sankala

Ageing in India

Challenges and Opportunities

A Status Report

Supported by
NITI Aayog
Ministry of Social Justice and Empowerment
Ministry of Health and Family Welfare
National Human Rights Commission, India

Sankala Foundation
July, 2025

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Sankala Foundation
Voice for a sustainable planet

July, 2025

"We are committed to ensuring accessible, affordable and top quality healthcare for every Indian. In this context, the Cabinet today has decided to further expand the ambit of Ayushman Bharat PM-JAY to provide health coverage for all citizens above 70 years. This scheme will ensure dignity, care and security to 6 crore citizens!"

Shri Narendra Modi

Prime Minister of India

(11 September, 2024)

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Front cover: Portrait of an elderly woman in her home. Photo by Suprabhat Dutta
Back cover: Visual glimpses into the lives of India's elderly. Photos from AdobeStock

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Acknowledgements

We extend our sincere gratitude to Mr. Bharat Lal, Secretary General and CEO, National Human Rights Commission (NHRC), India, for his continuous guidance and encouragement throughout the development of this report. His support was instrumental in shaping its vision and crafting a compelling narrative around the opportunities that ageing presents.

We thank NITI Aayog, the Ministry of Social Justice and Empowerment (MoSJE), and the National Human Rights Commission (NHRC), India, for their support in organising the national seminar titled 'Ageing in India: Actionable Solutions', held on 18th December 2024. Their insights during the seminar, as well as their engagement at various stages of the report's development, played a vital role in refining its scope and direction. We also thank the Ministry of Health and Family Welfare (MoHFW) for their valuable inputs during the preparation of this report. We are deeply grateful to all other participants of the seminar for their thoughtful contributions. The discussions and recommendations shared during the event significantly enriched the depth and quality of this report.

We are particularly thankful to Dr. Manohar Agnani, Professor (Public Health), Azim Premji University, for his expert guidance in strengthening the report from a public health perspective. We also sincerely thank Prof. S. Irudaya Rajan, Chair, International Institute of Migration and Development, and Ms. Ashwin Tripathi, Lecturer, University of Tübingen, Germany, for their meticulous review and constructive feedback. Their comments were invaluable in deepening the analysis and sharpening the report's recommendations.

About Sankala Foundation

Sankala Foundation is a non-profit organisation dedicated to advancing research, training, and advocacy on themes including climate resilience, public health, water and sanitation, energy and education, to improve the lives of marginalised communities. The Foundation collaborates with government bodies, NGOs, and experts to develop innovative, evidence-based solutions that address climate change, resource management, and poverty eradication.

About this Status Report

The elderly are making up a growing proportion of the population across the globe. Three important demographic changes are leading to this shift in age structures: falling fertility rates, declining mortality, and an increasing life expectancy. In commensurate with an ageing population, countries will have to cater to their diverse and complex needs, which impose significant financial burden on them. Therefore, it is crucial to understand the economic, health and social implications of an ageing population to adequately address their needs. To this end, this report provides the current status of the elderly in India, while sketching a global perspective on the subject.

The report primarily utilises data from the Longitudinal Ageing Study in India, Wave-1, 2017-18 to highlight key socio-economic and health indicators associated with India's aged population (above 60 years), and the disparities across states. Additionally, it draws from existing scholarship on India's elderly population to supplement its claims. Subsequently, the report offers an overview of the existing programmes and schemes for the ageing population, implemented by various ministries and departments. Finally, through indepth consultation with experts during a seminar held in New Delhi, in December 2024, the report outlines recommendations to address existing gaps in policies and services, aiming to enhance support for the elderly in India.

Inspiration

The elderly population in India is rising. Better nutrition, improved life expectancy and enhanced healthcare have contributed to this development. Like many developed countries, India has also identified this phenomenon as an emerging challenge, and also as an opportunity. This research is inspired by the various conversations the Sankala team had with Mr Bharat Lal, Secretary General and CEO, National Human Rights Commission, India, focussing on how we can aspire to care for senior citizens. The discussions revolved around how their knowledge, experience and wisdom can be utilised in the making of a developed India. Mr Lal's insights on how the future for the aged can be made more secure and enriching, motivated the Sankala team to work towards actionable solutions. Sankala team is grateful to Mr Lal for anchoring this critical research endeavour on the future of the elderly.

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Chairperson

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Dated: 4th June, 2025

Message

Between 2011 and 2050, India's elderly population is projected to rise from 104 million to 347 million. India's surging elderly population calls for urgent, sustained attention and action to protect their rights and well-being. Ageing is not just a biological process- it is a social, economic and human rights issue that requires a comprehensive, rights-based approach.

Older persons in India face multiple vulnerabilities such as social exclusion, financial insecurity, limited access to quality healthcare, and lack of opportunities for meaningful engagement in society. Income insecurity is even more prominent in rural areas, where many elderly continue to work out of necessity to sustain themselves. Others, especially women remain economically dependent on their children or other family members. Such dependency often becomes the reason for ill-treatment and discrimination against elderly.

The Constitution of India guarantees the equality and well-being of older persons through several articles. It is the responsibility of the government and society to ensure stringent implementation of these constitutional guarantees. Legislative frameworks and policy measures work to further enhance their status and condition in the society. The National Policy on Older Persons (1999), is extremely important in this context, acting as a comprehensive guide for welfare and safety of older persons.

The National Human Rights Commission is dedicated to the rights and welfare of the elderly population. The Commission has held serious consultations with diverse stakeholders to uncover the challenges faced by this population group and deliberate on the policy actions required. As we move forward, the country must strive for a more inclusive future for our elderly –who are integral to the society.

I congratulate Sankala Foundation and its team of dedicated researchers for undertaking this meaningful research. The Foundation's report, '*Ageing in India: Challenges and Opportunities'*, highlights significant trends in population ageing and its implications, with a particular focus on the Indian context. I also compliment Mr. Bharat Lal, Secretary General, NHRC,India in guiding this study. The report has made some critical recommendations for policymakers, practitioners and other stakeholders. This includes expanding access to pensions, strengthening comprehensive care and mental healthcare, combating ageism, and developing age-friendly infrastructure and services.

As we look to the future, let us reaffirm our commitment to building a society where older persons are heard, valued, and empowered to live their lives with dignity.

(Justice V. Ramasubramanian)

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Secretary

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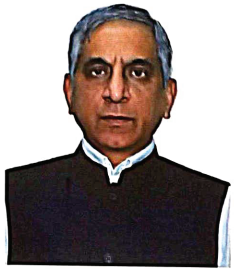

Message

In India, by 2050, there will be more than 300 million elderly people, making up 20.8% of the total population. It is essential to go beyond longevity and focus on ageing with dignity. With the elderly population increase we need to prepare for providing healthcare, jobs, housing, and social support to them.

The Ministry of Social Justice and Empowerment (MoSJE) has long recognised the importance of supporting our elderly population. The National Policy on Older Persons (1999) has been pivotal in shaping a comprehensive framework for Governments to ensure financial security, nutrition, healthcare, shelter, protection, and overall well-being and epowernment of older persons, with the objective of improving their quality of life.

Through the umbrella scheme Atal Vayo Abhyudaya Yojana, the MoSJE is implementing various welfare schemes for improving lives of senior citizens. This includes steps like operation and maintenance of senior citizen homes and mobile Medicare units under the Integrated Programme for Senior Citizens (IPSrC). Another important central scheme is the Rashtriya Vayoshri Yojana, which provides assistive devices and aids to senior citizens from economically disadvantaged backgrounds.

The report by Sankala Foundation, titled, '*Ageing in India: Challenges and Opportunities*' not only highlights the scale and complexity of challenges being faced by our elderly population, but also puts forward actionable recommendations. These include creating opportunities for meaningful engagement of senior citizens in community and economic life, and adapting our physical and social environments to be more inclusive. Ensuring mobility, safety, digital access, and intergenerational bonding are key aspects of this vision.

I commend the Sankala Foundation and its team of researchers for their comprehensive and insightful work. This report will serve as a valuable resource for policymakers, practitioners, and development institutions striving to build a society where every individual can age with dignity, security, and a sense of fulfilment.

(Amit Yadav)

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Secretary

सत्यमेव जयते

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Message

With improvements in healthcare and overall development, people are living longer. As of 2022, the elderly population in India was estimated to be nearly 150 million- a number that is expected to grow significantly in the coming decades. With increased longevity, it becomes essential to ensure that these additional years are lived in good health. Elderly individuals in good health are more likely to continue in societal activities and positively guide younger generations, contributing to overall development.

The Government of India, through its flagship initiative for older adults, the **National Programme for Health Care of the Elderly (NPHCE)**, is committed to provide comprehensive, dedicated and quality healthcare services to cater to the unique needs of senior citizens. Under this programme, state-of the art multidisciplinary institutions such as the **National Centres of Ageing (NCAs)** have been established to serve as hubs for geriatric care, training, and research. Additionally, **Regional Geriatric Centres (RGCs)** are established across the country for capacity building of dedicated human resources and specialised care for elderly population. Furthermore, the **Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)** has recently extended health insurance coverage to all elderly individuals above the age of 70 years, regardless of their financial background. These measures reaffirm the government's dedication to the health and well-being of our elderly.

The report, *'Ageing in India: Challenges and Opportunities'*, captures the deliberations in a seminar organised by Sankala Foundation supported by the Ministry of Social Justice and Empowerment, NITI-Aayog and National Human Rights Commission.

I extend my congratulations to all stakeholders involved in undertaking this initiative. I trust that the findings of the report will provide valuable insights to policymakers, healthcare professionals, and development partners and contribute meaningfully to the development of inclusive, evidence-based strategies for elderly care.

Punya Salila

(Punya Salila Srivastava)

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Foreword

As people live longer, older persons are forming a growing proportion of our population. While the elderly made up about 8.6% (104 million) of the total population as per Census 2011, their share in the population is projected to increase to 20.8% (347 million) by 2050. With this rapid demographic transition towards an ageing population, it is imperative to recognise the growing demand for healthcare services and the broader implications for society.

Achieving Universal Health Coverage (UHC) by 2030 in India will require deliberate attention to the needs of marginalised and hard-to-reach populations, including older persons. The healthcare needs of the elderly are significantly different given the prevalence of chronic conditions like hypertension and diabetes. They face a heightened risk of various disabilities, cognitive decline and functional limitations, making them dependent on families and caregivers. In rural and underserved areas, where a majority of India's elderly reside, limited access to affordable elder care further exacerbates their health challenges.

This report offers key recommendations for reimagining healthcare systems to better serve the needs of the elderly. Primary health care, which forms the first point of contact for most individuals, must be equipped with the necessary resources and capacity required to cater to the elderly. There is a need to define a comprehensive package of healthcare services which includes adult vaccination, rehabilitative services, mental health care and palliative support. Services must also be responsive to the unique needs of elderly women, as ageing is often a feminised experience marked by longer life expectancy but increased vulnerability.

I congratulate Sankala Foundation and its team of researchers for undertaking this important research titled, '*Ageing in India: Challenges and Opportunities*'. I appreciate the interest taken and guidance provided by Shri Bharat Lal, Secretary General, NHRC, India for this study. The report provides a comprehensive understanding of demographic trends and ageing globally, with a focus on India, and its implications for the healthcare system, economy and society. The report also borrows from experiences of other countries to demonstrate how thoughtful policy adaptations can enhance elderly well-being.

The report is a timely contribution to the ongoing national and international conversations on population ageing. India must act now to ensure that its elderly population can grow old with dignity, safety, and access to quality care.

(Vinod Paul)

Perspective

In 2025, the world's population has grown to over 8.2 billion, but the biggest challenge is no longer just population growth – it is population ageing. People all around the world are living longer. Advances in medical science and technology have added many years, even decades, to our lives. Developed countries like Japan, Italy, and Finland have some of the highest proportions of elderly populations, with significant implications for health and wellbeing.

Today, a large majority of the elderly reside in low- and middle- income countries. This brings challenges, like fewer working-age people, rise in chronic disease burden, higher demand for healthcare, and a greater need for elderly support. But it also offers an opportunity to plan, rather strategise better – by improving healthcare, updating policies, and using technology to support the elderly.

The Indian Scenario

India's elderly population is expected to increase from 149 million (as of 2022) to 347 million by 2050. This means more than one in five individuals in the country will be over the age of 60 years. Southern states like Kerala and Tamil Nadu already have a higher proportion of elderly. As the number of elderly rises, India will have to prepare its systems to cater to their needs.

While the long-standing tradition of parents residing with their children has provided a degree of support and economic security, this practice is gradually changing. Alongside financial insecurity, India's elderly also face a high burden of non-communicable diseases, with a fifth of the elderly population reporting at least one chronic condition. The lack of universal health insurance coverage puts them at greater financial vulnerability. The question is no longer whether we need to respond, but how boldly and creatively we are willing to act.

Addressing Challenges and Leveraging Opportunities

India has already laid significant groundwork. The Ministry of Social Justice and Empowerment (MoSJE) leads several efforts to design and implement reforms that support the elderly. Serving as a foundational framework, the National Policy for Older Persons, 1999, aims to respond to the elderly by addressing diverse needs – ranging from income and food security to healthcare and housing. Through coordinated efforts with various ministries, the MoSJE has taken a comprehensive and holistic approach towards elderly welfare.

Reforms in healthcare have contributed immensely towards elderly wellbeing. The National Rural Health Mission (NRHM) has strengthened the primary healthcare system, while the National Programme for Health Care of the Elderly (NPHCE) has addressed some of the needs of ageing population. More recently, extending Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana to provide ₹5 lakh in coverage for all individuals (aged 70 and above) is a crucial step in reducing healthcare-related financial vulnerability among the elderly.

With life expectancy likely to increase even further, it becomes important to think of alternative and innovative mechanisms to ensure that all the needs of the elderly are met, without increasing pressure on healthcare systems. Innovations such as digital health and artificial intelligence hold significant potential to meet the healthcare needs of older adults, especially those with limited mobility. Elderly people in good health are likely to be more able to contribute to society. It is important to view them not merely as dependent, but as repositories of skills, knowledge and wisdom, contributing actively to society for the betterment of the future. In fact, some assistance and flexibility can help the elderly serve in the workforce for longer.

A Rights-based Approach to Elderly Care and Wellbeing

The National Human Rights Commission (NHRC), India, has played an important role in addressing issues concerning marginalised and vulnerable groups, including the elderly, by advocating for their rights, monitoring effective implementation of existing policies, and by issuing advisories to ensure their security

and wellbeing. The Commission has constituted a Core Group on the Protection and Welfare of Elderly Persons, dedicated to addressing issues concerning older adults, identifying emerging challenges, and recommending actionable strategies.

In December 2024, the NHRC collaborated with Sankala Foundation to organise a seminar titled, 'Ageing in India: Actionable Solutions'. The seminar brought together policymakers, thought leaders, civil society members and practitioners to propose solutions on issues faced by the elderly. Several impactful recommendations were put forth addressing the health, nutritional, and socio-economic needs of the elderly.

A Vision for Tomorrow

This status report by Sankala Foundation, *Ageing in India: Challenges and Opportunities*, envisions a future where older persons are not only supported but empowered. It explores emerging global trends in ageing, sheds light on the complex, multidimensional challenges faced by older populations, and offers a focused lens on the evolving landscape of ageing in India. The report presents practical and forward-looking solutions to address needs of elderly people.

Recognising health as a central concern, the report has provided critical recommendations for health systems, including comprehensive healthcare and nutritional programmes, long-term care provisions, and training programmes for healthcare workforce and caregivers. An important recommendation is utilising digital technologies to cater to the growing healthcare needs of the elderly, while keeping in mind their mobility constraints.

The report reimagines the role of elderly in society – not as dependents in need of support – but as active contributors to society. The report underscores the importance of policies and programmes that promote their meaningful engagement and contribution to society, whether through employment, volunteerism, or community participation. It also highlights the urgent need to combat the issue of ageism – often hidden but widespread discrimination that devalues older persons. This can be done by reshaping narratives of ageing through mass media, public awareness programmes, and intergenerational initiatives. In addition to social environments, the physical environment also requires adaptations that make public infrastructure age-friendly, disabled-friendly, and inclusive.

Offering a comprehensive overview of this critical subject, the report serves as a blueprint for governments, development professionals, thought leaders and policymakers to adopt innovative and inclusive strategies that respond effectively to the needs of older persons rooted in contextual realities.

I compliment Sankala Foundation for taking up this research and coming up with a very meaningful report. It was a privilege to interact with and guide the team during this endeavour. I hope this report fosters dialogue, influences policy and drives collective action towards a future where the elderly are fully embraced.

Bharat Lal
Secretary General & CEO
National Human Rights Commission

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List of Abbreviations

ADL	Activities of Daily Living
AGRASR	Action Groups Aimed at Social Reconstruction
AVYAY	Atal Vayo Abhyudaya Yojana
CHMP	Committee for Medicinal Products for Human Use
CIHI	Canadian Institute for Health Information
EHR	Electronic Health Record
GDP	Gross Domestic Product
GEG	Geriatric Expert Group
GMR	Global Monitoring Report
IADL	Instrumental Activities of Daily Living
ICT	Information and Communication Technology
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IMF	International Monetary Fund
IPSrC	Integrated Programme for Senior Citizens
LASI	Longitudinal Ageing Study in India
LLE	Lifelong Learning Entitlement
LTCIs	Long-term Care Insurance
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMSYM	Pradhan Mantri Shram Yogi Maan-dhan
PMVVY	Pradhan Mantri Vaya Vandana Yojana
MIPAA	Madrid International Plan of Action on Ageing
MPCE	Monthly per Capita Consumption Expenditure
MoSJE	Ministry of Social Justice and Empowerment
MoSPI	Ministry of Statistics and Programme Implementation
MUDRA	Micro Unit Development and Reliance Agency
NAPSrC	National Actional Plan for Senior Citizens
NCD	Non-Communicable Diseases
NHS	National Health Service
NHIS	National Health Insurance Scheme
NISD	National Institute of Social Defence
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy on Older Persons
NSO	National Statistics Office
OOPE	Out of Pocket Expenditure
PMJAY	Pradhan Mantri Jan Aarogya Yojana
RRTC	Regional Resource Training Centres
RVY	Rashtriya Vayoshree Yojana
SACRED	Senior and Able Citizens for Reemployment in Dignity
SAPSrC	State Actional Plan for Senior Citizens
SDG	Sustainable Development Goals
SHG	Self Help Groups
SRH	Self Rated Health
U3A	Universities of Third Ageing
UNDESA	United Nations Department of Economic and Social Affairs
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United National Population Fund
WHO	World Health Organization

Executive Summary

The world is experiencing a major demographic shift, with people living longer and fertility rates declining. As a result, ageing has become a key global issue. While the global population continues to rise, the number and proportion of elderly people are also growing rapidly. This change has wide-ranging implications, including increased demand for healthcare and growing economic and social dependency. This report examines global trends in ageing, with a focus on India, along with the resulting challenges and policy responses.

Global Perspective

By 2050, the number of elderly will reach 2.1 billion, amounting to 21.1% of the world population. The WHO estimates that by 2030, one out of six people in the world will be aged above 60 years (2024b). Developed or high-income countries were first to witness a shift towards ageing population, but low and middle income countries are experiencing this shift at a greater pace. As a result, more old people live in developing countries.

In 2017, Asia alone was home to 57% of the world's older population, and this is estimated to increase to 61% by 2050 (UNDESA, 2017). Based on absolute population, China, India and the United States of America have the highest number of elderly and are projected to retain the top three ranks even in 2050. Other Asian countries including Bangladesh and Pakistan are also estimated to see a substantial rise in the number of elderly persons.

An ageing population has significant implications. The shift towards an older population is closely associated with an increase in chronic and degenerative diseases. This leads to increased healthcare costs as chronic conditions require prolonged interactions with the healthcare system. The healthcare workforce will also have to adequately equip itself with the changing needs of the population.

Ageing has an adverse impact on the economy as it results in reduced workforce participation rates and decline in household incomes. This also leads to a reduced tax base which can impact government spending on education, health and other essential social programmes. Furthermore, a change in spending patterns— a shift from consumer goods towards healthcare, housing, and services—may negatively impact certain industries.

Finally, ageing brings a range of changes for the society. In most developing countries where parents live with their children, caregiving responsibilities will continue to rise and may cause significant emotional and physical toll for informal caregivers. Women account for a greater proportion of the older population, a phenomenon referred to as feminisation of ageing. It is therefore crucial to account for the distinct challenges they face in terms of social isolation, financial insecurity, and health conditions. At the community level, there will be a need to develop appropriate social programmes to ensure elderly engagement and avoid isolation.

Countries are responding with a variety of policies: encouraging higher birth rates, promoting longer workforce participation, and upskilling older adults. Governments are also developing age-friendly housing, respite care, and integrated healthcare and insurance systems.

India's Elderly Population

The age of 60 years has been adopted by the Census of India to classify a person as old, which coincides with the retirement age in the government sector. As of 2022, it was estimated that close to 149 million people in India are over the age of 60 years. By 2050, it is expected that elderly will make up 20.8% of the total population, reaching about 347 million (IIPS & UNFPA, 2023).

