

DEBATE

Widowhood, gender and disadvantage in India: Current trends and future trajectories

K. S. James¹ , Ravi Sadhu²  and David E. Bloom² 

ABSTRACT Widowhood presents significant challenges in India. These challenges will intensify in the next two decades. Both the widow and widower populations will increase, with the proportion of widowed women being continuously greater than that of men. We argue that the current disadvantages faced by widows are poised to grow. Evidence from the Longitudinal Ageing Study in India Wave 1 (2017–18) highlights the specific nature of these disadvantages: among Indian adults aged 45 and older, a higher percentage of widows than of widowers do not work, lack financial support, suffer from multimorbidity and functional disabilities and rely on family caregiving. We anticipate that, absent social and policy reforms, widows in India will face increased poverty and ill health due to inadequate safety nets, limited caregiving options and insufficient incomes. In addition to robust national and state initiatives, further research is essential to address the challenges we posit will confront the growing population of widows in India.

KEYWORDS Widowhood • Disadvantage • India • Ageing • Socioeconomic status • Health

Introduction and rationale

Widowhood is a challenging phase of life marked by emotional distress, lack of social support and economic hardship. The *World Widows Report* by The Loomba Foundation (2022) indicates that India has the largest widow population in the world, constituting approximately 17% of the world's widows. In India, widows, and particularly upper-caste Hindu widows, have faced stigmatising religious and cultural practices (Chen, 1998). Historically, such practices have included the immolation of widows on their husbands' funeral pyres, social segregation and the deprivation of food and participation in social and cultural activities (Chen, 2000). Various social reform movements led to legal reforms during British colonisation, and after Indian independence, government policies were implemented to improve widows' access to welfare (Kitchlu, 1993). These developments have contributed to a decline in stigmatising practices against widows in many parts of India.

However, remnants of discrimination and marginalisation persist. Even today, when their husbands – often the primary breadwinners – die, widows in India frequently struggle to be self-sufficient. Some must resort to being financially dependent on ill-treating or

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exploitative relatives (Chen, 2000). Relatedly, nearly three in four widowed women report experiencing verbal abuse in their household (Hossain, 2024). Widowers in India also face grave economic and social challenges, including financial hardship, food insecurity and mistreatment (Hossain, 2024). However, due to the pervasive sociocultural biases and forms of discrimination that widows in India face in public and familial domains, such as restricted financial autonomy, discriminatory property ownership and inheritance practices and a lack of social support, widows have fewer options than those available to widowers (Kumar and Bhakat, 2021).

