# Gender and Older People

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This report has been undertaken for

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# Table of Contents

# 1. Introduction: aims, objectives and structure of the paper

Following the new opportunities provided by the UN Decade on Healthy Ageing (2021-2030) and the impending fourth review and appraisal of the Madrid International Plan of Action on Ageing, Programme on Ageing Unit (PAU), United Nation Department of Economic and Social Affairs (UN DESA) has commissioned this background research paper on gender and older people. The aim of this paper is to advance a better understanding of the impact of gender norms and roles in old age and older persons, the intersections between gender and age to serve as a key background for sound policy advice on social policies that are relevant to the UN Member States. In the light of this aim, the objectives for this paper are:

- Develop an in-depth analysis on gender and older people, and examine relevant issues, challenges and areas that require further attention from governments and the international community on the impact of gender norms and roles in the realities and experiences of older people, by integrating a life-cycle perspective.
- Critically consider gender analysis tools that are currently used to address the realities faced by older women and older men.
- Provide concrete policy proposals of areas where countries can benefit from adopting a gender lens in their work with older persons in different areas.

The paper develops an understanding on the above issues through following sections,

**Section Two** outlines methodology used to identify relevant literature used to develop the thematic analysis on gender and older people. It also discusses how the narrative analysis is undertaken and themes related to gender and older people developed and synthesised.

**Section Three** gives detailed discussion on different themes emerging from the narrative analysis.

**Section Four** undertakes a review of gender and analysis frameworks and their value in undertaking gender and ageing analysis in the light of the realities emerging about older women and men in the section three. It highlights how current gender and analysis frameworks are inadequate in developing intersectional analysis and understanding on gender and ageing.

**Section Five** builds upon the earlier sections to suggest how integrating new analytical strands: gender, diversity and life course, transition conjunctures and trajectories; and narratives can offer a new methodological framework to undertake inclusive gendered analysis or more specifically intersectional analysis on gender and ageing (and other discriminations such as race, disabilities) in better ways. This new perspective is called gendered ageing and life course perspective methodological framework.

**Section Six** outlines main learnings and takeaways for concrete proposals that can be adopted by the member countries, specifically in the areas of discourse, policy and practice, and further research.

## 2. Methodology

The literature on 'gender and older people' is drawn predominantly from peer reviewed journal articles in addition to a few book chapters and grey literature. Peer reviewed journal articles database search engines from the year 2000 onwards were scanned using the key search term 'Gender' and 'Older People'. The databases searched include *Academic Search Complete,* which has articles from disciplines of Development Studies and Anthropology; *Sociological Abstracts* for articles from the discipline of Sociology. Additionally, ageing specific journals, namely *Ageing and Society* and *Women and Ageing,* and Gender specific journals *Gender and Society, Gender and Development* are also searched for relevant literature. In addition to the journal articles, grey literature from organisations specifically working with older people, such as HelpAge International, and relevant UN agencies was also scanned for any research informed articles. Book chapters on gender and older people were also searched.

In all, 78 numbers of articles were selected to write this analysis. The main criteria for inclusion were the extent to which the articles included gender differentiated analysis in the context of older people.  This includes articles which were specifically focussed on either older women or older men, both older women and older men, and older Lesbian, Gay, Bisexual, Trans, Queer (LGBTQ) communities[1]. All articles which were predominantly based on a medical perspective and interventions were excluded. Only those articles on health which had an overarching focus on the social processes and older women and men's health and LGBTQ person's health were included. Most of the articles selected were related to people over 60 years, with a few engaging with those in their 50s, in particular articles which engaged with postmenopausal women, considered as a transition for women in the societal discourse.  In addition to the above selected articles, a couple of influential articles on gender and older people which were quoted widely and published prior to 2000 are also included.

A key finding was that most journal reviewed literatures have used 'ageing' and 'life-course perspective' as analytical frameworks to understand the realities of older women and men. '**Transition conjunctures**' came as an overarching theme through which *transition trajectories* of older people was analysed. Transition trajectories include an account of how older women and men navigate through crucial conjuncture of events in their lives, highlighting their life course and situated agency (Hitlin and Elder, 2007). Transition conjunctures denote social changes due to specific social meanings given to certain life-course events or occurrences in people's lives. Trajectories denote processes of social navigation that older women and men undertake while engaging through those transitions' conjunctures. The use of the concept of life-course in the searched articles broadly suggest that the social meanings attributed to the experiences and trajectories of older women and men during these transition conjunctures need to be understood and appreciated in the light of their past life experiences, present and future opportunities and aspirations (Elder, 1998,

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[1] Only two articles focused on older LGBT experiences. They have been included in two themes in this paper: framing of ageing and health.  Hence it was not possible to include non-binary gender perspectives in other themes.

Danely and Lynch, 2013). Life course perspective integrates a life-cycle perspective of social roles, generations, role transitions; a life span perspective of autobiographical memory, cumulative advantage and disadvantage accrued over a life span; and age and temporality perspective of anthropology of age, social identities, transitions and trajectories over time (Elder and Shanahan, 2006). The concept of ageing denotes the process of ageing as a part of every person's life course. The analysis broadly shows that gendered norms, discourses and roles play an important part in the experience of the transition conjunctures in the life course and ageing of older women and men.

Most of the articles using life-course and ageing as their analytical frameworks use 'narratives' as a key research methodology to understand the transition trajectories of older people. These narratives flak both the public/cultural scripts about ageing, and the lived scripts emerging from the experiences of the older women and men, and its effects on the creation of social identities as older women and men. Additionally, they give an understanding of how older women and men socially navigate such transition conjunctures highlighting their agency as well as the societal structures/constraints and the role played by public/cultural scripts in development of their personal scripts around their experiences. Following the literature search, and the identification of transition conjunctures as a main underlying theme, sub-themes were identified in relation to the same. These sub-themes include accounts around social identities of older people such as exploring meanings of ageing and being an older person, older widow/widowerhood, grandparenting and inter-generational relations; menopause and older women and elder abuse. Articles on the above sub-themes have mainly used narrative methodological approach. Other sub-themes include retirement, work, social pensions, and health. Articles on these sub-themes have used both narratives and quantitative methods.

The thematic accounts produced in sections below are developed by undertaking a narrative synthesis on the above key sub-themes underlying transition conjunctures. Since use of life course and use of narratives have emerged as the key theoretical and methodological foundation for these findings, a further reading of literature around life course, and use of narratives was undertaken to locate these findings within the broader literature on the same. Given that this paper seeks to develop a gendered understanding of the ageing process, feminist literature in relation to ageing was also scanned.

## 2.1 Scope and limitations of the paper

Although a systematic search process is used to identify relevant literatures on gender and older people, this cannot be treated as an exhaustive process. The key words 'gender' and 'older people' have thrown several papers on health of older people – which were predominantly medical focussed and were excluded from this analysis. Although every effort was made to include diversity of contexts – Africa, Asia, Europe, Americas, Pacific, Australia, the database and journal search shows a higher number of articles in relation to global north or western countries, namely from Europe, USA, Australia as compared to Global South: Africa, Asia, Latin American countries and some Middle Eastern countries. A scanning of regional journal articles including vernacular literature could lead to a wider

selection of literature but was not possible due to time constraints. The thematic account developed below includes the context of the studies reviewed.

## 3. Narrative themes emerging from the literature on gender and older people

Largest literature is on the theme of older widow and widower-hood, although literature on older widows is more extensive than that about older widowers. This theme is closely followed by themes on menopause; retirement, social pensions and work; grand-parenting and caring roles; health; and older people abuse. An account of these transition conjunctures with an analysis of gendered social norms and roles, changes in them, and how older women and men navigate through them is given below.

### 3.1 Framing of Ageing: Decline, Growth, or Appropriate Dependency

Dominant discourses on aging and old age construct aging as a process of decline in economic, social and physical terms. The regimes of social welfare policies in different countries have also led to an emergence of 'older subjects' through pensions and benefits, care homes, contributing to a discourse of dependency and stigma, risk (Biggs and Powell, 2001, Twigg and Martin, 2014). In the last few years, a more positive discourse on ageing has emerged within the public policies with its emphasis on 'successful ageing' or 'active ageing'. The positive discourse is an advance over earlier negative discourse, however the new discourses are critiqued for inadequately addressing the structural inequalities and barriers faced by older women and men from varied social contexts to undertake active and successful ageing (Rotarou and Sakellariou, 2019). It is also critiqued for attempting a single standard for all older women and men and for improperly homogenising experiences of heterogeneous older people living in different social contexts, circumstances and with individual histories (Van Dyk et al., 2013). In practice, the narratives of older women and men show a more complex lived experience, and heterogeneous trajectories influenced by their earlier gendered roles and life trajectories, present and future opportunities and social constraints.

