Life and Ageing for the Elderly- the role of the State and the family.

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Introduction

Many of us are ageing and our parents are getting even older than we are. The ageing process and its inevitability, the care of the elderly in rapidly changing times, the anxieties for both the elderly and their children as they struggle to renegotiate evolving forms of engagement and to find practical solutions to complex issues is deserving of much greater attention than what is available at present. In addition, Governments need to come up with rapid changes in the manner in which the social welfare machineries can cope with the challenges posed by demographic changes. The elderly face issues which challenge the mind as well as the body and the public health systems need to provide enormous attention to this class of problems if they have to prepare for the growing generations of the elderly. Economic sustainability, health equity, the care economy all remain challenged to reform, to rethink, to reach over to the other side of the sixties.

1.The India case

The problem involves 1.47 billion elderly people world -wide according to the WHO and this is the entire population of a country like India! We will focus on India as it has the world's largest population. As of 2025, India's elderly population (aged 60 and above) is estimated to be 158.7 million, representing 11.1% of the total population. This number is projected to reach 193.4 million by 2031 and exceed 300 million by 2050, constituting nearly 20% of the population. By 2050 one in five Indians is expected to be over 60 years of age. This rapid growth is driven by declining fertility rates, increased life expectancy and reduction in poverty. However, this demographic ageing is marked by a regional disparity where states that are having higher human development indicators are showing higher life expectancy figures e.g., Southern states such as Kerala, Tamil Nadu. Here, the workforce faces the shrinking factor, and rising pension/health care costs. On the other hand the northern and eastern states such as Bihar, Uttar Pradesh, Jharkhand have a longer time span to benefit from the demographic dividend with its growing youth factor. Kerala's median age is 37 while Bihar has a median age of 23! 95% of India's workforce is in the informal sector employment facing already the enormous pressures of keeping their families fed, educated and housed.

A rising elderly population will mean further economic pressures both on the State health sector as well as in the unit of the family. Many speak of the "longevity dividend" but this term may be inaccurate in conditions of poverty, and lack of access and availability of free health care facilities for low-income families. Informal sector labour is extractive by nature and ageing is likely to relegate the elderly who can no longer work as a "burden". A progressive society needs to pay attention to ensuring that the elderly receive support and that low-income families are supported to provide a life of comfort to the aged. Once productivity ends so does the value accorded to that person.

Intra country variations

However, intra country comparisons present startlingly different scenarios. For example, Japan, another Asian country, has a life expectancy that is so high that by 2070, one in 2.6 people will

be 65 years old and over, and one in around 4.0 people will be 75 years old and over. Indeed in Japan the death rate is higher than the birth rate. This poses complex challenges in terms of health care costs and labour supply status. However, Japan over the last twenty years spent over 30 trillion yen ($200 billion) on cash handouts, paid leave, child care support, to both ensure the fertility rate did not come down rapidly as well as on preparing for a healthy geriatric population. (Japanese Annual Report of the Ageing). India by contrast will need extraordinary political foresight to begin preparing for a growing geriatric population. Japan built this after becoming a 'developed' country. India will have to build significant geriatric health care facilities, pension funds for the aged which are holistic, infrastructure to support the elderly, and at the same time reduce informal sector labour conditions, especially for women in the workforce. This will include maternity and paternity leave, child support, free education, enforceable bans on child marriage, and equal wages.

2.The Available Elderly Care Options: The State, The Private elderly care options, the Family.

India is home to almost 1/4th of the world's elderly[1]; and yet there is insufficient public discussion about what is needed to address a multiple set of issues which include debilitating health conditions, greater vulnerability (both physical and mental), the challenges to the existing public health systems, the family as a unit for immediate care provisioning and the private elderly care institutions. We will enumerate a few of these issues.

a.Geriatrics and Public Health

These multiple health care burdens for the elderly include mostly chronic conditions. Among them are non-communicable diseases (NCDs) such as hypertension which affects **43-52%** of seniors, diabetes **13-35%**, cardiovascular diseases **35-37%**, and arthritis/bone diseases **19-33%** . Multi-morbidity (two or more chronic conditions) affects **23-28%** of the elderly, with higher rates among women and urban residents.[2]

The public health sector is at present inadequate for geriatric care illnesses as there is inadequacy in healthcare professionals**.** India has only 270 trained/registered geriatricians to serve over 140 million elderly, highlighting a critical shortage of specialized care. Palliative and long-term care services are scarce and often unaffordable. It appears that this is indeed the case worldwide. Added to this is the deeper problem of poverty, survival and the financial dependence of the elderly. 70% of elderly Indians are financially dependent on others, and many continue working post-retirement due to economic necessity. Given the informal nature of employment only 29% receive pensions, leaving the majority without a stable income. Health care costs are a leading cause of indebtedness in lower middle class and low income, rural and urban homes. Another silent cause of early death is mental health burdens experienced by the elderly, often undiagnosed due to social neglect, social isolation, family abuse (women comprise 71% of reported elder abuse victims, with financial exploitation, neglect). The elderly particularly in rural areas and marginalized communities face tremendous inequalities in access to health care.