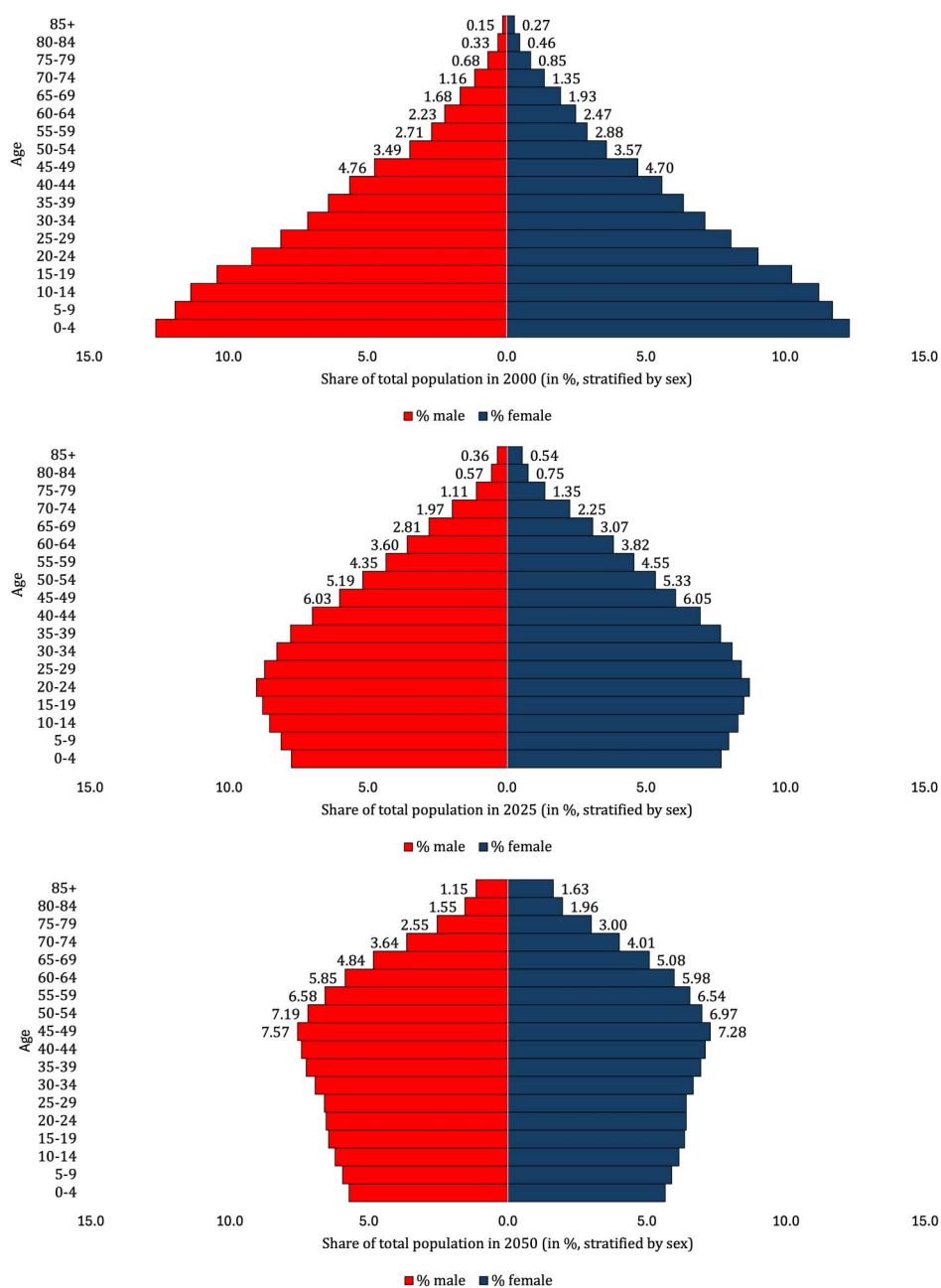
Over the next two decades, addressing the disadvantages that widows in India face will become critically important as cumulative demographic shifts are expected to lead to widowhood increasing at a greater rate among women than among men. This has three main causes: a significant gender gap in the age at marriage; increased life expectancy of women relative to that of men; and cultural taboos surrounding widow remarriage.

First, while early marriage has gradually become less common in India (Scott et al. 2021; Singh et al. 2023), females have historically married at younger ages than males and continue to do so, causing an age gap between spouses. In fact, the difference in the median age at first marriage between men and women aged 25 to 49 has slightly widened in India in recent years, increasing from 5.9 years in 2005–06 to 6.1 years in 2019–21 (IIPS and ICF, 2021; IIPS and Macro International, 2007).

Second, the life expectancy gap between women and men has increased and may even widen further to favour women amidst population ageing in the next two decades (Figure 1). To illustrate, in 2025 and 2050, the gap between women's and men's life expectancy at age 65 in India is projected to be 1.5 years and 1.9 years, respectively, according to the World Population Prospects' medium fertility variant projection scenario (United Nations, 2024). This implies that older women will outlive older men (United Nations, 2024). Multiple biological, social and behavioural factors likely drive this trend, including higher rates of tobacco and alcohol use among Indian men; unique gendered occupational risks and stressors faced by men; lower fertility driving reductions in maternal mortality; and the biological advantage women have in longevity (Austad, 2006; Bhushan et al. 2024; Biswas et al. 2021; Borah, 2021; Neufeld et al. 2005; Singh et al. 2021).