Older Australian women living in rural areas frame their ageing experience through the lens of 'increased freedom' highlighting their busy selves and adopt a pragmatic acceptance of them growing older (Terrill and Gullifer, 2010). Other older women in Australia with poor health conditions and illnesses construct selves through narratives that highlight a 'resilient self', by reflecting on how they had coped with adversity in the past and come out of it. These narratives stress resilience and wisdom that comes with ageing well, rather than the policy concepts of successful ageing that focuses on participation and activity engagements by older people (Gattuso, 2003).

Narratives from older women and men from poor deprived areas of Liverpool, UK when asked to explore the meanings of 'active ageing' suggest that they live a constrained life. Barriers to lead 'active ageing' life through participation in social activities outside home

come from ill-health, disability, without 'lifeline' of transport, lack of security, fear in going out alone in daytime as well as after dark due to fear of attacks, and their care roles. Older women express higher constraints due to security issues. Socialising patterns are also different, with older men going more to pubs and clubs; and older women more engaged with neighbourhood and wider community network activities, and shopping (Barrett and McGoldrick, 2013). Older gay and lesbian persons in the UK highlight how despite better visibility of gay and lesbian cultures and networks, 'like older people's experience in general, [they] tend to be side-lined in contemporary cultures that are oriented towards and privilege youthful experience' suggesting that ageing and ageism mediate older gay men and lesbian women's partner seeking experiences, although ageism is mentioned more by older gay men than older lesbian women (Heaphy, 2009 p135). Older African American women identify ageing as a racial process suggesting that lot of work still needed to be done to erase racial barriers (Daniels, 2004).

Some literature also identifies the need to understand ageing discourses through more nuanced contextual and cultural lens which have more complex understandings about 'selfhood' than 'universalised' subjects. Local models and epistemologies as a part of decolonizing of the gerontological field of knowledge are advocated (Samanta, 2020). Sarah Lamb furthers such perspective of 'ageing' through the concept of 'appropriate dependence' in the context of India. Appropriate dependence and independence denotes the notion of lifelong intergenerational reciprocity within a family through the notion of *dharma* (duty) and *seva* (respectful service) (Lamb, 2013). Lamb, (2013, p176) notes: 'To become dependent in late life, and to receive *seva*—respectful service and care, paradigmatically provided by juniors to elders—is not from such perspectives a failure in personhood, but rather an appropriate, normal, and even, in certain respects, valued part of the life course'. Even new forms of retirements into old age or retirement homes, a newer phenomenon within India often mobilise the Indian notion of '*seva*', in relation to the older residents and their 'appropriate dependencies' in these places. Women residents in such places also highlight the traditional notion of '*Vanprasthashram*' (ageing as a process of living behind family ties in search of higher spiritual goals) (Lamb, 2013). Lamb in her interview on ageing and end of life, notes that older Indian women in their 60s, 70 and 80s and in good health accept cheerfully the normality of human condition of transience by expressing a 'readiness to die and a sense that one's time in this life with this body is coming to an end' (Kavezija, 2020 p112).

Perspectives of cultural incompatibility with the concepts of successful/active ageing are also advanced in the context of East Asian countries which follow the Taoist principles of Yin and Yang emphasising the complementarity of body and mind, rather than privileging of the physical (the body) over mind (emotional) implied by successful or active ageing movement in the west. Rather, 'aging successfully' involve family and resilience, embrace of transience as a human condition as core notions (Cheng et al., 2015).

More broadly, in summary, the analysis suggests that the overarching negative public policy discourses of dependency, decline, and new more positive discourses of successful or active

ageing (although an advancement over the negative stereotyping) still tend to homogenise very heterogeneous experiences of older women and men living in different social and cultural contexts. More attention needs to be given to the lived realities of older women and men from diverse socio-cultural-economic contexts, to understand both their agencies and the social constraints faced by them by applying the lens of local epistemologies about ageing. Given our currently globalised world, wherever relevant an interaction between local frames of gendered ageing and national/international frames of ageing can also be critically investigated through the lived lives and experiences of older women and men.

### 3.2 Widow/Widower-hood

The prevalence of older widows is much higher as compared to older widowers due to the longer biological life expectancy of women, and the social norms in many cultures for women to marry older men. Given the importance that the society gives to marriage and the role it plays in the social identities of people, older widows and widowers have had to re-negotiate their social identities, although in different ways, challenging the idea that women and men become more androgynous in old age (Van Den Hoonaard et al., 2012).

Studies find that psychological health of widowers and widows are significantly worse than married older persons. In Taiwan, while older widows experience worsened physical health, older widowers experienced worsened psychological health (Li and Lin, 2020). More generally, while older women in general have higher levels of depression than older men, some studies suggest that this trend is reversed in widower-hood. A large percentage of the widow and widower trajectories from the UK show resilience after about a year and a half, that is although in short-term there may be negative effects there may be long term positive effects (Hahn et al., 2011). Older British widowers report depressive feelings more than older widows, particularly in environments where they was less need to maintain the stiff upper lip, a cultural norm for British older men widowers (Bennett et al., 2005b). Davidson (2000) questions the medical model of health/illness which dichotomises psychological health of older widowers and widows and develops a concept of continuum along which the widowers/widows travel, using their life stories, present and their future aspirations. She notes that most British people after two years of being widowed accept and move positively on that continuum and only small number associated with ill health are inclined to reflect on the past happier times. For older widowers, successful adaptation include partnership with a non-resident female partner, while for older widows, it means making a life outside the home with friends and family (Davidson, 2000). Twigg notes that more generally, different psychological coping patterns of older widowers and widows suggest that they require different kinds of psychological support and counselling (Twigg, 2004).

Spiritual and faith based strategies also play an important role in enabling older widows in USA undertake positive adaptive coping (Michael et al., 2003). Social networking and support play a complex role in coping and adapting to new social identities. Although older widows have better social relations and networks through children, families and friends than older widowers, these experiences are not linear. For example, British older widows experienced change of friendships and being dropped by married friends as they were now viewed as threat to their married friends 'either sexually or because widowhood was in some

way catching' (Bennett et al., 2005a). Mexican older widows also have better social network and supporting systems and live-in community care compared to older Mexican widowers who live in nursing homes suggesting that both have very different social coping resources. However, financial concerns, dependence on welfare and medical aid are found to be significantly higher among Mexican older widows than older widowers (Angel et al., 2003). Financial insecurities are also noted among African American older widows, although family, friends and church remain important social support systems (Rodgers, 2004). Other studies also find that the positive psychological gains from such social support are often hindered by financial and health worries by older widows (Miller et al., 2004).

For older widows in Australia, their relationships with family, neighbours and wider social groups were important and central to their wellbeing. While in the short term for a year after the deaths of their husbands, older widows find the transition in their changed social status difficult, with passing of time, they look forward to take up opportunities that may not have been possible before the deaths of their husbands. Women caring for their ill husband long years before their deaths expressed how the release from the caring responsibilities had a positive effect on their emotional and physical health. However coping with financial hardship was one of the issues highlighted by the older widows (Feldman et al., 2000).

Cultural attitudes, gender roles and perceptions of marriage as an institution play important role in older widow and widower's attitude to forming new partnerships after widowhood. The different orientations also need to be understood in the context of gendered institution of marriage that the older widowed persons had already experienced furnishing different gendered social expectations and obligations in relation to new partnerships. Older widows in Czech Republic alongside trauma and financial difficulties also looked at this transition as an opportunity to escape from gender norms and expectations. For example, as compared to older widowers, older widows were likely to prefer flexible partnership arrangements such as living apart together. Studies also indicate that older widows no longer wished to take caring roles for another person and appreciated their freedoms (Hasmanová Marhánková, 2016). All older Czech widows in the study by Marhankova (2016) explicitly ruled out marriage with remarriage described as a threat to their independence. The 'gender contract' of marriage was considered to be a barrier to entering in another relation with older widows no longer wanting to take new caring roles even if it gave them more financial security. Gender and ageist norms also led to older widows feeling the idea of looking for another partner as absurd and inappropriate, as sexual intimacy for older people is looked upon as problematic. A few older widows who entered into partnerships did not want to marry and described the new relations as based on new rules, such as living apart. Similar preferences were also found among older widows in Netherlands (Hasmanová Marhánková, 2016).

In Spain, traditionally and culturally older widows face barriers in forming new relationships and a large percentage of both older widowers and widows did not form new relations with the reason 'the previous partner cannot be replaced'. Another reason given was the fear of losing independence, a concern voiced by larger percentage of widows than widowers. Older widowers who did not want a new relation was due to their physical state, such as age and health and felt they are not capable of being successful in marriage markets. Older widows,

on the other hand having acquired a new status saw advantages, such as independence in the same and did not want to risk it with remarriage. This suggests that both gender and age play a role in their orientation and dispositions to relationships and marriage after being widowed (Ayuso, 2019).