According to the Census of India, 2011, Kerala (12.6%) had the highest proportion of elderly citizens, followed by Goa (11.2%) and Tamil Nadu (10.4%). in general, the southern states reported the highest proportions of older people. As a result, most southern states have a higher old-age dependency ratio (MoSPI, 2016).

In the last few decades, traditional family structures have declined with a subsequent rise in nuclear families. This has led to a large number of elderly living alone. India's elderly have low levels of literacy and face tremendous financial insecurity. A large proportion of the elderly are economically

dependent on others for day-to-day functioning and maintenance.

India's elderly also face a high burden of health challenges. Unfortunately, increased life expectancy has not come with commensurate improvement in health in older ages. Chronic conditions are extremely common amongst the elderly, with one-fifth of the population (21%) reporting at least one chronic disease (Jana and Chattopadhyay, 2022). The elderly also reported a high incidence of psychological and cognitive decline and greater susceptibility to depression. Food security and nutrition, access to healthcare, assisted devices and functional limitations emerged as other health-related challenges facing India's elderly. In addition to social and health-related challenges, older adults face significant financial vulnerability, particularly after retiring from the formal workforce. To sustain themselves, many continue to work. Nearly 70% of the elderly population remain economically dependent on their families or pensions, and those without access to paid work often live in poverty (IIPS, 2020).

India has established a robust framework of constitutional, legislative, and policy measures to safeguard the well-being of older persons. The Ministry of Social Justice and Empowerment (MoSJE) serves as the nodal ministry, leading key initiatives and coordinating with other ministries to promote elderly welfare.

The MoSJE's Integrated Programme for Older Persons (1992) was the first targeted policy, focusing on institutional care and support services. This was further advanced with the National Policy on Older Persons (1999), which adopted a more comprehensive approach to ensure the safety and well-being of the elderly. Several other ministries—including the Ministry of Rural Development, Ministry of Health and Family Welfare, Ministry of Finance, and Ministry of Housing and Urban Affairs—have also implemented a range of policies addressing the health, nutrition, financial security, employment, and housing needs of older persons.

Recommendations

This report presents a set of actionable recommendations based on a close examination of the current status of older persons in India, and a review of existing constitutional, legislative, and policy frameworks. It also incorporates key recommendations that emerged from the national seminar on 'Ageing in India: Actionable Solutions', held on 18th December 2024. Key recommendations include harmonising efforts under various ministries, creating integrated healthcare systems and building age-inclusive infrastructure and societies.

The issue of income security must be given special attention. It is necessary to create opportunities and avenues for the elderly to participate in the workforce, for as long as they can do so. Pension support should include forms of non-contributory schemes for senior citizens who lie below the poverty line.

In the realm of healthcare, efforts must be made to create a more comprehensive and integrated healthcare system. Special attention should be paid towards mental health disorders such as depression, the incidence of which is increasing amongst the elderly. Long-term care, rehabilitative services, and palliative care must also be scaled up to meet the diverse and evolving needs of this demographic.

To create an inclusive and enabling environment for the elderly, it is also critical to address the issue of ageism, i.e., discrimination against and unfair treatment of older persons. The physical decline associated with ageing often leads to an increase in the instances of ill-treatment, discrimination and social isolation. Promoting value-based education and intergenerational initiatives can help reduce ageism. Equally important is improving accessibility in public spaces, transportation, and housing to ensure active and dignified ageing.

In conclusion, as Indian undergoes rapid demographic transition towards an ageing population, it is critical for ageing to be viewed as a national priority. The welfare of older persons needs to be addressed in a coordinated, multi-sectoral approach that emphasises on financial security, access to quality healthcare, dignity and inclusion in society. Insights and recommendations outlined in this report can serve as a key resource for policymakers towards building a more age-friendly ecosystem – one that honours the rights of older people, utilises their potential, and strives for their welfare in the later years of life.

Chapter 1

Introduction

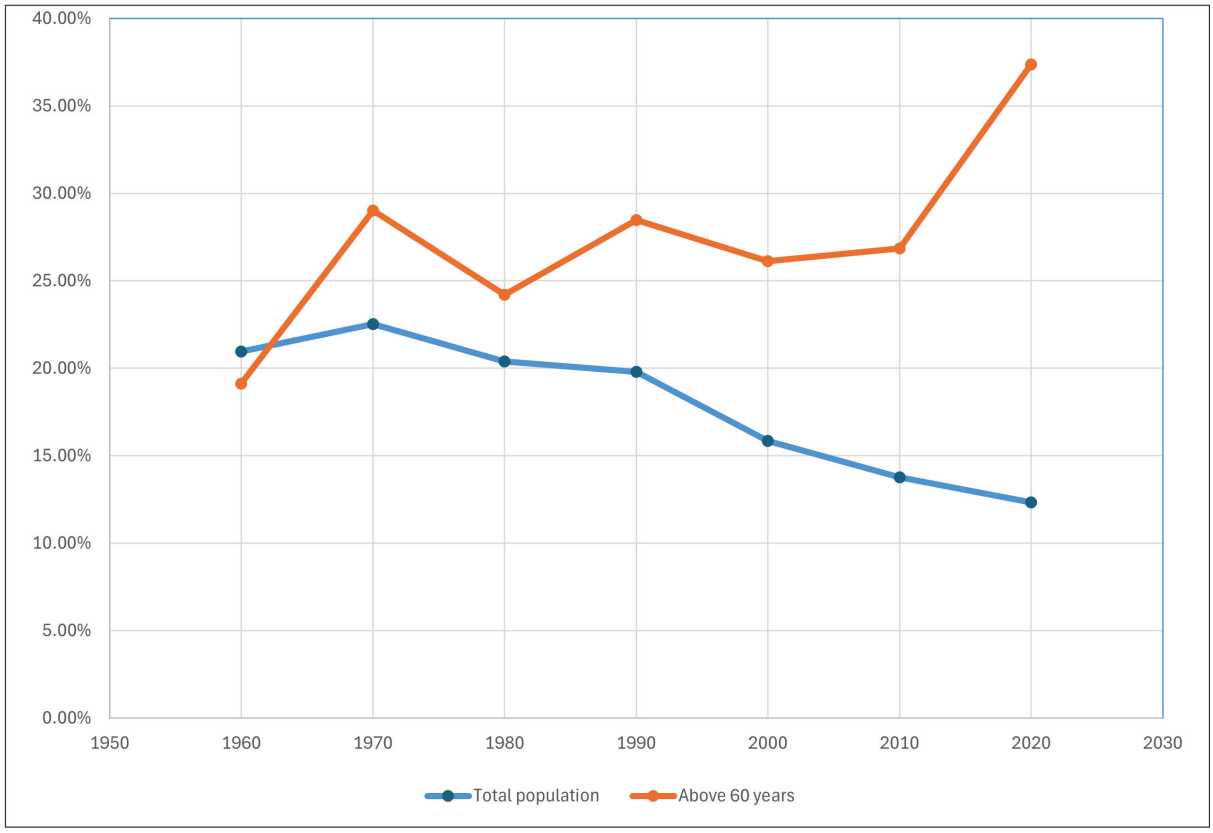
The worldwide population is not only increasing but also people are living longer. Especially, the elderly continue to increase in absolute numbers, thereby making up a growing proportion of the population. Three important demographic changes are leading to this shift in age structures, i.e., falling fertility rates, declining mortality, and an increasing life expectancy. As of 2019, global life expectancy stood at 72.8 years, nine years more than in 1990 (UNDESA, 2022). In addition, a fall in fertility rates has led to an overall decline in population growth rate. With the growth rate of the older population surpassing that of the general population, more and more countries are entering the phase of 'population ageing' (See Figure 1).

As the ageing population increases, commensurate efforts to cater to their diverse and complex needs can impose significant financial burden. These needs include increased demand for healthcare as a result of dependencies of multiple forms, especially economic dependency (Ronanki et al., 2024). An ageing population impacts almost every sector of society, ranging from higher healthcare costs, reduced economic productivity, shrinking tax revenues, and fiscal imbalances resulting from increasing health expenditure and old-age pensions (Bloom et al., 2001; Sahoo et al., 2021; Tang et al., 2022). The social needs of the elderly are also often neglected, leaving them in a state of isolation, sometimes also faced with discrimination and abuse (Van Den Heuvel & Van Santvoort, 2011).

Aims and Objectives

With a spotlight on ageing in India, this report aims to provide an understanding of ageing as it

Figure 1: Decadal Growth Rate of World Population



Note. Adapted from United Nations Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

is experienced globally, with a particular focus on India, and its effects on social, economic, and health outcomes. Additionally, the report also expands on emerging ageing-related concerns which would be useful to guide policy responses in the future.

Specifically, the status report aims to answer the following research questions:

1. What is population ageing and what are the major trends in population ageing across the world?
2. What are the implications of population ageing on economic, health, and social outcomes?
3. What are the frequently adopted policies and programmes across countries to address the challenge of ageing population?
4. What are the projected demographic changes for the ageing population in India over the coming decades, and what are the likely implications for the country's social, economic, and healthcare scenario?
5. What are the policy measures to be adopted which are inclusive of the increasing elderly population?

Defining Population Ageing

Most people today are expected to live beyond 60 years of age due to improved socio-economic conditions and enhanced investment in public health interventions. As a result, across countries, the size and proportion of older persons in the population is increasing. This shift in population is being referred to as population ageing. The older population is significantly different from people in other age groups, associated closely with several changes such as greater health problems, increased need for care, financial vulnerability and physical immobility, among others. As a result, it becomes imperative for countries to ascertain the status of their older population to adequately address their distinct needs and requirements.

Ageing has emerged as a subject of public policy concern in the developed and developing world after having garnered the attention of various international stakeholders. Accordingly, defining how a country measures its older population has become increasingly important so as to standardise these measurements to ensure cross-national comparability. Some of the commonly used measures to ascertain the ageing population are discussed in the subsequent paragraphs. However, these classifications are arbitrary and do not take into account the health status of the elderly in consideration (World Bank Group, 2019). There are instances where individuals in their 60s are more active and physically able than those in their 40s (WHO, 2024b). The elderly are not a homogenous group of people and often differ depending on factors such as socio-economic status, genetics, lifestyle, cultural contexts, and the environment they live in.

The United Nations determines a country's ageing status based on the proportion of its population aged 60 and above. For developed nations, a country is called 'ageing' when its population above the age of 65 is over 7%, 'aged' when it is 14% or more, and 'super-aged' when it is above 20%. Another commonly used method to analyse the burden of ageing in different countries is to see the old-age dependency ratio. It is calculated by dividing the number of people aged above 65 by the number of people aged between 15 and 65. The median age of the population can also be used to compare the ageing status across different countries (World Bank Group, 2019).

More recently, the Global Monitoring Report (GMR) has come up with yet another method to make classifications for ageing. The definition combines trends in fertility and the size of the working-age population to ascertain the same. The GMR classifies countries into four types: 'pre-dividend', 'early dividend', 'late dividend', and 'post dividend' countries. The latter two are ageing countries, characterised by low fertility rates and a shrinking working population (World Bank Group, 2019).

Relevance for Developing Nations

The World Health Organization (WHO), estimates that by 2030, 1 in 6 people in the world will be aged 60 years or older. By 2050, the number of older persons in the world is expected to nearly double to 2.1 billion. This means, 21.1% of the world's population will be aged 60 years or more by 2050 (WHO, 2024b).

High-income nations were the first to witness a shift in age structures towards an ageing population. Now, low- and middle-income countries are also experiencing drastic demographic changes (Sivaramakrishnan, 2018). While the doubling of

the elderly population took nearly 150-200 years in developed countries, the same is happening in 50-70 years in most developing countries (IIPS & UNFPA, 2023). This has a profound impact on the old-age dependency ratio as rapid ageing is unaccompanied by a commensurate increase in wealth.

Developed countries have safety nets to serve the healthcare needs of the elderly. While some developed countries have established comprehensive long-term care programmes, formal long-term care is still weak or largely missing in developing countries. In the absence of comprehensive social security measures, a proportion of the population, mainly women, are unable to work as they are disproportionately burdened with caregiving responsibilities. In many cases, the elderly are left to fend for themselves in the absence of adequate government aid.

India too is experiencing a rapid shift in its population age structure. As per Census 2011, this group (aged over 60 years) comprised nearly 10% of the Indian population, estimated at around 104 million. At present, the elderly population (60 years and above) in India is estimated to have reached over 153 million. By 2050, the elderly are projected to make up 20.8% of India's population, or 347 million (IIPS & UNFPA, 2023).

About this Status Report

Recognising the rapid demographic shifts taking place in India, Sankala Foundation has undertaken research on the subject of ageing, combining a global perspective with a focussed analysis of the Indian scenario. The status report underscores both the challenges and opportunities arising from the social, health and economic impacts of the demographic transition. This report is based on secondary research, encompassing an extensive literature review, analysis of existing data, and discussions with key stakeholders.

The report highlights what a rapidly growing elderly population means for the healthcare system of the country, which will have to respond to a growing burden of non-communicable diseases. The report recognises that ageing is not just a medical issue but has several financial and social implications. Keeping this in mind, it has outlined some policy recommendations, such as the need for social inclusion and community participation, role of home-based care, livelihood support and more.

Structure of the Report

In addition to **Chapter 1: Introduction**, this report comprises the following sections, highlighting various aspects of ageing globally, and in India, along with the final chapters illustrating some governmental schemes and policy recommendations.

Chapter 2: Global Scenario: This chapter gives readers an understanding of the concept of 'demographic transition', highlights some of the key trends in ageing across regions of the world, and details implications of an ageing population for the economy, health, and social scenario of a country. Thereafter, the chapter also lists some of the successful policy measures adopted in various countries to address the needs of older persons.

Chapter 3: Ageing in India: This chapter begins with a brief historical background on how the demographic shift has occurred in India, and utilises data from national datasets to describe some key trends and forecasts for the ageing population in India. Additionally, through findings of Wave-1 of the Longitudinal Ageing Study in India (LASI), the chapter highlights the challenges and constraints faced by the elderly population in India,

Chapter 4: Governance Framework: To begin with, the chapter details the legal and statutory framework that are in place to protect the rights of the elderly in India. Then the chapter discusses various schemes implemented by the government of India to meet the economic, health, and social needs of senior citizens in India.

Chapter 5: Select Good Practices: This chapter elaborates on some specific interventions catering to the needs of the elderly in India. This includes examples of community based interventions and state-led programmes.

Chapter 6: Actionable Solutions: The final chapter lists recommendations, which can be adopted by various stakeholders, including policymakers, governments, and private players.

Chapter 2

Global Scenario

Between 1950 and 2023, approximately 5.5 billion people were added to the global population (UNDESA, 2022). The world population is projected to increase to 10.3 billion by the mid-2080s and thereafter will stagnate and eventually begin to decline (UNDESA, 2024). Amidst debates on population growth, demographic change, emerged as a key factor influencing economic growth and having significant impact on society.

Although every country undergoes demographic changes, they experience different phases of these shifts at varying times, depending on their respective fertility and mortality trends (Partida-Bush, 2006). At present, countries have extremely diverse populations, with most developing countries bearing a largely young population and developed countries experiencing greater proportions of elderly persons (Sudharsanan and Bloom, 2018). Demographic transition is thus accompanied by significant changes in the population age structure.

To begin with, this chapter defines demographic transition, since the term is important to our understanding of the consequences of shifting age structures. The chapter subsequently discusses significant international efforts that have been developed to address the concerns of the elderly. The final section of the chapter details the implications of an ageing population for a country's health, social, and economic development.

Population Age Structure and Reaping the Demographic Dividend

Changes in fertility and mortality are reflected in the age composition of a country's population. This phenomenon is called demographic transition. In general, during the early stages of demographic transition, countries have a younger population than those in the later stages. Simultaneously, during the later phases, countries see a rapid surge in the number of elderly people.

Demographic transitions in the developing world started much later, and therefore, most of them have a sizable younger population at present. This includes countries in Africa, Asia and Latin America. In the developing world, demographic transitions have comprised more rapid population growth than in the global North. Two key factors have played a role in the same, i.e., the enhancement and exchange of medical technology post-World War II and a lag in the decline of birth rates (Bongaarts, 2009b).

Changes in age structure lead to changes in the age-dependency ratio, having implications for the economy and society. Age-dependency ratio Is calculated by dividing the number of people aged above 65 by number of people aged between 15 and 65. In the early phase of the demographic transition, birth rates are extremely high and so are dependency ratios as the working-age population remains responsible for the well-being of children at this point. However, gradually, countries have witnessed a decline in infant mortality rates, followed by an increase in young adult population. At this point when the population in the working age increases, there is a fall in the dependency ratio.

Governments make investments in significantly different areas depending upon the size and composition of their respective populations. In the early stages of demographic transition, when countries have significantly larger younger populations, government spendings are usually directed towards education. However, during later stages of demographic transition, as the working-age population matures, governments diversify funds towards setting up requisite health and pension schemes to cater to the needs of an ageing population. This pattern was witnessed in many of the wealthier countries which are already in the later stages of demographic transition, like the United States of America, South Korea and Japan (Chomik and Piggott 2013; Chomik and Piggott 2015; Whitehouse et al. 2009).

In the developing world, demographic transitions have comprised more rapid population growth than in the global North.

Box 1: Understanding the Three Demographic Dividends

When the youth population is significantly high, and dependency ratios are low, countries can reap the advantages of what is called the 'demographic dividend' (Bloom et al., 2003). This dividend is transient in nature, and will eventually disappear with reduced fertility and lesser potential labour, and a surge in the elderly population.

1st Demographic Dividend: The stage of improved fertility is followed by the maturing of the baby boom population, ready to join the workforce. This causes a 'youth bulge', a scenario wherein populations in working ages are significantly greater than those outside of the working age, thus reducing dependency ratio. It is during this period that countries find themselves a 'window of opportunity' that can be tapped into by an increase in and productive employment of those entering the labour force.

2nd Demographic Dividend: The second demographic dividend is closely interlinked with the 1st demographic dividend. If complemented with improved health, longevity, and smaller family sizes, savings can increase. Accumulated wealth and savings during the 'youth bulge' can be directed towards productive investments, thereby leading to easing economic stresses in the phase of population ageing (Bloom et al., 2003).

3rd Demographic Dividend: Majority of the countries today are facing an increasing proportion of older persons. However, the elderly population today are far healthier and have better life expectancies than the last century. Employing the healthy, active, and willing individuals from this age group can lead countries to the third demographic dividend, i.e. the untapped potential of senior citizens.

Thus, it is important that countries take advantage of a sizable young population at the right time. This is possible if forward looking policies are put in place in a timely manner. These include policies and programmes that promote education, health, skills, and productivity of the young population. Alongside identifying the advantage of productively employing this young population to generate wealth, scholars have also stressed on the importance of policies which will have to be developed to cater to the healthcare and pension requirements as the formerly young population matures.

International Initiatives on Ageing

International initiatives and global discourses have a substantive influence on policy making in member states. Major conferences and conventions are:

- The World Assembly on Ageing was held in Vienna in 1982. The effort was to bring attention to ageing on a global platform. It resulted in the Vienna International Plan of Action on Ageing, the first international initiative on ageing, endorsed by the United Nations General Assembly. The plan included 62 recommendations for action aimed at guaranteeing economic and social security of older persons, as well as opportunities to contribute to national development (United Nations, 1982). The key sectoral areas consisted of health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education.

- On December 14, 1990, the United Nations General Assembly designated October 1st as the International Day of Older Persons. The day is an opportunity to educate the public and propel member states to address issues of an ageing population, and to promote development for individuals of all ages (United Nations, n.d.).

- The UN General Assembly adopted the United Nations Principles for Older Persons in 1991 based on the International Plan of Action on Ageing, 1982. The guiding principles emphasised the right to freedom of all

persons, their ability to participate in society, access to care, enjoy the full dignity of life, and entitlement to self-fulfilment. It encourages governments to incorporate these principles into their national programmes (Older People's Commissioner for Wales, 2024).

» The year 1999 was proclaimed as the International Year of Older Persons. It offered a unique opportunity to emphasise the quality of life of older adults. The year highlighted four dimensions, namely the situation of older persons, life-long individual development, multi-generational relationships and development and the ageing population (UN General Assembly, 1999).

» At the regional level, the Macau Plan of Action on Ageing for Asia and the Pacific (Macau POA 1999) by the UN Economic and Social Commission for Asia and the Pacific is the only plan devoted to issues relating to older persons (UNESCAP, 1999).

» In 2002, the Second World Assembly on Ageing adopted the Political Declaration and the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA aims at "building a society for all ages" and indicates a paradigm shift in how the world approaches ageing. Moreover, the plan offers a comprehensive framework for understanding and managing the issue of ageing. It primarily focuses on three areas: older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments (United Nations, 2002).

» In 2020, the United Nations General Assembly declared 2021-2030 as the 'Decade of Healthy Ageing'. This initiative will address four areas for action, namely, age-friendly environments, combating ageism (stereotyping and prejudices towards people based on age); integrated care and long-term care (World Health Organization, 2020).