Third, it is well known that Indian widows, particularly those from upper-caste Hindu backgrounds, face restrictions to remarry due to prevailing sociocultural and religious norms (Chen, 1998; Jensen, 2005; Reed, 2020). Such norms are unlikely to undergo substantial shifts in the foreseeable future, especially among older widows. With no significant change in the gender gap in the marriage age, a widening life expectancy gap favouring women and limited prospects of widow remarriage, an increase in the share of widows relative to that of widowers, especially among older adults, is inevitable. Some regions in India are more likely than others to experience a substantial increase in the widow population. South India already has a larger widow population than North India (Jain et al. 2022). Accelerated ageing in South India, driven by increased life expectancy (James and Goli, 2017), will further contribute to a surge in the widow population in the region.

Some paradoxical socioeconomic realities accompany the demographic shifts in the widow population. On the one hand, India is projected to become the third-largest

Figure 1 Age and sex structure of India in 2000, 2025 and 2050 (from top to bottom)

Source: World Population Prospects (United Nations, 2024)

economy in the world by 2030 (Biswas, 2024). Additionally, it is witnessing a significant reduction in educational disparities between boys and girls. There is a popular belief that such rapid changes will substantially enhance gender equality, including the position of middle-aged and older adult widows, in the coming decades, even without any external interventions.

However, contrary to such a euphoric view, the situation for widows may not improve as expected. India is projected to become older before becoming affluent (Biswas, 2024; James and Goli, 2017). The lack of credible social support systems alongside health system constraints will affect the status and well-being of India's elderly, especially older adults from vulnerable communities, such as widows. Additionally, the participation of women in the labour force has not been commensurate with economic growth (Lahoti and Swaminathan, 2016; Marois et al. 2022), which has implications for the future financial security of widowed women. Last, the government of India relies on family members continuing to provide care for older adults in India (Chakravorty et al. 2021). As India's population ages, tension is growing between policy expectations and the potential reluctance of children to care for their parents and grandparents, especially due to the rising "individualistic tendencies of Indian millennials" and "growing nucleation of families" (Chakravorty et al. 2021). Older adults, especially widows, will have to rely heavily on informal caregiving during a time when there is evidence indicating that household-level elderly abuse is increasing and the balance of power may be shifting towards children and away from parents (Chakravorty et al. 2021).

Given these economic concerns, an urgent need exists to predict future trends concerning the compounding disadvantages that widowed adults, and especially Indian widows, will face. Indian widows have endured and continue to encounter socioeconomic and health challenges, along with pervasive discrimination based on gender, marital status and age; issues that are likely to impact an even larger population of widows in the future. Our article examines the following question: Considering India's demographic and economic changes over the next two decades, will the current socioeconomic and health disadvantages experienced by widows (compared with widowers) worsen, remain unchanged or improve? We argue that the existing disadvantage gap between widows and widowers will widen over the next two decades. To expand on our argument, we first compare the current socioeconomic and health status of widowed and non-widowed men and women aged 45 and older in India, asserting that widows are disproportionately worse off. Next, we argue that the larger population of widows will face greater socioeconomic and health adversities than widowers two decades from now compared with today. Finally, we suggest policies to mitigate the disproportionate burden of disadvantages that widows in India are likely to face.

A comparison of disadvantages

Here, we compare the socioeconomic and health disadvantages of widowed and non-widowed men and women to show that widowhood affects women more than men. We rely on data from the Longitudinal Ageing Study in India (2017–18), or LASI,

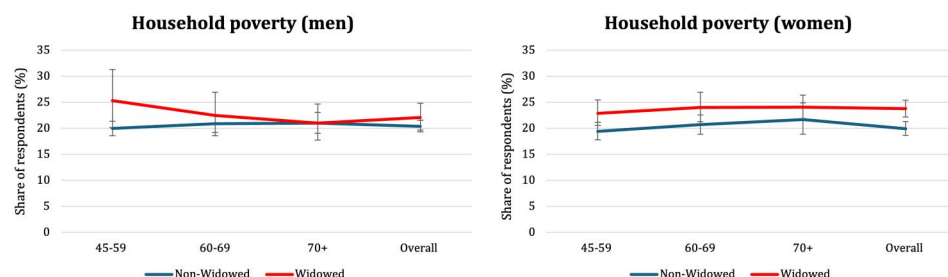
a nationally representative study of 73396 Indian adults aged 45 and older and their spouses (Arokiasamy et al. 2022; Bloom et al. 2021). Using the LASI dataset made publicly available by the International Institute for Population Sciences, we excluded respondents younger than 45 years ($n = 6790$) and dropped participants with missing data on the socioeconomic and health indicators of interest ($n = 1265$). The definitions and classifications of these outcomes are provided in the Supplementary material Table S.1. Ultimately, our sample consisted of 65341 adults, of whom 11715 were widows and 2784 were widowers. We utilised Stata 18.5 for all computations, adjusting for sampling weights at the national level.

