex tapestry of the elderly population's socio-economic landscape.

Addressing the needs of older people necessitates a sophisticated comprehension of the range of experiences within this demographic group. Policies and programs aimed at supporting the socio-economic well-being of the elderly should be informed by a recognition of the individual and collective challenges they face. This introduction sets the stage for a more in-depth exploration of the factors shaping the socio-economic status of the elderly and the

importance of tailored strategies to enhance their overall quality of life.

India, with its diverse cultural tapestry and rapidly changing demographic landscape, grapples with a complex set of socio-economic conditions affecting its elderly population. As one of the fastest-growing segments of the population, the elderly in India face a unique interplay of traditional familial support systems, evolving economic structures, and the challenges of modernization. India is experiencing a swift and noteworthy demographic transition among its elderly population, and Kerala stands out with its unique cultural, socioeconomic, and demographic characteristics. The state's literacy rate, life expectancy, and consumption patterns rival those of industrialized nations and surpass most other regions in the country. As of the 2011 census, Kerala's population growth rate has been declining, attributed to factors such as widespread acceptance of family planning, enhanced fertility control, a rise in the mean age at marriage, reduced mortality rates, population mobility, and other contributing elements. The state is progressing toward achieving "Zero Population Growth," marked by the lowest population growth rate observed in the past decade.

Kerala displays evident gender disparities, with a higher percentage of elderly females compared to males. This is exemplified by the dominance of females in households with older adults, where 55.6% consist of only one older adult. The 2011 census highlights that 23% of women aged 60 to 69 and 43.06% of women aged 70 and above are widows, shedding light on the unique demographic landscape and social dynamics within Kerala. The elderly population, including elderly women, in Kerala is a significant demographic group that has been

influenced by various socio-economic, cultural, and health-related factors. Kerala is known for its relatively high life expectancy and better health indicators compared to many other Indian states. This has a direct impact on the well-being of elderly women. Improved healthcare infrastructure and awareness have contributed to increased life expectancy and better health outcomes for women in their later years. Comprehending the health, social, and economic hurdles confronting Kerala's elderly is vital for crafting policies and allocating resources effectively. With the elderly cohort swelling, there's an urgent necessity to tailor healthcare, social support, and economic measures to enhance their welfare and sustenance. Kerala's cultural ethos and familial frameworks profoundly influence elderly care, underscoring the need to scrutinize how tradition intersects with modernization in shaping their experiences. By undertaking thorough investigations into the elderly demographic, policymakers can proactively tackle emerging challenges, advance the cause of healthy ageing, and foster inclusive progress across Kerala.

Objectives of the Study

- Examine the socio-economic aspects of the elderly population in Kerala.
- Evaluate the living arrangements of older adults in Kerala.
- Gain insights into the financial circumstances and economic reliance of the elderly in Kerala.

Methodology

The present study draws on data obtained during the 75th round of the National Sample Survey, conducted by the National Statistical Organization (NSO), Ministry of Statistics and Programme Implementation, spanning from July 1, 2017, to June 30, 2018. This round of the National Sample Survey (NSS) incorporated inquiries related

to "Household Consumer Expenditure," "Household Social Consumption: Health," and "Household Social Consumption: Education." The survey encompassed a sample size of 19,801 individuals from Kerala, with 10,682 residing in rural regions and 9,119 in urban areas. Specifically focusing on seniors, a total of 3,086 elderly individuals were selected from Kerala, comprising 1,596 elderly females and 1,490 elderly males. Among these, 1,688 samples were drawn from rural areas, while the remaining 1,398 were drawn from urban areas.

Socio-Economic Profile of the Aged

Socioeconomic standing not only determines income but also influences financial security, educational achievements, and subjective perceptions of social class and rank. It encompasses the privileges and opportunities available to individuals in society and significantly affects overall human functioning, encompassing both mental and physical health. The ramifications of low socioeconomic status,

including factors like poverty and lower educational attainment, reverberate across our societal framework, influencing aspects such as health and well-being.