» In relation to the SDGs initiatives targeting older adults has a bearing on 12 different SDGs: These include, SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health and Wellbeing), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 8 (Decent Work and Economic Growth), SDG 9 (Industry, Innovation and Infrastructure), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities), SDG 13 (Climate Action), SDG 16 (Peace, Justice and Strong Institutions), and SDG 17 (Partnerships for the Goals) (World Health Organization, 2020).

» Lastly, in 2024, the UN adopted a resolution to establish a convention to safeguard rights of older persons (HelpAge International, 2024).

Status and Trends in Ageing Across Countries

In 2018, for the first time in history, people aged 65 years and above outnumbered children under the age of 5 (UNDESA, 2022). It is also estimated that by 2050, people aged 60 years and above will outnumber adolescents and young people aged 15-24 years (World Health Organization, 2020, See Figure 2).

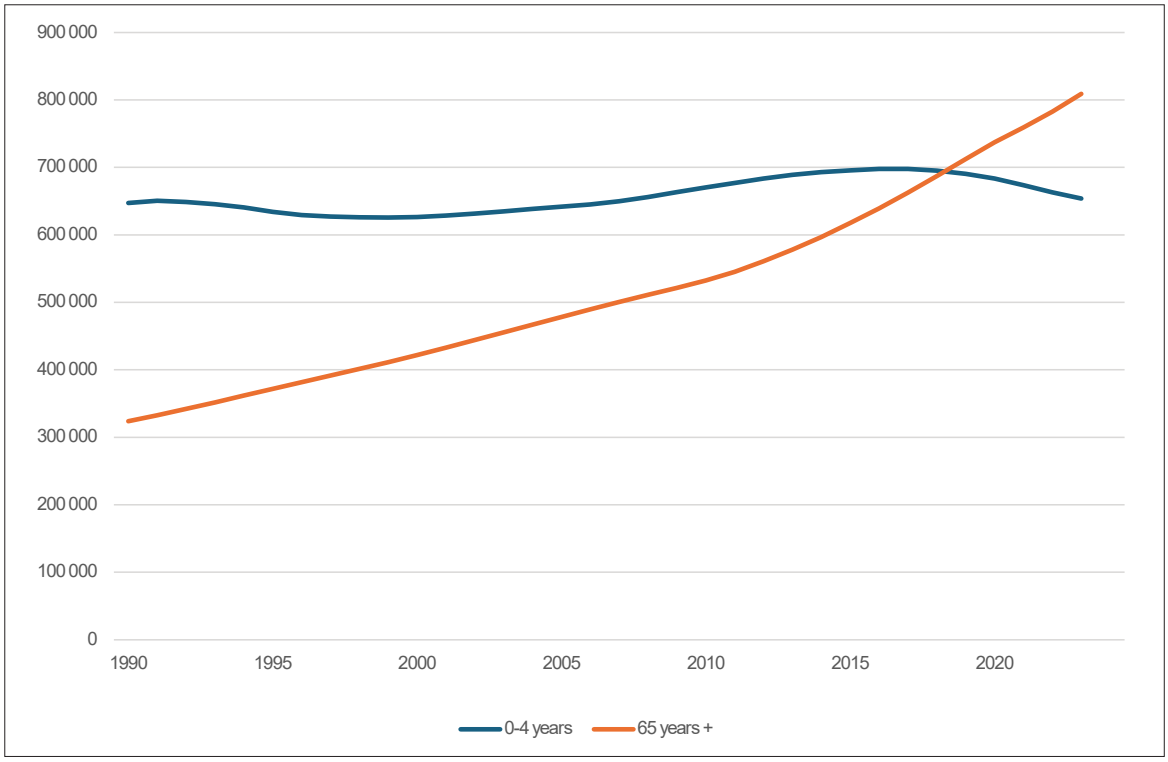
More older people live in developing countries. Between 2017 and 2050, Africa is expected to see the highest increase in older persons, with a 229% increase in their population. Latin America and the Caribbean (161%) and Asia (132%) will also see enormous increases in their share of the elderly population.

Latin America and the Caribbean, home to 7.9% (76 million) older persons in 2017, will account for 9.5% of the world's older population (198 million people), by 2050. The older population in Africa is projected to expand rapidly as well. By 2050, it will make up 10.9% of the global older population (UNDESA, 2017, See Figure 3).

In 2017, Asia was home to 57% of the world's older population, aged over 60 years. This translated to roughly 549 million older people. As per projections, by 2050, Asia is likely to inhabit 61% of the world's elderly population, which is close to 1.3 billion people aged above 60 years.

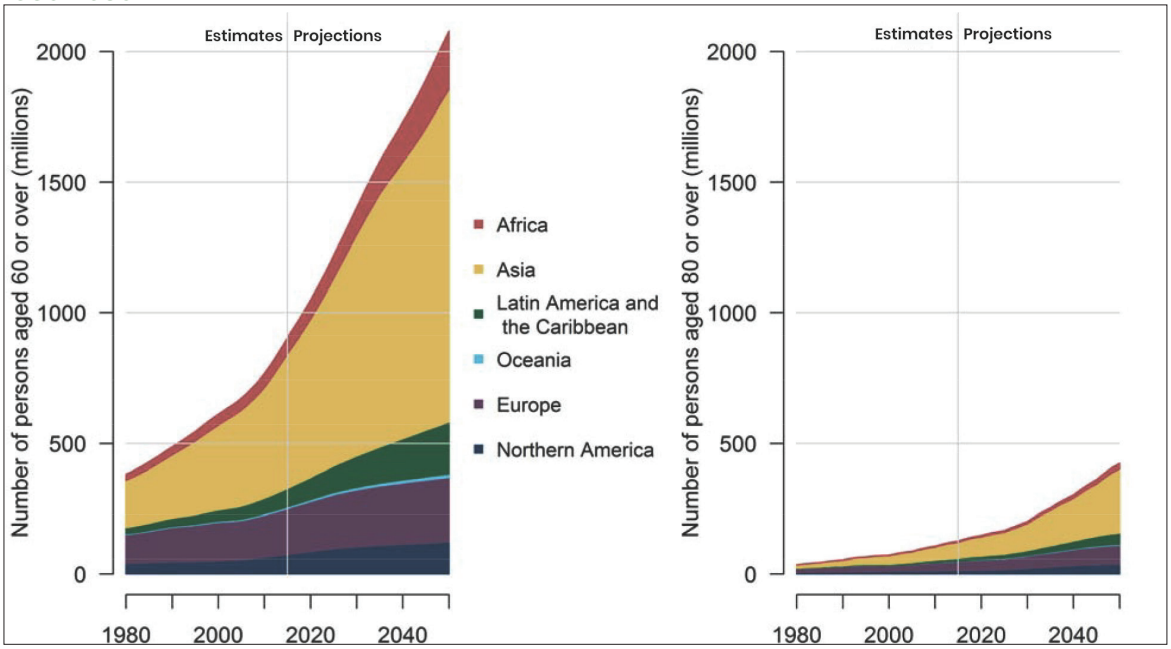
Asia will also be home to an estimated 58% of the people aged above 80 years. The highest proportion of elderly persons is estimated to be in the Republic of Korea (46.4%), followed by Japan (43.7 %) and China (38.8%) (IIPS & UNFPA, 2023).

Figure 2: World Population Trends of 0-4 Years and Above 65 Years (in thousands)



Note. Adapted from United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

Figure 3: Number of Persons Aged 60 Years or Over and Aged 80 Years or Over Across Regions, 1980-2050



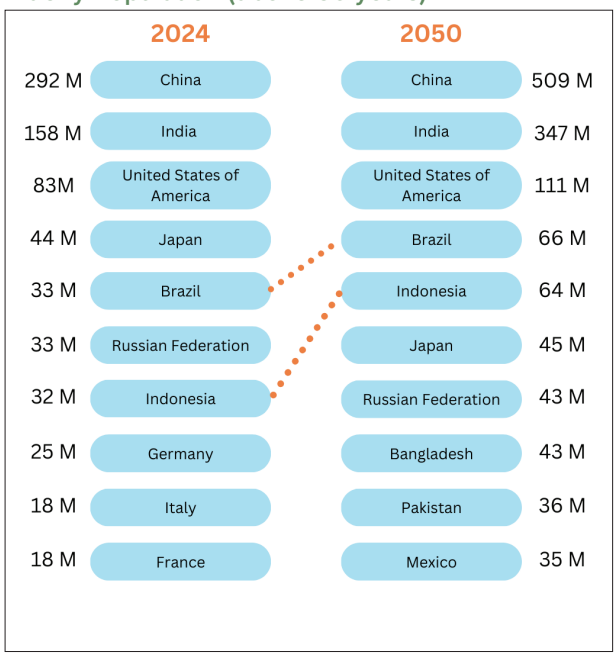
Note. From "World Population Ageing 2017" by United Nations, Department of Economic and Social Affairs, Population Division (2017). (ST/ESA/SER.A/408).

When assessed based on absolute population figures, China, India, and the United States of America have the highest number of elderly individuals (aged above the age of 60). These countries are projected to retain the top three ranks in terms of absolute elderly population, even in 2050. China is estimated to have the largest number of older persons, i.e., 509 million. Other Asian countries like Bangladesh and Pakistan will also see a substantial rise in the number of elderly persons (UNDESA, 2022, See Figure 4).

In developing countries, ageing is taking place at an unprecedented rate. While the doubling of the elderly population took nearly 150-200 years in developed countries, it is happening in just 50-70 years in most developing countries (See Figure 5).

This has a profound impact on the old-age dependency ratio as fast-paced ageing is not accompanied by a commensurate increase in personal wealth. Moreover, due to competing priorities, the requisite investments to align systems to an ageing population are not made (IIPS & UNFPA, 2023).

Figure 4: Top 10 Countries in Terms of Absolute Elderly Population (above 60 years)



Note. Adapted from United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

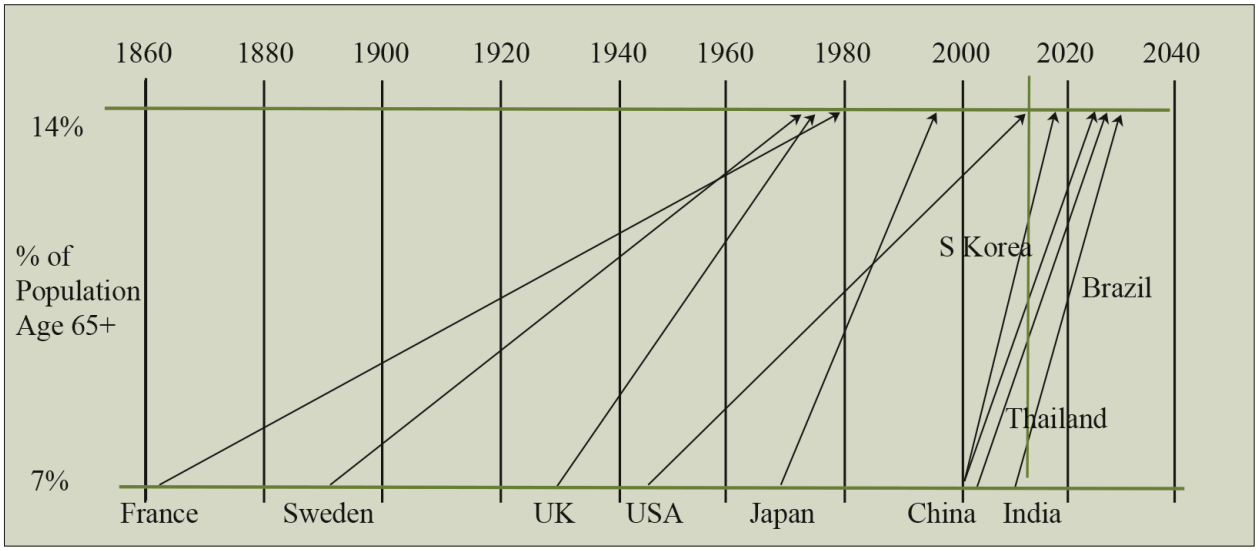
Implications of an Ageing Population

Healthcare System

» **Shifting burden of disease**

The demographic and epidemiological changes that have resulted in a significant increase in the elderly population are accompanied by a higher risk of chronic illnesses and degenerative diseases. NCDs, including hypertension, diabetes, lung and heart diseases, stroke, and cancer account for

Figure 5: Pace of Ageing in the Developed and Developing Countries



Note. From "Building Knowledge Base of Ageing in India: Increased Awareness, Access and Quality of Elderly Services, Thematic Paper 1," UNFPA (2015), p.06.

more than 70% of all mortalities worldwide (WHO, 2019). Ageing is also associated with a greater incidence of loss of functionality and various forms of disability. Some health problems commonly associated with ageing are hearing loss, cataracts and refractive errors, joint problems, depression, dementia, etc. The presence of two or more chronic diseases, known as multimorbidity, is also an increasingly common phenomenon.

» **Increased demand for healthcare workforce and training**

As per the WHO, the global healthcare workforce will rise to 53.9 million by 2030, but this will fall short of the estimated demand for healthcare, i.e. 80 million healthcare workers by 2030 (Jones & Dolsten, 2024b). Subsequently, with an increased incidence of chronic diseases, there is a need for enhancing the skills and knowledge of the healthcare workforce, in handling geriatric populations.

» **Increased healthcare costs**

Due to the chronic nature of NCDs that require prolonged interaction with the healthcare system, there will be an increased demand for healthcare services. This increased demand often leads to higher expenditure on healthcare services. For example, in 2023, even though older adults in Canada constituted 17% of the population, they accounted for 47% of total healthcare costs (CIHI, 2019).

In the UK, older persons were the largest population group using the NHS and were responsible for 40% of all hospital admissions (British Geriatrics Society, 2022). Therefore, countries where a publicly funded healthcare system is available could face strain in public expenditure, whereas individuals and families could face catastrophic out-of-pocket expenditure (OOPE) in the absence of a healthcare safety net.

Economic Impact

» **Workforce participation, household income, and reduced tax base**

An older labour force may have an adverse effect on the economy, as older workers usually have lower work participation rates. Reduced workforce participation rates hamper productivity (Börsch-Supan, 2003; Werding, 2008, Maestas et al., 2016). Studies show that adequate investments in health and education can minimise this impact. Policies encouraging flexible work schedules and increasing the retirement age have been adopted. For example, the retirement age in France was increased from 62 years to 64 years (Boulhol & Queisser, 2023). In the UK, Lifelong Learning Entitlement provides loans to individuals till the age of 60 years to reskill and upskill so that they can pursue careers even after retirement (House of Commons Library UK Parliament, 2024).

As the proportion of the working population decreases, household income and labour force participation decline, leading to a reduced tax base (Crowe et al., 2022). It is estimated that the US will lose 11% of its tax base between 2010 and 2050 due to ageing, with Japan losing 26%, and European countries losing between 14% and 28% in the same period (Lee and Mason, 2017). This reduction in the tax base can impact government spending on education, health, and other essential social programmes.

» **Women's workforce participation**

Women often serve as informal caregivers for older family members. Their participation in the formal economy will be hindered without appropriate social care systems. Japan, with its large ageing population, has developed a robust care system for both children and older adults to facilitate women's workforce participation (Japanese Law Translation, n.d).

» **Government health expenditure**

Government expenditure is essential to run key health and social care programmes (Fischer, 1980; Williams et al., 2019). Nearly 80% of frontline healthcare is provided at primary healthcare centres, even for the elderly. However, many elderly face barriers to accessing care at these facilities due to reasons like lack of transportation, mobility issues, long waiting times, and overall poor quality of treatment. To adequately address the needs of a growing elderly population, government health spending must be adjusted to make primary healthcare more age-friendly. According to a study in the United States, federal spending on major health programmes for the elderly, such as Medicare and Medicaid, will increase from 6.6% of the GDP in 2020, to 9.2% by 2050 (Jones & Dolsten, 2024b).

» **Micro-level economic changes**

There will be changes in spending patterns as older adults may spend less on consumer goods and more on healthcare, housing, and services. For example, retirement communities are being developed specifically for the elderly offering 24-hour medical services (Petersen et al., 2017). This shift can affect industries differently, with some like healthcare and leisure experiencing growth and others like fast-moving consumer goods potentially seeing a decline. Governments have started to support industries related to the ageing population (Crowe, 2022). Older adults may shift from saving to drawing down their savings, affecting capital markets. This shift necessitates policies and financial products that cater to the needs of an ageing population, ensuring their financial security and stability.

Social Impact

» **Family level**

In most developing countries, parents still live in intergenerational households. This may change as caregiving becomes demanding due to the significant emotional and physical toll on informal caregivers. Additionally, an increasing trend towards urbanisation, migration, decreased family size, and a shift towards nuclear families could lead to changes in attitudes towards caregiving for older adults. It could also lead to the development of a care economy where additional support for caregiving will be provided by professional caregivers. In developed countries, some support for caregivers and respite care is provided through government programmes. Additionally, the availability of social security and universal healthcare coverage provides a safety net, allowing older adults to remain independent for as long as possible and transition to assisted living when their ability to care for themselves diminishes.

» **Community level**

At the community level, the impact of an ageing population will depend on the overall health and well-being of older adults. When in good health, retired individuals often contribute significantly to community life through volunteer work, mentorship, and civic engagement. For those who face social isolation, communities may need to develop programmes and initiatives to help older adults stay socially connected.

» **Feminisation**

The feminisation of ageing refers to the demographic trend in which women account for a greater proportion of the older population. This can be attributed to women's longer life expectancy than men, which results in a greater number of older women, particularly in advanced age groups. As a result, ageing becomes a gendered experience, with women facing distinct challenges such as increased risk of social isolation, poverty, and health problems, particularly chronic illnesses and impairments. Furthermore, older women frequently experience compounding disadvantages due to conventional gender roles, limited access to education and employment possibilities earlier in life, and a higher risk of living alone as a result of widowhood.

Policies Adaptations–Examples from Select Countries

As mentioned earlier, concerns of the ageing population are complex and multifaceted. Therefore, these policy measures generally include a combination of macro and micro-level interventions within the broader context of overall development.

Measures to Address the Economic Impact

» **Increasing birth rate:** To counteract declining populations, countries such as Sweden, South Korea, China, and Japan have implemented various incentives to encourage higher birth rates (Hoem, 1990; Choo & Jales, 2021; Kim and Chung, 2024). These incentives include cash benefits, child support through free day care, paid parental leave, and housing assistance. In South Korea, the government also organises group blind dates for public servants to foster matchmaking and encourage family formation (Da-Hyun, 2024).

» **Increasing labour participation:** To address the challenges of a shrinking workforce, many countries have introduced policies aimed at boosting labour participation. Singapore and France have raised the retirement age to 64, while Japan has extended it to 70. Additionally, Singapore allows reemployment up to the age of 69, health permitting. Canada offers phased retirement, allowing employees to gradually

reduce their workweek as they age. Japan and South Korea have focused on increasing female labour force participation by investing in childcare and eldercare systems. Singapore also provides employment-linked incentives to corporations that hire seniors. In Japan, the use of robots for unskilled jobs is another strategy employed to mitigate labour shortages (Deng et al., 2023).

Countries such as the United States, Finland, and various European nations have implemented immigration systems to address labour shortages. For instance, the seasonal work visa makes provisions for foreign workers to be employed in industries like agriculture and tourism in the UK. The US, H-1B visa category is another option that permits skilled foreigners to work for extended periods.

- **Increasing productivity:** To enhance productivity in the face of a shrinking workforce, countries like Singapore and the UK have emphasised reskilling and upskilling. Singapore's SkillsFuture movement, supported by the government, provides upskilling opportunities in collaboration with industry (SkillsFuture Singapore, n.d.). Meanwhile, in 2025, the UK will be launching the Lifelong Learning Entitlement (LLE) programme. This programme offers loans to individuals up to age 60 to support education in areas of their interest enabling them to pursue new careers even during retirement (House of Commons UK Parliament, 2024).

- **Innovation to support elderly needs:** To foster innovative solutions for the ageing population, universities have established incubation hubs. These hubs create environments that connect older individuals, healthcare professionals, academics, and industry experts to develop novel services and products tailored to the needs of the elderly. An example is the Campania Reference Site of the European Innovation Partnership on Active and Healthy Aging (De Luca et al., 2019).

Measures to Address Social Impact

- **Alternative caregiving options:** Caregiving for older adults can take a physical and emotional toll on caregivers. Interventions to support this group through respite care services have been implemented in many developed countries. For example, in France, Germany, Japan and the UK, rooms are available in some nursing homes or geriatric hospitals for short-term stays. At times, social workers also take on caregiving responsibility to provide some respite to informal caregivers. Peer support groups have been established to exchange information and provide emotional support (Friedman et al., 2018).

- **Housing schemes and programmes:** The elderly face several issues of physical mobility, limiting their access to essential services. Keeping the same in mind, many countries have developed housing schemes and programmes to make housing available to older persons in localities with required amenities.