In the UK, both older widows and widowers reported being treated as second class citizens after their widowhood. However, there was a difference in the way which both reorganised their social identities. Older widow's narratives show that they reconstructed their new social identities and their transitions in four ways, namely through: personal struggles, resistance to social expectations, empowerment and use of rhetoric with an emphasis on 'Me' in their stories. As time went by, they thought less frequently about their deceased husbands, and one of the important activities associated with it was disposal of belongings. Older widows presented their trajectories of moving on with an emphasis on increased independence and freedom from domestic labour, and investing their times in new activities. The narratives of older widows also show confidence to live their lives as they wanted to, contrary to societal expectations (Bennett, 2010). Older widowers in the UK used different strategies and renegotiated their social identities within the framework of hegemonic masculinity. Widower stories showed how they negotiated conflicting emotional experience of widower-hood with their ideas of masculinity through emotional suppression and keeping a stiff upper lip. Masculinity defined as 'being in control' was maintained by keeping emotional expressions in private and not in public. Older widowers were more likely to form new partnerships than older widows and described their actions as taking responsibilities – a narrative which allied with a masculine notion of reliability and success (Bennett, 2007). Likewise, older widowers in the UK, older widowers in USA have had to make sense of themselves as 'real men' allied with norms of masculinity. This was done by emotional blocking and stories of personal control as they navigated through caring roles for their ailing wives before their deaths (Van Den Hoonaard et al., 2012). Older widowers were more interested in re-marriage or re-partnering than older widows which can be seen as to how older widowers and widows looked at marriage as an institution in very different ways (Bennett et al., 2005a).

Due to traditional gendered roles after marriage particularly in Asian countries, it is harder for older men to adjust to widower-hood than older women as they are more likely to depend upon women for domestic tasks and to maintain social interactions. In China, widowers over 60 years and living alone increased their chance of death, while it did not lead to higher mortality among older widows over 60 years as more widows are likely to live with their children. Older bereaved men's vulnerability came from their loneliness and difficulties in maintaining domestic tasks, while that of older bereaved women's from financial difficulties (Liu et al., 2019).

In the context of urban Delhi in India, a study notes how older widow living on her own and owning property faced physical threats and character assassination, which forced her to leave the area and sell her property at a devalued rate. Because it was perceived that single elderly women deserved pity but not respect to live on their own, there was a lack of support to her from her neighbourhood people when she was faced with harassment which ultimately forced

her out of that area. This suggests that *only* ownership of property does not lead to older widow's empowerment (Kaul, 2009).

Very few studies have focussed on experiences of older widow/widower in Sub-Saharan Africa and Asia although there were many studies on 'widows' in these contexts in general. By and large, these general studies on widows suggest that social practices in many of these contexts are highly discriminatory. Several countries have passed laws and undertaken legal reforms to promote women's equal rights to land and property. However, experience from Africa and Asia suggests that more is needed beyond such legal reforms as customary and religious rules, practices and attitudes co-exist with such laws leading to plural forms of legal frameworks working simultaneously which work against property rights of widows.

In Senegal, family code 1973 gives equal rights to male/female spouse and children after a spouse's death but also accommodates polygamy as a cultural practice and allows Muslims to opt for Islamic law. Widows in polygamous marriage experience higher levels of poverty and those without children, education and social networks are often unable to secure their share of inheritance as such inheritances are often mediated by relatives and religious leaders over whom these widows have least influence. Legal and social protection support to such widows is necessary for them to claim their rights (Evans, 2015). In several contexts, widows have to undergo strenuous cleansing ceremonies with restrictions on their movements, while widowers have simpler cleansing rituals and may move and interact freely, as in the case of Lou people of Kenya. Widows among Lou people of Kenya follow Levirate practices so that the property remains within household. In the context of Nigeria, practices for widows include 'shaving of hairs, sleeping and sitting on floor or mat, or wearing black/white clothes or refraining from bathing for a number of days, seclusion and being made to swear with husband's corpse' (Akinbi, 2015 p.67). More generally, in western Africa, Sossou (2002) notes that ritual seclusion and isolation of widows is widespread, however its intensity and duration vary. In Islamic communities, this period varies from four months, and in non-Islamic communities, the period is generally up to 12 months, depending upon the beliefs of the different groups (Sossou, 2002). While the above studies do not focus specifically on older widows, one may infer that such practices are also followed with older widows/widowers. Sarah Lamb, anthropologist who has worked in India with older women and widows warns against such generalisations. While some discriminating practices may continue, she notes that transitions to widowhood in late life are not as traumatic as for those widowed in youth in the context of Bengal in India. She critiques the lacunae in the feminist study on older widows, which has mainly focussed on widows in girlhood, youth and adult years bypassing the question of ageing. While practices towards younger widows are geared towards controlling their sexuality, they differ for older widows who are considered as asexual and past reproductive age. In West Bengal, where Lamb undertook her study, older widows stated that they did not have to follow restrictive code if they did not want to. Other codes such as wearing white sari was not considered a radical transition as many wore white saris as they became older as a cultural norm. Older widows did not have restrictions on their travel and were free to go on a pilgrimage and other social activities such as visiting their married daughters. If they had sons, then they could look at themselves as 'mother of the

sons', symbolic of social status. Older widows received some form of support in the form of food, clothes, visits from their sons if living separately, even if many older widows felt that it was inadequate support (Lamb, 1999). However, this also suggests that older women without male children or childless in India and many other cultural contexts may face specific discriminations, and are more likely to be impoverished where customary practices give rights of property through male lines.

In summary, across cultures, marriage as a gendered social institution has a bearing on how older widows and widowers navigate through their experiences of widow/widower-hood and reconstruct their new social identities. In addition, in Asian contexts, for example in India, where preference for a son is a norm, reproductive and caring roles played by women as they age within the institution of marriage also contribute to their esteem as widowed mother of sons in particular. The corollary to this is that older widows without sons may be worse off in such contexts. More generally, the lack of studies on older widows in Asia and Africa suggests that much of the feminist and gender studies can be critiqued as Lamb argues for focussing on only one stage of women's lives, namely younger widows, their sexuality, reproductive activities thereby defining 'what it is to be a woman' (Lamb, 1999). Studies from Europe, Australia and USA also indicate that older widowers cope very differently from older widows which are aligned with their gendered histories, expectations and social contexts in which gender is organised. Here too, many older widows lived a life which emphasised 'freedom' questioning the public script of decline associated with ageing. Clearly, gender is one of the central identities that influences the experiences of older widows and widowers, an identity that cuts across their life course experiences. Since most society's value married identities as a 'couple', widows and widowers had to navigate through contextual societal prejudices in different ways.

Financial insecurities came up as one of the issues that had to be navigated through by the older widows in all contexts. The theme of experienced financial insecurities has connections with the theme of retirements, work and social pensions explored in later section.

### 3.3 Menopause

Menopause has been mainly framed negatively in medical discourse through terms such as hot flashes, setting of osteoporosis and mood swings, and although at times women inscribe these constructions, cultural discourses see them in different ways (Yangin et al., 2010). As a life-course event, menopause has been constructed in different ways in various societies. Menopause has also been framed as biophysical and social event within a life-course stage, with many women's narratives suggest that menopause is an 'insignificant' event compared to the other pressures they face in their mid-lives (Winterich and Umberson, 1999, Twigg, 2004).

Accounts include how women in USA perceive menopause as unproblematic and 'insignificant' physical event, given that women at that age, at mid-life - have several other responsibilities to look out for such as personal family situation, relations with husband, divorce, grown up children's issues, looking after older parents, and as one woman put, it was 'last on her list' - Such accounts are in variance with medical constructions which have

promoted menopause as a 'time of loss' (Winterich and Umberson, 1999). Similar narratives are observed by Japanese older women who look at menopause, or *Konenki* as *Kawari-me* (a turning point) in life-course of women in midlife stage, more from a social perspective. This turning point is highlighted less through physical symptoms such as hot flashes and more by social and familial issues such as caring for ageing parents, children growing up and leaving homes, impending retirements and relations with husband (Melby, 2016).

Positive accounts of menopause include how women in the UK perceive it from their earlier sexual and reproductive activities, namely as being liberated from the use of contraception and pregnancies and being able to enjoy sexual lives in better ways. Women often represented menopause and aging as 'good old' adding that they do not feel old upon end of reproductive aging. Unlike dominant constructions that women are not interested in sex, these women report feeling 'sexier' and 'womanly' than before. These positive attitudes to menopause represent how women made gendered connection about their future in positive ways in the light of their past and present (Dillaway, 2005).

