

# AGEING, GENDER, AND HUMAN SECURITY

## *A Study of the Social Profile of Ageing Women in Kottayam*

GIA MARIAM GEORGE



IUCSSRE Working Paper – 2026/02

Social Science e-Sphere



## AGEING, GENDER, AND HUMAN SECURITY

### A Study of the Social Profile of Ageing Women in Kottayam

GIA MARIAM GEORGE

#### Abstract

Ageing has increasingly emerged as a critical social issue in Kerala, a state often celebrated for its high human development indicators but now facing profound demographic transitions. Rising life expectancy, sharply declining fertility rates, and large-scale migration of the working-age population—particularly youth migration to other Indian states and abroad—have significantly altered traditional family structures and care arrangements. Within this context, older women constitute a particularly vulnerable group, as they tend to live longer than men and are more likely to experience widowhood, economic dependency, and social isolation. This report examines the intersection of ageing, gender, and human security through a primary, field-based study of 26 women above the age of 60 residing in the Kottayam district of Kerala. Adopting a qualitative-cum-quantitative research design, the study explores multiple dimensions of human security among elderly women, including economic security, access to healthcare, social support systems, emotional well-being, and experiences of institutional care. Primary data were collected through structured and semi-structured interactions, allowing respondents to articulate their lived experiences, perceptions of security, and coping mechanisms in later life. Attention was paid to variations in living arrangements (family homes versus old age homes), educational background, marital status, and sources of income, in order to assess how these factors influence aging experiences.

The findings reveal a striking uniformity in the lived experiences of respondents, despite apparent socio-economic and demographic differences. Most women reported feelings of loneliness, emotional insecurity, and a sense of dependence—either on family members or on institutional caregivers—as central aspects of their everyday lives. Migration of children and the weakening of extended family networks emerged as key contributors to emotional distress, often outweighing material concerns such as income or housing. While some respondents had access to pensions or financial support, economic security alone did not translate into emotional or social well-being. Notably, only three respondents demonstrated high levels of overall human security, while two experienced acute insecurity across multiple dimensions; significantly, both groups were residents of old age homes. This suggests that institutional care does not automatically result in either security or insecurity, but rather that the quality of care, social interaction, emotional support, and sense of dignity within such institutions play a decisive role in shaping outcomes. The majority of respondents fell within a moderate to low human security range, characterised by basic survival needs being met but accompanied by emotional neglect and social isolation.

Overall, the study reveals the extremely gendered nature of aging in Kerala, where women's life courses—shaped by unpaid care work, limited asset ownership, and dependence within patriarchal family structures—continue to affect their security in old age. It highlights the emotional consequences of migration and the erosion of intergenerational co-residence, while also drawing attention to the important, and often under-acknowledged, role played by family networks, religious organisations, and community-based institutions in mitigating insecurity. The report argues for a more holistic approach to ageing policies in Kerala—one that goes beyond economic assistance and healthcare provision to address emotional well-being, social connectedness, and dignity for elderly women.

*Keywords: Ageing, Gender, Human Security, Feminisation of Ageing*

## Introduction

Ageing populations pose complex social, economic, and policy challenges across the world. In India, and particularly in Kerala, these challenges are intensified due to demographic transitions marked by increased longevity, low fertility rates, and extensive migration. Kerala has one of the highest proportions of elderly people in the country, and women constitute a significant share of this ageing population due to higher life expectancy. Due to the longer life expectancy of women, they face specific vulnerabilities related to lifelong inequalities in education and income.

Human Security defines security around the individual and not the state. It focuses on people's freedom from threats like hunger, disease, and sudden disruptions like violence or job loss, which encompasses economic, food, health, environmental, personal, community, and political well-being. It is more than just physical safety but also about economic independence and emotional well-being. Human security focuses on 'freedom from want' and 'freedom from fear'. Thus, most women seek financial independence, access to healthcare, and a sense of dignity.