- **Social engagement:** Day care centres, community health clinics and programmes to engage elders in meaningful activities are some investments that are required by the state. Intergenerational bonding has proved to be very effective in promoting health and wellness among older adults. Programmes to enhance intergenerational bonding have been implemented in both developing and developed countries (World Bank Group, 2024). An example is the Experience Corp of the United States. The volunteer programme engages elders to support vulnerable students in Maths and English for 1-3 grades. Evaluation of this intervention reported improvement in the cognitive skills of adults as well as the learning ability of students (Fried, 2016). Faith-based organisations have also been instrumental in providing support as elders find satisfaction through religious engagement.

- **Life-long learning opportunities:** Universities of the Third Age (U3A) have become an increasingly common intervention catering to the learning interests of older citizens. The first U3A was run by the Toulouse University of Social Sciences in France, back in 1973. Only retired individuals in the area were eligible for the programme, which had a minimal course price and no requirements for exams or qualifications. This was after the French government passed a legislation requiring universities to provide life-long education (Swindell & Thompson, 1995). Over time, the number of these universities has sharply expanded worldwide. As of 2011, Australia and New Zealand had 240 and 65 such universities respectively. In China, 40,000 U3As had already

been established by 2008. The courses focus mostly on humanities and arts-related themes, with the broader objective remaining that of engaging senior citizens in physical and cognitive activities (Formosa, 2012).

Measures to Address Healthcare Needs

- **Integrated comprehensive healthcare:** Healthcare systems need to integrate services across different settings (hospitals, clinics, homes) to provide coordinated care for older adults with complex health needs. For instance, in Australia, Coordinated Care trials were developed aimed at meeting citizens' health needs more adequately. The trials involved care coordination for those with chronic and complex needs, expanded the use of information management and technology, and created robust mechanisms to resolve conflicts. Qualitative evaluations of the study find the coordinated care trials to have substantial advantages for older persons, who appreciated the extra coordination they received in their care-seeking journey. Another example is that of Brazil where the subject of ageing has been integrated into the family health programme. In Brazil, home visits were undertaken by a multidisciplinary team composed of a doctor, a nurse, and a social worker, trained to assess frailty and functioning. The initiative also ensured strong referral linkages with primary healthcare clinics (De Carvalho et al., 2017).

- **Long-term care support:** In Thailand, the healthcare approach taken by the Ministry of Health involved support to informal caregivers who were providing long-term care. Since these caregivers and volunteers formed part of a formally engaged workforce, a health professional affiliated with a nearby health centre was appointed to provide supervision and logistical support. Many countries are also establishing long-term care insurance (LTCIs), aimed at aiding elderly who require assistance with Activities of Daily Living (ADL). Germany was the first country to have formed a social legislation to provide formal LTCI, while Japan and South Korea have been the first adopters in Asia (Chen et al., 2020).

- **Universal health insurance schemes:** Affordability, accessibility, and awareness of health insurance coverage and other health schemes have direct impacts on citizens' healthcare-seeking behaviour. This becomes even more important in the context of the elderly who face financial vulnerability and other accessibility issues. In the United Kingdom, the National Health Service (NHS) covers the full cost of healthcare, some equipment and home adaptations, including home-based care for the elderly who suffer from severe illnesses and disabilities (NHS UK, n.d.). Such universal health insurance schemes exist in most countries in Europe, each with its unique advantages. Amongst LMICs, a well-known example is that of Ghana's National Health Insurance Scheme (NHIS), launched in 2005, which provides advantages such as in-patient services, out-patient services, oral health care, eye care, emergencies, etc., free of cost to those enrolled under the scheme, thus benefiting the country's older population as well, which is the highest in the Sub-Saharan Africa region (Van Der Wielen et al., 2018).

- **Healthcare workforce:** In January 2024, to address a shortage of doctors, the National Health Service (United Kingdom), through its Long-Term Workforce Plan encouraged retired doctors to return to work. A cloud-based platform linked the recently retired doctors – who still hold a license – with clinics where additional help is needed. This digital platform provided doctors the flexibility to choose the area of work they would be interested in (NHS UK, 2024). In China, the West China Hospital, Sichuan University, became the first institution to offer a special programme for geriatric training of healthcare workers. The transformation of the geriatric department at the hospital was guided by international experiences, revision of departmental conferences, and special training for "Hugong" (caregivers at the hospital with no formal training, but to help with basic ADL) (Dong et al., 2017).

- **e-Health:** Advancements in Information and Communication Technology (ICT) have revolutionised how healthcare services are delivered. Electronic health records and related health information systems can capture, organise, and share information about individual clients and clinical populations to help identify older people's needs, plan their care over time, monitor responses to treatment and assess health outcomes.

- **Ensuring safe and effective use of medicines:** Ageing is associated with several changes in

human organs, which result in altered medication. Changes in body functions, such as visual acuity, motor functions, and cognition also pose a challenge for appropriate prescribing of medicines as they may affect the correct use of the drug. In this regard, the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) has a Geriatric Expert Group (GEG) that provides scientific advice on issues related to the elderly (Maanen et al., 2019). Another example of an initiative in this regard has emerged in Australia. Here, as part of the National Medicines Policy, pharmacists interview older persons, document the same, noting the findings and recommendations, and then send this document to the general practitioner (McLachlan & Aslani, 2020).

Representative Image: Elderly access to healthcare remains a critical concern, often hindered by mobility issues, financial constraints, and inadequate geriatric services

Chapter 3

Ageing in India

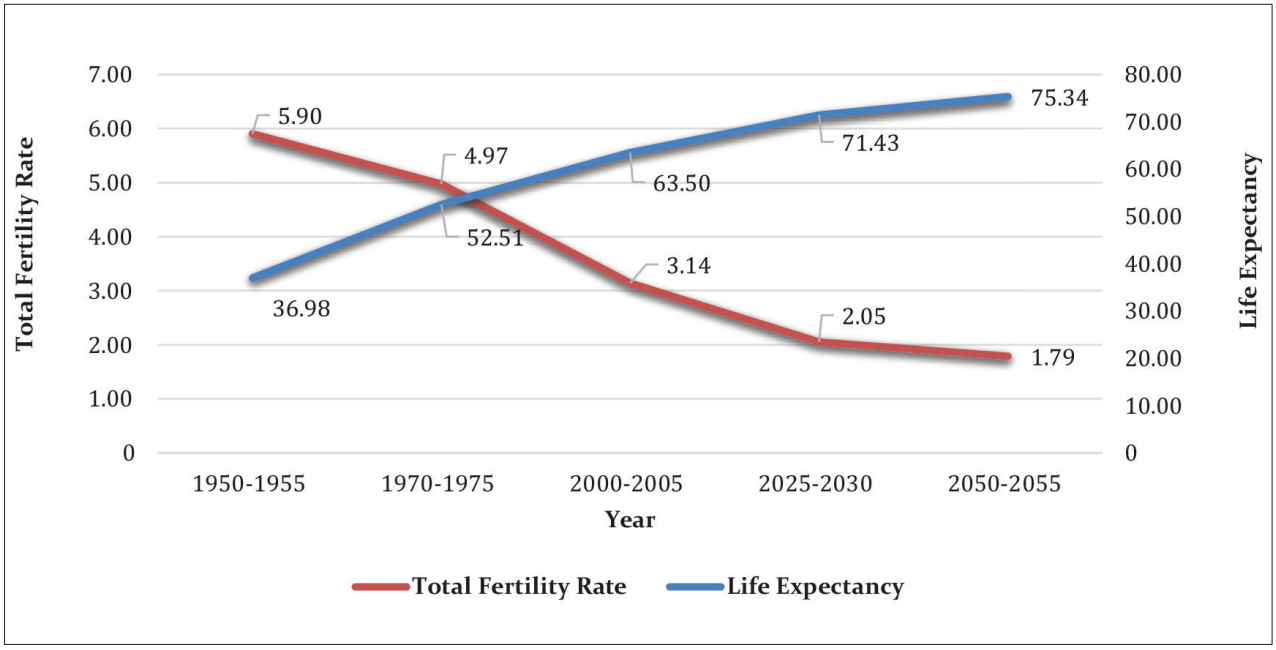
Demographic Transition in India and Ageing

While the demographic transition in India as compared to developed nations began much later, the pace of this transition has been much faster, similar to other developing nations (Lekha and Bansod, 2011). This can be largely attributed to benefits from the rapid exchange of advanced technology leading to large improvements in health outcomes. Continuous declines in fertility, improved mortality, and higher life expectancies have led to a rapid increase in the size and proportion of elderly persons.

Before delving into the status of aged persons in India, we briefly describe how demographic shifts have occurred in the country. Analysing changes in population size and composition across age structures is even more important for India, given its position as the most populated country in the world. Following this, the chapter utilises data from the Longitudinal Study in India, Wave-1 2017-18 to make conclusions about the health, social and economic status of India's elderly.

While India has witnessed a rise in absolute population ever since independence, as a result of improved fertility and reduced infant mortality, the same period has also been accompanied by a rise in the size and share of the elderly population, owing to increased life expectancies (See Figure 6 and Appendix-Figure B1). On one hand, fertility rate has declined from nearly 6.20 in 1950 to 2 in 2021, while on the other hand, life expectancy at birth has increased from 36.98 to 63.50, from 1950 to 2021 (Bhattacharjee et al., 2024; Muniyandi et al., 2022).

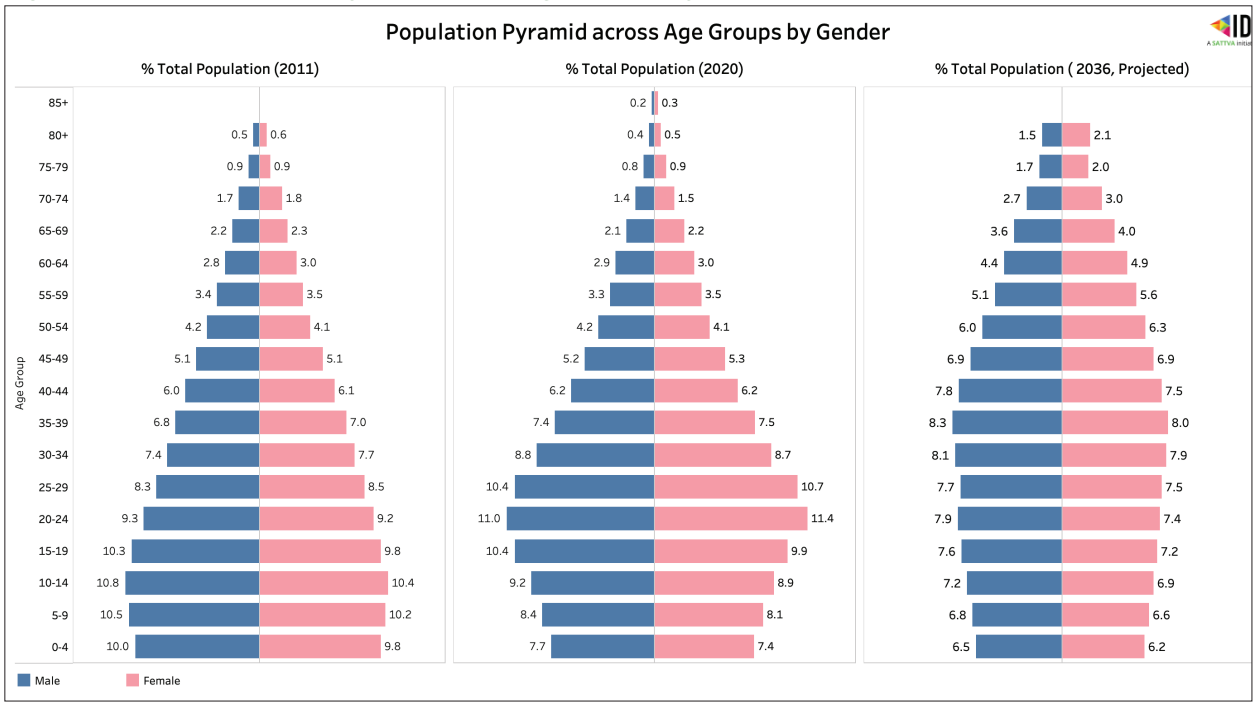
Figure 6: Life Expectancy and Total Fertility Rate, India, 1950-2050



Note. From "Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, India Report," by International Institute for Population Sciences (IIPS), National Programme for Healthcare of Elderly (NPHCE), MoHFW, Harvard T. H. Chan School of Public Health (HSPH) and the University of Southern California (USC) 2020. p.06.

In the Indian context, the age of 60 years has been adopted by the census of India to classify a person as old, which coincides with the age of retirement in the government sector. The terms Young-Old for 60 to 69, Old-Old for 70 to 79 and Oldest Old for 80 to 89 have been used. As observed from findings of the Census of India over the years, elderly persons rose from 24.7 million in 1961 to 103.8 million by 2011.

Figure 7: India's Population Pyramid across Age Groups by Gender



Note. From "The impact of demographic shifts on India's health indicators," by India Data Insights. (2024). IDR. India Development Review.

This represents more than a four fold increase in the elderly population in just 50 years. In fact, between 1991 and 2011 alone, the elderly population nearly doubled, indicating that this growth occurred within just 20 years (See Table 1).

The demographic shift towards older age groups has significantly altered the population pyramid. While younger populations have historically dominated the pyramid, this transition has created a bulge in the middle-aged demographic, with projections indicating a future concentration in middle ages and a decline in the proportion of younger age groups. The population pyramids illustrate perfectly the demographic transition from a youthful population towards an ageing society (See Figure 7).

Status and Trends in Population Ageing in India

According to the 2011 Census, India had 104 million elderly people aged over 60 years, which accounted for 8.6% of the total population. This number has consistently risen over the years.

As of 2022, the number of people over the age of 60 in India was close to 149 million, comprising 10.5% of the total population. By 2050, the share of elderly persons in India will increase to 20.8% (UNFPA, 2023). Figure 8 shows how the proportion of elderly persons in India is going to increase in the coming decades.

The decadal growth rate of the elderly population has been consistently greater than that of the general population. Between 2021 and 2031, Census projections

Table 1: Total number of elderly persons in India (above the age of 60 years) (in millions)

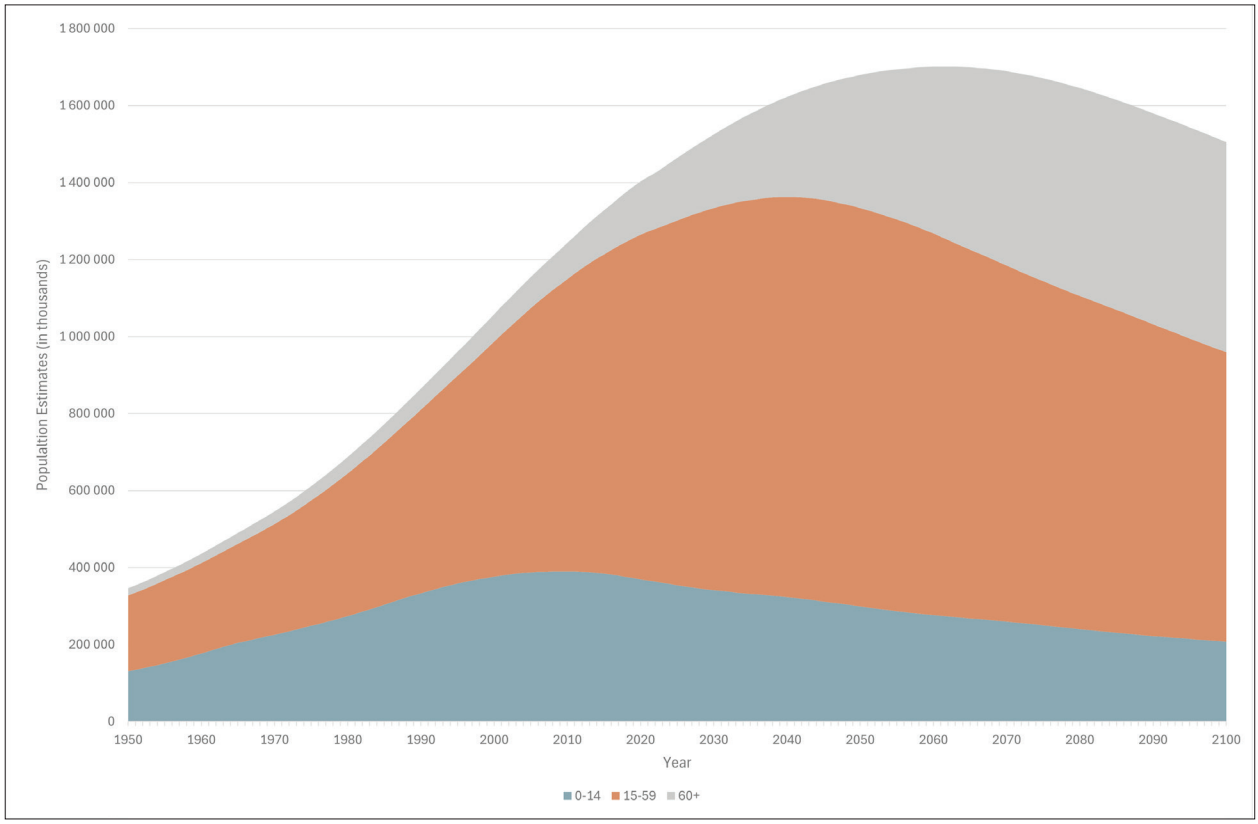
Source	Total		
	Person	Female	Male
Census 1961	24.7	12.4	12.4
Census 1971	32.7	15.8	16.9
Census 1981*	43.2	21.1	22.0
Census 1991**	56.7	27.3	29.4
Census 2001***	76.6	38.9	37.8
Census 2011***	103.8	52.8	51.1

Note. Adapted from "Elderly in India," by NSO (2021). National Statistical Office, Ministry of Statistics & Programme Implementation, Government of India, New Delhi, p.16

indicate that the elderly population is likely to grow by 40.5%, and in comparison, the general population will have a growth rate of just 8.4% (NSO, 2021). The proportion of those above 80 years, referred to as the 'oldest-old', has also doubled in the last 65 years.

The composition of the elderly is also diverse across different states in India, owing to the different points at which they experienced shifts in fertility and mortality. Kerala reported the highest life expectancy at birth, for both males and females, standing at 72.5 years and 77.9 years respectively. Due to varying demographic trends, population ageing is being experienced at different times across states in the country (NSO, 2021). The southern states reported having the highest proportions of elderly persons.

Figure 8: India's Population Estimates and Projections for Different Age Groups, 1950-2100 (in Thousands)



Note. Adapted from United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

Table 2: Distribution of the Elderly Population by Age Category

Age group	2011 (% distribution of projected population)	2011 (absolute number) in '000s	2036 (% distribution of projected population)	2036 (absolute number) in '000s
60-69	5.2	62,911	8.5	1,29,269
70-79	2.7	32,176	4.7	71,254
80+	0.5	6,464	1.8	27,536

Note. Adapted from National Commission on Population et al., 2019, pp. 161–163

As per Census of India, 2011, Kerala (12.6%) had the highest proportion of elderly citizens, followed by Goa and Tamil Nadu.

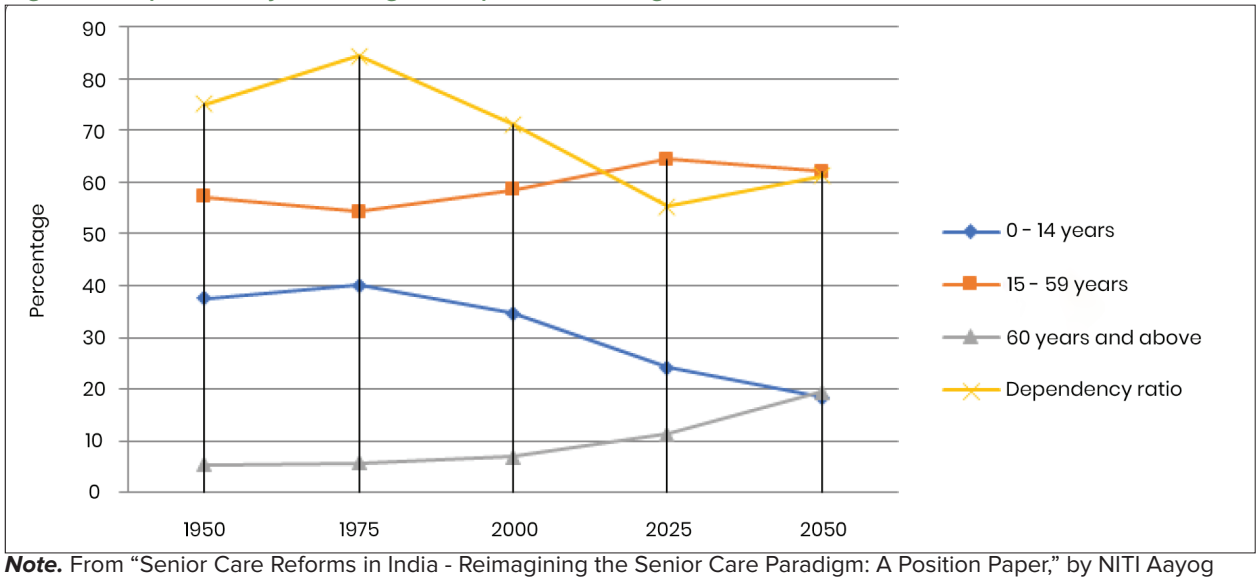
State-wise data on the elderly population reports Kerala to sustain its position at the top, with the approximate elderly population having risen to 16.5% in 2021. This is followed by Tamil Nadu (13.6%), Himachal Pradesh (13.1%), Punjab (12.6%), and Andhra Pradesh (12.4%) in 2021. On the other hand, Bihar (7.7%), Uttar Pradesh (8.1%) and Assam (8.2%) reported the lowest proportion of the elderly in the total population (MoSPI, 2016) (See Appendix- Map C1 and C2).