More complex attitudes towards sexuality are displayed by women's accounts in other parts of Asia and Africa tempered by the societal attitudes towards women in menopause. Among urban Yoruba older women in Nigeria, menopause was seen as providing a gendered space to abstain or suppress their sexual desires. These were mediated through social issues such as extent to which their husbands provide to their wives in polygamous contexts. While during the reproductive phase, women feel obligated to fulfil their husband's sexual demands and desires, these obligations are contested when husband provides limited care for them. An older woman suggests that it is difficult to fulfil these obligations when 'your husband flirts around and hardly provide for his children and wife at home'. Older women in polygamous marriage context experience rivalry with other younger wives. It was also thought that older women face strange illnesses if they continue with a lot of sexual activity. On the other hand, older Yoruba men often look at menopause as a legitimate ground to conduct extra-marital sexual affairs. More broadly, quality of support from husbands was an important determinant in how older women related with their sexuality after menopause. References of using menopause to resist husband's demands are also found among older Chinese and Indonesian women. Other African contexts make other suggestions, for example Kung older women from Botswana experience relative freedom in fulfilling their sexual desires with age and menopause including entering extra-marital relations (Agunbiade and Gilbert, 2020).

In the context of West Bengal, India, Lamb argues that older widows are considered 'pure' after their menopause, as they do not menstruate, no longer have sex and are free from 'heating activities of sexuality and wifehood' while married older women after menopause are continued to be associated with sexuality and marital relations (Lamb, 1999).

It is also observed that lack of knowledge or misconceptions about menopause by men can affect women's subjectivity and their perceptions of menopause. A better understanding among men can lead to them giving constructive support to their wives leading to better constructions of marital relations (Caçapava Rodolpho et al., 2016).

The above accounts show how 'menopause, sexuality and social lives' are framed together in the women's accounts of menopause in diverse cultural and social contexts, as opposed to the dominant medical framing of menopause as a loss and ill-health. More understanding of such diverse accounts can help identify how gender equalities can be framed and enabled through *social* interventions as per the needs of older women after menopause.

### 3.4 Lived lives: work, social pensions and retirement pathways

Increase in women's education globally, has led to work force participation and paid regular employment since 1970s. This means that retirement transition today concerns older women and men in formal employments, in particular. However instead of a dominant understanding as retirement from work at a particular 'age', the work trajectories of older women and men differ depending upon their lived social context. The narratives of older women are at variance from the stereotypical vocabularies of decline with ageing or *only* doing grand-mothering role.

Older women in professional employment in India refer to a range of trajectories after retirement, such as giving their time to fulfil family responsibilities, grand-mothering, socialising, pursuing a hobby such as games, dance classes, gardening and other recreational activities, that they were not able to do when in full time employment, or spending time playing advisory roles in workplaces or continuing to be engaged in formal work (Pandya, 2016). Various trajectories are seen among older Caucasian, African American, and multiracial women from USA: family focussed, that is spending time in family related roles and activities; service focussed, namely spending time outside families in social organisations or informal neighbourhood activities; recreation focussed, that is pursuing hobbies and enjoying their interests; employment focussed, continuing working; and disenchanted, of older women whose retirement pathways were challenging due to health issues, economic insecurities and extensive care-giving responsibilities (Price and Nesteruk, 2010). This suggests that contrary to monolithic cultural portrayals, retirement can be seen as a patchwork of different pathways that older women undertake depending upon their past, present and future aspirations, experienced freedoms and constraints.

Older men and women in USA who have continued to work in factories beyond their pension ages have associated such work with enjoyment and freedom leading to a sense of control as compared to their earlier younger selves when they *had* to work for a living (Lynch, 2013). In 2011, the UK government scrapped retirement age at work; however older women and men face discrimination in getting work and are offered lower wages despite the UK Equality Act 2010 which treats age and sex as protected characteristics. Older women from UK wanting to start their own business and be self-employed also face ageist and gender stereotyping attitudes. A narrative of one such older woman entrepreneur shows how she overcame doubts by family and society about being an entrepreneur in older age. After failure to raise money through markets, she raised money through crowdfunding to develop successful social enterprise which supports older people in their pursuit for self-employment. Such stories suggest that better support which challenge the exclusionary societal and institutional discourse around gender, ageing and entrepreneurship are needed (Meliou et al., 2018). All this suggests that mere enacting of equality laws is not enough. What is needed is creation of

opportunities by encouraging employers to hire older people as most employers have a negative stereotype about older workers as less productive, more costly and with inadequate or outdated skills (Lee, 2005)

Gender differences are observed in the retirement decision making by women and men. Larger numbers of men stop work due to mandatory retirement age as compared to women. Women's savings, health issues, and care responsibilities of family members are additional reasons for women to retire. Those women who retire without adequate financial resources need better social security provisions which are often inadequate given that women are more over their life course engaged in caring roles without payment, and would have taken employment breaks due to caring roles in families than men (Hooyman et al., 2002, Lee, 2005). As mentioned in the earlier section, widowed older women narrated financial insecurities as one of their transition difficulties. A just social security provision is needed for older women given their caring contributions across their life course to the society from a social justice perspective (Hooyman et al 2002).

While the above pathways are more in relation to women and men in formal employments, in many parts of the developing world, women and men are involved in informal low paid work with no assurance of a stable pension and income as they age. Older men and women's wage labour is less valued as they are considered to be less productive. Older women on an average earn one third less than older men in Bangladesh for similar works. (Erb, 2011a). Older people's associations (OPA) have been formed by HelpAge in many country contexts to increase the awareness about the rights of older women and men and to take up advocacy on behalf of older people (Akerkar, 2020b). Such initiatives are crucial to further the discourse of older women and men as productive persons and to challenge the stereotype. Self-help groups of older women and men are also promoted by HelpAge to provide livelihood security in Ethiopia, India and many contexts. Such groups also provide important social support to older women and in particular older widows who are culturally marginalised from participation (Erb, 2011b, Erb, 2011c).

One of the key debates in developing countries is about whether social pensions should be targeted or universal. Universal old age pensions are argued to be better for women's security as they are more likely to be in informal work, less likely to have continued any formal employments and contributed pensions due to reproductive care and family work (Kidd, 2009). India represents a case of targeted social old age pensions but with major inclusion and exclusion errors in its programme. Gendered use of these old age pensions in India suggest older women spend their pensions more on food entitlements than older men contributing to better welfare of the family (Unnikrishnan and Imai, 2020). More awareness of entitlements, simplification of procedures and transparency and right to information about social transfers can enable older women and men access them in better ways (Akerkar et al., 2016, Asri, 2019). Old age social pensions to older women and men contribute to the lowering of infant mortality in Nepal suggesting that social pensions have also been used by both grandfathers and grandmothers towards the welfare of new born generation in the family (Li and Mora, 2016) . This is important to highlight as development literature has often framed social pensions and social transfers from poverty perspective highlighting the

'dependence' of older women and men on the same rather than from the intergenerational perspective, as contribution of older women and men to the welfare of their families. Such perspective often frames people's lives in segmented ways, namely segmenting them into 'young', 'prime age' and 'old' (Barrientos et al., 2003). Instead, a life-course perspective would enable a location of such pensions into the 'lived lives' of older women and men who make contributions to the welfare of their families through them (Barrientos et al, 2003). Inter-generational relationships and contributions made by both the generations to each other should be an important part of narratives around social pensions.

**3.5 Grand-parenting, caring roles and intergenerational relations**
Often contributions of older women and men to inter-generational care go unrecognised and are devalued by the society and the governments. The HIV pandemic in Africa has led to many orphans and vulnerable children being looked after by their grandparents. The narratives of grandmothers from South Africa and Nigeria highlight the unpaid care work done by them.  In both the countries, grandmothers undertook the caring work which includes household chores, care of school-going children and giving psychosocial and loving support. Grandmothers often found this informal care work overwhelming and often at the cost of their own health, but carried on without any resource support, although they would have preferred such support (Thabethe and Usen, 2012). HelpAge also reports such caring work by grandparents many of whom are grandmothers in country contexts affected by HIV (HelpAge, 2005b, International HIV/AIDS Alliance and HelpAge International, 2003). Such narratives are shared by grandmothers from Zimbabwe who reveal their distress in having to take care of the children of their daughters without any support in the backdrop of hardly any support from relatives, Non-Governmental Organisations (NGOs) and government (Batisai, 2017). Currently governments are saving significant amount of financial resources by not giving grandmothers the resource support they need. The policies of not providing resource support to such grandparents ultimately marginalises their contributions and reinforces the dominant stereotype of older people as passive and less productive individuals (Thabethe and Usen, 2012).

While care-giving for grandchildren is found in many cultures, the effects of the same on the grand-parents physical and mental health are varied. Studies suggest that when undertaken in low intensity, they can improve grandparent's health, and life satisfaction, however high intensity care work can deteriorate their health. In Korea, it is found that caring work improves grandparents cognitive functioning. However, in Korea, older men as grandfathers don't have enough experience of rearing their grandchildren and face increased mental and physical costs, thereby offsetting the benefits of caregiving on their cognitive functioning. The findings suggest that informal level of care by grandparents to children should be balanced by formal levels of care to children, with both playing complementary roles in social policies (Ahn and Choi, 2019).