Socioeconomic status

Though prior research highlighted the overall socioeconomic disadvantages of widowhood (Chen, 1998; Chen and Drèze, 1992; Drèze and Srinivasan, 1997), it was unable to compare the differences in the individual economic vulnerabilities of widows and widowers due to a lack of data on intra-household allocation. Restricted by the same challenge, we use four indicators to operationalise socioeconomic disadvantage: household poverty, perceived subjective socioeconomic status, current working status and receiving financial support (Figures 2a–d). The operational definitions of the indicators are provided in the Supplementary material Table S.1.

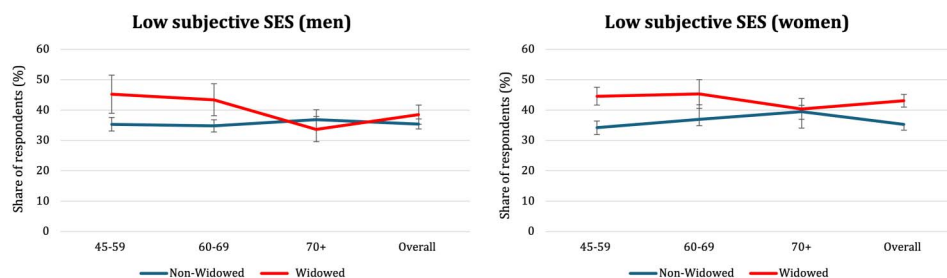
Household poverty is a basic measure that reflects the percentage of individuals residing in households with monthly household per capita expenditures in the bottom 20%. While in some high-income countries household poverty tends to be higher for adults aged 60–69 and 70 and older than for adults aged 45–59, this pattern is not observed in India. This is predominantly because most workers in India do not have a formal retirement age, as they are engaged in the informal sector and continue working as long as they can. Greater proportions of widowed men and women in our study sample experienced household poverty compared with their non-widowed counterparts, with a difference of 5.3 percentage points between widowed and non-widowed men aged 45–59 (Figure 2a). Additionally, a slightly

Figure 2a Share of respondents (with 95% confidence intervals) subject to household poverty (lowest household monthly per capita expenditure quintile), by gender, age and marital status



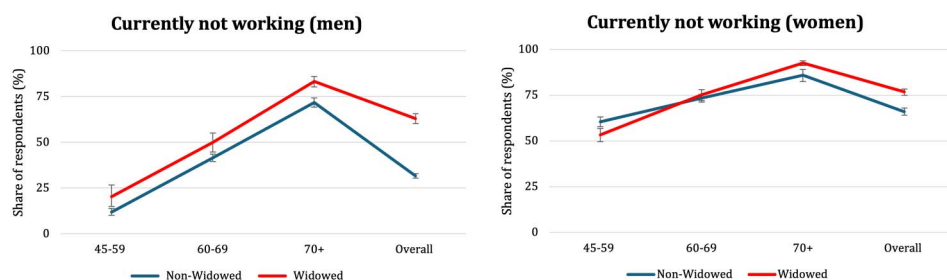
Source: LASI (2017–18)

Figure 2b Share of respondents (with 95% confidence intervals) who perceive their socioeconomic status to be lower than average standards of living, by gender and marital status



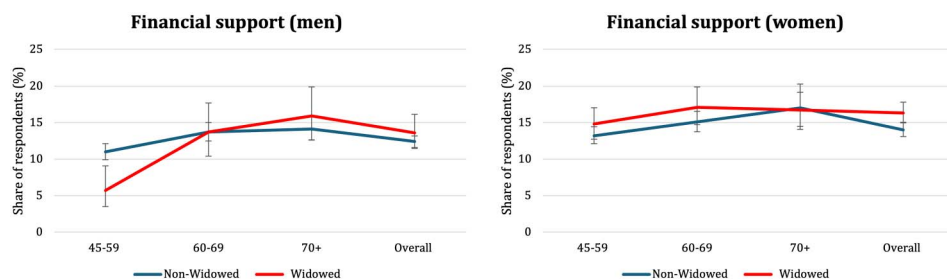
Source: LASI (2017–18)