Older adults grappling with low socioeconomic circumstances constitute the most vulnerable segment of the population, with women facing a particularly challenging situation, as noted by Surrender et al. (1996). Nonetheless, divergent perspectives exist regarding the socioeconomic conditions of the elderly in rural and urban areas. In a study by Sarasakumari R, S (2001) examining the socioeconomic circumstances, morbidity patterns, and social support of older women in both urban and rural settings, alarming findings emerged. The study reported that 60 percent of older women were widows, experiencing chronic and acute illnesses at rates of 70.3 percent and 83 percent, respectively. Issues such as poverty, malnutrition, insufficient healthcare, and depression were identified as major challenges they confronted.

Table 1, Sample Socio-Economic characteristics of the Aged in Kerala 2017-18

Socio-economic characteristics	Gender		Place of residence		Total	
	Male	Female	Rural	Urban	Total (N)	Percent
Age						
60-69	949	974	1,016	907	1,923	62.3
70-79	382	395	439	338	777	25.2
80+	159	227	233	153	386	12.5
Religion						
Hindu	802	907	930	779	1,709	55.4
Muslim	318	306	300	324	624	20.2
Christian	368	382	458	292	750	24.3
Others	2	1	0	3	3	0.1
Social group						
ST	21	20	38	3	41	1.3
SC	81	97	103	75	178	5.8
OBC	815	876	839	852	1,691	54.8
Others	573	603	708	468	1,176	38.1

Marital status							
Not married	14	20	17	17	34	1.1	
Married	1,355	729	1,147	937	2,084	67.5	
Widow	118	838	514	442	956	31.0	
Divorce/separate	3	9	10	2	12	0.4	
Quintile class (MPCE)							
1	391	436	514	313	827	26.8	
2	294	307	324	277	601	19.5	
3	288	316	310	294	604	19.6	
4	279	302	277	304	581	18.8	
5	238	235	263	210	473	15.3	
Living arrangement							
Living with spouse and others	1,103	574	914	763	1,677	46.7	
With spouse only	238	146	213	171	384	16.0	
Without spouse but with others	136	829	528	437	965	33.9	
Living alone	13	47	33	27	60	3.4	
Work status							
Working	559	90	387	262	649	21.0	
Not working	931	1,506	1,301	1,136	2,437	79.0	
Economic dependency							
Independent	687	125	423	389	812	26.3	
Partially dependent	447	541	545	443	988	32.0	
Fully dependent	356	930	720	566	1,286	41.7	
Financially supported by							
Spouse	19	257	154	122	276	12.1	
Children	748	1,104	1,026	826	1,852	81.4	
Grand children	5	28	21	12	33	1.5	
Others	31	82	64	49	113	5.0	

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Health; Note: The given percentage is unweighted in this table.

The well-being of older individuals is profoundly influenced by their socioeconomic conditions. Elements such as age, religion, social group, marital status, income class, living arrangements, employment status, economic dependency, and various other factors play a pivotal role in shaping the quality of life for seniors. In the senior population of Kerala, there is a consistent rise in the proportion of females to males. Notably, the gender ratio in Kerala has consistently favored women, a contrast to the rest of the country where such a pattern is not observed.

The survey encompassed 1,490 older men and 1,596 older women, spanning across 14 districts in Kerala. Within this demographic, 62.3 percent fall into the young-old category (60-69 years), 25.2 percent belong to the middle-aged population (70-79 years), and 12.5 percent constitute the ancient category (80+ years). Notably, the count of old females surpasses that of senior males across all age groups examined. Additionally, regardless of age, a higher number of elderly individuals are observed in rural areas compared to urban areas. The predominant demographic factor influencing the distinct

gender patterns of aging in Kerala is the life expectancy of each gender.

More than half of the elderly population (54.8%) falls under the Other Backward Class (OBC), 5.8% belong to the Scheduled Caste (SC), and 1.3% are part of the Scheduled Tribe (ST), while the remaining 38.1% represent various other socioeconomic categories. Across all social groupings, excluding the Scheduled Tribe category, females outnumber males. In all social categories, except for Other Backward Class (OBC), a higher count of elderly individuals is observed in rural areas compared to urban areas.

Regarding religious affiliations, the majority of the elderly (55.4%) identify as Hindus, approximately a quarter (24.3%) as Christians, and 20.2% as Muslims. Individuals adhering to other religions collectively constitute less than 1% of the elderly population (0.1%). With the exception of Muslims and other religious groups, females outnumber males. Additionally, those belonging to the Muslim and diverse religious categories surpass those residing in rural areas, while this trend is reversed in the remaining religious groupings.

