

Shadows of Neglect: The Struggles of Marginalised Elderly Women in Urban 'Basti' Settings

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Abstract

Marginalised elderly women experience a unique convergence of disadvantages rooted in gender, age, and poverty. This paper examines the socio-economic, physical, mental, and psychological challenges faced by poor elderly women living in deprived contexts. Through a multidisciplinary lens, the study highlights how structural inequalities, limited access to healthcare, social exclusion, and lifelong gendered disadvantages intensify vulnerabilities during old age. The present research paper explores the socio-economic, physical, mental and psychological health challenges faced by poor marginalized elderly women in basti settings of Bathinda district in Punjab. The research paper examines the intersection of economic deprivation, limited access to healthcare, and inadequate social support systems, highlighting how these factors contribute to poor physical and mental health outcomes among elderly women. It also addresses the psychological toll of isolation, discrimination and neglect, underscoring the need for targeted policy interventions and support mechanisms. Through qualitative and quantitative analysis, the study identifies key vulnerabilities and suggests community-based engagement programs and governmental strategies to improve the overall well-being of marginalized elderly women. The findings aim to inform policymakers and healthcare providers about the unique challenges faced by this vulnerable population, advocating for more inclusive and sustainable solutions.

Key Words: Elderly women, marginalization, struggles and multiple challenges

Introduction

Urbanization has reshaped the social and economic fabric of India's cities, but the benefits of this growth have largely bypassed the most vulnerable populations, particularly poor women from marginalized communities. While cities are often viewed as hubs of opportunity and progress, they also harbor deep inequalities. Elderly women from marginalized backgrounds face a unique intersection of challenges. Old age is often seen as a time for rest and reflection, but for poor and marginalized women living in bastis (slums or informal settlements), it is marked by hardship, neglect and vulnerability. Elderly marginalized women in urban areas face unique health challenges due to a confluence of socio-economic, cultural and infrastructural factors. Recent studies have shed light on these issues, emphasizing the need for targeted interventions. Report by India News (June 14, 2023) explored that approximately 16 percent of elderly women have experienced abuse, with 50 percent reporting physical violence, 46 percent disrespect and 40 percent psychological or emotional abuse. Sons (40%), daughters-in-law (27%) and relatives (31%) are frequently identified as perpetrators. A systematic review by Biswas et al. (2023) highlighted the significant impact

of falls among older elderly adults in India. The study found that falls are a leading cause of injury, disability and mortality in the specific demographic, with elderly women being particularly vulnerable due to factors like poverty, unawareness and limited mobility. Similarly, Narula (2025) also conducted a comprehensive analysis focusing on the physical, mental health and social care needs of India's elderly population. The study explored that urbanization and migration have gradually destroyed traditional support systems, leading to increased loneliness, anxiety and depression among elderly women. The study also advocates for integrating community based social programs, financial literacy initiatives, and culturally sensitive spiritual support into elderly care frameworks to enhance emotional resilience and holistic health. Hence, latest studies proved that poor and marginalised women face a unique intersection of poverty, gender discrimination along with ageism, which severely affect their quality of life. Despite contributing significantly to their families and communities throughout their lives, but they often find them abandoned, financially insecure and deprived of basic human rights in their later years. Elderly marginalized women represent one of the most neglected segments of society. Their struggles reflect a deeper intersection of poverty, gender discrimination and systemic failure. Marginalized elderly women face significant challenges affecting their physical and mental health. Marginalised elderly women, especially those who are widowed, poor, socially excluded, or without family support, confront multiple and intersecting forms of vulnerability. This paper explores these interconnected challenges across four broad dimensions:

(1) socio-economic (2) physical health (3) mental well-being and (4) psychological and emotional experiences. Thus, women from marginalized communities face a complex web of challenges that stem from poverty, gender discrimination and social neglect and their specific struggles remain largely invisible within the broader urban landscape. The present study explores the complex realities of elderly marginalized women living in urban basti settings, highlighting their socio-economic, health and psychological challenges and suffering. Addressing their needs requires not only stronger policies but also a shift in societal attitudes toward aging and gender. A more inclusive and compassionate approach to elderly care can help uplift these women from the shadows of neglect and ensure they live with dignity and security in their later years.