Kerala faces the demographic trend of feminisation of ageing i.e. women make up a growing majority of the elderly population, driven by women's longer life expectancy, leading to unique social, economic, and health challenges like poverty, isolation, and greater care needs. The feminisation of ageing is a global phenomenon that is brought about by the longer life expectancy of women due to biological factors and lower mortality from certain risks like workplace hazards and is seen in countries with a high population, like India and China. It highlights specific vulnerabilities that older women face, such as economic insecurity, digital exclusion, and health disparities.

The Kerala Model of Development is a combined effort and set of practices adopted by the government and the people of Kerala to achieve better productivity. It is unique in the sense that it prioritises human development over rapid economic growth, achieving high social indicators like literacy and life expectancy. The Model is driven by strong public actions, women's empowerment, accessible healthcare/education, and decentralised governance. By decentralising the government and giving important roles to the local governments (Panchayats) and civil society (Kudumbashree), the Kerala government has been able to implement the plan efficiently.

Communist governments in Kerala have significantly driven development through radical land reforms, major investments in public education and healthcare, a robust public food distribution system, and empowerment of the working class through strong unions and cooperatives. This has led to high literacy, better health, and reduced poverty, establishing feminisation a path of redistribution and welfare that continues to influence Kerala's human development indicators.

According to the 2011 census, Kottayam had a population of 1,974,551 of which 969,289 were male and 1,006,926 were female. The average literacy rate was 97.21, the same as the 2001 census. The sex ratio in Kottayam stood at 1039 per 1000 male. Kottayam has a growing ageing population,

with over 15% of its residents aged 60+ as of 2019. This has led to an increased need for eldercare, social support, and it has become important to address issues like loneliness, mental health, and economic challenges, which has prompted more demand for home care, elder care services, and studies focusing on the quality of life for its seniors.

This report uses the human security framework to analyse the lived realities of elderly women in Kottayam district, drawing attention to how gender and ageing intersect to shape experiences of security and insecurity.

The objective of this study is to examine how elderly women in Kottayam experience ageing, the extent to which their human security needs are met, and the factors that contribute to higher or lower levels of well-being. By focusing on women above the age of 60, the study aims to highlight gender-specific dimensions of ageing that often remain underexplored in policy and academic discourse.

### Methodology

The study is based primarily on primary data collected from 26 female respondents aged above 60 years in the Kottayam district of Kerala. The respondents were selected from diverse living arrangements, including women residing with family members, living alone, and staying in old age homes. The inclusion of respondents from both institutional and non-institutional settings enables a comparative understanding of how different support systems influence levels of human security among elderly women. In addition to primary data, secondary data from the 2011 Census of India were used to provide demographic context.

The respondents were selected using stratified purposive sampling. Initially, women above the age of 60 were identified as the study population. This population was then divided into meaningful subgroups (strata) based on socio-economic background and living arrangements. These strata included women associated with Mahatma Gandhi NREGS, Kudumbashree, YWCA, lower-income groups, higher-income groups, women living in old age homes fully supported by the church, and women living in old age homes partially supported by the church. From these strata, at least three groups were selected, and respondents from each group were surveyed to ensure diversity and representation.

Although the number of respondents is relatively small for a large-scale survey, the limited sample size proved appropriate for a qualitative-cum-quantitative case-study approach, allowing for a deeper understanding of individual experiences. The smaller sample enabled detailed interactions, ensuring that each respondent's lived experiences, emotions, and perceptions could be meaningfully documented.

Data were collected through structured and semi-structured interviews. The interview schedule covered demographic details, educational background, marital status, sources of income, health conditions, access to healthcare, social relationships, emotional well-being, and perceptions of security and dignity in old age. Based on the responses, an overall assessment of human security

was made, and respondents were broadly categorised into good, average, and poor levels of human security.

### Assessment of Human Security

To assess the overall level of human security among the respondents, the study adopted a mixed qualitative and quantitative assessment framework based on multiple dimensions of well-being and security identified during the interviews. While the study primarily follows a qualitative and quantitative approach, a simple scoring method was also used to classify respondents into broad categories of human security.