Table 2, Educational Qualifications among the Aged (60+) in Kerala 2017-18

Education	Gender		Place of residence		Total	
	Male	Female	Rural	Urban	Total (N)	Percent
Not-literate	135	311	285	161	446	14.5
Primary	623	727	794	556	1,350	43.8
Secondary	541	433	503	471	974	31.6
Hr.sec>	191	125	106	210	316	10.2
Total	1,490	1,596	1,688	1,398	3,086	100.0

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Health

Kerala takes pride in its elevated literacy rate, with a longstanding emphasis on education. In comparison to several other states in India, the elderly population in Kerala tends to exhibit higher literacy levels. This educational advantage can contribute positively to their socio-economic status.

The percentages in each education level category represent the proportion of individuals with that level of education relative to the total. The "Not-literate" category, constituting 14.5% of the

population, encompasses individuals amounting to 446 people. It's noteworthy that this segment represents a comparatively modest proportion within the broader population. The majority of the population, 43.8%, has completed primary education. This suggests a significant portion of the population has at least basic literacy and numeracy skills. A substantial portion, 31.6%, has completed secondary education, indicating a reasonable level of education beyond the primary level. The "Higher Secondary or More" category, accounting

for 10.2% of the population, comprises individuals with educational attainment beyond the secondary level. This encompasses those who have completed higher secondary education or pursued advanced studies.

The population is roughly balanced in terms of gender, with 1,490 males and 1,596 females. This balance is crucial for understanding gender-specific trends in education and residence. The majority of the population resides in rural areas, comprising 54.7% of the total. This information is vital for understanding the geographical distribution of the population. Urban residents make up 45.3% of the population. This balance between rural and urban populations is essential for assessing the overall development and access to resources in different regions.

Marital Status

Older people's marital status is one of the most important elements determining the level of care they receive (Johnson & Donald, 1981). It was also discovered that older men and women living alone receive less social assistance. Women have lower levels of psychological well-being, according to research. Married older persons are likelier to participate in home activities than widowed older adults (Sanjeev & Prasanta, 2016). Similarly, marital status and gender are connected with more senior person empowerment.

The loss of a spouse adds significant vulnerabilities to old life. Understanding the proportions of widows among older adults in society allows for a deeper picture of the state of older people, as widowhood adds vulnerabilities during old life. In terms of

the availability of family care and assistance, marital status has an impact on the position of older women.

The socio-economic conditions of elderly individuals can be significantly shaped by their marital status. Elderly couples often enjoy the advantages of shared resources and financial responsibilities, including jointly accumulated assets such as property and savings, contributing to overall financial stability. Conversely, individuals who are single, widowed, or divorced may encounter financial challenges, relying solely on their individual resources, resulting in a potentially smaller income and fewer opportunities for shared expenses.

In terms of healthcare, married individuals may benefit from access to health insurance through their spouse's plan, offering relief in managing healthcare costs. Additionally, having a spouse can provide crucial emotional and physical support during times of illness. Conversely, those without a spouse may find themselves shouldering the full burden of healthcare costs, presenting particular challenges as health issues become more prevalent in older age.

Retirement planning is another area where marital status plays a pivotal role. Married couples often have the advantage of pooled resources, facilitating more comfortable retirements with shared pensions, savings, and investments. In contrast, individuals without a spouse may need to rely solely on their personal retirement savings and government benefits, potentially impacting their standard of living during retirement.

Table 3, Percentage distribution of marital status among the Aged (60+) in Kerala 2017-18

Age	Not married	Married	Widow®
60-69	1.9	75.4	22.8
70-79	1.3	54.4	44.3
80+	1.0	29.5	69.5
Gender			
Male	1.5	88.2	10.3
Female	1.7	42.1	56.2
Sector			
Rural	1.5	64.4	34.1
Urban	1.8	63.1	35.2
Total	1.6	63.9	34.5

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Note: ® includes divorced and separated aged persons as well.