Figure 2c Share of respondents (with 95% confidence intervals) currently not working (not currently employed or never employed), by gender, age and marital status



Source: LASI (2017–18)

Figure 2d Share of respondents (with 95% confidence intervals) who received financial support from family or friends, by gender, age and marital status



Source: LASI (2017–18)

larger share of widows than of widowers experienced household poverty, with a difference of 1.7 percentage points. Although a larger share of widowers than of widows aged 45–59 experienced household poverty, the opposite pattern was observed for those aged 70 and older.

Perceived subjective socioeconomic status quantifies how people rate their social and economic standing compared to others. Overall, higher proportions of widowed men and women reported a low perceived subjective socioeconomic status compared with their non-widowed counterparts, with seemingly larger differences among the 45–59 and 60–69 age groups than among the older age groups (Figure 2b). A higher proportion of widows than of widowers reported low perceived subjective socioeconomic status overall (a difference of 4.6 percentage points), with a more pronounced difference between widows and widowers aged 70 and older.

Additionally, the overall proportion of adults currently not working was lower among non-widowed men and women than among widowed men and women, respectively. The proportion of widows currently not employed exceeded that of widowers across all age groups (Figure 2c). This difference was approximately 33 percentage points in the 45–59 age group and 25 percentage points in the 60–69 age group. On the one hand, the widow-widower non-employment gap points to the missed opportunity for widows, and particularly for middle-aged widows, to gain income and accrue savings through labour force participation. On the other hand, higher work participation among widows than among non-widowed women needs to be considered an indicator of economic distress rather than of betterment. Among working-age women, widows tend to have higher workforce participation because many have little choice but to work to support themselves financially (Chen and Drèze, 1992; Jensen, 2005). Generally, older widows in India have lower workforce participation rates than younger widows, which our descriptive findings also suggest (Reed, 2020).

Finally, we examined the proportions of widowed and non-widowed men and women who received financial support from family and social networks. Overall, widowed men and women received more financial support than their non-widowed counterparts (Figure 2d). Widows were more likely than widowers to rely on financial support, particularly among the younger age groups. For instance, the difference in the financial support received by widows and widowers was 9.1 percentage points in the 45–59 age group but only 0.8 percentage points among those aged 70 and older. This underscores the economic vulnerability of widows and their subsequent need to work.

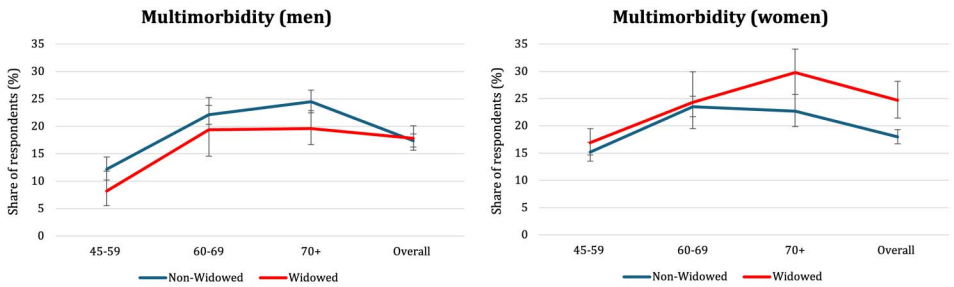
Health

Widowers and widows face higher rates of mortality and morbidity than men and women with living spouses, respectively (Holm et al. 2019; Manzoli et al. 2007), a phenomenon called the “widowhood effect” (Bowling, 1987). In support of this theory, recent evidence from India suggests that widows are more likely to have poorer health compared with married women (Hossain and James, 2024; Hossain and Sk, 2022; Lloyd-Sherlock et al. 2015; Srivastava et al. 2021). Additionally, however, the vulnerabilities of widows also extend to

widows having more compromised health compared with widowers, which we discuss below. Figure 3 presents four health indicators to demonstrate this point: multimorbidity, functional disability, reliance on caregiving by family for functional or health needs and possession of health insurance (Figures 3a–d). The operational definitions of the indicators are provided in the Supplementary material Table S.1.