A higher share of elderly persons in the population has impacts for society, family, and the individual. Population in the working age group shrinks as people mature into the elderly categories, thus placing greater caretaking responsibilities on a smaller proportion of individuals. This leads to an increase in the old-age dependency ratio. Old-age dependency ratio is calculated as the ratio of the number of older persons (60 years above) per 100 working-age population (15-59 years) (See Figure 9).

As per LASI 2017-18, the old-age dependency ratio is highest in Kerala at 29.8, followed by Nagaland (23.8) and Puducherry (23.5). Most of the southern States/ UTs reported a relatively high old-age dependency ratio. On the contrary, the old-age dependency ratio. was the lowest in Delhi at 3.7, followed by Arunachal Pradesh at 10.5. The average old-age dependency ratio in India as reported by LASI is 19.

An increase in the elderly population comes with multiple challenges. Firstly, the elderly face an extremely high burden of non-communicable diseases (NCDs), which require high healthcare costs and prolonged care. This must be addressed against the backdrop of existing communicable diseases and gaps in maternal and child health delivery. Furthermore, as the elderly drop out of the workforce, the economy is likely to face challenges of low workforce participation and a fall in domestic output. Once outside the workforce, there also arises a need for social security measures that help the elderly sustain their basic needs. Ultimately, society as a whole will need to focus on creating an age-inclusive environment for the elderly, where they can live with dignity, respect, and equal opportunities.

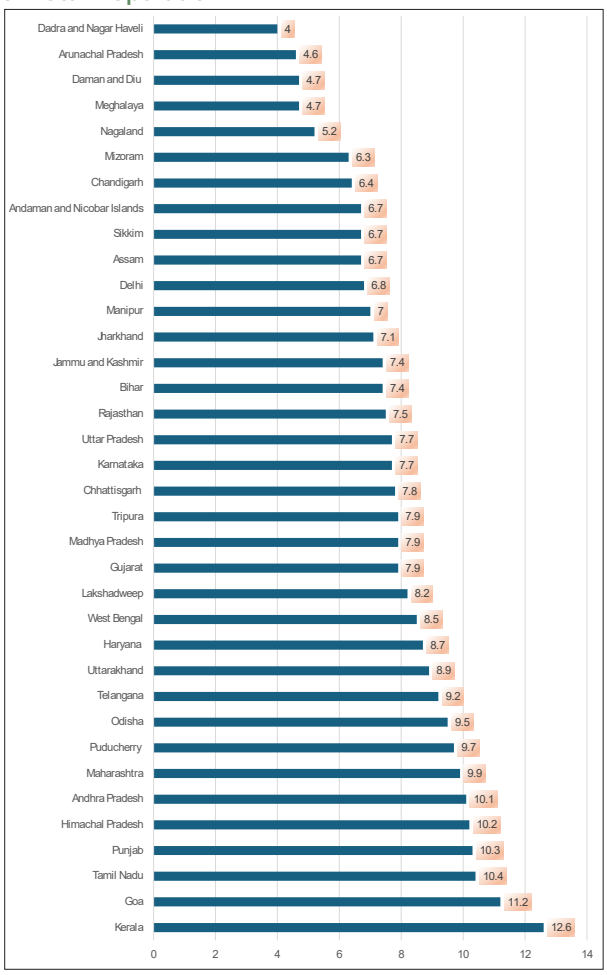
Figure 9: Population by Broad Age Groups in Percentage, India, 1950-2050



Note. From "Senior Care Reforms in India - Reimagining the Senior Care Paradigm: A Position Paper," by NITI Aayog (2024), p.01.

The composition of the elderly is also diverse across different states in India, owing to the different points at which they experienced shifts in fertility and mortality.

Figure 10: State/UT-wise Percentage of Elderly out of Total Population



Note. Adapted from Census of India, 2011

The following section uses data drawn from the first wave of Longitudinal Ageing Study in India (LASI) 2017-18. The LASI is a nationally representative survey of 72,250 older adults, i.e. individuals aged above 45 years. For the purpose of this report, we have considered only the elderly, i.e. those above the age of 60 years. The LASI has surveyed 31,464 such individuals. The results of a few indicators for this age group are presented below.

Socio-demographic Status

» **Living arrangement:** Living arrangement refers mainly to the persons with whom an elderly resides. In the past few decades, family support has been dwindling due to the disintegration of the traditional family system. With changes in population age structures, there has also been a shift towards smaller family sizes. This has left fewer members of the family with the responsibility of taking care of the elderly members of their family. Changes in family patterns, a rise in nuclear families, and children living far away have a major bearing on older people's choice of living arrangements.

Studies have shown that the majority of elderly in India reside with their immediate family. This has a positive impact on their well-being and health. In fact, those who live alone, without the support of their families, reported lower levels of health and well-being (Samanta et al., 2014). This can be attributed to the financial, physical and emotional support that family members provide to the elderly when they live together. Approximately 2.5% of elderly men and 8.6% of elderly women in India live alone. Moreover, only one in five elderly men and one in eight elderly women reside with their spouse (IIPS & UNFPA, 2023). A higher proportion of elderly women living alone suggests that they tend of live longer and also have a greater likelihood of experiencing widowhood.

As per LASI, Tamil Nadu observed the highest percentage of elderly living alone, followed by Nagaland and Telangana (See Appendix-Figure A1). Tamil Nadu also reported the highest proportion (10.4%) of elderly 'living with others' (people other than their children and spouse). Around 28% of the elderly population live with their children but without a spouse. The type of living arrangements that the elderly are in has a significant impact on their level of life satisfaction. A 2023 study revealed that living alone was associated with lower levels of life satisfaction (Kandapan et al., 2023).

» **Education levels:** Between 1991 and 2011, the number of literate elderly in India increased from 27% to 44%. Still, a very high proportion of the elderly are illiterate. The literacy rate amongst elderly males (59%) was noted to be more than double that of elderly females (28%) (MoSPI, 2016). The Census of 2011 reported that the elderly in India have a high rate of illiteracy (56%). The LASI survey was able to provide us with a more detailed picture of the education status of the elderly across states in India.

Kerala had the greatest percentage of elderly who had ever attended school, as seen in

Appendix-Figure A2; Mizoram, Chandigarh, and Puducherry were next in line. On the other hand, Arunachal Pradesh was determined to have the lowest percentage of elderly who had ever attended school (See Appendix-Figure A2). As per LASI, only 13.05% of senior citizens in India have completed twelve years or more of education, 10.85% have less than 5 years of schooling, and 54.8% of them have never attended school. The median years of schooling was 8 years. Education levels amongst the elderly can significantly enhance outcomes in later years in terms of health decisions, financial status, social engagements, etc.

» **Household income, savings, and economic well-being:** A huge proportion of the elderly are economically dependent on others for their day-to-day functioning and maintenance, either fully or partially. As per Census 2011, 54% of the workforce was engaged in agriculture and 60% of rural households had no bank accounts, providing citizens with very little scope to save for their later years of life. Due to a lack of old-age security, a large majority of the elderly population will continue to be dependent financially on their children and families.

As per LASI survey of age-eligible households, annual per capita income was the highest in Chandigarh, at ₹1,04,387. The majority states in the eastern and central belt of the country reported per capita incomes lesser than the country average of ₹44,901. Household annual income is an important component impacting the well-being of the elderly, given their higher demand for care services. An interesting observation from the LASI was that the annual per capita income for households which have at least one elderly member or above is ₹42,819, as compared to households with no elderly members who have a higher per capita income of ₹49,174.

As per a study by Mohanty et al., 2023, when economic well-being was measured on the basis of consumption expenditure alone, households with middle-aged and elderly adults were better off than households with no elderly members. However, when calculated using a comprehensive economic measure, households with elderly members were found to be poorer than those with no elderly members. For households with only elderly members, health expenditure comprised 20% of the total household expenditure as compared to 13% in households with both elderly and non-elderly (Mohanty et al., 2023).

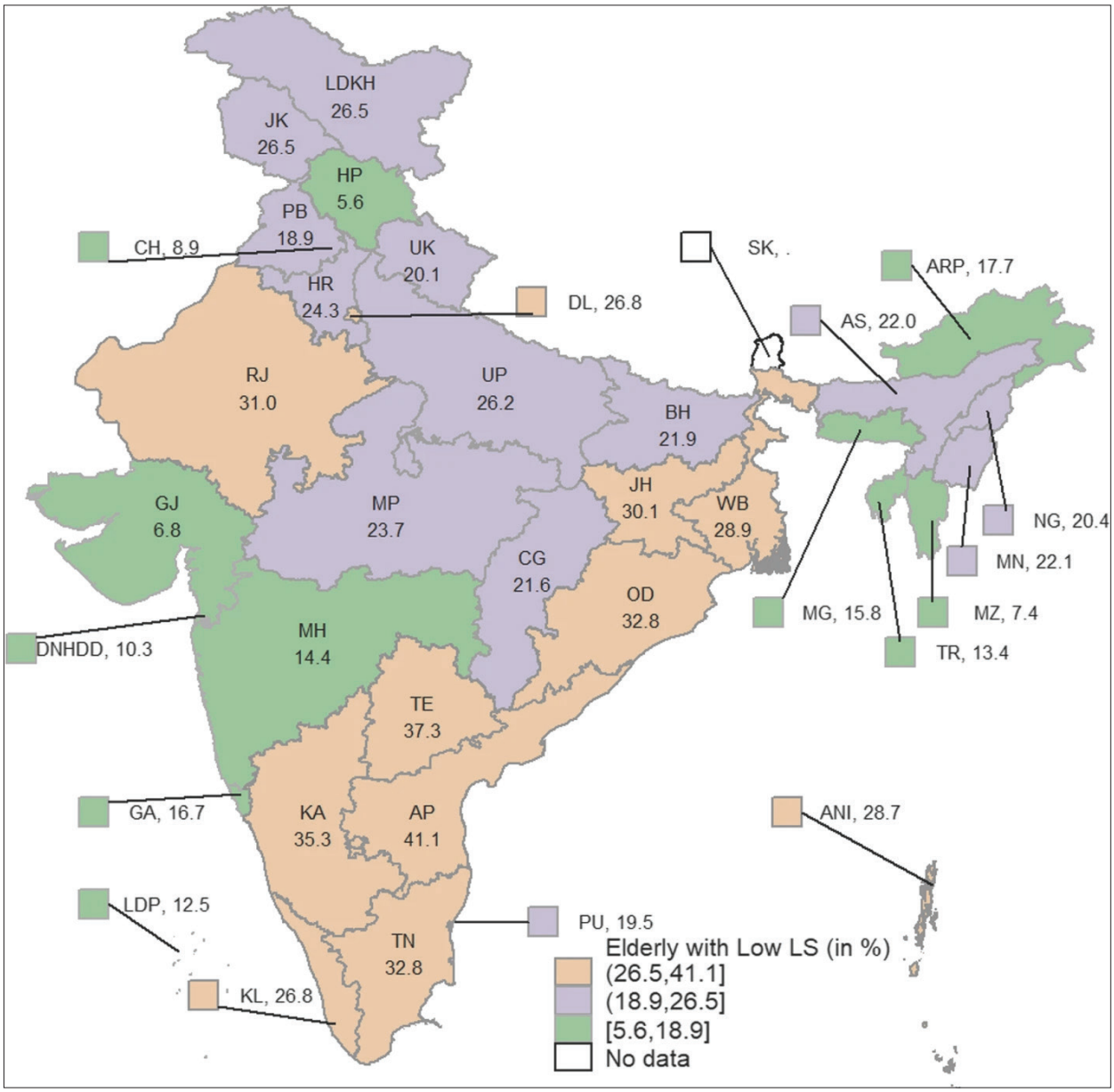
» **Life satisfaction:** Life satisfaction is a key indicator of the psycho-social well-being of an individual. Empirical evidence suggests health, socioeconomic status, education and financial status impact life satisfaction (Chou & Chi,1999). As per LASI, nearly 32% of the elderly reported low life satisfaction. Apart from the vulnerability caused due to financial insecurity, the quality of life of the elderly is significantly hampered due to challenges like chronic health conditions, physical disabilities, psychological problems, age-related discrimination, neglect by family and relatives, and more.

A LASI-based study from 2023 found the southern states to have a significantly higher percentage of elderly reporting low life satisfaction, where one in three elderly persons (34.9%) reported low LS. The study also found that individuals with fewer years of schooling, broken marriages, residents of rural areas, and those belonging to poor households report relatively lower levels of life satisfaction (Kandapan et al., 2023) (See Map 1).

» **Digital literacy:** Digital technologies can help enhance the quality of life of individuals, particularly the elderly, by enabling them to connect with people, access healthcare, carry out banking tasks, retrieve information, entertainment and more. Still, the uptake of technology among the elderly is lesser than among the younger generations. Due to security concerns or a diminished desire to acquire new skills, older people frequently hesitate to use newer technology. The increased prevalence of cybercrime against the elderly further exacerbates their fear.

As per the 2018 Annual Report of the Agewell Foundation, nearly 93.7% of the elderly did not know how to use any digital tools and more than half felt the need for training to benefit from digital inclusion. While overall internet usage in India is close to 50%, only 13% of the elderly have ever used the internet (NITI Aayog, 2024). The COVID-19 epidemic has significantly accelerated the senior

Map 1: State/UT-wise Levels of Life Satisfaction Amongst Elderly



Note. From "Living arrangement of Indian elderly: A predominant predictor of their level of life satisfaction," by Kandapan, B., Pradhan, J., & Pradhan, I. (2023), *BMC Geriatrics, 23(1).*

population's adoption of digital technologies like online payments, net banking, wellness and health apps, e-commerce and other tech-enabled services (Bhatt, 2020). Digital literacy is closely associated with higher education levels. A 2024 study reports Kerala to be the leader in smartphone penetration amongst the elderly, at 65% (Nair et al., 2024).

» **Ageism:** Ageism is described as the stereotyping, prejudice or discrimination based on age. Ageism has a significant impact on the ability of the elderly to participate in social activities. If not addressed, it can lead to social isolation and increased morbidity. As per LASI, 4% of the elderly reported experiencing one type of discrimination and 3% reported experiencing two or more types of discrimination. However, there existed a significant disparity between states. Delhi had the largest percentage of older–people 12.9% and 12.3%, respectively – who reported having experienced "one kind of discrimination" as well as "two or more kinds of discrimination."

A study using LASI data highlighted that one in ten elderly felt that age was the main reason for discrimination (See Figure 11). In addition, discrimination was more pronounced among older adults with lower socioeconomic status, belonging to rural areas, suffering from one or more chronic conditions and difficulty in IADL (Maurya et al., 2022).

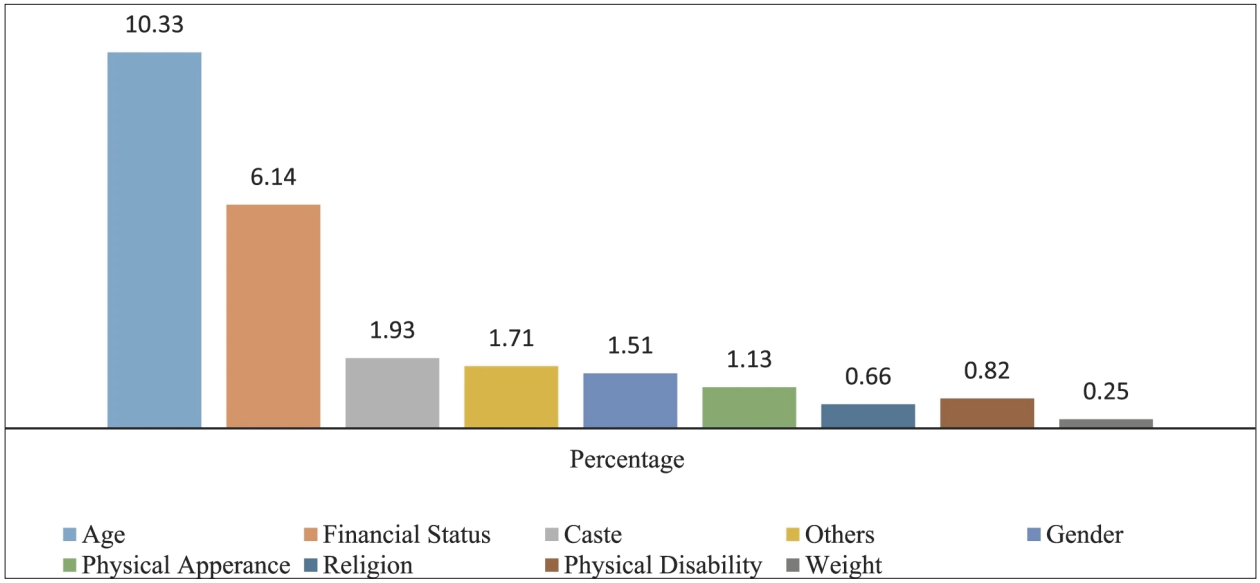
Health Status

» **Chronic diseases:** Health is a key determinant of the opportunities and resources available to older persons. If they arrive healthy in old age, they can remain healthier and productive for a longer time. However, as per LASI, 1 in 4 elderly reported poor self-rated health (SRH). Poor self-rated health was the highest in Kerala (53%) and Tamil Nadu (53%).

This shows that increased life expectancy has not come with a commensurate improvement in health in the older ages. Chronic conditions or non-communicable diseases are most frequently observed in the later years of an individual's life. One-fifth of the elderly population had at least one chronic disease (Jana & Chattopadhyay, 2022). Another study found that nearly a quarter (24.1%) of the elderly reported having multiple morbidities (Chauhan et al., 2022). The most commonly observed chronic conditions amongst the elderly aged above 60 years are cardiovascular diseases (35.6%), followed by hypertension (32%), and diabetes mellitus (13.2%) (See Appendix-Figure A3 and Figure A4).

Goa has the highest proportion (60%) of elderly who reported CVDs, followed by Kerala (57%),

Figure 11: Reasons for Experiencing Discrimination by Elderly



Note. From "Prevalence and correlates of perceived age-related discrimination among older adults in India," by Maurya, P., Sharma, P., & Muhammad, T. (2022), *BMC Public Health, 22(1).*

and Chandigarh (55%). Diabetes mellitus was also mostly prevalent among more advanced states/UTS i.e. Kerala (35%), Puducherry (28%), followed by Lakshadweep (28%), Goa (27%), Delhi (26%), Tamil Nadu (26%) and Chandigarh (25%) (See Appendix-Figure A4).

Another major concern is that 19% of the elderly above 60 have some kind of bone or joint disease; this makes up one in every five persons of this age group. The prevalence of bone or joint diseases was the highest in Telangana (33%) and the lowest in Nagaland (3%). Among the types of bone or joint diseases, arthritis is the most common kind. The prevalence of diagnosed arthritis was noted to be the highest in Jammu and Kashmir (22%). Each of the southern states also reported a high incidence of arthritis with more than 10% of the elderly reporting this condition.

» **Functional limitations or disabilities:** An ageing population comes with a higher risk of physical limitations and disabilities. Disabilities reduce the capacities of the elderly, hindering them from performing daily activities independently. As per the census of 2011, disability prevalence amongst the elderly was noted to be 20.82% nationally (Saikia et al., 2016). Major disabilities reported by LASI amongst the elderly are locomotor impairment (6%), followed by visual impairment (4%), mental and hearing impairment (3% each), and speech impairment (0.9%). More than 15% of the elderly reported having at least one impairment in the states of Karnataka (27%), Dadra and Nagar Haveli (23%), Odisha (19%) and Tamil Nadu (18%).

» **Mental health:** Depression is affected by and is closely related to physical health. With an overall decline in psychological and cognitive capability, the elderly are more susceptible to depression. The LASI survey measured the prevalence of depressive symptoms using two internationally validated tools: the Centre for Epidemiological Studies Depression (CES-D) scale and the Composite International Diagnostic Interview - Short Form (CIDI-SF) scale. While CES-D was used to screen for the presence of depressive symptoms, CIDI-SF was used to screen for probable major depression. As per LASI, 30% of the elderly population have depressive symptoms and nearly 8% of the elderly have probable major depression (See Appendix-Figure A5).