[1] https://timesofindia.indiatimes.com/business/india-business/17-of-worlds-elderly-population-will-be-in-india-by-2050-cbre/articleshow/109379620.cms

[2] (https://pmc.ncbi.nlm.nih.gov/articles/PMC9644428/)

Despite investments by successive governments in public health it has not been possible to keep up with population growth. The demand supply status is skewed and highly inadequate. The role of the State calls for higher percentages of GDP to be invested in public health with a focus on the reality of demographic challenges.

Successive governments have attempted to meet the growing welfare concerns of the elderly by launching national programmes. These include:

b.The National Programme for the Healthcare of the Elderly

It is operational in 92% of the districts. It provides preventive, curative and rehabilitative services through primary healthcare approach inclusive of caregiver training. A fairly successful insurance scheme is the Ayushman Bharat PM-Jay scheme that covers 70+ yrs citizens irrespective of income, offering hospital care up to Rs.5Lakhs per year. This has benefitted 60 million elderly citizens across 45million families. There are many other umbrella schemes covering access to shelter homes run by NGOs for the elderly, the provision of devices for the impaired, telephonic helplines. In 2007 the Government passed an Act which provides legal avenues for the elderly to seek legal support from their families-The Maintenance and Welfare of Parents and Senior Citizens Act 2007. The Supreme Court of India has ruled that an adult child who fails to take care of their elderly parents can be evicted from their property. The Supreme Court clarified this under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. Tribunals have the authority to order the eviction of children who neglect their statutory duties towards senior citizens. (Under this Act the Supreme Court of India ruled strongly in favor of senior citizens in 2025, calling for an eviction of a son who had ill treated his parents in their family home.)

Many testimonies that are available in the public space speak of the hurdles faced by people when they try to access public health facilities. A major problem seems to be that despite a plethora of services and financial aid available to the elderly accessing them on a timely basis seems a huge hurdle.

Some testimonies recorded in the media include:

*The "Disrespect" Factor (Male, 72, Rural Uttar Pradesh)

“I also went. I stood in line at 6 AM. The doctor came at 11 AM. I can't hear well, so I asked 'What?' He shouted—'Can't you hear with your ears? Go sit inside, everyone needs the same medicine.' I came back. Dying is better than tolerating this insult."

*.The "Wasted Day" Cost (Female, 68, Rural Bihar)

"My daughter-in-law went with me. Left in the morning, returned in the evening. The doctor checked my BP and said—'Take this medicine, come back in 15 days.' That medicine cost ₹50. But my daughter-in-law lost a day's wage—₹300. Sitting in the hospital cost us ₹300. That's why I don't go anymore." (Media)

c.Private Geriatric Care Facilities

The private elderly care sector in India is evolving quickly, moving beyond basic old-age homes to include diverse, specialized options . However, this growth is happening without a uniform

national standard, leading to significant variations in quality and regulation. We provide a glimpse into the diversity of this sector and a breakdown of the main private care options and the current support structures:

Private Care Homes & Assisted Living

This is the most visible part of the private sector, but it exists on a spectrum.

The Quality Spectrum: At one end are basic private "old-age homes" (OAHs) providing meals and accommodation. Quality here is highly variable and is entirely determined by how deep is the pocket of the elderly seeking accommodation.

At the other end are premium **Senior Living Communities (SLCs)** that offer a comprehensive lifestyle, including housing, healthcare, and recreational activities, akin to integrated retirement communities, catering to the higher income families. This is a growing market valued at around ₹25,000 crore and projected to reach ₹67,000 crore by 2030 . Major players like **Antara Senior Care** (Max Group), **Ashiana Housing**, **Columbia Pacific**, and **Primus Senior Living** are expanding their presence across multiple cities, with ticket sizes ranging from roughly ₹60 lakhs to ₹3 crores depending on location and amenities being provided. These upper end facilities cater to educated and wealthy elderly who desire independent **living (87%)** and the **need for assistance (80%)**. Their children live abroad by and large. These communities focus on physical, social, and emotional well-being through amenities like wellness centres, hobby lounges, and emergency care. A highly cited facility is the nanna nani homes in Coimbatore, South India. (https://nanananihomes.in/) (translation: grandfather/grandmother homes)