The assessment considered five major indicators:

1. Economic security (regular income, pension, ability to meet daily and medical expenses),
2. Health security (presence of chronic illness, access to healthcare, physical mobility),
3. Emotional well-being (feelings of loneliness, emotional support, sense of dignity),
4. Family and social support (contact with family members, participation in community or religious activities), and
5. Personal care and safety (availability of assistance, perceptions of safety and care).

Responses to relevant questions were evaluated and assigned broad scores based on the extent to which respondents experienced security or insecurity in each dimension. Higher scores reflected stronger levels of support, stability, and well-being, while lower scores reflected greater vulnerability, dependence, isolation, or insecurity. The scoring process was intended only to provide a general comparative understanding of respondents' conditions and not a statistically rigorous index.

Based on the cumulative assessment, respondents were categorised into three broad levels of human security: good, moderate, and poor. Respondents classified as having good human security generally demonstrated relative economic stability, social engagement, emotional support, and access to healthcare. Those in the moderate category had their basic material needs met but experienced varying degrees of emotional insecurity, loneliness, or dependence. Respondents placed in the poor category faced multiple insecurities simultaneously, including emotional neglect, weak social support, poor health conditions, or economic dependence.

The classification was interpretative and exploratory in nature, combining both interview narratives and simple indicator-based scoring to better understand the lived realities of ageing women in different social and institutional settings.

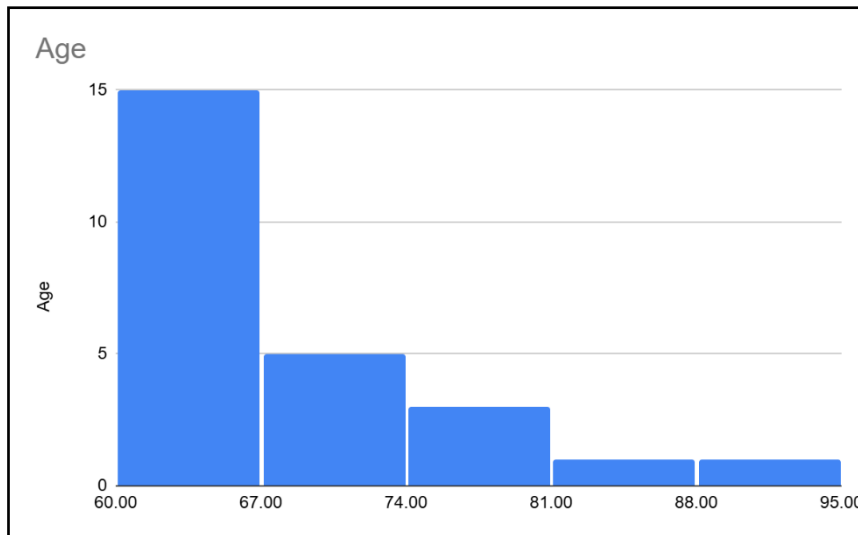
Ethical considerations were given due importance throughout the study. Participation in the survey was entirely voluntary, and no respondent was forced to take part. The purpose of the study was clearly explained to all participants before obtaining their consent. Respondents were assured that their identities would remain confidential and that the information provided would be used solely

for academic purposes. Special care and sensitivity were exercised while interacting with respondents who were emotionally or mentally vulnerable.