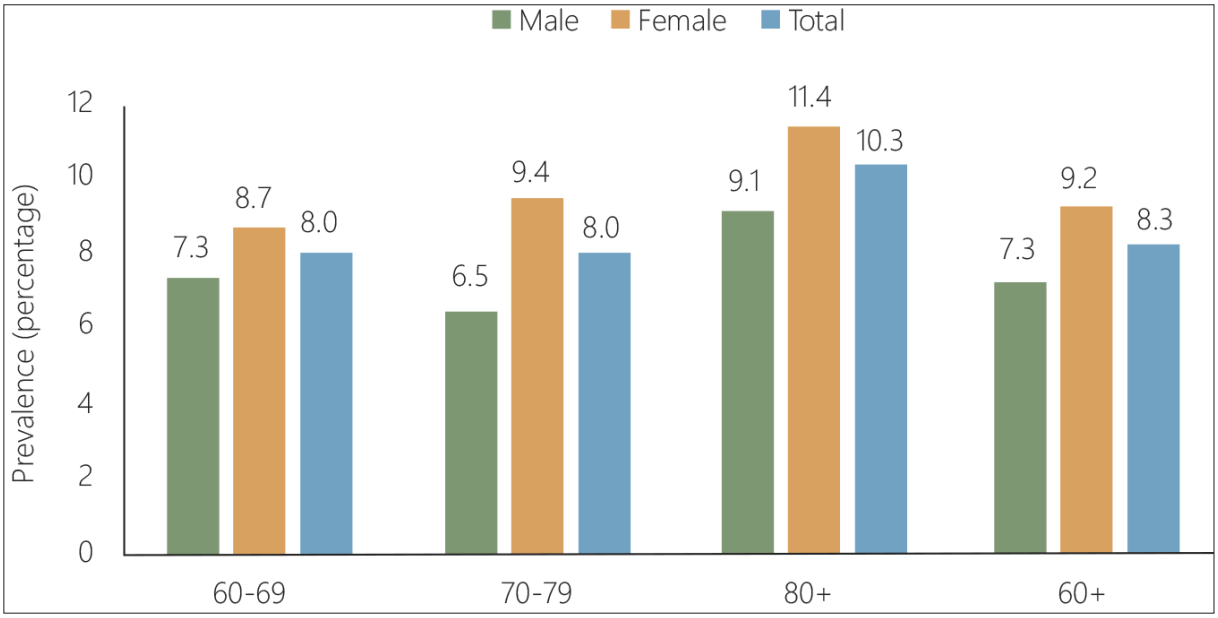
Results from LASI also showed a discrepancy of about 10% between the CIDI-SF-reported probable major depression and self-reported prevalence of depression, implying a high burden of undiagnosed depression. Moreover, the prevalence of depression was higher than the global average of 5.5% for adults older than 60 years (WHO, 2023). This could be attributed to the negative impact of retirement on mental health, consistent with retirement studies in Asia. Other factors like ill-treatment, living arrangements, widowhood, economic and financial constraints, and chronic health conditions also lead to depression or depressive symptoms. Women tend to be disproportionately affected as compared to men (See Figure 12). The LASI reports that the prevalence of depression, Alzheimer's disease and dementia was higher among elderly women than men.

» **Food security and nutrition:** Nutritional status among the elderly is impacted by multiple risk factors including socio-economic status, place of residence, and gender, among others. These factors have significant impacts on food intake and therefore on nutritional status. As per LASI, 6.4% of the elderly had reduced the size of their meal, 5.6% experienced being hungry but did not eat, and 4.2% experienced not eating for a whole day, in the past 12 months.

Across states, LASI reported Odisha to have the highest (37.1%) prevalence of underweight elderly citizens, followed by Uttar Pradesh (36.6%). Amongst the UTs, Dadra and Nagar Haveli reported the highest incidence of underweight elderly (40.1%). At the same time, the incidence of overweight and obesity was highest in the northern states, with Punjab (28%) on top for overweight cases and Chandigarh (21.5%) on top for cases of obesity.

A study published in 2023 found elderly belonging to the highest MPCE quintile have the least chance of being underweight. The study reports this group to display a greater incidence of being overweight. The study also found that elderly aged above 60 who had endemic diseases or consumed tobacco had a significant association with being underweight (Khan et al.,

Figure 12: Prevalance of Depression Among Elderly, by Age and Sex



Note. From "India Ageing Report 2023, Caring for Our Elders: Institutional Responses," by International Institute for Population Sciences & United Nations Population Fund (2023), United Nations Population Fund, New Delhi, p.47

2023). Another study that utilised data from LASI revealed that the prevalence of underweight was higher in rural elderly compared to urban elderly (32.4% as compared to 12.2%) (Kandapan, et al., 2022) (See Figure 13).

» **Healthcare access and utilisation:** Due to high levels of morbidity, older adults use far more healthcare services than younger groups (Alam, 2006). However, the elderly have relatively poorer access to healthcare services. While approximately 70% of the elderly population reside in rural areas, only a quarter of the country's health facilities are situated there. In addition, rural counterparts of the country also have poorer connectivity and transportation facilities, further creating barriers to accessing care.

The UNFPA India Ageing Report, 2023, estimated that nearly 59% of the elderly population had utilised outpatient services. Of these, two-thirds of the population availed services at private facilities. This phenomenon was more common in urban areas as compared to rural areas.

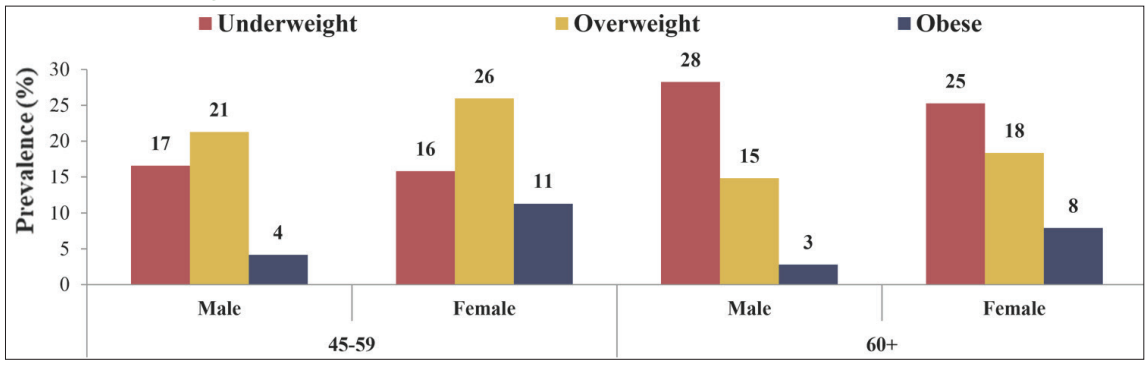
As per LASI Wave 1, more elderly people in rural areas were found to be covered by health insurance (18.6%) although it was only marginally higher than the insurance coverage in urban counterparts (17.3%).

India also does not have a well-developed geriatric healthcare system. Only very few facilities have a designated geriatric care ward. Furthermore, medical colleges in India lack a well-developed comprehensive curriculum on geriatric training (Makwana and Elizabeth, 2022).

» **Access to assisted devices:** Assisted devices are tools that address age-related difficulties. They improve quality of life and enable independent living. The commonly used assisted devices are spectacles, hearing aids, dentures, walking sticks, wheelchairs, and prostheses.

As per LASI, the use of assisted devices was more common among males and those residing in urban areas, with higher education and higher wealth quintiles. More importantly, the survey showed that nearly 24% of elderly with visual impairments and 92% with hearing impairments did not use spectacles and hearing aids respectively. This highlights the unmet need for assisted devices among the elderly (IIPS & UNFPA, 2023).

Figure 13: Prevalence of Underweight, Overweight and Obese by Age and Sex Among Older Adults and Elderly



Note. From "Assessment of nutritional status using anthropometric index among older adult and elderly population in India," by Khan, J., Chattopadhyay, A., & Shaw, S. (2023), *Scientific Reports, 13(1).*

» **Functional limitations:** As people age there are subsequent limitations in functional abilities. Limitations are measured based on one's ability to perform activities of daily life such as feeding, bathing, dressing, mobility, use of toilet and continence. In addition, instrumental activities of daily life involve cooking, cleaning, transportation, laundry, and managing finances.

A study using LASI data estimated that around 3% of the elderly reported severe ADL disability, and 6% elderly reported severe IADL disability. It also highlighted that the elderly who were involved in any physical activity were less likely to be affected by these limitations (Chauhan et al., 2022). Elders living in rural areas, elderly women and others who had stopped working were more susceptible to developing these functional limitations. The inability to perform ADL is associated with an increased care burden in society.

Most often, impairments, disabilities and chronic conditions are closely associated with low ADL and IADL. A study found that individuals with more than three chronic conditions were 1.156 times more likely to report low Activities of Daily Living (ADL). The study also states that the elderly who suffered from strokes and psychiatric diseases had the highest probability of having low ADL and IADL (Sharma et al., 2021).

Economic Status

» **Work participation:** Retirement from formal work poses substantial economic challenges, more so in the Indian context, as it affects social prestige and the elderly's decision-making capabilities. According to LASI, the proportion of elderly individuals who are currently working is significantly higher in rural areas (40%) as compared to urban regions (26%). This hints at the relatively greater financial insecurity faced by rural elderly in India.

LASI results also state that nearly 70% of the elderly are dependent on family or pension. With few avenues to engage in paid work, a major proportion of the elderly live in poverty. It has been estimated that nearly 1 out of 4 elderly attributed healthcare-related expenses as the cause of indebtedness in urban areas. In rural areas, it was a close second after the purchase of agricultural land. Indebtedness and high healthcare costs adversely affect healthcare utilisation by the elderly.

» **Social security:** Lastly, nearly 78% of the elderly population is not covered by any pension support. Many are unaware while others remain ineligible due to difficulty in providing proper documentation. Further, the amount is meagre to cover the needs of the elderly (NITI Aayog, 2024).

Special Considerations

» **Rural-urban disparities:** It is very important to keep in mind that several disparities exist when considering the rural and urban elderly populations. In terms of rural and urban

population, 71% of the elderly population resides in rural areas while 29% live in urban areas.

As per data from the Census conducted in 2011, literacy rates are much lower amongst the elderly in rural areas (34.2%) as compared to those in urban areas (66.0%) (MosPI, 2016). Rural populations also face greater challenges in accessing and affording quality healthcare services. As per the National Sample Survey (NSS) 75th round, 70% of all the ailing elderly individuals who did not receive medical treatment lived in rural regions (2017-18). A study found both lower education levels and poorer economic status to be determinants of the rural-urban disparities in healthcare utilisation (Banerjee, 2021).

- **The feminisation of ageing population:** Women have a longer life expectancy than men and thus comprise a greater proportion of the elderly population. With a huge proportion of women not engaged in the formal economy throughout their lives, many are left dependent on their families and children for financial support in the older ages. More older women are entirely dependent on their families for living arrangements than men (24.4% as compared to 8.6%). Older women also suffer from a higher burden of diseases and simultaneously have lesser access to healthcare services (Mona and Suri, 2024).

- **Climate change:** Extreme weather events have become increasingly frequent as a result of climate change. The elderly are amongst the most vulnerable in these situations, given the existence of multiple morbidities, poorer immunities, and reduced functional capacities. Lower socio-economic status makes them financially vulnerable in situations of crisis and functional disabilities make them dependent on others for help, rescue, and care.

Chapter 4

Governance Framework

This chapter details the legal and statutory framework to protect the rights of the elderly. In addition, it outlines the multi-tiered governance structures at the centre, state and local levels responsible for the various programmes together with the schemes. Given the federal nature of the country, many schemes are jointly financed by the centre and the state with the responsibility of the state to implement these programmes.

Constitutional and Legislative Framework

The government has established laws and regulations to ensure the well-being of older adults.

Constitutional Guarantees

The Constitution of India mandates the well-being of older persons through several articles that apply to all citizens of the country. These are:

- Article 21: The right to life and personal liberty is interpreted to include the right of senior citizens to live with dignity.
- Article 41: This article provides for the right to work, education, and public assistance, stating that the state will secure public assistance in certain cases such as unemployment, old age, and sickness within its economic capacity.
- Article 46: The constitution promotes the educational and economic interests of Scheduled Castes, Scheduled Tribes, and other weaker sections, including the elderly and disabled.
- Article 47: Guarantees the right to equality as a fundamental right, which applies equally to older persons.

7th Schedule of the Indian Constitution

Entries related to older adults include:

- State List (Entry 9) and Concurrent List (Entries 20, 23, 24): These entries pertain to old age pensions, social security, and economic and social planning.
- Entry 24: Focuses on the welfare of labour, including work conditions, provident funds, workmen's compensation, and old age pensions.

Legislative Framework

The key legislation is the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**. The act is a crucial piece of legislation that establishes measures to provide support and maintenance for elderly parents and senior citizens. It includes:

- The right for senior citizens to reverse property transfers if they experience neglect from their relatives.
- A legal requirement for children and relatives to provide financial support to parents and senior citizens unable to sustain themselves, enforceable through tribunals. Including imposing penalties for the abandonment of senior citizens.
- Provision of medical care and security for older adults.
- Creation of shelters for economically disadvantaged senior citizens.

A proposed amendment, the **Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019**, is currently under consideration in the Lok Sabha. The Act is in consideration with the demographic, socio-economic and technological changes taking place in the country.

The proposed amendments include:

- Expansion of beneficiaries to include parents-in-law and both maternal and paternal grandparents.
- Provision for maintenance claims from stepchildren and adopted children.
- Eliminates the upper limit of Rs. 10,000 on maintenance amounts.
- Designates a maintenance officer as a point of contact for senior citizens to ensure compliance with judicial orders.
- Provision for children and relatives the right to appeal the orders.
- Finally, it has mandated regulation of institutions (senior citizen care homes and day care centres) and home care services for senior citizens.

As per LASI data, only 12% of the elderly population is aware of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

Other relevant laws include:

- Hindu Adoption and Maintenance Act, 1956: Section 20 mandates the maintenance of aged parents, including grandparents under Muslim Personal Law.
- Criminal Procedure Code (Section 125): Provides elderly parents without means the right to seek support by their children with sufficient resources.
- Income Tax Act (Sections 88-B, 88-D, & 88-DDB): Allows senior citizens to claim tax discounts.
- NALSA (Legal Services to Senior Citizens) Scheme, 2016: Aims to enhance legal aid for senior citizens to access free legal services.
- Senior Citizen Welfare Fund (2016): Established from unclaimed amounts in central government savings schemes, this fund supports the welfare of elderly widows and senior citizens.

Policy Initiatives

The **Ministry of Social Justice and Empowerment (MoSJE)** is the nodal ministry for ensuring the well-being of senior citizens. The Ministry of Social Justice and Empowerment (MoSJE) spearheads the initiatives and coordinates with other ministries on programmes relevant to support older adults. Within MoSJE, the Senior Citizen division is responsible for programmes focused on older adults. A directorate of senior citizens in the states and union territories, along with block panchayat offices, Panchayat Raj institutions and Tribal Councils play a key role in the implementation of the policy.

In addition, a central advisory body, the National Institute of Social Defense (NISD) undertakes training and research focused on welfare of senior citizens. The National Council of Senior Citizens, with the minister of MoSJE as the chair, provides advice to central and state governments and monitors the progress of the programmes.

Integrated Programme for Older Persons

MoSJE came up with the Integrated Programme for Senior Citizens in 1992, which was the first scheme targeted at older adults. However, the focus was limited to providing institutional care and services to senior citizens (PIB, 2018). In 1999, the National Policy on Older Persons (NPOP), a more comprehensive policy to ensure the welfare and safety of older adults, was passed. The policy outlines principal areas for intervention which are: financial security, healthcare and nutrition, shelter, education, welfare, and protection of life and property. Additionally, the policy highlights the need to partner with non-government organisations in implementing the NPOP. The National Policy on Senior Citizens was passed in 2011.

The provisions of the policy are implemented through various programmes and schemes. The most significant is the National Action Plan for Senior Citizens (NAPSrC). The umbrella scheme encompasses all centrally sponsored programmes for older adults and covers ten categories that include financial security, healthcare and nutrition, shelter and welfare, protection of life and property of senior citizens, active and productive ageing with intergenerational bonding, accessibility, transport and age-friendly environment, awareness generation and capacity building, and research. The implementation of the schemes takes place directly by the government or in collaboration with selected Implementation Agencies. In 2018, the plan was revised and renamed Atal Vayo Abhyudaya Yojana (AVYAY). The main components of the scheme are:

- **Integrated Programme for Senior Citizens (IPSrC):** The main objective of IPSrC is to provide basic amenities like shelter, food, medical care, and entertainment opportunities. The programme makes provision for mobile medical care units and physiotherapy clinics for the elderly. In addition, it maintains Regional Resource Training Centers (RRTCs). The RRTCs provide capacity building and technical support through training and organise programmes for intergenerational bonding.
- **State Action Plan for Senior Citizens (SAPSrC)**: A scheme that caters to health and shelter for senior citizens at the state level. The state action plan comprises a five-year strategy to fund and implement the central action plan for the welfare of senior citizens. In addition to supporting activities under IPSrC, the state plan organises cataract surgeries for senior citizens. It also funds agencies to build human resources for geriatric caregiving.

The **Ministry of Health and Family Welfare (MoHFW)** has been delivering tailored services to the diverse and complex needs of the elderly. Below mentioned are the key programmes of MoHFW catering to the healthcare needs of our elderly.

National Programme for Health Care of the Elderly
Aligned with the objectives of the National Policy on Older Persons (1999), and the Maintenance and Welfare of Parents and Senior Citizens Act (2007), the MoHFW introduced the National Programme for Health Care of the Elderly (NPHCE), in 2010. The NPHCE aims to provide accessible, affordable, and quality long-term care services to those above the age of 60 years. The NPHCE envisions to create a new and robust framework for ageing and an environment that enables people of all ages to live a life of dignity. The NPHCE also aims to bring convergence between efforts under the National Rural Health Mission, AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) and other line departments like the Ministry of Social Justice and Empowerment.

Key components of the programme:

» **Tertiary care**: As part of the NPHCE, the government works closely with States to set up National Centres of Ageing (NCA) and Regional Geriatric Centres. At present, there are two NCAs in the country. The first one was established at AIIMS, New Delhi following which another one was started at Madras Medical College, Chennai. A third NCA is currently under construction at the Institute of Medical Sciences-Banaras Hindu University. The Government of India has established 17 RGCs till date. These facilities provide tertiary level of geriatric care, carry out capacity building exercises and research activities.

» **National Health Mission (NHM)**: The NHM has planned for the establishment of secondary level geriatric units in 725 district hospitals in the country. Furthermore, Community Health Centres (CHC) have been provisioned to carry out bi-weekly geriatric outpatient services, establish physiotherapy units and deploy rehabilitation and physiotherapy both in-facility and domiciliary care. At the primary and secondary level, the nearly 1,50,000 Ayushman Arogya Mandirs - Health and Wellness Centres (HWCs) provide rehabilitation and palliative care.

» **Longitudinal Ageing Study in India (LASI)**: The final component of NPHCE is the Longitudinal Ageing Survey in India (LASI), the world's largest ageing survey. This nationally representative survey was first conducted in 2017–18, gathering data from over 75,000 individuals aged 45 years and above.The survey is planned to be conducted every five years for the next 25 years. It provides key data from socio-economic, health and policy domains, including disease burden, healthcare financing, family and social networks, economic status, and access to elderly welfare programmes.

Table 3: Key outcomes of the NPHCE (2024-25)

Item	Number
Beneficiaries who attended Geriatric Clinic (OPD)	8,17,28,487
In-patient Admission Geriatric Ward (IPD	88,23,359

Source: Ministry of Health and Family Welfare

Table 4: Training of healthcare staff in elderly and palliative care under the NPHCE (2025-25)

Human Resource Type	Number Trained
Medical officers	18,023
Staff Nurse	20,093
Community Health Officers	64,451
Auxiliary and Nursing Midwives	1,36,391

Source: Ministry of Health and Family Welfare

Key Ministries and Schemes

Approximately fifteen ministries work in coordination to implement programmes and schemes that cater to the economic, health and social needs of senior citizens. While some schemes support all senior citizens, others are targeted at those who are socio-economically disadvantaged.

Below mentioned are the main schemes taken up by various ministries to support the **economic, health, and social well-being** of elderly citizens.

Economic Support

Policies targeted towards improving the economic well-being of senior citizens work through two main categories i.e., pension schemes and employment/entrepreneurship schemes.

a) Pension schemes

Ministry of Rural Development

- National Social Assistance Programme: A non-contributory centrally sponsored programme. Additional amount provided by the state.
- Indira Gandhi National Old Age Pension Scheme (IGNOAPS): A monthly pension of Rs. 200 is given to the elderly aged 60-79 years belonging to the BPL category. The pension increases to Rs. 500 per month upon attaining the age of 80 years.
- Indira Gandhi National Disability Pension Scheme (IGNDPS): A monthly pension of Rs. 300 is given to BPL persons aged 18-79 years with severe and multiple disabilities. The pension increases to Rs. 500 per month upon attaining the age of 80 years.
- Indira Gandhi National Widow Pension Scheme: A monthly pension of Rs. 200 to widows below poverty line.