Care provisioning at home

A majority of the elderly prefer to stay in their own homes and a growing trend are the number of private agencies which provide semi/trained young men and women to reside with the elderly for a monthly fee. Boarding and lodging has to be provided. Many young rural youth take breaks in their studies to join such agencies and work in homes. Agencies include Portea, Nightingales who supply such personnel. A difficulty experienced by families is that many of the young personnel who come to perform these services are insufficiently trained, and unprofessional in their handling of patients. Further, constant changes because of frequent turnover of care personnel is disturbing to the elderly, especially those in dementia.

Recognizing the severe shortage of trained professionals , the government launched the **PM-SPECIAL** scheme to create a cadre of professional geriatric caregivers. In 2023-24 alone, over 36,000 people were trained in institutions. These professionals are trained in areas like dementia care, nutrition, and emergency support. Yet, the demand regime is far higher than the supply available. Specialized medical care facilities are also available in the metropolis ranging from post operative care to palliative care at extraordinary costs and affordable to only high income groups.

Many of the agencies in the private sector are unregistered, unaccountable to patients and unregulated by government. The Maharashtra government is drafting a comprehensive policy to regulate these facilities. The proposed rules would require operators to obtain permission, meet minimum standards for infrastructure and medical care, and undergo regular inspections.

These agencies do not provide services to the elderly in the rural areas due to low income factors. Rural India like many parts of the countries in the global south continues to be a serious problem for the elderly where access to health care facilities and its availability is sorely limited. With increasing migration of the young to urban centers in search of employment, the elderly remain facing social isolation and scarcity conditions in multiple areas of existence. The fall- outs of outward-migration, the loss of inter-generational learning within families, and the lack of public amenities are highly evident. Hence, rural geriatric populations remain without support from both government and private sectors.

However, given this flux the private sector has come into the geriatric care only in some of the metropolis. However it must be noted that in urban areas in India among the upper middle classes from first-person accounts on social media, there is growing institutionalizing of care of the elderly and this too has caused mental health issues for the elderly.

> W*e spoke to many older adults across India, and most of them want to age in place, in their own homes and communities. They do not want to move to old age homes."*
> - DR. BENAZIR PATEL, VRIDDHA MITRA

Once they are out-of-sight, the elderly became mere symbols of longevity: Removed from their lifeline – the families and the communities they grew up in – they are forced to reconcile with their loneliness. They are kept alive with food, shelter, and clothing; but as one of these survivors put it, "they wait to die". While old age homes are becoming a reality in urban centres the quality of care is largely dependent on how much the elderly are willing to pay.

d. The family as the primary care-giver

In this context of the inadequacy of available personnel, the State and the private sector meet responsibilities for the elderly without much coordination. The elderly, and those with accompanying disabilities that come with ageing face uncertain futures. Hence, much of the burden of care rests in the family, an option that is economically immediately available. Within the family however divisionary roles dictated by predominantly patriarchal mores demand far more responsibility holding from women than from men. This holds true across the rural and urban families. The "cheapest" solution to the caregiver economy has always been family caregiving. Although the urbanization of women has brought them into the workforce they carry on their return home the proverbial double/triple burdens of care work.

Men struggle for their livelihoods in urban centres, while the elderly and women dwell in villages, where jobs are scarce and agricultural income is meagre as noted earlier. Many families survive on remittances from workers overseas (e.g., in the Gulf). Economic compulsions and the aspirations of parents, for their children, often cause serious anxieties later on for those left behind

to fend for themselves.[3] The rural-urban divide have one thing in common for the elderly-they are largely perceived to be a burden implicitly by social systems and families. It is also true that the family is not a site to be celebrated entirely. The women not only bear a disproportionate share of care giving but the pressures are also on the young whose aspirations do not strike a chord with the cultural life of the elderly. Overall, media accounts regularly carry anecdotal evidence of elder abuse within the family. These include:

- Physical abuse resulting in injuries and sometimes death
- Psychological and emotional abuse including intimidation, threats, and humiliation
- Financial exploitation through theft, fraud, or coercion to obtain property or assets.
- Neglect through withholding basic necessities or adequate care
- Eviction from family homes to claim property.