Grandmothers in particular are also agents of care for grandchildren where parents migrate out for employment. Often such economic migrants try to cut down on costs and live-in shared accommodations or in difficult living conditions and hence prefer to leave their children behind. Although there is a lot of literature on migrants themselves and the

importance of their remittances, very less is written and understood about grandparents, mainly grandmothers who undertake care of children of migrants. A true intergenerational perspective needs a better account on understanding contributions of older grandmothers and not just that of the contributions of the migrant. In the context of Bolivia, grandmothers undertake all responsibilities for the migrant children, including household chores, school going and teenage disciplining. Sometimes migrant daughters pay for household chores and meals but usually not for child care. Some grandmothers found themselves in vulnerable health conditions with challenge of irregular remittances. In many of the countries, grandparents are indispensable in migration projects and the benefits accrued from them to families, communities and nations. These older grandmothers are also in need of care. Yet older care policies are very weak in these countries and need to be strengthened. Recognition of the grandmothers' and grandparents' contribution in caring of the migrants children is necessary to advance an intergenerational perspective on migration (Bastia, 2009).

Despite the major contributions made by grandmothers towards the welfare of the grandchildren, they are also been missing from the mother and child health (MCH) programmes undertaken in most developing countries. This is also to do with stereotypes that older grandmothers are resistant to change and that they follow traditional practices, meaning they have a negative influence on the welfare of the child. The dominant perception of grandmothers is also that of health beneficiaries rather than as agents of care. An MCH programme in Senegal undertook a novel intervention which involved grandmothers and their networks in training workshops with the aim of them advising young mothers and their nutritional practices. Adult and participatory education strategies were used drawing on the collective knowledge of grandmothers while facilitating new learning. This led to positive changes in grandmother's knowledge, and their advice to younger mothers. It also strengthened grandmothers' networks and friendships contributing to their sense of self as empowered agents of change. Involving older grandmothers as agents of change and affirming their contributions in turn can negate the stereotyping of older women as only recipients of welfare (Aubel et al., 2001).

### 3.6 Health
Social policies have a direct effect on health of older women and men. In European countries in particular, generous minimum pensions, higher spending on formalised older health care (such as support in carrying out daily tasks) has positive associations for older women's health, while a more generous standard pensions are associated with better health among older men. This is because while pensions directly determine income levels of older people, older health care policies have a direct impact on reducing the unpaid care work done by older women. This suggests that social policies affect the health of older women and men differently and have different health outcomes for older women and men (Högberg, 2018).

Differences are also seen in the way in which older women approach health care. Studies suggest that gender, age, disabilities, ethnicities/race, sexuality and other contextual markers such as widowhood/living alone can have intersectional effects on the way in which health care is sought and provided for. Older gay men in New Zealand have gone through negative discriminating experiences in earlier times when being gay was criminalised by law and

society. Although attitudes and laws have changed, many older gay people with traumatic and discriminating experiences through their life course may be fearful of being discriminated by social and health services. This can have potentially a negative effect on their health care seeking and provision (Neville et al., 2015). In USA, underutilisation of health services is seen among ethnic and minority women due to language difficulties, distrust in the health care system, perceived as hostile and insensitive, racial discriminations among others (Burggraf, 2000). Study from Sunderbans, India suggests that not just poverty but a lack of perceived need is a barrier to seeking health and eye care. Older women from Sunderbans, India experiencing worsening visual impairment did not seek eye care as a priority but this lack of perceived need was also contributed by their changing social status from a role of care giver to that of a dependent within the family as they aged (Barman and Mishra, 2021). In Fiji, older widows were more likely to be disabled as compared to married women as they aged which lowered their contributions of service in a household. In Fiji, reciprocal model of household works, which suggests that older women and men who receive the best care in a household are those able to give high levels of services. This puts older widows with disabilities at risk. Developing good health care services for older women and men can allow them to live a higher quality of life and contribute productively to households increasing the possibility of them receiving the traditional care that the Fiji government cannot duplicate (Panapasa, 2002). Cambodia presents a historical context of gendered violence under the Khmer Rouge regime 1975-79, when men were specifically targeted and killed resulting in higher number of women widows in Cambodia's current elderly population. Older women and widows many of whom are living alone have slightly higher disadvantages over older men in becoming sick and seeking treatment due to their relatively lower social economic status. While both older women and men finance their health care through roughly equal amounts of wages, savings, gifts/loans, the likelihood of older men seeking treatment is much higher than that by older women (van der Meulen Rodgers, 2009). In Chile, older women are disadvantaged due to lower employment, wages, thereby reducing their ability to pay for good quality health care services. Older women who have to rely on public health care are found to be having more difficulties in carrying out daily activities as compared to older men (Rotarou and Sakellariou, 2019).

### 3.7 Elder Abuse

A systematic search on articles about violence against older people led Vardejo et al (2014) to suggest much of this reported violence towards older women is by their intimate partners. As such there is a gender context to this violence that needs to be explored more. However, they also note that accurate estimates of this problem are difficult as such violence is often not reported by older women and the difficulty health professionals have in detecting frequency of such abuse by the older abused women (Verdejo and Calvo, 2014).

Witchcraft is a part of belief in many African and other societies, and although both men and women are thought to be involved in witchcraft, it is the older women who are negatively targeted with violence for perceived exceedingly successful or unsuccessful witchcraft. It is also defined as an 'older woman's problem'. Ghana represents one such context where accounts of older women fleeing the violence after being called witches, have appeared more

in media. Often such accusations are made in the context of conflict and contestations on property and other issues.  In Ghana, the accused older women go to the witches' camps organised by NGOs for protection and virtually live an imprisoned life if their families refuse to take them back. To counter witchcraft allegations, NGOs undertake human rights based advocacy (RBA) and awareness creation on delinking witchcraft from ageing women. However, RBA, a common discourse in witches' camps, is not effective in rooting out the issue. Informal conflict mediation with family and communities by NGOs have been more effective advocacy allowing accused older women to return home (Crampton, 2013).

**3.8 Gender and Emergencies**

There is an increase in conflicts, and natural hazards (with effects of climate change), and although there is literature on gender and emergencies, there are hardly any researched articles giving insights into gender and older people in the context of emergencies, although some studies suggest that widows, both young and older face discriminations in accessing entitlements after tsunami of 2004 (Akerkar, 2007, Akerkar and Devavaram, 2015). HelpAge reports the disproportionately higher number of deaths of older women as compared to older men in Tsunami of 2004 in Sri Lanka. Older women are also responsible for the orphaned grandchildren after tsunami creating new challenges for them (HelpAge, 2005a).

Despite the death of disproportionately high number of older people in institutions/care homes in Covid19 due to ageism, discriminating practices, (Akerkar, 2020a) no study was found in relation to gendered experiences of care homes and institutionalization in Covid19 times.

## 4. Review of gender and analysis frameworks and their value in undertaking gender and ageing analysis

Gender unaware[2] development planning can recreate or advance gendered hierarchical inequalities in societies.  Hence, to further gender equality in development planning, various gender analysis frameworks are proposed to integrate gendered analysis in development projects. Gender analysis frameworks 'are practical instruments, designed to help their users integrate a gender analysis into social research and [development] planning' (March et al., 1999, 2005p.22). In this paper, five gender analysis frameworks are considered: Harvard Framework, Caroline Moser Framework, Women's Empowerment Framework by Longwe, Social Relations Framework by Kabeer[3], and Gender and Work framework[4]. The broad purpose of these frameworks is to support development of programmes integrating gender analysis, although each framework has varied emphasis on different components and levels

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[2] Gender unaware planning is often referred to as gender blind planning in literature. However due to inferred stigma to the word blind in the same, such referencing is avoided here.

[3] All these frameworks have been presented here in simplified ways, drawing from Moser (1993), Kabeer (1994) and March, 1999, 2005; and Leach, 2003. Please see March 1999, 2005 for more detailed discussion. See https://www.ndi.org/sites/default/files/Guide%20to%20Gender%20Analysis%20Frameworks.pdf

[4] See https://genderatwork.org/analytical-framework/

of gender analysis and different outcomes. Although the frameworks purport gender analysis, their broad purpose is to support programmes that further women's interests and thereby gender equality.