## Results

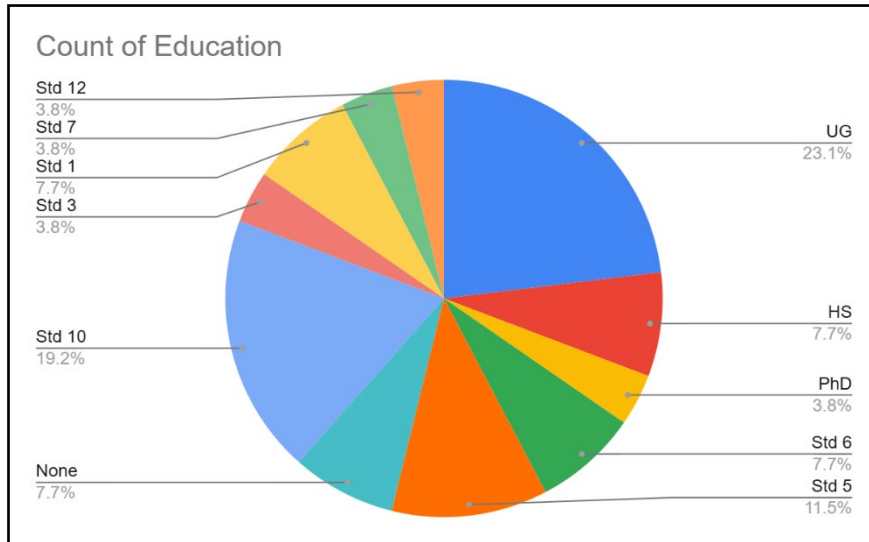
- *Demographic Profile*
- *Age breakdown*

Four respondents were 60 years, twelve were between the ages of 60 and 70, five were between 70 and 75, one was 80, one was 83, and the oldest was 94.



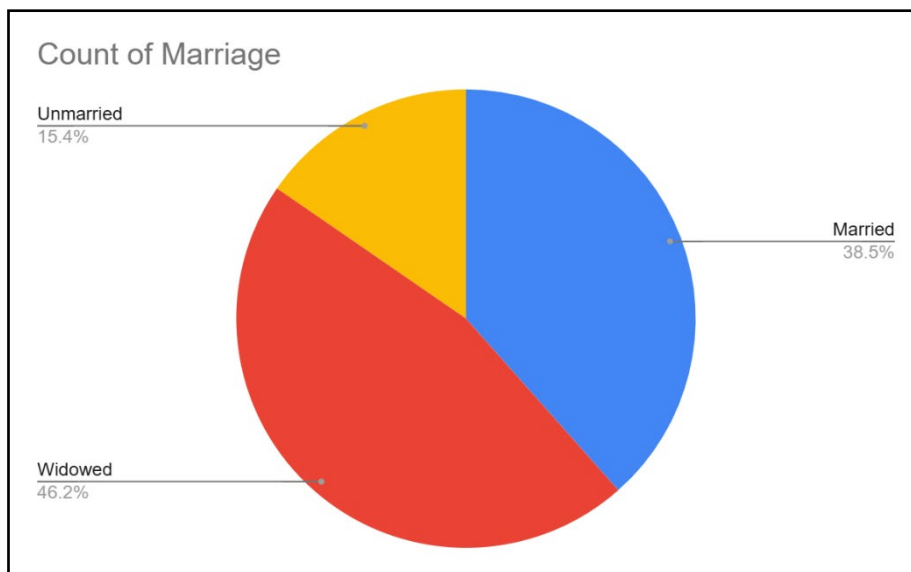
- *Education status*

Two respondents had no educational qualification, three had primary education, six had secondary education, five had finished their 10th, two had finished their 12th, five were undergraduates, and one had a PhD.



- *Marital status*

Twenty-two respondents were married, out of which twelve were widows. The other four respondents were unmarried.



- *Family support*

Fourteen respondents were supported well by their families, while nine had only minimum support. Three respondents, who lived in the same Old Age Home, had little to no support at all and claimed emotional support as what a senior citizen needs most in life.

- *Economic Security*

- *Sources of income*

Fifteen respondents got their income from pensions, for some it was widow pension, while for others it was agriculture pension. Four respondents were financially supported by their children. Two had their own source of income, one was farming and the other was

plantation. One respondent relies completely on her ration card for support, while another respondent who lives in an Old Age Home, is completely supported by the Church.

- *Health and Well-being*

- *Chronic conditions*

Out of the 26 respondents, most of them have hypertension. Only six have a good measure of health. One respondent is a survivor of cancer, one of stroke, and one has gone completely blind due to old age.

- *Access to healthcare*

All respondents have access to healthcare. Those respondents from a lower income group make use of General Hospitals and Medical Insurance to get by, however they also try not to visit the doctor unless it is absolutely necessary. Respondents from higher income groups and those who live in Old Age Homes have monthly checkups with the doctor.