The pattern of marital status alters with age so that the proportion of widows rise, the balance of married people falls, and the balance of single people remains relatively consistent. In terms of the marital status of older people (weighted), 88.2 per cent of elderly males and 42.1 per cent of elderly females are married, with the ratio being higher in rural areas (64.4%) than in urban areas (63.1). According to statistics, 1.5 per cent of senior men and 1.7 per cent of older women are single. Compared to the unmarried elderly population residing in rural areas (1.5%), more people in this category live in urban (1.8%). Widowhood is highest among the very old category of the elderly population. Whereas 56.2 per cent of older women lost their spouses, only 10.3 per cent of older men live without having their spouse. Widowhood increased dramatically among men and women in Kerala as they grew older. The main reasons for a higher incidence of widowhood among women and men are differences in life expectancy, a different proportion of older men and women who remarry, a significant age difference between marriage partners due to differences in the ages at which men

and women marry, and so on (Leela Gulati and S. Irudaya Rajan, 1999).

Monthly Per-capita Consumption Expenditure

The table presents data on per-capita consumption expenditure for five different expenditure categories. There are variations in per-capita consumption expenditure between males and females across all categories. Differences in expenditure patterns are observed between rural and urban areas for each expenditure category. Category 1 has the highest per-capita consumption expenditure, representing 26.8% of the total. This suggests that this category might include higher-value or essential expenditures. Category 5 has the lowest per-capita consumption expenditure, representing 15.3% of the total. This may indicate lower-value or non-essential expenditures.

According to MPCE, over 27 per cent of older people are in the first quintile, constituting the lowest portion of the population. This category includes more senior females than elderly males, and the poorest part of the population is

concentrated in rural areas rather than urban ones. Only 15% of the population is in the fifth quintile, which represents a richer sector. Older women outweigh elderly males in all categories except the fifth quintile, representing the wealthier portion.

Living Arrangements

The living arrangements of the elderly occupy an essential place among several indicators of the status of the elderly in society. Usually, living arrangement is explained in terms of the type of family in which the elderly live, the people they stay with and enjoy, the place they stay in, the headship they enjoy, the kind of relationship they maintain with their kith and kind kin, and wholly, the extent to which they make adjustments to the changing environment (Irudaya Rajan et al. 1995). The traditional joint family system is still prevalent in parts of Kerala, which can provide a support network for elderly individuals. However, urbanization and migration have led to changes in family structures, and some older people may experience social isolation.

In Kerala, the elderly's living circumstances have not been a significant problem because, in the past, the family, particularly the children, were expected to care for the aged parents. However, with the decline in childbearing and the nuclearization of

families, changes in the current co-residential pattern were destined to occur. Furthermore, the large-scale movement of the adult population for work both within and outside the country has had a considerable impact on living arrangements and healthcare services. The significance of the elderly's living conditions in deciding dignity, happiness, and financial stability is critical. The concept of living arrangements incorporates geriatric care and the familial support system, among other things. Whereas the old with no means of earning are regarded as a burden, the elderly with money or funds are regarded as assets to the family. As the elderly's physical strength and economic output deteriorate with age, they anticipate social, economic, and emotional care from family members. Thus, living arrangements have a vital role in determining the general well-being of the elderly.

Type of Living Arrangement

Nearly 90% of older men (unweighted) and 45% of older women live with their spouses; the percentage difference reflects the difference in their marital status. Less than 9% of elderly males without a spouse live with others. At the same time, only 1% of older men live alone. Fifty-two per cent of older women live with others without a spouse, while 3 per cent live alone.

Table 4, Percentage distribution of living arrangements among the Aged (60+) in Kerala 2017-18

Aged (60+)	With spouse and other members	With spouse only	Without a spouse but with other members	Living alone
Age				
60-69	55.5	18.7	22.9	2.9
70-79	38.6	15.4	42.7	3.3
80+	22.6	5.1	66.5	5.8

Gender				
Male	64.5	22.2	12.1	1.3
Female	30.9	10.5	53.3	5.3
Sector				
Rural	45.8	17.0	34.4	2.9
Urban	48.0	14.8	33.2	4.1
Total	46.7	16.0	33.9	3.4

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Health

The percentages represent the distribution of individuals in each category for their living arrangements. For example, in the "Age 60-69" category, 55.5% of people in this age group are living with a spouse and other members, 18.7% are living with a spouse only, 22.9% are living without a spouse but with other members, and 2.9% are living alone.