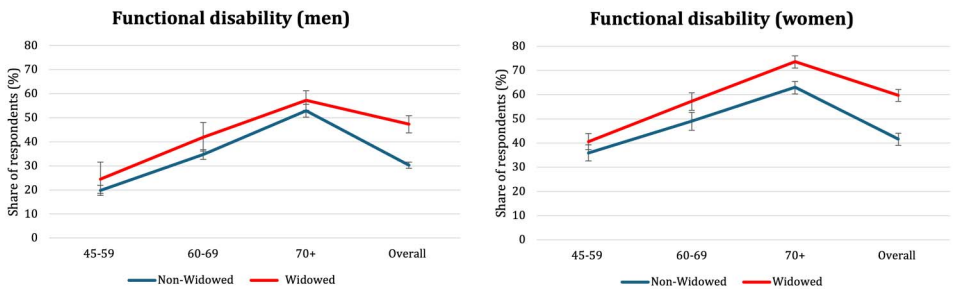
Multimorbidity is the co-occurrence of two or more chronic conditions, including heart disease, cancer, arthritis and high cholesterol. Across age groups, the general trends for multimorbidity indicated that non-widowed men had a higher rate of multimorbidity than widowed men, while the opposite pattern was observed for women. Furthermore, a larger proportion of widows than of widowers was affected by multimorbidity (29.8% vs. 19.6%), especially among adults aged 70 and older (Figure 3a). The data we present correspond with findings indicating that older widows have higher morbidity than older widowers (Hossain et al. 2023). One potential factor contributing to this gender difference is that financial constraints may force older widows to rely on lower-quality healthcare services as their primary

Figure 3a Share of respondents (with 95% confidence intervals) with multimorbidity (two or more chronic conditions), by gender, age and marital status



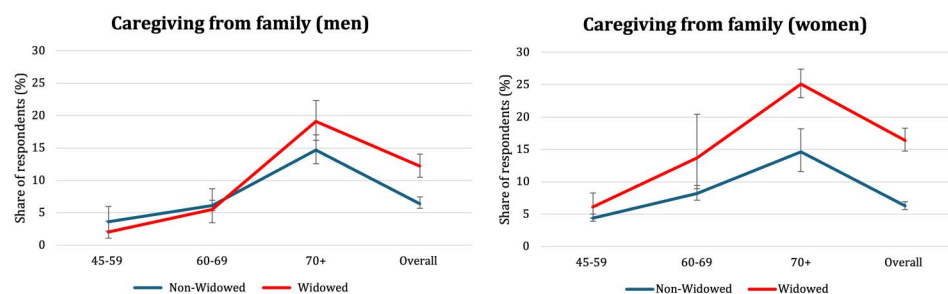
Source: LASI (2017–18)

Figure 3b Share of respondents (with 95% confidence intervals) with functional disability, by gender, age and marital status



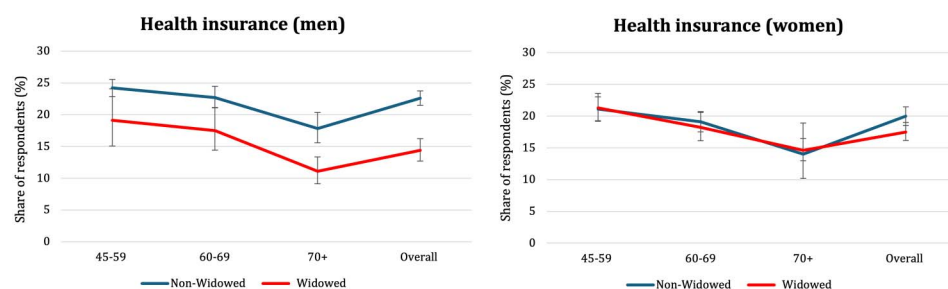
Source: LASI (2017–18)

Figure 3c Share of respondents (with 95% confidence intervals) who relied on caregiving support from their families, by gender, age and marital status



Source: LASI (2017–18)

Figure 3d Share of respondents (with 95% confidence intervals) with some type of health insurance, by gender, age and marital status



Source: LASI (2017–18)

treatment option (Agrawal and Keshri, 2014), though this explanation requires further investigation.