Review of Related Literature

There is limited literature that focuses specifically on marginalised elderly women in urban Basti (slum) settings in India and even less that is Punjab-specific. However, drawing on broader studies on older adults in urban slums, combined with what is known about geriatric issues in Punjab, one can highlight key struggles and structural challenges. Below is a review of the major themes, supported by empirical evidence, and some discussion of gaps.

Anasuya, M. Kadam, (2015) examined that living in slums often means lacking basic infrastructure (sanitation, clean water), which further marginalizes older women who may not be able to physically navigate poor housing conditions. Shinde, et.al (2023) in a cross-sectional study in a slum in urban India found a depression prevalence of 48.6 per cent among older adults (age 60–80). A mixed-method study in a Maharashtra slum highlighted gendered experiences of depression: for elderly women, themes included suppression,

undesirable events, stigma and managing moods etc. Further, he also highlighted that social isolation and dependence (financial and physical) worsen their mental health risks. Similarly, Yogesh, et.al (2024) also explored in a recent community-based study among older adults (≥ 65 years) in an urban slum in Gujarat and found that 62.5 percent had multimorbidity (i.e., two or more chronic conditions), including hypertension, diabetes, heart disease, musculoskeletal disorders and other respiratory illnesses. They also found that poor health literacy was strongly correlated with multimorbidity: lower health literacy increased the odds of multimorbidity. The accumulation of chronic disease adversely affected both physical and mental components of quality of life of the old adults.

Singh, N. (2025) investigated in a very recent study in urban Faridkot (Punjab) assessed frailty among elderly (≥ 60 years) using the Tilburg Frailty Indicator. Prevalence of frailty was 38.6 per cent and significant predictors included higher age, lower socio-economic status, and polypharmacy (use of multiple medications). Frailty in this context likely compounds other vulnerabilities: functional decline makes accessing health care or social support more difficult, especially for women who may already be marginalized. Thus, the struggles of elderly women in urban Bastis stem from structural marginalization, layered barriers of poverty, gender norms, inadequate health services and weak social protection systems. Punjab shows similar patterns, though research specifically on elderly women in Bastis remains limited.

Main Objective

The primary objective of the study is to explore and understand the socio-economic, health and psychological challenges faced by poor and marginalised elderly women living in urban 'Basti' settings

Universe of the Study

'Amarpura Basti' and 'Lal Singh Basti' of Bathinda city was the universe of the study

Research Methodology

The present study has involved the multidimensional exploration of various issues of poor and marginalised elderly women living in urban 'Basti' areas. Qualitative research methods were used to carry out the research study. A representative sample of 50 elderly women who were in the age between 48 to 57 years living in 'Basti' settings were selected by purposive sampling technique. Out of total sample (50), 29 women were selected from 'Amarpura Basti' and 21 women were from 'Lal Singh Basti'. The researcher conducted semi-structured interviews, informal talks along with focus group discussions to explore the socio-economic, health and psychological challenges faced by them. The data was collected in the month of June 2025. Percentage and content analysis techniques were used to generate results.

Major Findings

(I) Socio- Economic Status of the Women

The study has revealed that a large section population living in 'Basti' setting are Schedule Caste people who belongs to the Mazhabhi Sikh, followed by Balmikis and Ramdasia Sikh

etc. Most of the women live in unhygienic tidy housing conditions. Further low family income, low land holdings and heavy debts force these families to disrupt the least priority element of their living. Social discrimination and century-old social boycott disable them to create a further dialogue with the rest of the society, which further narrow down their vision and expectations. It is also observed that caste dynamics continue to underlie social and economic relations in Basti settings. where SCs still occupy the lowest position in terms of social, cultural, ritual and educational status. In the present survey, it is clearly observed that women especially in the SC community are not free to speak on their own due to gender biases. Males predominate over females in both Bastis was clearly evident. Out of the total sample (50) 74 percent women were illiterate who never face school in their life for study. Among the literate, majority of women studied up to the primary level only and the younger generation is also facing the same fate. It is one of the close observations that the economy of the selected Bastis is primarily based on fourth-class work. 65 per cent women are performing household chores in the nearby colonies as Kamalis (house helpers) and they earn average 6000/- per month. The analysis of the house type of women reveals that a majority of the respondents has their own or rented low-cost tiny houses due to their low income, which is not sufficient for the whole family. Even few houses do not have good condition kitchen and proper sanitation facilities. There are all around stink and mosquitoes as well. Therefore, the above-mentioned insights give an indication that the women from the marginalized community are largely illiterate, who have major income in their families; they are engaged in low paid unorganized sectors. Hence, the conditions of such women are pitiable with lack of facilities and the least cooperation from society. Further, it is also observed that the home environment is patriarchal in nature where women have very less said in the family discussions.