The data indicates that a larger proportion of males are living with a spouse and other members, while a larger proportion of females are living without a spouse but with other members. Additionally, a higher percentage of females are living alone compared to males. These differences may reflect various social and cultural factors influencing living arrangements based on gender.

In rural areas, the highest percentage of individuals live with a spouse and other members (45.8%), followed by without a spouse but with other members (34.4%). In urban areas, the highest percentage of individuals also live with a spouse and other members (48.0%), followed by without a spouse but with other members (33.2%). The percentage of individuals living alone is higher in urban areas (4.1%) compared to rural areas (2.9%).

In summary, the data suggests that the most common living arrangement in both rural and urban areas is living with a spouse and other members. However, the percentage of individuals living alone is slightly higher in urban areas compared to rural areas. The differences in living arrangements between sectors may be influenced by various factors, including cultural, economic, and social aspects specific to each sector.

Work Status

Work status among the elderly is an important aspect to consider, as it can have implications for various aspects of their lives, including financial well-being, social engagement, and overall health. Several factors can influence the work status among the elderly. These factors can vary based on individual circumstances, societal norms, and economic conditions. Physical and mental health can significantly impact the ability of elderly individuals to work. Health conditions may affect their mobility, cognitive abilities, and overall well-being. The financial situation of elderly individuals, including their retirement savings, pension plans, and social security benefits, can influence whether they continue to work or retire. Government policies and regulations regarding retirement age, pension benefits, and social security can influence the decision of whether elderly individuals continue to work or retire. The

level of education and skills acquired throughout a person's life can impact their ability to find suitable employment opportunities in their later years. Some employers have policies and practices that encourage or discourage the employment of elderly individuals. This may include flexible work arrangements, part-time opportunities, or age-related biases. Cultural attitudes towards work, retirement, and the role of elderly individuals in society can play a significant role in determining whether they continue to work or retire. Elderly individuals may have caregiving responsibilities for family members, such as grandchildren or spouses, which can impact their decision to work or retire. Individual preferences, motivations, and the desire for social engagement or personal fulfillment can also influence whether elderly individuals choose to continue working or retire. The availability of social support networks, including family, friends, and community resources, can affect the work decisions of elderly individuals.

While some elderly individuals in Kerala may choose to sustain themselves by remaining employed, particularly in the informal sector or as self-employed workers, the physical constraints associated with aging mean that not all seniors can continue working. In contrast to other Indian states, Kerala exhibits a lower work participation rate among its elderly population. The state's work participation percentage for older individuals increased from 22.9% in 2001 to 24.4% in 2011. Factors such as comparatively lower poverty levels and a more robust social security system in Kerala may contribute to this phenomenon. The decision to continue working in later years

could stem from the financial dependency of older adults, who may find it challenging to manage within low-income households (Alam, 2000).

In terms of the employment status of the elderly, 39% of older men and 6.8% of older women are engaged in work for livelihood. Older men maintain a notably higher rate of employment compared to older women. Even beyond the age of eighty, approximately 3% of the senior population remains in the workforce, although there is a decline in workforce engagement with advancing age. Economic necessities play a significant role in driving higher workforce participation among older individuals, particularly those from marginalized groups. In contrast to their educated or affluent counterparts, the rate of work participation is elevated among the less educated and economically disadvantaged elderly.

Financially supported by

Economic conditions show a worsening trend among impoverished elderly adults. In their later years, many older individuals experience financial challenges due to limitations in earning a living. Their vulnerability often leads to exploitation by relatives, compounding their fragility. When elderly individuals are unemployed or struggle to meet basic needs, they are compelled to depend on family members, friends, or relatives, especially for essential expenses such as medical bills. The heightened susceptibility of older persons to various health issues further escalates medical costs, contributing to an additional financial burden on their families.