The Harvard Framework and Caroline Moser Framework (Moser, 1993) focus on understanding social roles of women and men and gender division of labour, including their access to resources and opportunities within a household and community. Productive work, involving economic work, income and subsistence; reproductive work, namely domestic and care work in households, and community work involving wider care work by women and men are identified. Moser (1993) in particular building on Molyneux (1985) concepts of practical interests and strategic interests, calls for an understanding and addressing of women's practical needs and strategic needs by analysing different forms of work and access to resources (Molyneux, 1985). Interventions addressing practical needs address women's daily concerns (for example water), and interventions addressing strategic needs address systemic needs and challenges women's subordination[5]. Appendix 1 and 2 give outlines for these frameworks. Both frameworks are influential, widely used as they are simple to follow and adopt in planning. While both the frameworks deconstruct the idea of unitary household and advance an understanding of differential roles and interests of women and men within a household or in community, they do not give sufficient attention to the diverse identities within genders in a household or communities, which are also differentiated by age (e.g., younger/midlife/older), ethnicity, race, sexual identities. As a result, these frameworks can potentially exclude perspectives of older women and men in their analysis and project planning. More recently, given the emphasis on diversity, some organisations have adapted these frameworks further to include the disaggregated information by sex, age, ethnic origin, see for example, UNDP guidance on how to conduct gender analysis (UNDP, 2016). However, although an advance, the category of 'age' is not sufficiently elaborated as for example, younger/midlife/older, leading to potentially exclusionary implications in relation to older women as agents of development, given the larger stereotype associated with them as discussed in the earlier sections as dependents or recipients of development/care. And more importantly experiences of older women and men as mediated by their experience of intersection of gender and age over their life course - through transition conjunctures as highlighted by the above thematic accounts - are not addressed in Harvard/Caroline Moser or the adapted UNDP framework. Intersectional inequalities are effects of overlapping identities and discriminations, for example, race and gender or age and gender (Crenshaw, 1989). Just collecting disaggregated data on gender, age in relation to gender division of labour or gendered access to resources will not give a *full* understanding of that experience, and hence the lived diverse realities of older women and men.

The Empowerment Framework by Longwe (see Appendix 3) is mainly focussed on women's empowerment and highlights strategizing for progression towards equality. The hierarchy of progression towards women's equality are from welfare to access to conscientisation, to participation to control. This framework is mainly concerned with furthering women's

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[5] The distinction by Moser into practical and strategic needs is criticised, as the way in which practical needs are addressed can also lead to meeting of strategic needs.

equality in relation to men and does not take into account other forms of inequalities and can promote a homogenous view of women (March et al, 1999, 2005). This framework has similar drawbacks as identified above with the Harvard/Moser framework.

The Social Relations Framework is advanced by (Kabeer, 1994) and further developed in (Kabeer and Subrahmaniam, 1999). The Social Relations Approach is pitched at understanding how social relations and ideologies work at various institutional locations: household, community, state and market. These institutions are analysed in relation to five components which structure social relations: rules, resources, people, activities, and power and helps understand why some groups of people gain over others (see Appendix 4). Given its focus on social relations and social inequalities, the framework can potentially incorporate analysis of gender and diverse inequalities, however how to do the mapping and analysis of *intersection* of different inequalities, such as gender and age is not clear. It thus has similar drawbacks as identified with Harvard/Moser framework in enabling understanding of realities of older women and men.

The Gender at Work Framework (see Appendix 5) integrates to some extent insights from Harvard/Moser and social relations frameworks. It incorporates gendered analysis at individual (roles, access and control of resources) and systemic (institutional rules, norms, policies, practices) levels highlighting the formal and informal dimensions in both. Gender and Work Framework presents four quadrants to be analysed: Consciousness and capabilities (individual in informal area); Resources (individual in formal area); Norms and exclusionary practices (systemic informal area); Rules and policies (systemic formal areas). The theory of change is built from this gender analysis for planning purposes. This framework is also used by organisations, see for example its use in recent by Oxfam to develop guidance on 'transforming gender inequalities' which calls for data on gender (women and men) and those following non-gender binaries  (Minne et al., 2021).  It uses the concept of intersection, but yet it is unclear how to undertake such intersectional analysis and through what methodologies. Thus, while Oxfam's use is a creative advance, it still has the same issues identified with earlier frameworks, of not being able to fully understand the *intersectional effects of gender and age* and hence the limitations arising from the same in planning.

Overall, we find that all influential gender analysis frameworks including those who have adapted Harvard/Moser frameworks, such as UNDP, 2016 framework calling for disaggregated data on gender, age, race, class, disabilities fall short on developing an understanding of lived realities of older women and men, LGBTQ persons from different social contexts (race, class, sexual identity). This raises the question why is it so? The main reasons for this failure is: the assumption that collection of data disaggregated by gender, age, race, class, disability is enough to get an insight into intersectional realities. This assumption is fundamentally flawed, as understanding working of intersectional discriminations such as through gender and age (and other discriminations) require 'data' of a particular kind to analyse such effects. This needs *lived biographical experiences of discriminations and solidarities over a life course* that gives an insight into both the societal structures, discourses, constraints and the agencies of persons who navigate through them over a period of time. Developing such understanding requires relevant methodologies and analytical

frameworks that enable an insight into such processes. A new gendered ageing and life course perspective framework incorporating new methodologies is proposed in this paper to understand the intersectional experiences of *gender and diverse discriminations, including that of gender and ageing.* The significance of this is highlighted in the next section.

## 5. Gendered Ageing and Life Course Perspective Methodological Framework: Integrating new analytical strands in gender analysis to understand better gender, ageing and intersectional discriminations

In order to develop a better understanding of experiences of older women and men and LGBTQ persons, namely an intersection of gender and ageing, as well as intersectional gender and diverse discriminations in general, we develop a new 'gendered ageing and life course perspective methodological framework'. We suggest development of new methodologies founded on incorporation of three new analytical strands for gender analysis: gender, diversity and life course; transition conjuncture and trajectories; use of narratives.

### 5.1 Gender, diversity and life course
Understanding ageing through experiences of different age cohorts is one of the central undertakings of a *life course analytical approach* and can help develop insights for policy and practice (McDaniel and Bernard, 2011). In principle this suggests that biographical experiences of different age cohorts (young, mid-life, older) are central to this undertaking as are narratives as a methodology to capture the same. An incorporation of life course approach and its narrative methodology into gender analysis can therefore only enrich gender analysis. *Diverse representative narrative accounts* of gendered experiences by people (women, men, LGBTQ persons from different race, ethnicities, and disabilities) *and from different age cohorts* over their life course can give insights into their contextual agentic action and their navigation through the contextual structures, both macro and micro they encounter. It is the mapping of these contextual macro and micro structures and agencies over the life course that can give an insight into the experienced contextual gendered intersectional discrimination and solidarities. This brings us to the importance of mapping these experiences around transition conjunctures of people.

### 5.2 Transition conjunctures and trajectories
An important analytical concept emerging from the literature review on gender and older people is the value of the analytical concepts of *transition conjunctures and trajectories,* both of which are also used in ageing and life course approaches. When integrated with gender analysis, biographical accounts around *transition conjunctures*, can provide crucial contextual insights into the construction of social identities and their navigation through transition conjunctures. For example, the literature review show how social identities are constructed through narratives: of older women, men; LGBTQ persons; older widow/widower; post-menopause identity of older women; retired/recipient of social pensions; grandmothers and grandfathers, older women as witches). The social identities emerging through transition conjunctures also give an insight into the intergenerational

relations and the contributions older women and men make towards intergenerational solidarity. As suggested by the literature review, understanding transition conjunctures and trajectories offers an important lens to understand social identity and change processes lived by older women and men. For example, an economic development project, by incorporating the lens of 'transition conjunctures' can develop an insight into how older widows and widowers are navigating through their experience of widow/widower-hood, the impact of this social identity on their kinship social relations, social lives, access to land and assets, their interactions with the wider communities. Such insights into the transition trajectories of older widows/widowers will expose their agency as well as constraints in navigating this transition, capturing the social change process to develop a more grounded theory of change for planning purposes.

### 5.3 Use of Narratives

Narratives can capture the lived experience of older women and men from different race, socio-economic groupings, sexuality, disability and place their diverse voice, visions and trajectories at the centre of development planning, rather than public policy scripts which tend to homogenise the experiences of older women and men or frame them in stereotypical ways. Narratives are a way of communicating subjective experiences of selves, one's life history or meaning-making accounts of transition conjunctures and trajectories. Narratives also enable the teller to maintain continuity of the self in the contexts of disruptive transition conjunctures (Bennett and Vidal-Hall, 2000). They enable an insight into the persons past, present and future trajectories as people reconstruct their stories weaving past, present and the future together. Instead of freezing lives in only present temporal frames, narratives can give better and deeper understanding of narrator's realities, social relations, aspirations, opportunities over an expanded temporal span of a lived life course. Narratives have played an important part in feminist research to analyse how structure is enmeshed with agency (Ilmonen, 2020, Roof, 2018, Polkinghorne, 1995, Nyman et al., 2014). Narratives are active ways through which discourse about social identities is produced through by people narrating them. Feminist methodologies have highlighted how narratives as storylines can contribute to understanding the experiences of subordinated social identities questioning the dominant discourses which construct and frame them in particular ways. Cole (2009) argues that 'undoing gender' is about breaking a culture of silence through better intersectional narratives and contends: 'let our stories be heard by our own, our daughters' and our granddaughters' (Cole, 2009 p. 574). The suggestion to use narratives in understanding intersectional discriminations including between gender and ageing builds upon this critical feminist tradition.