A recent media coverage provided by a leading media house, NDTV carries an account of the tragic death of an elderly man whose 4 children sold his home, divided the property gains, turned him over to the streets, paralysed and completely dispossessed, till he was rescued and housed for four years by an old age home free of cost. He was finally cremated by the Home staff as none of the children came to wish him farewell and perform the last rites. The Care home has now refused to provide the death certificate to the children. (https://www.ndtv.com/india-news/madhya-pradesh-apna-ghar-he-raised-4-children-alone-when-he-died-not-one-came-to-say-goodbye-11890427)

Lastly, digital exclusion is faced by the elderly poor, particularly again in rural areas. Media sources suggest that **59%** of seniors lack access to digital devices, and fewer than **20%** are digitally literate, limiting their access to online services, healthcare information, and social safety nets. (https://pmc.ncbi.nlm.nih.gov/articles/PMC12991319/)

3.Systemic and Institutional Challenges-The Future

Altering the status of the elderly in the future will include the following redressals –
(a) increase the number of medical seats for geriatricians, integrating geriatric care into primary health centers and training healthcare workers in elderly-specific needs. Expand palliative and long-term care services, especially in rural areas.
(b) redesign public-transport systems to facilitate mobility for the elderly,
(c) ensure that all buildings and facilities are elderly friendly,
(d) increasing access to free public-health services free for the elderly, and
(e) induct the elderly in advisory community roles, to enable them to have a sense of self- worth and to accelerate inter-generational transmission of valuable knowledges.
f)Regulate the private sector and ensure implementation.

Lastly, expanding pension coverage and ensuring timely disbursement to reduce financial vulnerability will bring governments closer to the lives of the elderly. Expanding health insurance coverage (e.g., *Ayushman Bharat*) to reduce out-of-pocket expenses will be crucial in the long run.

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[3] https://youtu.be/2fMsPmHkAtg?si=I0oCUbuFt4Xcq1GM

"India's elderly are increasingly being abandoned by their families"

Caregiving children/spouses of the elderly face numerous significant challenges that impact multiple aspects of their lives which Governments should be aware of.

These include:

- Communication difficulties due to age-related behavioral changes, cognitive decline, and sensory impairments in elderly parents
- Financial strain from caregiving expenses and potentially reduced income due to caregiving responsibilities as many are compelled to give up their job for full time care responsibilities.
- Medication management complexities, including ensuring proper adherence to treatment regimens
- Transportation challenges in getting parents to medical appointments and running errands
- Social isolation as caregiving responsibilities limit social interactions and activities of caregivers
- Academic and cognitive challenges for younger caregivers who must balance educational responsibilities with caregiving
- Accessing Government schemes that are challenging as they involve various bureaucracies, long waiting lines in public hospitals, coping with constant regulatory changes in the welfare system which deter caregivers and compel them to use private health facilities, that are adding to the strain on family funds.

Conclusion

India's growing population of the elderly is a demographic reality that demands urgent and multifaceted action. While longer life expectancy is an achievement, it is overshadowed by systemic failures in healthcare, social security, familial support and higher morbidities. Addressing these challenges requires a collaborative effort from governments, policymakers, communities, and families to ensure that the elderly can age with dignity, reasonable healthcare, and financial stability.

The issues of elder care, demographic shifts, and the ethical fabric of our societies are not just statistical trends—they are human stories that define our collective spirit of a social whole. The more one entered the literature available, the more one understood the many walls that exist and which appear insurmountable. Life is finite, death inevitable; in between, we live as best as we can. There are millions of dedicated health professionals struggling day and night to keep people going, and, recovering from illness and episodes of poor health. There are millions of families caring for their elderly and family members with infirmities. Much of this care rests on the shoulders of women, in these families; their dedication being taken for granted; and their labour being devalued because of our feigned blindness, for we do not want to see the reality as it is.

How do we build shared futures? How do families remain a collective spiritually, as they traverse a life of ups and downs? How do governments and citizens keep alive the lessons of a shared past, which are giving way at the edges, because the present has imposed so many new challenges? As Bloom and Beard point out, increased life expectancy should not result in an increase in morbidities, and that the quality of life is important. How do the young and the old face the new mental-health challenges, which arise on a daily basis, because life gives as much

as it also takes away? Mahatma Gandhi once said, "A nation's greatness is measured by how it treats its weakest members." How can governments be sensitized sufficiently to give this class of problems in public health much greater attention by way of policy and budget allocations? These are some of the questions that compel the writing on ageing and the ethics of care.

We all need to make this life a better one, a more caring one. The transformative power of caregiving is as much for the caregivers as for those receiving the care themselves. Justice is intergenerational, inclusive and the transmission of ethical values is central to citizenship.

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