Table 5, Percentage distribution of the elderly who are financially supported by (60+) in Kerala 2017-18

Aged (60+)	Persons financially supporting Aged persons			
	Spouse	Children	Grandchildren	Others
Age				
60-69	21.2	73.9	0.1	4.8
70-79	7.8	87.1	0.7	4.4
80+	1.9	83.7	4.3	10.1
Gender				
Male	2.8	92.4	0.2	4.7
Female	20.4	72.3	1.4	6.0
Sector				
Rural	15.1	78.0	1.2	5.7
Urban	13.6	80.3	0.7	5.4
Total	14.5	79.0	1.0	5.6

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Health

The table delineates the sources of financial support for aged individuals, including spouses, children, grandchildren, and others. Among older males (60+), the primary source of financial support is from their children, with 92.4% receiving support from this demographic. Spouses contribute only 2.8% to the financial support of older males, indicating a lesser reliance on spouses than other sources. Grandchildren and other sources contribute minimally to the financial support of older males. In contrast, older females rely significantly more on their spouses for financial support, with 20.4% of females aged 60+ receiving support from their spouses. Children also play a significant role in supporting older females, with 72.3% contributing financially. Females receive more financial support from grandchildren (1.4%) and others (6.0%),

though these percentages are still relatively low compared to children and spouses.

Older males receive less financial support from their spouses compared to females. This could be due to traditional gender roles where males are often considered the primary breadwinners, leading to a higher proportion of females financially supporting their spouses in later years. Both older males and females rely heavily on their children for financial support, indicating the importance of intergenerational support structures. However, males appear to rely more exclusively on their children, with fewer alternative support sources than females.

Females receive slightly more financial support from sources outside their

immediate family, such as grandchildren and others. This could be attributed to cultural norms where females may be more inclined to provide care for extended family members, leading to reciprocal support from these relatives in later years. In summary, while both genders rely on various sources for financial support in old age, there are distinct differences in the sources and proportions of support between older males and females, reflecting underlying societal norms, cultural expectations, and familial dynamics.

Economic dependency

Understanding elderly fragility can be facilitated through the concept of economic dependency. Elderly individuals who are actively employed are more likely to achieve financial independence, especially if they possess assets and property. Research by Sanjeev and Prasanta (2016) highlights that financially dependent older adults, particularly females, often experience various forms of abuse.

Kerala stands out with the highest old-age dependency ratio compared to other regions.

This ratio, which measures the proportion of elderly individuals to the working-age population, has surpassed India's average since 1961. Furthermore, within Kerala, female dependency exceeds male dependency, with the gender gap in dependency ratios being more pronounced. The dependency ratio, typically a percentage, is a crucial metric for gauging the burden placed on the productive workforce. It signifies the ratio of non-working individuals, termed dependents, to those within the labour force, usually aged 15 to 64. Internationally, individuals under 15 and above 64 are categorized as dependents. Therefore, it becomes imperative to assess whether older individuals generate sufficient income to meet their basic needs or if they rely on others for support. The level of economic dependency is influenced by factors such as the age distribution within the population and individuals' financial circumstances, particularly the presence of elderly and children within the overall population (Elke et al., 2017).

Table 6, Percentage distribution of economic dependency among the Aged (60+) in Kerala 2017-18

Aged (60+)	Not dependent	Partially dependent	Fully dependent
Age			
60-69	32.8	31.6	35.6
70-79	27.5	32.0	40.6
80+	11.8	27.5	60.8
Gender			
Male	49.7	27.7	22.7
Female	9.8	34.2	56.0
Sector			
Rural	27.0	29.3	43.7
Urban	30.8	33.6	35.6

Total	28.6	31.1	40.3
-------	------	------	------

Source: Computed by the author using unit-level data of NSS 75th round (2017-18) on Social consumption in India: Health

The data reveals notable differences between males and females in terms of dependency status.

Male individuals show a higher proportion in the not dependent category (49.7%) compared to females (9.8%). Conversely, females exhibit higher percentages in the partially dependent (34.2%) and fully dependent (56.0%) categories.

This gender disparity suggests that females are more likely to experience greater levels of dependency in older age, potentially due to factors such as longer life expectancy, lower rates of workforce participation, and traditional caregiving roles.