Across age groups, widowed men and women generally had higher rates of functional disability and reliance on caregiving (Figures 3b and 3c). Overall, the difference in the prevalence of functional disability between widowed and non-widowed men and women was similar, at 17.0 and 18.1 percentage points, respectively (Figure 3b). The vast majority (91.5%) of respondents who needed support due to functional or health limitations relied on family members for informal caregiving (Figure 3c). However, more widows relied on caregiving support than widowers overall (a 4.2 percentage point difference), with a more pronounced difference among those aged 70 and older.

Last, we examined the proportion of respondents in each category who reported having health insurance. Overall, the proportions of non-widowed and widowed women with health insurance were higher than those of widowed men (Figure 3d). In every age group, widowers had a lower prevalence of health insurance compared with non-widowed men, non-widowed women and widows.

A case for the future

Given the demographic, socioeconomic and health trends highlighted in the previous section, we make six arguments about widowhood, gender and disadvantage in India in the next two decades. First, we foresee that a higher overall share of widows will continue to experience poorer health, as measured by chronic morbidity and functional limitations, than widowers. Considering the significant differences between 45–59-year-old widows and widowers, the widow-widower gap in disease burden will likely widen in the next two decades.

Second, widows will have limited access to caregiving options, with negative implications for their health and quality of life. Possibly due to the greater prevalence of functional limitations among widows, their dependence on caregivers is currently greater than that of widowers. However, as the total fertility rate has decreased (especially in South India) and household nuclearisation has become more common with the increase in urbanisation and migration across India, widowed women – especially those at older ages, who are more inclined to rely on family care – may lack family members to depend on (Chakravorty et al. 2021). Widowers may be able to find alternative care arrangements in the absence of informal caregiving, as they are often better off economically. In contrast, poverty among widows can inhibit access to external care services.

Third, national and state health insurance programs will likely struggle to finance the health needs of a larger widow community, especially those of older widows. Though we found that widows have a higher insurance coverage rate relative to widowers, this coverage is not nearly enough to account for their overall higher multimorbidity and functional disability levels. Within the context of inadequate health insurance coverage, limited health-care options and significant out-of-pocket expenses across India (Nanda and Sharma, 2023), widows' health disadvantages will multiply if they lack the means to seek and afford care.

Fourth, the larger future population of widows will encounter more significant economic challenges than widowers, many of whom may have built up lifetime savings through their jobs. Although more widowed women are employed in relatively stable work arrangements than their non-widowed counterparts (Reed, 2020), widows tend to take informal jobs and usually earn lower wages than widowers. However, contemporary studies comparing widow-widower earnings inequalities have yet to be conducted.

Fifth, relying on children and relatives may further limit widows' financial options in the future due to changing family dynamics, as discussed in the introduction (Chakravorty et al. 2021). While widowers will also be affected, widows are likely to be at a greater disadvantage due to their greater dependence on this support. Our sixth and final prediction is that the widow-widower disparities we discuss will likely widen with increasing age. The disadvantage gap between older widows and widowers will be more significant than that between middle-aged widows and widowers, mainly due to older widows' pronounced economic vulnerabilities and high disease burden.

These deep-rooted inequalities will have a multilevel impact on widows. At the individual level, widows will have compromised well-being and lower quality of life. They are also likely to lack safety nets in the event of economic or health shocks, further contributing to their vulnerability. At the household level, families of widows, particularly low-income

families, may find caregiving or providing financial support challenging. This can also result in further mistreatment and neglect of widows by their families. Though widowers will also be affected, the sheer number of widows who lack familial and financial support, but are dependent upon it, will be higher.