- *Human Security Indicators*

- *Safety and mobility*

No respondent has given an answer where their safety and security was at risk. No matter where they live or whom they live with, they all feel comfortable and cared for. Those respondents who need help with daily tasks like walking and bathing have staff ready to help.

- *Social inclusion*

Respondents from higher income groups have plenty of social interaction through churches, outings, and groups like YWCA. Those from lower income groups often get together as *kudumbashree* or meet peers when going to work together. Respondents who live in Old Age Homes have daily interactions with the staff and fellow residents, however they are not allowed to go out of the compound of the institutions, which feels like a restriction for a lot of them.

## Findings

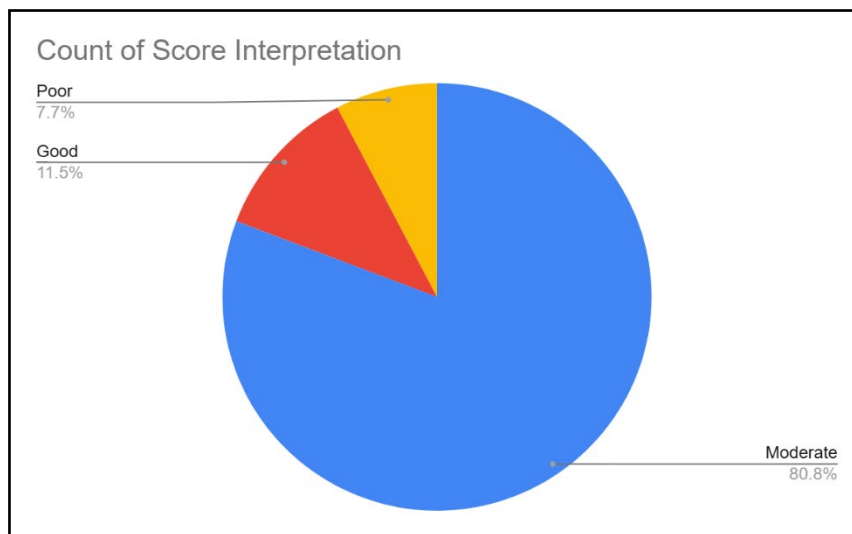
### Overall Human Security Patterns

The study suggests the relative similarity in the lived experiences of elderly women, irrespective of whether they live with family members, alone, or in institutional care. Out of the 26 respondents, only three were found to have a good level of human security, while only two fell into the poor category. The majority of respondents occupied an intermediate position, where basic material needs such as food, shelter, and healthcare were met, but emotional security remained weak. Loneliness and emotional vulnerability emerged as common experiences across almost all living arrangements.

A recurring theme in the interviews was a deep sense of sadness and emotional distress linked to changing family structures and patterns of migration. Many respondents reported that their children or younger family members lived and worked outside Kerala or abroad, visiting only occasionally. Although regular phone calls and virtual communication provided some reassurance, respondents consistently expressed that these interactions could not replace physical presence and everyday companionship. The absence of children and close relatives significantly affected their emotional well-being and sense of belonging.

Several respondents noted that even when they lived with family members, meaningful emotional interaction was limited due to busy work schedules or generational differences. As a result, co-residence did not always guarantee emotional security. Similarly, women living in old age homes reported mixed experiences—while their basic needs were largely taken care of, many still felt emotionally isolated and disconnected from family life.

Overall, the findings suggest that material support alone is insufficient to ensure human security in old age. Emotional well-being, companionship, and a sense of dignity play a crucial role in shaping the quality of life of elderly women. The impact of migration and the weakening of traditional family support systems have therefore emerged as key factors contributing to emotional insecurity among elderly women in the study area.



#### Respondents with a Good Human Security Score

All three respondents with a good score were under the age of 75, suggesting that relatively younger elderly women may be better positioned to maintain autonomy and social engagement. Their living arrangements varied: one lived with family, one lived alone, and one resided in an old age home. This diversity indicates that human security is not determined solely by place of residence.