The significant variation in dependency status between genders can be attributed to a multitude of factors, spanning biological, socioeconomic, and cultural dimensions. Biologically, women tend to outlive men, resulting in a higher proportion of elderly females in the population. This longer life expectancy inherently exposes women to a greater risk of experiencing age-related health issues and functional limitations, leading to higher rates of dependency. Additionally, biological factors such as hormonal changes and lower muscle mass can contribute to a faster decline in physical health and functional abilities among older women, further exacerbating their dependency levels compared to men.

Socioeconomic factors also play a pivotal role in driving the gender disparity in dependency rates among the elderly. Historically, women have faced systemic inequalities in education, employment opportunities, and income levels, which can persist into old age. Lower workforce

participation rates and earning potential among women often result in reduced financial independence and savings, leaving them more vulnerable to economic dependency in later life. Moreover, societal expectations and traditional gender roles often dictate that women bear the primary responsibility for caregiving within families, which can impede their ability to maintain economic autonomy and self-sufficiency as they age. This perpetuates a cycle of dependency, wherein women are disproportionately burdened with caregiving responsibilities without adequate support, leading to heightened dependency rates among elderly females compared to their male counterparts.

Cultural norms and values also influence the gender disparity in dependency among older adults. In many societies, including India, patriarchal norms dictate that men are the primary breadwinners and decision-makers within families, while women are expected to prioritize caregiving and domestic duties. This gendered division of labor often results in unequal access to resources, opportunities, and social support networks for women, contributing to their heightened vulnerability to dependency in old age. Moreover, cultural attitudes towards aging and gender can shape perceptions of dependency, with older women being stigmatized or marginalized for their reliance on others for support. Addressing the gender gap in dependency requires a multifaceted approach that addresses systemic inequalities, promotes gender equity across the lifespan, and ensures adequate support and resources for elderly women to maintain their autonomy and dignity in later life.

Conclusion

In conclusion, the comparative study examining the economic and social status of the elderly in Kerala, focusing on older males and females, reveals several key findings that underscore the complex interplay of factors influencing their well-being. From educational qualifications to living arrangements and economic dependency, each aspect contributes to the overall socio-economic landscape of the elderly population.

Disparities in educational qualifications among older males and females highlight the need for targeted interventions to enhance access to education and lifelong learning opportunities for both genders. Investing in adult education programs and vocational training tailored to the needs of the elderly can empower them with the skills and knowledge necessary to remain economically active and socially engaged. The distribution of marital status among older people underscores the importance of strengthening social support networks and community-based care services for widowed or single elderly individuals. Initiatives that foster social connections, provide emotional support, and facilitate access to healthcare and other essential services can help mitigate the risks of social isolation and loneliness among this vulnerable group.

Addressing disparities in monthly per-capita consumption expenditure requires comprehensive strategies to alleviate financial burdens and improve the purchasing power of the elderly population. This could involve measures such as expanding social protection programs, enhancing access to affordable healthcare and housing, and promoting financial literacy and empowerment initiatives tailored to the needs of older people.

Furthermore, the study highlights the significance of living arrangements in shaping the caregiving and support networks available to the elderly. Policies promoting age-friendly housing options, community-based care services, and intergenerational living arrangements can foster social inclusion, enhance quality of life, and provide older adults with the support they need to age with dignity and independence.

Moreover, addressing gender disparities in workforce participation rates and economic dependency requires a multifaceted approach that addresses structural barriers, discriminatory practices, and unequal access to employment opportunities. This could involve implementing gender-sensitive labour market policies, promoting entrepreneurship and self-employment among older women, and providing targeted support for caregivers to balance work and caregiving responsibilities.

In conclusion, the findings of the comparative study underscore the importance of adopting a holistic and inclusive approach to address the economic and social challenges facing the elderly population in Kerala. By putting in place focused policies and measures to enhance educational attainment, strengthen social support networks, enhance financial security, and promote age-friendly living environments, policymakers and stakeholders can work towards ensuring a dignified and prosperous old age for all older adults in Kerala.