## 6. Main learnings/takeaways for concrete policy proposals that can be adopted by the countries

A key finding from the literature reviewed on gender and older people is that gender and ageing play a distinct role in the shaping of lives and experiences of older women and men.

Older women and men face ageism, namely prejudices, stereotyping and discriminating practices because they are older. Such discriminating practices are also shaped by gendered structures within the societies. It is against this wider backdrop that areas of work which need to be addressed are highlighted below.

## 6.1 Discourse

The overarching medicalised public policy discourses of dependency, decline about older women and men needs to be strongly countered through positive representations about older women and men. Although the new more positive discourses of successful or active ageing are an important advancement over such negative stereotyping, such framing still tend to homogenise the very heterogeneous experiences of older women and men living in different social and cultural contexts. Local epistemologies about ageing as a life course process need to be incorporated to develop grounded positive representations of older women and men.

In similar spirit, a dominant discourse which represents older women and men as only recipients of welfare, and dependents on remittances from their children needs to be decentred with a more balanced understanding which highlights the contributions made by older people and particularly older women as grandmothers in intergenerational care and welfare. Inter-generational relationships and contributions made by both the generations to each other should be an important part of narratives around social pensions.

Since societies value married identities as a couple, older widows and widowers have to sometimes navigate through contextual societal prejudices although their changed social status can also provide new social opportunities. Older widowers cope very differently from older widows which are aligned with their gendered histories, expectations and social contexts in which gender is organised. Narratives of many older widows emphasise 'freedom' questioning the public script of decline associated with ageing, although that is expressed in different ways in cultures and society. Positive representations of older widows and widowers need to be promoted on non-state sites such as popular culture, media and public discourse.

Older women face accusations of witchcraft 'as older women's issues' in African, and other countries. Such discourses need to be challenged through suitable alternative discourses that promote their individual as well as communitarian rights.

Menopause is a part of ageing over a life course for women; however, the dominant medical field frames it negatively. Such negative framing needs to be displaced with social accounts of women who experience menopause in very different ways, for example by framing menopause as leading to better sexual experiences of women or as bettering equalities of women in the domain of sexuality.

The discourse of older women and men being less productive or with outdated skills leads to them being discriminated in employment or in gaining access to fair wages. This leads to their exclusion from economic and productive spheres in all societies, including the

development projects by international non-governmental organisations and national organisations. Older women face further marginalisation due to the devaluation of their work as women in economic spheres. Such discourse needs to be countered by discourses that emphasise the agency and agentic role of older women and men in making their own decisions about their participation in economic spheres. Such alternative representations need to be communicated through state as well as non-state sites where public discourse is played out.

## 6.2 Policy and practices

A main thrust of all the public policies and practices should be on how to increase opportunities for older women and men to live a life in ways that they value, expanding their choices and freedoms (Sen, 1999).

Public policies about ageing should be informed by heterogeneous experiences of ageing in society. Policies promoting healthy ageing or active ageing or successful ageing need to be careful that they do not privilege a medicalised understanding of ageing. While such policies put the premium of being 'active' on older women and men, it is imperative that societal socio-economic constraints including transport poverty, or security or social and health care concerns are effectively addressed. Further, such constraints may be a result of disadvantages accumulated by older women and men over the life course. In other words, public policies on ageing need to be a part of the wider social policy domains which address older women and men's constraints in holistic ways and further opportunities to live a life that they value.

Older widows and widowers cope very differently with their changed social status of transiting from being a couple to that of being single due to the organisation of gender in societies. Due to different psychological coping patterns of older widows and widowers in navigating their new social identity, they require different kinds of psychological support and counselling. Such support and counselling should be made available to widows and widowers experiencing such transitions in their lives.

Older widows and those particularly without male children can face further loss of status in societies due to entrenched patriarchal norms. They need protective legal mechanisms to affirm their rights, including that to property. Customary laws need to be changed and aligned with principles of equality to affirm the equal rights of widows in society. However, laws may not be enough to counter entrenched cultural norms and systems that deny them their rights and freedoms. Positive support systems for older widows should be available so that harassment and intimidation are effectively dealt with to affirm their rights.

Older women and widows face financial insecurities across different contexts. The unpaid care work that older women do across their life course, less formal employment or employment breaks, lower wages in informal wage work, leads to their accumulated disadvantages over older men and widowers. Social care and security support systems should be based on the recognition older women's care work though their life course and geared towards enabling fairness in their provisions.

The issue of unpaid care work by older women across their life course needs a better policy response. Social care support which helps older women and men in their daily tasks has been found to have a positive effect on the health and wellbeing of older women as it frees them from the unpaid care work in a household. Such social care policies need to be supported and undertaken more widely.

Currently, grandmothers in particular but also grandfathers are overloaded with care work in certain country contexts due to children orphaned due to HIV pandemic or due to high economic migrations, where the children are left in the care of grandparents and grandmothers in particular. High loads of care work negatively impact the wellbeing of older women and men, while low levels of care work can have positive effects on their wellbeing. Many older grandmothers experience a lowered wellbeing due to overload of work stress involved and need to support. Public policies should organise such formal levels of care to children to complement any informal care given by grandmothers or develop appropriate welfare support systems for child care, and older carer women and men.

Despite the major contributions made by older grandmothers in particular towards the welfare of the grandchildren, they are missing from the welfare policy and programmes. Innovative programmes such as that in Senegal involving grandmothers as agents of change in mother and child welfare programmes should be welcomed and learnings from them multiplied. Involving older grandmothers as agents of change can also negate the stereotyping of older women as only recipients of welfare.

Menopause needs to be understood as part of a social process rather than a medicalised event. Such recognition can lead to social interventions that support gender equalities and sexual freedoms of women in their mid-life.

Older women and men face discriminations in access to formal work, wages and loan support to be entrepreneurs in all societies with women facing further discriminations due to gender stereotyping. What is needed is creation of opportunities by encouraging employers to hire older women and men countering the negative stereotype that employers have about them as less productive.

Older women and men's informal wage work is devalued and they are often paid less than younger people. Further, older women are paid even less than older men, suggesting that their wage labour is devalued the most. Equal wages for older women and men should be a policy priority. HelpAge has formed older people's associations (OPA) to promote awareness about rights of older women and men in many countries. HelpAge has also promoted self- help groups of women and men who give loans to older women and men to undertake self-employed trade work towards livelihood security. Such initiatives also provide older widows with economic and social supports. Such initiatives which enable voice, self-esteem, equal rights and social inclusion of older people and in particular older women and widows in productive domains should be promoted and actively supported in all contexts.

Differences are also seen in the way in which older women and men approach health care. More generally gender, older age, disabilities, ethnicities/race, sexuality and other contextual markers such as widowhood/living alone have intersectional negative effects on the way in which health care is sought and provided for by health care system. The constraints faced by intersectional discriminations experienced through life course by older women and men from different situations need to be addressed as a part of good health care policy, services and provisions.

Older women report violence and abuse mainly from their intimate partners, although much of this violence also goes unreported or unrecognised. Public policies and organisations working against violence have a key role to play in addressing the personal and societal constraints that stops older women from reporting domestic violence by developing appropriate support systems and actions that can aid to stops violence.

Older women are negatively targeted as witches in African and many other societies as an 'older woman's problem. Public policies, both targeting legal arenas and societal attitudes need to be in place to counter such violence against older women.

### 6.3 Research

More attention needs to be given to understanding lived realities of older women and men from diverse socio-cultural-economic contexts. The literature review shows that there are lack of studies on experiences of older women and men particularly from the global south as compared to global north. Experiences of older LGBTQ persons are also not represented. More investments are needed in research and studies to close this gap in understanding.

In this relation, local epistemologies about ageing and gender need to be incorporated to develop a grounded understanding and help develop grounded public policy response against discriminations and to further opportunities for older women and men. Further, given our currently globalised world, interaction between local, national and international framing of ageing can also be critically investigated through the impact they have on lived lives and experiences of older women and men.

Developing diverse gendered understanding of ageing needs sensitive methodologies that can capture the lived diverse experiences of older women and men over their life course. A new methodological framework incorporating the three analytical strands of: gender, diversity and life course; transition conjunctures and trajectories; and narratives can be useful to uncover gendered ageing as a process, and to uncover diverse lived realities of older women and men. This methodological framework can also be used to understand more generally, the intersectional influence of gender, age, race, disabilities, sexual identities, and other social markers on the experiences of people. We call this gendered ageing and life course perspective methodological framework.