Marital status among these respondents also varied—one was married, one widowed, and one unmarried—highlighting that marriage alone does not guarantee security in old age. Education emerged as an important factor. Two of the three respondents had completed bachelor's degrees, while the third had minimal formal education.

Economic security among this group was relatively stable. One respondent earned income through farming, another depended on her children, and the third received a pension. Importantly, the two respondents with higher education had invested in health insurance, reducing their dependence on children or savings for medical expenses. Higher educational attainment appeared to contribute to better financial planning and health security.

Social engagement was another key factor. The 60-year-old respondent living with her husband actively participated in church activities and YWCA gatherings. Despite her children living outside Kerala, daily communication helped sustain emotional bonds. Similarly, the 73-year-old respondent living alone maintained regular social interactions through church and community organisations, supported by practical arrangements such as a car and driver for hospital visits.

The respondent living in an old age home presented a unique case. Having lived there since before turning 60 and having no family, she expressed contentment with institutional care. Her expectations were limited, and she perceived the care home as providing the best possible support available to her. This acceptance appeared to contribute to her sense of security. It could be said that her situation before coming to the Old Age Home was difficult and a strain on her well-being that being shifted to a Home makes her feel better. For her, as she has not experienced “better” care facilities, the care available to her contributed to a sense of contentment and stability. nothing

#### Respondents with a Poor Human Security Score

The two respondents with poor human security scores were both below 65 years of age and resided in the same old age home. One was widowed and the other unmarried. Their educational backgrounds differed, with one having completed SLC and the other having no formal schooling.

Economic dependence characterised both cases. One respondent received a widow pension, which she handed over to the church in exchange for care, while the other depended entirely on the church and occasional financial help from her brother. Health conditions further exacerbated insecurity. One respondent suffered from mental weakness that limited her mobility and required assistance with daily activities, while the other respondent suffered from heart issues.

A defining feature of their insecurity was the absence of emotional support and family contact. Neither respondent had meaningful relationships with family members, and both expressed feelings of neglect and lack of respect. They had not anticipated ending up in an old age home and struggled with the emotional adjustment of living among strangers. Their primary unmet need was emotional security—the desire to be cared for by people they loved. When asked what type of support they needed the most, their responses reflected emotional withdrawal and diminished

expectations from others which made it seem like they do not expect anything of anyone and that they are trying to live by whatever little they get.

### Discussion

In Kerala, old age homes used to only provide essential shelter, food, and safety for destitute seniors at first. However, it has now evolved to offer comprehensive care, including medical supervision, social engagement, and personalised support, combating loneliness and ensuring dignity, with a growing distinction between basic homes and modern, independent living retirement communities. They serve as vital care centers for those lacking family support or facing chronic conditions, offering structured routines, recreational activities, and professional assistance, fostering well-being for a growing elderly population.

In recent years, the number of old-age homes in Kottayam have increased. This is because a lot of children have now opted to send their parents to old age homes due to migrating to another city or country for better opportunities. It is not difficult for the youth to leave their home and migrate to a new place, but it is challenging for the elderly parents to leave their hometowns and settle down in a different city. Another reason is that many seniors are choosing to downsize in their retirement years and live in smaller homes that are easier to manage.

However, there has not only been an increase in the number of old age homes but also an increase in the economic capitalization of them. With more senior citizens opting to live in old age homes, the market for them has increased. Especially, in places like Ernakulam and Kottayam, there has been an increase of high-end old age homes like Golden Years Retirement Community, Manganam and WINGS Senior Living, Maradu. Instead of the simple provision of shelter, food, and safety, these retirement homes offer luxury independence, and care, focusing on amenities, green spaces, personalised care, and premium location, with costs varying significantly based on services, often ranging from higher monthly fees to substantial upfront investments.

The findings highlight the deeply gendered nature of ageing and human security. Women's experiences in old age are impacted by cumulative disadvantages over the life course, including limited education, economic dependence, and primary responsibility for caregiving. While Kerala's social development indicators are high, they do not fully translate into emotional and social security for elderly women.