In India, priorities such as addressing the youth bulge, skill development and other socio-economic issues often overshadow the needs of vulnerable elderly populations, especially those of widows. It seems unlikely that the needs of widows will garner the attention necessary for substantial policy change to occur. Policymakers may neglect the increasing hardships widows face, leading to policy and financial constraints as national and state governments strive to meet the demands of a larger, sicker and poorer widow population. Moreover, disparities between widowers and widows will not only persist, but may worsen due to the lack of the significant policy shifts that would be required to improve the situation.

While we focus on India specifically, it is likely that similar vulnerabilities exist among widows in many low- and middle-income countries undergoing rapid fertility change. Many South and Southeast Asian countries, such as Sri Lanka, Nepal, Indonesia and Vietnam, are experiencing ageing before becoming wealthy (Chand, 2018; Salgado, 2017). Their older populations will likely remain poor and undereducated in the coming decades. Furthermore, the existing burden of poverty, lack of social support, compromised health access and increased dependency on relatives will continue to fall on widows (The Loomba Foundation, 2022). This disproportionate burden is reflected in the broader global trend of what scholars have discussed as the feminisation of poverty, inequality and labour (Chant, 2008; Elgin and Elveren, 2021; McLanahan and Kelly, 2006).

Concluding remarks: Implications for policy

In making our future predictions, we are not arguing that widow-widower inequality in India cannot decrease in the upcoming decades. Indeed, substantial changes in public policy design and implementation, such as overhauling the social pension scheme and revamping health measures, could reduce the widow-widower disadvantage gap (Agarwal et al. 2020). Our predictions indicate that specialised policy and programmatic efforts are necessary to address widows' social, economic and health challenges. Widows' higher rates of multimorbidity and financial stress compared with those of widowers likely correspond to feelings of loneliness and isolation. Support from family, friends and neighbours; greater involvement in social clubs and activities; and community engagement fostered by local organisations can significantly enhance widows' social support (Das et al. 2024; George et al. 2023a).

Furthermore, widows' financial security and health must be strengthened to help them withstand adversities. Despite the limited financial assistance provided by widow pensions in India, research shows that receiving these pensions can help alleviate poverty among economically disadvantaged widows and lower the mortality risk for younger widows (Garroway, 2013; Hossain and James, 2024). Although they have significant benefits, the national coverage of widow pensions was only 22%, according to the India Development

Health Survey 2011–12 (Drèze and Khera, 2017). An increased pension amount for widows in need, combined with broader pension coverage, would likely expedite poverty alleviation and improve the well-being of vulnerable widows. Evidence suggests that in addition to pensions, participation in regular paid work has concrete health benefits for widows in India, such as reducing the mortality of widows aged 60 and older (Hossain and James, 2024). Creating tailored age- and gender-appropriate employment opportunities could have a significant dual impact, enhancing both the financial and the health status of all widows, and particularly older widows.

Last, although widows have the same rights to their deceased husband's property as siblings or children, they often fail to take advantage of the inheritance and property rights to which they are entitled (Agarwal et al. 2020; Aggarwal, 2025). Policy efforts are needed to ensure that middle-aged and older women (especially widows) have higher levels of legal literacy and legal counsel, and to empower widows to stand up for their inheritance rights in a sociocultural milieu in which this is not encouraged (Aggarwal, 2025). While widow remarriage among middle-aged and older women is still a rare occurrence in India, there is a chance that it will increase in the future (Chakravorty et al. 2021). This may provide some financial relief for a small pool of low-income widows.

In addition to pensions, paid work and socio-legal reforms, increasing access to health insurance and healthcare services is necessary to improve the health of widows. Current evidence indicates that there are barriers to care; widows are more likely than widowers to use public healthcare services (Hossain et al. 2023), but they have lower utilisation rates (George et al. 2023b; Jain et al. 2022). Further research exploring the contextual factors that influence healthcare access and utilisation among widows is essential for crafting effective national and state policies to ensure access to high-quality, affordable healthcare services for all widows, regardless of their socioeconomic status or age group. Although reducing the disproportionate disadvantages that widows in India face over the next two decades is a challenge, our proposed solutions represent steps in the right direction.

Supplementary material

Available online at <https://doi.org/10.1553/p-h8jj-e3c5>

Supplementary file 1. Table S.1



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