Gender analysis frameworks are influential in undertaking gender analysis to inform the development planning. However, they are not adequate to understand intersections between gender and age and to capture the concerns of older women and men, which are often linked

with their social identities and their transition trajectories. The new methodological framework, called gendered ageing and life course perspective methodological framework identified in this paper should act as a point of discussion for the organisations using the gender analysis frameworks. ***Pilot development planning projects which incorporate the gendered ageing and life course perspective methodological framework proposed in this paper to capture the intersection of gender and ageing should be supported.***

Given the increase in conflicts and natural hazards (with effects of climate change), there is a need for research that gives insights into experiences of older women and men and LGBTQ persons in humanitarian emergencies. Given the high disproportionate deaths of number of older people in institutions/care homes in Covid19, a better understanding of the gendered experiences of care homes/institutionalisations more generally and specifically during Covid19 is needed to draw out lessons for public policy and care.

## 7. Appendices: Gender Analysis Frameworks considered in the paper

**Appendix 1: Tools used in Harvard Framework (taken from Leach, 2003, and March et al 1999, 2005)**

**Activity profile 1:** This includes identifying productive, reproductive and community activities by women/girls and men/boys

|  | Women / girls | Men / Boys |
|---|---|---|
| Productive |  |  |
| Reproductive |  |  |
| Community |  |  |

**Access and Control Profile 2:** Identifying whether and how women and men have access and control over resources

|  | Access | | Control | |
|---|---|---|---|---|
|  | Men | Women | Men | Women |

**Influencing factors profile 3:** Identifying influencing factors, constraints and opportunities for participation of women and men

| Influencing factors | Constraints | Opportunities |
|---|---|---|
| Community norms, cultural beliefs, economic factors, organisational practices, etc. | Lack of mobility, early marriage, poverty, lack of political will, etc. | Government priorities, lobbying by women's groups, externally funded projects, etc. |

Key questions to consider in project planning (Overholt, 1985; quoted in Leach, 2003):

| |
|---|
| **Women's dimension in project identification** |
| Assessing women's needs |
| Defining general project objectives |
| Identifying possible negative effects |
| **Women's dimension in project design** |
| Project impact on women's activities |
| Project impact on women's access and control |
| **Women's dimension in project implementation** |
| Personnel |
| Organisational structures |
| Operations and logistics |
| Finances |
| Flexibility |
| **Women's dimension in project evaluation** |
| Data requirements |
| Data collection and analysis |

**Appendix 2: Caroline Moser Framework (taken from March et al, 1999, 2005)**

Moser tool 1: Gender role identification/Triple role

This includes mapping who does what in the domains of productive, reproductive and community work.

Moser tool 2:  Gender needs assessment

This includes mapping women's practical gender needs and strategic gender needs

Moser tool 3: Disaggregating control of resources and decision-making within the household

This includes questions, who controls what, who decides what and how?

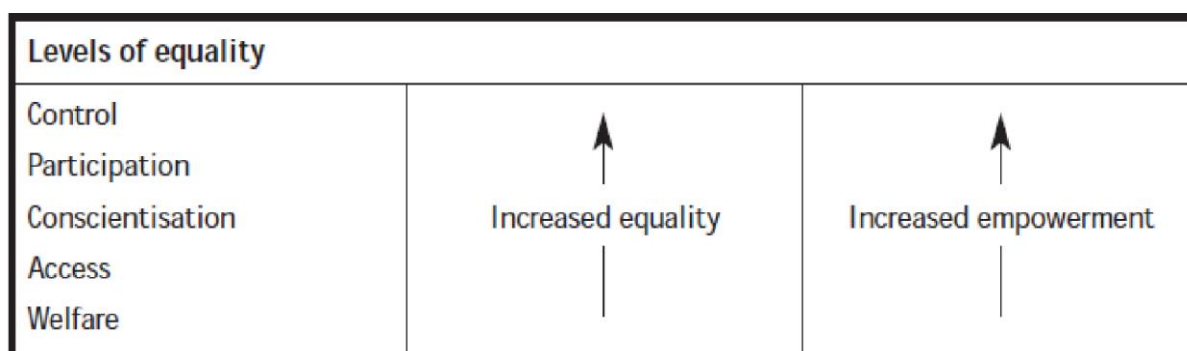Moser Tool 4: Planning for balancing the triple role

This includes understanding how the project would change gender roles and whether they would increase women's work loads

Moser tool 5: Distinguishing between different aims in interventions: whether they further welfare, efficiency, equity, antipoverty or empowerment of women

Moser tool 6: Involving women, and gender aware organisations and planners in planning

**Appendix 3: Women's Empowerment Framework (By Longwe, taken from Leach, 2003)**

| Levels of equality | | |
|---|---|---|
| Control<br>Participation<br>Conscientisation<br>Access<br>Welfare | ↑<br>Increased equality | ↑<br>Increased empowerment |

**Appendix 4: Social Relations Approach by Kabeer**

**Institutional analysis at various levels:**

Institutions (family, community, market and state) are analysed in relation to five components which structure social relations in society through them: Rules include analysis of how things get done; the expressed and not expressed norms, values that underlines who does what and how; Resources include analysis of what is produced, used, distributed among social groups; People include an analysis of how are people positioned in a social hierarchy; Activities include an understanding of what is done and who does what; Power includes an analysis of who decides and whose interests are served through them.

| Key institutional locations | Organisational/structural form |
|---|---|
| State | Legal, military, administrative organisations |
| Market | Firms, financial corporations, farming enterprises, multinationals, and so on |
| Community | Village tribunals, voluntary associations, informal networks, patron-client relationships, NGOs |
| Family/kinship | Household, extended families, lineage groupings, and so on |

**The above table is taken from March et al 1999, 2005.**

**Appendix 5: Gender and Work**

Refer https://genderatwork.org/analytical-framework/

individual

CONSCIOUSNESS
CAPABILITIES

RESOURCES

informal ← → formal

INFORMAL NORMS
& EXCLUSIONARY
PRACTICES

FORMAL RULES
& POLICIES

systemic
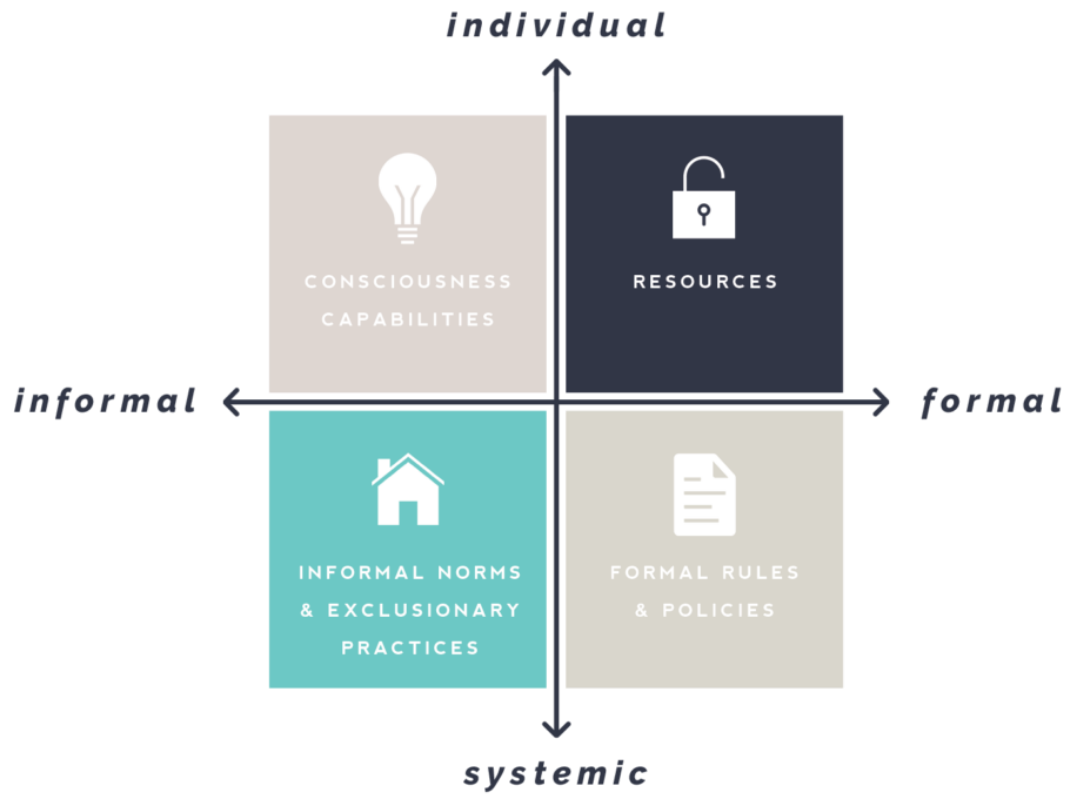
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