Migration emerges as a critical factor influencing human security. While remittances and regular communication provide material and emotional support, they cannot replace physical presence. Loneliness persists even among those with financial stability, indicating the importance of social and emotional dimensions of security.

The role of religious institutions, particularly church-run old age homes, is significant. These institutions provide essential material care, but emotional well-being varies depending on personal expectations, prior life experiences, and family relationships. The contrast between contentment

and distress among residents of old age homes demonstrates that institutional care alone cannot ensure holistic human security.

### **Policy Recommendations**

First, there is a need to strengthen community-based support systems that promote regular social interaction among elderly women. Initiatives such as neighbourhood support groups, senior citizens' clubs, self-help collectives, and intergenerational programmes can help reduce the isolation caused by migration of younger family members. Such community spaces can provide companionship, emotional support, and a sense of belonging, thereby improving overall well-being.

Second, public policies should encourage financial literacy and retirement planning for women across the life course. This includes improving access to pensions, insurance schemes, and savings programmes, particularly for women who have spent much of their lives in unpaid domestic and care work. Economic independence in later life can enhance both material security and self-confidence.

Third, policies must recognise dignity as a core component of human security. Many elderly women experience a decline in self-worth after reaching old age, especially when they stop contributing economically to the family and become physically, mentally, or financially dependent on others. This loss of dignity is particularly evident among women living in old age homes, where some feel unwanted, unloved, or disrespected after being sent away from their families. Measures aimed at ensuring respectful treatment, participation in decision-making, and emotional recognition are therefore essential.

Fourth, mental health services for the elderly need to be strengthened, especially for those residing in institutional care. Counselling services, emotional support programmes, and regular family mediation or visitation initiatives can help address feelings of abandonment, loneliness, and depression. Training caregivers to be sensitive to the emotional needs of elderly women can further improve the quality of care.

Finally, ageing-related policies must adopt a gender-sensitive human security approach that goes beyond physical and economic needs to include emotional well-being, social inclusion, and dignity. Recognizing these dimensions is crucial for improving the quality of life of elderly women and ensuring a more inclusive and humane ageing policy framework.

### **Conclusion**

This study demonstrates that ageing, gender, and human security are deeply interconnected in the lives of elderly women in the Kottayam district of Kerala. While basic material needs such as food, shelter, and healthcare are often met through family support or institutional care, emotional insecurity remains a widespread and persistent challenge. Feelings of loneliness, dependence, and reduced self-worth continue to shape the everyday experiences of many elderly women.

The findings indicate that factors such as education, financial preparedness, social engagement, and strong supportive relationships play an important role in enhancing human security in old age. However, the absence of close family members due to migration and the weakening of traditional support systems have increased emotional vulnerability, even among women who appear materially secure.

As Kerala continues to experience rapid population ageing, there is a need for policies and interventions that move beyond providing basic care. A more holistic and gender-sensitive approach is required—one that recognizes emotional well-being, dignity, and a sense of belonging as essential components of human security. Ensuring these dimensions will allow elderly women to age with greater security, respect, and quality of life.

### **Limitations**

One of the main limitations of the study was the possibility of response bias, particularly in sections related to economic conditions and emotional well-being. Several respondents appeared hesitant to share their true experiences, as they did not want to be perceived negatively. In many cases, respondents seemed uncomfortable admitting feelings of weakness, dependence, or emotional distress, which may have led to the masking of their actual situations.

Additionally, some respondents residing in old age homes were unclear or hesitant when answering questions related to their safety, care, and fulfilment of needs. This may have been due to the presence of staff or other residents during interviews, creating a fear of expressing dissatisfaction openly. As a result, some responses may not fully reflect their lived realities.

A few respondents were also reluctant to answer certain sensitive questions, while others provided socially acceptable responses rather than accurate ones. These factors may have affected the depth and reliability of the data, particularly in assessing emotional and psychological aspects of human security. Despite these limitations, the study offers valuable insights into the gendered experiences of ageing and highlights important areas for further research.