References

- Alam, M. (2006). Ageing in India: socio-economic and health

- dimensions (Vol. 66). Academic Foundation: New Delhi, India.
- Audinaryana, N., Sheela, J., & Kavitha, N. (1999). Living arrangements of the elderly women in a rural setting of South India: Patterns, differentials and determinants. *International review of modern sociology*, 29(2), 37-48. <https://www.jstor.org/stable/41421174>
 - Beard, J. R., Officer, A., De Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., ... & Chatterji, S. (2016). The World report on ageing and health: a policy framework for healthy ageing. *The lancet*, 387(10033), 2145-2154. <https://www.sciencedirect.com/science/article/pii/S0140673615005164>
 - Gulati, L. (1998). Widowhood and Ageing in India. In Martha Alter Chen (ed), *Perpetual mourning: Widowhood in rural India*. Delhi: Oxford University Press, 2000.
 - Irudaya Rajan, S., & Mishra, U. S. (1995). Defining old age: An Indian assessment. *J United Nations Institute Aging*, 5, 31-35.
 - Irudaya Rajan and Sanjay Kumar (2003), *Living Arrangements among Indian elderly*. Economic and Political Weekly, Vol.38, Issue No.01
 - Joe, W., Rudra, S., & Subramanian, S. V. (2015). Horizontal inequity in elderly health care utilization: evidence from India. *Journal of Korean medical science*, 30(Suppl 2), S155-S166
 - Leela Gulati and S. Irudaya Rajan (1999). *The Added Years: Elderly in India and Kerala*. Economic and Political Weekly, Vol. 34, No. 44,
 - National Council for Applied Economic Research (NCAER). Household survey of medical care. New Delhi: NCAER; 1992.
 - National Health Accounts Cell (2004–2005). *National Health Accounts—India*. Ministry of Health & Family Welfare, Government of India.
 - National Health Accounts Cell (2021). *National Health Accounts—India (2017–2018)*. Ministry of Health & Family Welfare, Government of India.
 - National Institute on Aging. (2015). *Why Population Aging Matters: A Global Perspectives*. National Institutes of Health, U.S. Department of Health and Human Services, U.S. Department of State. <https://www.nia.nih.gov/sites/default/files/2017-06/WPAM.pdf>.
 - National Sample Survey Organisation. *Morbidity and Treatment of Ailments*. New Delhi: Department of Statistics, Government of India; 1998 (report no. 441).
 - National Sample Survey Organisation, *Social Consumption in India: health 75th Round 2017-18* (2019), Government of India
 - Ogawa, N., Matsukura, R., & Lee, S. H. (2016). Declining fertility and the rising costs of children and the elderly in Japan and other selected Asian countries: An analysis based upon the NTA approach. *Population ageing and Australia's future*, 85-109.
 - Orfila, F., Ferrer, M., Lamarca, R., & Alonso, J. (2000). Evolution of self-rated health status in the elderly: cross-sectional vs. longitudinal estimates. *Journal of Clinical Epidemiology*, 53(6), 563-570. [https://doi.org/10.1016/S0895-4356\(99\)00230-9](https://doi.org/10.1016/S0895-4356(99)00230-9)

- ORGI. (2011). Data Census of India. Office of the Registrar General of India and Census Commissioner India, New Delhi.
- Pal, R. (2012). Measuring incidence of catastrophic out-of-pocket health expenditure: with application to India. *International journal of health care finance and economics*, 12(1), 63-85.
- Pande, R. P. (2003). Selective gender differences in childhood nutrition and immunization in rural India: the role of siblings. *Demography*, 40(3), 395-418. <https://doi.org/10.1353/dem.2003.0029>
- Population Council. (1996). Population and Development Review. The Council of Economic Advisers on the Economic Effects of Aging, 22(1), 184-192
- Rahman, M. K., Tareque, M. I., & Rahman, M. M. (2009). Gender differences in economic support, wellbeing and satisfaction of the rural elderly in Naogaon District, Bangladesh. *Indian Journal of Gerontology*, 23(3), 343-357.
- Rajan, S. I., & Kumar, S. (2003). Living arrangements among Indian elderly: New evidence from national family health survey. *Economic and Political Weekly*, 38(1), 75-80.
- Sanjeev Bakshi and Prasanta Pathak (2016). Aging and the Socioeconomic Life of Older Adults in India: An Empirical Exposition. SAGE Publications 6(1), 1-17.

Cite as: Nair, R., J., N., (2023), Economic and Social Status of the Elderly: A Comparative Study between Older Males and Females in Kerala, *International Journal of Society and Education*, 2(2), pg. 8-23.