(II) Economic Vulnerability

One of the most pressing issues for elderly women in Bastis is the lack of financial independence. Most of these women have worked in informal sectors as domestic helpers, street vendors, or daily wage labourers without any social security benefits. Elderly women, from marginalized communities, often have lower lifetime earnings due to interrupted work and unequal pay. When they grow old and are no longer able to work, they are left without any savings. A high majority of poor elderly women work in the informal sector, which excludes them from formal pension and social security schemes. Women are less likely to own land or property, making them economically dependent on male family members or state support. Many depend on their children or extended family for support, but with the high levels of poverty in Bastis, even their families struggle to meet basic needs. Government welfare schemes such as old-age pensions and widow allowances exist, but access remains difficult due to bureaucratic hurdles, lack of awareness and lack of documentation etc.

(III) Physical and Mental Health Challenges

Healthcare is a critical issue for elderly women in Bastis settings. They suffer from age-related illnesses like arthritis, diabetes, hypertension and vision problems and access to proper medical care is limited. Civil hospitals are often overcrowded and understaffed and private healthcare is beyond their financial reach. Moreover, the lack of proper sanitation,

clean water and nutritious food in Bastis exacerbates their physical problems. Moreover, mental health is another overlooked aspect. Loneliness, depression and anxiety are common due to the loss of a spouse, neglect by family members and the lack of community support structures. Stigmatization and lack of mental health services leave these women to cope alone.

(IV) Psychological Health Challenges

The present study revealed that 60 percent to 70 percent of elderly women from marginalized communities experience depressive symptoms. Depression rates are higher among women who are single, who are financially dependent on others. Thus, elderly women living alone or abandoned by family members are at greater risk of developing mental health issues. The study also found that 06 percent of elderly women living alone and suffering from severe anxiety due to loneliness. Around 55 percent of elderly women were experiencing some form of abuse (physical, emotional, or financial). A study also found that over 80 percent of marginalized elderly women reported psychological distress due to lack of financial independence. Economic dependency on children or relatives increases feelings of humiliation and loss of dignity in them. Apart from it, emotional abuse (disrespect, feeling of worthlessness, feeling like burden and neglect) was most common in elderly women from marginalised section. The study further reveals that less than 03 percent of marginalized elderly women with mental health issues receive professional care. Lack of health awareness and poor communication with family members increases stress and mental health issues in women. Thus, women are less likely to seek or adhere to mental health treatments.

Discussion and Conclusion

The lives of elderly marginalized women in urban areas reflect the harsh realities of urban poverty and social neglect. The condition of poor, marginalized old women in bastis settings is pathetic and needs high attention. While women have been the backbone of their families and communities, their contributions are often overlooked in old age. Despite living in proximity to modern healthcare and financial resources, they remain excluded from their benefits due to systemic barriers and social discrimination. Ensuring their dignity and well-being requires a multi-pronged approach involving government action, community support and greater social awareness. By recognizing and addressing their unique challenges, society can provide these women with the respect and care they deserve in their final years. Garg (2024) highlighted an initiative in Chhattisgarh, India, known as Mahila Arogya Samiti (MAS), has demonstrated the effectiveness of community engagement in addressing social determinants of health among urban poor populations. Hence, the dire need to create women's self-help groups and senior citizens' associations within Bastis can foster social inclusion and emotional support. Establishing mobile health clinics and community health programs can improve access to healthcare. Expanding old-age pension schemes and simplifying the application process can ensure financial stability for elderly women. In addition to it, providing affordable housing options and community shelters for elderly women can improve their living conditions and safety and finally increasing awareness about elderly rights and providing legal aid can protect these women from abuse and exploitation. Hence, the future

of urban development must not leave behind those who have already 'borne the brunt' of social and economic marginalization.

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