Ministry of Finance

- Atal Pension Yojana (2015): Launched on 9 May 2015, this initiative aims to establish a universal social security framework for all Indians, particularly targeting the poor, underprivileged, and unorganised sector workers. It is available to all Indian citizens aged 18 to 40 with a bank or post office account. Subscribers can choose from five pension options – Rs. 1000, Rs. 2000, Rs. 3000, Rs. 4000, and Rs. 5000 – which are guaranteed by the Government of India upon reaching the age of 60.
- Pradhan Mantri Vaya Vandana Yojana (PMVVY): This scheme is designed to safeguard individuals aged 60 and older from potential declines in interest income due to fluctuating market conditions, providing social security in their later years. Implemented through the Life Insurance Corporation (LIC) of India, it offers a guaranteed return of 8% per annum, paid monthly for a decade.
- Pradhan Mantri Suraksha Bima Yojana (PMSBY): Available to individuals aged 18 to 70 with a bank or post office account and who consent to auto-debit, this scheme provides risk coverage of Rs 2 lakhs for accidental death or total permanent disability, and Rs 1 lakh for partial permanent disability.

Ministry of Labour & Employment

- Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM): is a contributory pension scheme aimed at informal sector workers and is executed through the Life Insurance Corporation.

Ministry of Personnel, Public Grievance and Pensions

- Central government employees avail retirement benefits and pensions once they retire.

b) Employment/Entrepreneurship Opportunities

Ministry of Social Justice and Empowerment

- Senior and Able Citizens for Reemployment in Dignity (SACRED) Portal: A virtual platform that allows elders to apply for positions in private entities.

» Action Groups Aimed at Social Reconstruction (AGRASR): Senior citizens are encouraged to form self-help groups with financial assistance under the SHG scheme.

Ministry of Education

» National Education Policy 2020: Provision for distinguished experts from varied fields to teach as 'Professors of Practice' at higher education Institutions to promote experiential learning and improve the employability of students.

Health and Nutrition Support

Healthcare and nutritional support policies for the elderly are implemented through an integrated approach that includes comprehensive care services, health insurance coverage, and targeted nutrition schemes.

a) Comprehensive care services

Ministry of Social Justice and Empowerment

» Integrated Programme for Senior Citizens (IPSrC): Mobile medical care units and physiotherapy clinics for elderly.

» State Action Plan for Senior Citizens (SAPSrC): Organises cataract surgeries for older person Below Poverty Line (BPL).

» Rashtriya Vayoshree Yojana (RVY): Physical aid and assisted living devices for senior citizens who live below the poverty line are provided under this scheme. It was revised to expand the programme for seniors to include those with family income not exceeding Rs.15,000 per month.

Photo: AdobeStock

Representative Image: Access to financial services, including options for managing healthcare costs, empowers seniors to afford necessary medical care and maintain their well-being independently

Ministry of Health and Family Welfare (National Programme for Health Care of the Elderly)

- Ayushman Bharat Jan Arogya Mandir: The nearly 1,50,000 Health and Wellness Centers provide palliative care at the primary and secondary health centre.
- Other programmes: National Programme for Control of Blindness and Visual Impairment (NPCBVI), National Mental Health Programme (NMHP), National Oral Health Programme (NOHP), National Programme for Prevention & Control of Deafness (NPPCD) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), Senior Citizen Health Insurance Scheme (SCHIS), Central Government Health Scheme (CGHS).

Ministry of Ayush

- Vayo Mitra Ayush Geriatric Healthcare Services under Ayush Public Health Programmes: Vayo Mitra Ayush Geratric Services includes specialised and comprehensive Ayush services for geriatric patients. The programme also aims to raise awareness of the benefits of Ayush to improve uptake of these services.
- Ayurswasthya Yojana: Is a central sector scheme that supports interventions related to communicable diseases, non-communicable diseases, maternal and child health, geriatric care and mental health.

b) Health Insurance and Other Financial Assistance

Ministry of Health and Family Welfare (National Programme for Health Care of the Elderly)

- Ayushman Bharat Pradhan Mantri Jan Arogya Yojana: Launched in 2018, this is the world's largest publicly funded health assurance programme. The scheme provides health insurance cover of Rs. five lakh per family per year for secondary and tertiary care hospitalisation, covering the poorest 40% of India's population. In 2024, the programme was further expanded to include all citizens over the age of 70 years, irrespective of income levels. This expansion is projected to benefit 60 million older persons in the country.
- Rashtriya Arogya Nidhi (RAN): The scheme was set up in 1997. It provides financial assistance to patients who are suffering from life threatening conditions. These patients belong to the weaker sections of the society and can avail treatment in 13 central government hospitals.

c) Nutrition

Ministry of Rural Development

- Annapurna Scheme: Persons who are not receiving pension under the National Old Age Pension Scheme and are above 65 years, get 10 kg food grains free of cost per month.

Ministry of Consumer Affairs, Food & Public Distribution:

- Antodaya Anna Yojana: Widows, disabled and senior citizens who lack any social and financial safety net are provided rice and wheat at subsidised prices.

Social Support

Social support for the elderly is provided through a combination of reforms in physical and social infrastructure.

a) Physical infrastructure

Ministry of Social Justice and Empowerment

- Accessible India Campaign (Sugamya Bharat Abhiyan) - The campaign was launched in 2015 as a nationwide campaign for achieving universal accessibility for Persons with Disabilities (PwDs). This includes the creation of elder-friendly, barrier-free environments in buildings, public toilets, buses, bus stands, airports, and other public places to create age-friendly cities.

Ministry of Housing and Urban Affairs

- Model Building Bye-Laws (MBBL): This was passed in 2016. The objective is to ensure low-floor buses with

ramps, elder-friendly infrastructure at metro and rail stations, and reservation of seats to create an age-friendly environment for the elderly.

» Pradhan Mantri Awas Yojana: There are provisions in the programme to give priority to seniors in allocating homes. Furthermore, they are given preference while allocating homes on the ground floor.

b) Social Infrastructure

Ministry of Social Justice and Empowerment

» Elder line: A helpline designed especially for older people was launched in 2020. The number used is 14567. The pilot was conducted in Telangana with Tata Trust. It has been implemented in 36 states and UTs.

As per LASI data, about 55% of the elderly were aware of the old-age pension schemes (IGNOAPS); 44% were aware of the widow pension scheme (IGNWPS); and only about 12% were aware about the Annapurna scheme. Moreover, utilisation was even lower with 22.6% for IGNOAPS;19.2% for IGNWPS and about 1.3% for Annapurna scheme. The main reasons for not availing the schemes included the cumbersome administrative procedures and lack of proper documentation and physical presence at the office to get the work done.

In terms of healthcare, service utilisation rates have been poor. This can be attributed towards factors such as low programme expenditure (less than 1%) as in Bihar, non-functionality or limited functionality of 5-10 bedded geriatric care wards of districts in Manipur, Madhya Pradesh, Mizoram, Jharkhand, Bihar, Nagaland, and Andhra Pradesh. Another observed challenge is the lack of equipment and skilled HR for health in most of the visited districts. Another point of concern is the NPHCE, which, while it addresses most of the health problems in an institutional healthcare system, it completely neglects home based care of an elderly person in families (Verma and Khanna, 2013).

Chapter 5
Select Good Practices

Governments, private organisations, and nonprofits in India are increasingly adopting innovative approaches to address the diverse needs of the elderly. From state-led schemes offering integrated healthcare and pension services to tech-enabled private sector solutions that provide home-based care and companionship, these efforts reflect a growing commitment to ageing with dignity. As highlighted in this chapter, these initiatives demonstrate the potential of creative, collaborative strategies to enhance the wellbeing of India's ageing population.

Makkalai Thedi Maruthuvam Scheme, Tamil Nadu

In Tamil Nadu, the Makkalai Thedi Maruthuvam (MTM) Scheme is a flagship programme of the Government of Tamil Nadu that offers a comprehensive set of "Home-based health care services' to ensure a continuum of care, sustainability of services, and meeting the needs of beneficiaries. The main idea of the scheme is to deliver medical care at the doorsteps of people, especially those belonging to the vulnerable and disadvantaged sections of the society.

Under the Makkalai Thedi Maruthuvam (MTM) Scheme, a field-level team is dedicated to delivering home-based services, with a specific focus on non-communicable diseases (NCDs). This initiative is particularly significant given the growing burden of NCDs and the rising elderly population in Tamil Nadu. It is estimated that in 2020, Tamil Nadu had a prevalence of 24.3% hypertension cases and 7.1% diabetes mellitus cases of the population. When the COVID-19 pandemic disrupted access to healthcare, the Chief Minister launched the Makkalai Thedi

Home-based services provided under the Makkalai Theri Maruthuvam Scheme in Tamil Nadu

Source: Makkalai Thedi Maruthuvam (2023) Inter-State Council, Government of Tamil Nadu.

Maruthuvam scheme in the Krishnagiri district on 5 August 2021. The scheme was expanded to cover the entire state of Tamil Nadu by September 2021.

The MTM screens for 10 common chronic conditions including hypertension, diabetes, breast cancer, cervical cancer and oral cancer. The scheme also aids with services like drug delivery to hypertension and diabetes patients above 45 years of age and those who face physical mobility challenges, counselling on healthy lifestyle practices, etc. Home-based palliative care services and physiotherapy for those who have difficulty in visiting healthcare facilities, elderly, and people with mobility challenges also forms a key component of this scheme.

It has been noted that 40% of those requiring palliative care are covered by MTM -field staff. A cross-sectional study by the State Planning Commission, Tamil Nadu found that out-of-pocket expenditure halved post-implementation of the scheme, for those belonging to lower-income families. In addition, screening for diabetes and hypertension increased from one-third of the population to nearly half (Government of Tamil Nadu, 2023).

Community-based organisation (GRAVIS)

Gramin Vikas Vigyaan Samiti (GRAVIS) works on the concerns of older persons by emphasising on overall wellbeing by fostering intergenerational bonds and older persons associations. As part of GRAVIS' activities in India, two key community-based initiatives have been undertaken to boost elderly empowerment; the formation of the Village Older People's Associations (VOPA), and the creation of older women's self-help groups (SHGs). The main goals of GRAVIS working in this area have been to strengthen intergenerational bonds, empower

A meeting of the Village Older People Association (VOPA)

older women as they are the most vulnerable in this segment, and help elderly individuals fight instances of poverty. Over 400 such groups had been already created by 2019, in villages located in the Thar desert of India (HelpAge USA, 2019).

The VOPAs are particularly important due to their role in advancing various welfare schemes initiated by GRAVIS in parts of Rajasthan, India. VOPAs work in a manner where they conduct monthly meetings and maintain records on various development activities

run by GRAVIS. Grants provided for capacity building engage both elderly and young.

GRAVIS-led interventions have empowered older individuals to take the lead in activities such as drought mitigation, improving food and nutrition security, and managing drinking water resources. VOPAs help in disseminating information from the vast experience and practical knowledge possessed by older individuals. In human resource generation activities, elderly have traditional knowledge, and their inputs are used to design climate action projects.

Age-friendly city, Kochi, Kerala

In 2024, Kochi city was designated an age-friendly city, nearly a decade after initiating discussions to meet the needs of older residents. This achievement followed the launch of various programmes in collaboration with the Center of Excellence for Developing Age-Friendly Communities (CEDAC), the Kerala State Branch of the Indian Medical Association (IMA), and the Kochi Municipal Corporation.

Key initiatives include the University of 3rd Age (U3A), Senior Taxi service, elder helpline, and age-friendly colleges, all aimed at enhancing development, health, and social inclusion for seniors. Since 2015, U3A has provided lifelong learning opportunities, while the Senior Taxi service, introduced in 2016, offers elder-friendly transportation. The municipal corporation has played a crucial role in supporting these efforts, which also encompass tailored healthcare services, preventive health screenings, and inter-sector collaboration. These initiatives position Kochi as a model for other cities in fostering inclusive communities for seniors (WHO, 2024a).

Community Kitchen, Chandanki, Gujarat

Another great example of an elderly-friendly initiative comes from Gujarat's Chandanki village (Times of India, 2024). With most of the younger persons having migrated to cities or abroad, the village now had nearly 50% of the population who are elderly individuals.

The village sarpanch, Poonambhai Patel, has been the key figure behind the unique 'community kitchen' initiative. The initiative has brought immense relief to the elderly village residents who only have to pay Rs. 2000 per person, per month, to get two hearty meals a day. The meals consist of a variety of Gujarati dishes and are balanced in nutrition and taste.

Another positive aspect of the initiative is the way that it is organised. Meals are served in a solar-powered air-conditioned hall. This hall has now become a gathering place for the villagers where they meet their neighbours, talk about their lives, and share their joys and sorrows. In this manner, the community kitchen also caters to the social needs of elderly individuals by giving them a space to communicate and share bonds with other people.

Representative Image: Kochi was designated age-freindly city ensuring safety, mobility, and dignified access to services for the elderly

KUTUMB App by Delhi Police

The KUTUMB application is a free app for Delhi's elderly citizens, introduced on 01 October 2024 (Times of India, 2024). The application assesses older persons' living arrangements, physical conditions, and location and assigns a vulnerability score to each senior citizen. Furthermore, the geotagging feature ensures that police constables can cater to the requirements of the elderly when approached via the app. Constables also carry out home visits for those with higher vulnerability scores.

The key objective of the app is to enhance the safety, security and well-being of the elderly living in Delhi. The Delhi Police has already registered more than 65,000 senior citizens on the app. Subsequently, all district DCP offices now have a senior citizen cell. Measures have been taken to involve Resident Welfare Associations (RWAs) and Municipal Welfare Associations (MWAs) to complement the efforts of the Delhi Police.

The examples in this chapter demonstrate the various unique and creative strategies being implemented across India to serve the elderly. These best practices highlight the importance of community engagement, cross-sector collaboration, and locally rooted solutions. They provide a strong grounding for expanding age-inclusive models that value dignity, care, and active ageing.

Chapter 6
Actionable Solutions

Senior citizens in India are a diverse lot (Jamuna 2000; Krishnaswamy et al. 2008; Lamb, 2020; Samanta, 2018). Their needs and challenges vary significantly based on their social and economic conditions, as well as their levels of disability and vulnerability. Older individuals from impoverished backgrounds face distinct issues compared to their more affluent peers, and the challenges encountered by rural elderly populations differ from those experienced in urban areas.

Key investments in health and education taking a life course approach have proven to support well-being and productivity in later life stages. By life course approach we mean policies and programmes that are comprehensive, addressing the needs of individuals at every stage of life.

Currently, the Senior Citizen Division of the Ministry of Social Justice and Empowerment (MOSJE) leads the development of policies and programmes for older adults. Additionally, various schemes addressing the needs of the elderly are implemented by different ministries. To ensure that ageing issues receive the attention they deserve, it is essential to take a coordinated and integrated approach towards ageing. This would help mainstream ageing concerns into the overall public policy framework.

Seminar on 'Ageing in India: Actionable Solutions'

To gain a deeper understanding of the challenges facing the elderly and to gather actionable solutions to address these issues, the Sankala Foundation organised a seminar titled 'Ageing in India: Actionable Solutions' on 18 December, 2024, in collaboration with the National Human Rights Commission, India, and with the support of NITI Aayog and the Ministry of Social Justice and Empowerment, Government of India.

As India and the world continue to experience a rapidly growing elderly population, it is essential to create sustainable, inclusive policies that promote

(From left to right) Mr. Bharat Lal, Secretary General, NHRC, Mr. Amit Yadav, Secretary, Ministry of Social Justice and Empowerment, and Mr. Devendra Kumar Nim, Joint Secretary, NHRC, spoke on 'Economic Security, Social Inclusion and Quality of Life' at the seminar

healthy, productive, and dignified lives for older adults. Through thoughtful dialogue and collaboration, this seminar aimed to generate practical, evidence-based solutions that will enhance the lives of ageing populations in India and globally. The event brought together healthcare practitioners, policymakers, civil society representatives, and NGOs to share critical insights and offer evidence-based recommendations.

The deliberations were particularly timely, given the Ministry of Social Justice and Empowerment's ongoing efforts to revise the National Policy for Older Persons. Many of the recommendations outlined in this chapter are informed by the key themes and discussions that emerged during the seminar, ensuring they are both contextually grounded and forward-looking. The section below provides further recommendations under three pillars, namely, economic security, health and wellness and living environment to support senior citizens.

Recommendations

Socio-Economic Empowerment

The main concern for the elderly is income security. The absence of adequate resources can create barriers to accessing healthcare and nutritious food. Some interventions to support the financial needs of the elderly will include programmes on the opportunity to work, old-age pension and income tax benefits. Recommendations on some of the current schemes are below:

a) **Encourage elders to participate in the workforce** for as long as they can do so. This will require initiatives to create an environment that promotes an intergenerational workforce and provide avenues for reskilling and upskilling to cater to the needs of the labour market. While initiatives such as Senior and Able Citizens for Reemployment in Dignity (SACRED) and Action Groups Aimed at Social Reconstruction (AGRASR) to facilitate economic engagement under MoSJE have been implemented, there is a need to ensure that the programme achieves its desired goal. Further, the digital literacy programme, e-Disha by the Ministry of Electronics and Information Technology, could be expanded to include seniors as a beneficiary. This programme aims to improve digital literacy among one member of a household in rural areas and is limited to age groups 14-60 years.

b) **Encourage creation of senior Self-Help Groups to foster entrepreneurship:** In this regard, the

Photo: Shikhar Mohan

A cross-section of the participants at the seminar on 'Ageing in India: Actionable Solutions'

Photo: Shikhar Mohan

Dr. Vinod K. Paul, Member (Health), NITI Aayog spoke on 'Health and Nutritional Needs of the Elderly' during the seminar. Seen here with Dr. Paul are Mr. Bharat Lal and Mr. Devendra Kumar Nim

revision of the age limit for loans under the Ministry of Finance Micro Unit Development and Reliance Agency (MUDRA) scheme would help secure finances for senior citizens. Currently, as per the guidelines, the last loan payment must be completed before the age of 65. This needs to be revised.

c) **Pension support in the form of non-contributory schemes for all seniors below the poverty line:** The financial support extended under current schemes by the Ministry of Rural Development is meagre. Some states provide pensions as low as Rs. 200 a month. It is important to increase this amount to prevent elderly exploitation and suffering. Moreover, LASI data suggests that nearly half of the beneficiaries are not aware of the schemes. And those eligible for the programme find it difficult to avail of it. It is, therefore, necessary to improve awareness of these programmes and streamline the eligibility process to ensure those qualified avail the benefits. Contributory pension programmes could be extended to the unorganised sector. Also, encouraging adults to save for their retirement period will provide financial stability at old age.

d) **Reverse mortgage:** This financial instrument allows seniors access to loans against house property without selling it. The amount is tax-free and repaid to the bank when the beneficiary dies, sells the house or shifts residence. Although the system was launched in 2007, it has not been widely adopted. Measures should be taken to amend certain rules to ensure that this plan is widely adopted to relieve financial stress at old age.

e) **Tax exemption:** Goods and services that specifically address needs of senior citizens should be exempted from taxes. In this regard, the 18% tax on private healthcare insurance acts as a deterrent for senior citizens. This could be exempted for senior citizens so that healthcare insurance becomes affordable, and people have a safety net during illness.

f) **Security from financial fraud:** Senior citizens are vulnerable to financial fraud, especially with

the proliferation of digital tools in our daily lives. Targeted measures could be taken to help them with financial and digital literacy that ensures protection against financial fraud. Educating the elderly about financial planning, budgeting, and investment strategies can make a significant difference by inducing informed decisions regarding their finances. The private sector could be involved in such an endeavour.

Health and Nutrition

Health is vital for a productive and meaningful life. The elderly who are healthy can continue to be part of the workforce or contribute to the community. Investments in health promotion and prevention should become the linchpin of any healthcare system so ensure people arrive at old age healthy and remain healthier longer. Health interventions should follow a person-centred approach that would be tailored to the healthcare needs of individuals.

Health is a state subject under the Constitution of India, which means that States hold the ultimate responsibility of healthcare delivery. Despite numerous programmes at the central and state levels, implementation gaps remain. To bridge such gaps, it is important that State governments attribute highest priority to key health initiatives in order to reach their objectives and address the needs of the citizens.

a) **Integrated comprehensive care:** Integrated care refers to a care approach involving coordination across various levels of the healthcare system to ensure a comprehensive treatment plan is executed. Such a coordinated care plan addresses the biological, psychological, as well as social care needs of the elderly. While certain debilities are expected to occur with age and cannot be reversed or halted, measures to create a healthcare system which can prevent, slow down, and manage adequately, the healthcare needs of this population group are needed. This includes strengthening India's National Programme for Prevention and Control of Non-communicable Diseases to ensure screening, early detection, and timely intervention and management.