## References

- Chhachhi, A. (2009). Gender, development, and the politics of globalisation. *Journal of International Women's Studies*, 10(3), 1–16.
- Government of India. (2011). *Census of India 2011: Age data*. Office of the Registrar General & Census Commissioner, India.
- Government of Kerala. (2013). *Kerala state policy for senior citizens*. Social Justice Department, Government of Kerala.
- Gulati, L., & Rajan, S. I. (2006). *The added years: Elderly in Indian society*. Oxford University Press.
- HelpAge India. (2018). *Elderly in India 2018: A snapshot*. HelpAge India.
- International Labour Organization. (2018). *Care work and care jobs for the future of decent work*. ILO.
- Nair, T. K. (2014). *Population ageing in Kerala: Challenges and opportunities*. Centre for Development Studies.
- National Statistical Office. (2021). *Elderly in India*. Ministry of Statistics and Programme Implementation, Government of India.
- Sen, A. (1999). *Development as freedom*. Oxford University Press.
- United Nations. (1994). *Human development report 1994: New dimensions of human security*. United Nations Development Programme.
- United Nations Department of Economic and Social Affairs. (2020). *World population ageing 2020 highlights*. United Nations.
- United Nations Population Fund. (2017). *Caring for our elders: Early responses – India ageing report*. UNFPA.
- Walker, A. (2005). A European perspective on quality of life in old age. *European Journal of Ageing*, 2(1), 2–12. <https://doi.org/10.1007/s10433-005-0500-0>

## Appendix- Schedule

### Ageing, Gender, and Human Security - Kottayam

#### Section A: Basic Information

1. Age: \_\_\_\_ years.
2. Where do you live now?
  - At home with family
  - At home alone
  - Old-age home/care home
3. Marital Status
  - Married
  - Widowed
  - Unmarried
4. Education
  - No schooling
  - Primary
  - High School
  - Above
5. Main Source of Income
  - Own pension
  - Husband's pension
  - Children
  - No income
  - Other

#### Section B: Economic Security

6. Do you feel you have enough money for your daily needs?
  - Yes
  - No
7. Do you receive any pension or financial help regularly?
  - Yes
  - No
8. If not, who supports you financially?
  - Children
  - Relatives
  - Charity/Trust
  - Nobody
9. Are you able to manage medical expenses when needed?

- Yes
- No

10. Have you ever missed buying food or medicine because of a lack of money?

- Yes
- No

### Section C: Health Security

11. Do you have any long-term illnesses? (Eg: Diabetes, BP)

- Yes
- No

12. How often do you see a doctor?

- Weekly
- Monthly
- Occasionally
- Rarely

13. Are you able to go to the hospital easily when needed?

- Yes
- No

14. Do you get any help with daily activities? (Eg: bathing, walking)

- Yes
- No

15. In the past 6 months, have you felt lonely or sad often?

- Yes
- No

### Section D: Social Life and Family Support

16. Do you have any regular contact with family members?

- Yes
- No

17. How often do family members visit or call you?

- Daily
- Weekly
- Monthly
- Rarely
- Never

18. Do you take part in groups or activities? (Eg: church, local groups)

- Yes
- No

19. Do you feel you are respected in the family?

- Yes
- No

20. If living in a care home, do you feel safe and cared for there?

- Yes
- No

**Section E: Challenges and Safety**

21. Do you ever feel unsafe at home or at the care home?

- Yes
- No

22. Do you feel you can speak freely about your needs?

- Yes
- No

23. What is your biggest worry now?

- Open-ended question

24. What kind of support do you want the most?

- Financial
- Medical
- Emotional
- Care facilities
- Other

25. In your view, what makes an older woman feel secure and happy?

Open-ended question

26. Do you feel that you are free to use the money you get or have? (asked to respondents who live at home.)

*This Working Paper is based on a study undertaken by the Research Intern at IUCSSRE, Ms. GIA MARIAM GEORGE, who is undergoing BA (Hons) Social Science (2025-29) programme at Azim Premji University, Bengaluru, from 1st December 2025 to 10th January 2026.*