   More targetted attention must be paid towards women. While they live longer, these additional years are filled with chronic diseases, higher DALYs (disability adjusted life years), and mental illnesses.

b) **Mental health:** Special attention needs to be paid towards mental health disorders, such as depression, which significantly impairs a person's later years of life. While most attention is paid towards chronic conditions (like hypertension, diabetes, etc.) and physical disabilities, mental health concerns often take a backseat. A large proportion of the elderly go undiagnosed for depression and depressive symptoms, as also suggested by LASI Wave-1, 2017-18. Concertedefforts must be made to diagnose and treat mental health concerns amongst the elderly. Existing modules of training must incorporate geriatric mental health training to sensitise the healthcare workforce of the unique needs of the elderly who are diagnosed with such concerns. While already underway, India can further utilise the e-sanjeevani and TeleMANAS facilities to cater to the mental health needs of the elderly.

c) **Nutrition:** As people grow old, their nutritional needs change due to age-related physiological and sensory changes. While calorie intakes tend to decrease with age due to reduced physical activity, the need for certain nutrients increases. The currently recommended dietary guidelines by the ICMR Expert Group on Nutritional Requirement 2020 need further discussions so that they meet the needs of the elders (ICMR-NIN, 2020).

   Further, there is a need to develop guidelines keeping in mind the Indian context as opposed to those recommended by international organisations such as the Food and Agriculture Organization or World Health Organization. Integrated care should focus on disseminating nutritional and dietary guidelines that prevent and slow the reduction in muscle mass amongst the elderly, promote intake of macronutrients, and encourage greater physical activity (Tattari et al., 2022). Finally, the Essential Medicines List, a list that contains all necessary drugs required at healthcare facilities, may need to be updated to include food supplements, vitamins and micronutrients to support the health of older adults.

d) **Digital health:** The introduction and increased spread of digital health technologies can help deliver healthcare services to the remotely located elderly who find it difficult to travel long distances due to physical impairments. These

tools would help collect, organise, and share health information, enabling personalised care planning, remote monitoring, and assessment of health outcomes.

The use of digital technology for health services is cost-effective and would thus help reduce out-of-pocket costs for the elderly. In this context, it is also important to attribute special focus towards women who are often disproportionately affected by technological exclusion.

e) **Health Insurance Coverage:** Given the higher costs associated with elderly healthcare, it is necessary to put in place insurance schemes that reduce financial vulnerability and provide access to a comprehensive range of healthcare services. For elderly people who live alone, 20% of household consumption expenditure is attributable towards healthcare. The government can reduce catastrophic health expenditure and indebtedness amongst elderly population by extending health insurance coverage -irrespective of financial background- to the young-old population, i.e., 60-69 years, who are currently left out of the AB-PMJAY coverage.

f) **Training and orientation of healthcare workforce:** Healthcare systems will need to better align to meet their needs. This will require a shift from conventional methods of providing healthcare towards a more person-centred approach. Multidisciplinary teams at multiple levels will be required. These may include general practitioners who oversee overall health management, specialist geriatricians who provide consultation and support, and social workers and community-based workers who coordinate care and ensure social support. The role of pharmacists, dietitians, rehabilitation therapists, and psychologists also becomes essential for managing medications, providing dietary guidance, offering rehabilitation services, and addressing mental health needs. Their training (healthcare workers) will need to be enhanced with skills in geriatric care, including palliative care and management of complex health needs specific to older adults. This will require a shift from treatment to management of disease conditions.

g) **Access to assistive devices:** The UNFPA India Ageing Report 2023 has highlighted the high number of elderly with visual (23.8%) and hearing (91.7%) impairment that did not have access to assisted devices. Access to assistive devices is vital so that older adults can address age-related disability. Moreover, it has a direct effect on the ability of senior citizens to engage in social activity which is crucial.

h) **Long-term care:** Given the chronic nature of ailments among the elderly populations and the decline in their physical and mental capacities, the concept of long-term care has gained attention. Services that help the elderly improve and preserve their functional capacities to engage in social activities and pursue activities they value are included in long-term care.

A key component of long-term care is home based care as many older adults express a preference for ageing in their own homes or communities, where they can maintain social connections and support networks essential for their well-being. To facilitate this, it is important to accurately skill not just medical professionals, but also family and community level caregivers. Here, care and support are provided beyond traditional healthcare facilities to encompass medical mobile units and home-based care with adequate community engagement. In some cases, demand for long-term care facilities, nursing homes, and assisted living arrangements to help older adults with daily activities and medical supervision will be required.

i) **Rehabilitative care:** There is a need to strengthen the component of rehabilitative care in various programmes, which often takes a backseat to other components. Rehabilitative care is extremely crucial given the high incidence of locomotor and functional disabilities amongst elderly persons. Additionally, rehabilitation professionals often seem to lack adequate knowledge about the care requirements of the elderly. From here stems the need for increasing awareness about rehabilitative care by tapping into the knowledge of experienced professionals in this sector.

j) **Palliative care:** Palliative care is specialised medical support designed to improve quality of life for persons with serious illnesses. It manages the symptoms and reduces stress and also assists in coping with side effects from medical treatments. Palliative care can be delivered

in-home or within long-term care facilities. In long-term care settings, it is integrated into the ongoing care plan from the moment of diagnosis. The 12th Common Review Mission report for National Health Mission (2018) highlights the lack of implementation of the palliative programme. There is a need to strengthen palliative care to address the needs of elderly population.

k) **Respite care and regulations**: Respite care refers to temporary services provided to give some relief and complement the services of the primary caregiver. With an increasing elderly population, a high amount of caretaking burden will fall on families, especially the women. Aligned with this, there arises a need for specialised caregivers and day-care centres. This can help reduce the stress and exhaustion levels of the primary caregiver for a few hours/days. This help can also come in the form of individuals who visit for a few hours every day, help the elderly with their morning rituals, take them to the temple or their evening meetup with friends, etc. While these services have created a new service sector, there is a lack of a regulatory system to ensure the expectations of the employer, (in this case a family member), and the rights of the caregiver are assured. The proposed Maintenance of Parents and Senior Citizens Bill, 2019 addresses this lacuna. It is therefore recommended that the bill is passed at the earliest to address this gap. Further, MoSJE, MoHFW and Ministry of Skill Development and Entrepreneurship should collaborate to ensure the law is implemented.

l) **Role of Ayurveda and other traditional health remedies:** There exists a separate branch of knowledge called 'Jara' (means ageing) that exists in Ayurveda sciences, which can be incorporated into existing policies and programmes, given its ability to help in prevention and precaution. Integration of ayurveda practices in diet and lifestyle can help reduce the incidence of age-related illnesses. Bringing back simpler interventions into daily lifestyle, such as the consumption of Chyawanprash, can help boost immunity.

j) **Memory care facilities**: Dementia and memory-loss are extremely common amongst elderly, threatening safety, especially in case of elderly who live alone. A rise in elderly creates the need for memory care facilities which are sensitive to the needs of such elderly. Memory care facilities should be equipped with trained healthcare professionals and adequate safety and security in the premises. Carefully designed activities exercise for engagement can help retain cognitive abilities and basic functionality.

Ensuring a Safe, Secure, and Dignified Future

Supportive physical and social environments empower individuals to engage in meaningful activities, even as their abilities decline. Examples of such environments include safe and accessible public buildings, transportation, and walkable areas. When creating a public health response to ageing, it is crucial to consider not only individual and environmental strategies that mitigate the challenges of ageing, but also those that foster recovery, adaptation, and psychosocial development.

A. **Combating ageism:** The elderly face a disadvantaged position in society due to morbidities that arise with age, which increases their dependence on their children and caregivers. This dependence clubbed with the changing family structures has increased the vulnerability of older persons.

As per LASI report, 5% of the elderly reported experiencing some kind of ill-treatment in the past year. Of this, 14% experience such treatment frequently. Elderly women faced more vulnerability in this regard compared to elderly men. The ill-treatment mainly involves neglect and verbal or emotional abuse, with physical abuse and economic exploitation being relatively less common. A key focus area to ensure healthy ageing is to bring about change in the way people think, feel, and act towards age and ageing.

a) **Educational programmes:** Value-based education at the school level can play an extremely important role in shaping the mindsets of children and youngsters about the elderly, their rights and their needs. This can be done by inculcating relevant course material in the social sciences or counselling subjects. Dissemination of such information should be carried out through interactive teaching methods that encourage children's involvement, improve their overall understanding of various matters, and encourage them to form intergenerational bonds. A good example of such an initiative is the Social Advocacy and Value Education (SAVE) programme started by HelpAge India, aimed at inducing children to spend more time with their

grandparents and other older people by visiting old age homes, amongst other activities.

b) **Involvement of the elderly in the education system:** Another way of shaping a positive attitude towards senior citizens is by involving elderly individuals in educational institutions and having them share life skills with the younger generation. One such example is the intergenerational bonding melas that the National Institute of Social Defence organises at educational institutions. These platforms stress on the need of younger generations to support the psychosocial needs of an ageing population.

c) **Mass media:** Media serves as a critical information source for citizens and shapes our understanding of many topics, including our understanding of ageing. Negative depictions and stereotypes hamper the youth's perceptions of ageing leading to them viewing ageing as an "issue" or a "problem" rather than a natural biological process, like every other stage of life. The power of the media can be leveraged to dispel some of the myths and misconceptions about ageing.

d) **Public awareness programmes:** Organisations and individuals must leverage special days like the International Day of Older Persons, which falls on 01 October, to highlight the substantial contribution of the elderly to the communities they live in. Such occasions can be utilised to create awareness about important themes like targeted welfare schemes for the old, the importance of intergenerational bonding, prevention of elder abuse, etc.

2. Building Age-friendly Environments: By 2050, India's elderly population is expected to double, reaching about 347 million. This would mean that one in every five Indians will be over the age of 60. Establishing the requisite infrastructure is vital to guarantee their equitable involvement in society.

a) Physical environment: Investments to promote elderly participation must devote attention towards building age-friendly environments.

» **Public spaces:** This includes reforming outdoor spaces, public buildings, signage, and transportation services, in a manner that

Photo: AdobeStock

Empowering the elderly with digital skills and fraud awareness helps ensure safer internet use

improves the elderly's independent capacities. Public spaces and transport services should be made user-friendly for elders by providing step-free access and buses with low floors and extendable ramps. All public spaces should be equipped with toilets that are disabled-friendly. Age-friendly infrastructure can also serve as a motivating factor for individuals to participate in outdoor activities instead of confining themselves to their homes, leading to social isolation and loneliness (Chau and Jamei., 2021). Such initiatives also have co-benefits for society, including vulnerable groups such as people with disability.

- **Housing adaptations:** This includes ensuring that homes with senior people are properly fitted with furniture, fixtures, and adjustments to promote independent living. This can be managed by broadening doors and hallways for easy walking, putting rails and handles for assistance, particularly in restrooms, adding ramps instead of stairways, and positioning switches, handles, and similar components at accessible heights.

- **Assisted living facilities:** With a rise in elderly, it is important to build more assisted living facilities. These facilities are primarily for individuals who require help with day-to-day functions but do not require intense medical care. Assistance provided by trained caregivers helps individuals retain autonomy as they have both independence and support. Recreational activities, access to healthcare and a social network make such facilities ideal for the elderly. Many private sector players have started establishing assisted living facilities already. Through public-private partnerships, it will be possible to create more such facilities, providing a range of price options to the elderly.

- **Community-based support and services:** Senior community services include adult day care, home-delivered meals, communal meals, housekeeping services, information and assistance, and so on.

b) Social environment: In addition to building a conducive physical environment, the introduction of initiatives that actively involve the elderly in social activities is needed to create a sustained change.

- **Community-level activities:** This can be done by introducing recreational activities at the community level, like group exercises (group yoga classes) in apartments/ complexes, and increasing social interaction through group efforts like gardening, quizzes and competitions, cultural events, and more. Local organisations that provide community-level services, including recreational activities, therapy or counselling, legal aid, and vocational training, should also be supported.

- **Opportunities for meaningful engagement:** The elderly, specifically those who are able and willing, should be given avenues for engagement through paid or volunteer activities. However, careful attention should be paid to accommodate their needs, such as shorter working hours, ergonomic seating, accessible office spaces, etc.

- **Law enforcement:** Additionally, law enforcement institutions can play a crucial role in ensuring the safety of elderly persons by conducting regular checks in households with vulnerable elderly, ensuring prompt action in cases of elderly abuse, violence, cybercrimes, etc. Steps should also be taken in the direction of reporting and implementation of laws that require healthcare professionals, social workers, and other designated individuals to report suspected cases of elder abuse.

- **Training of healthcare professionals:** Healthcare professionals should also be provided with additional training to recognise signs of elderly abuse. This will help identify victims and intervene early as the first point of contact.

- **Public-private partnership:** It is important to encourage partnerships between governments, non-profits and private enterprises to foster collective action to cater to the diverse needs of senior citizens. Such collaborations boosts innovations which can help create tailored solutions to address elderly needs, such as assistive technologies, smart home devices and telemedicine platforms.

To summarise, meeting the requirements of the ageing population necessitates a comprehensive, multifaceted approach that prioritises their well-

being, dignity, and active involvement in society. The recommendations in this chapter emphasise the need for targeted actions that enhance social inclusion, healthcare access, economic security, and community-based support systems. By employing these techniques, stakeholders can help create an atmosphere in which older individuals are not just cared for but also respected as valuable members of their communities. To turn these ideas into long-term measures that provide a dignified and satisfying life for the elderly, governments, non-governmental organisations, and society as a whole must work together.

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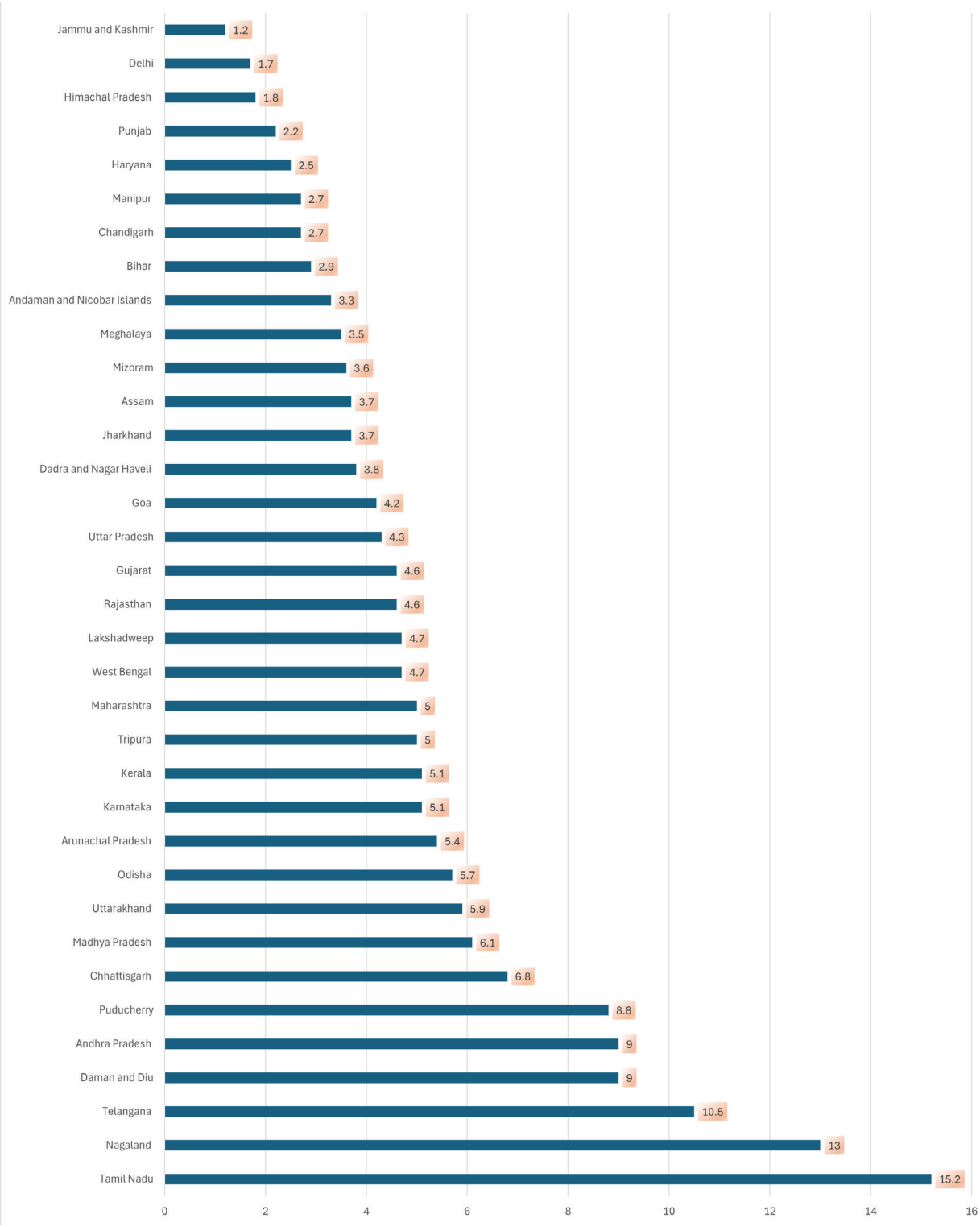
Appendices

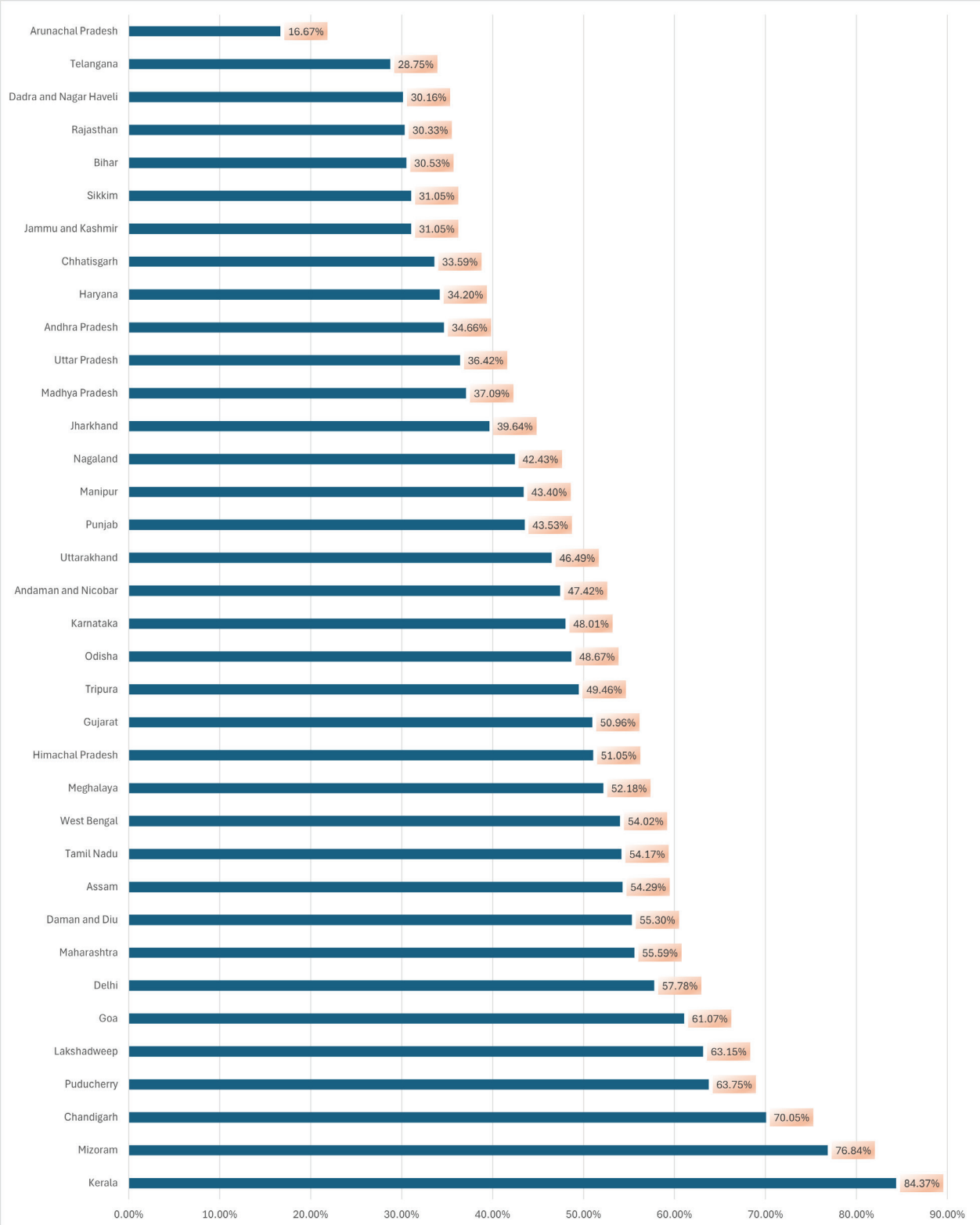
Appendix A

Figure A1: State/UT-wise Percentage of Elderly Living Alone



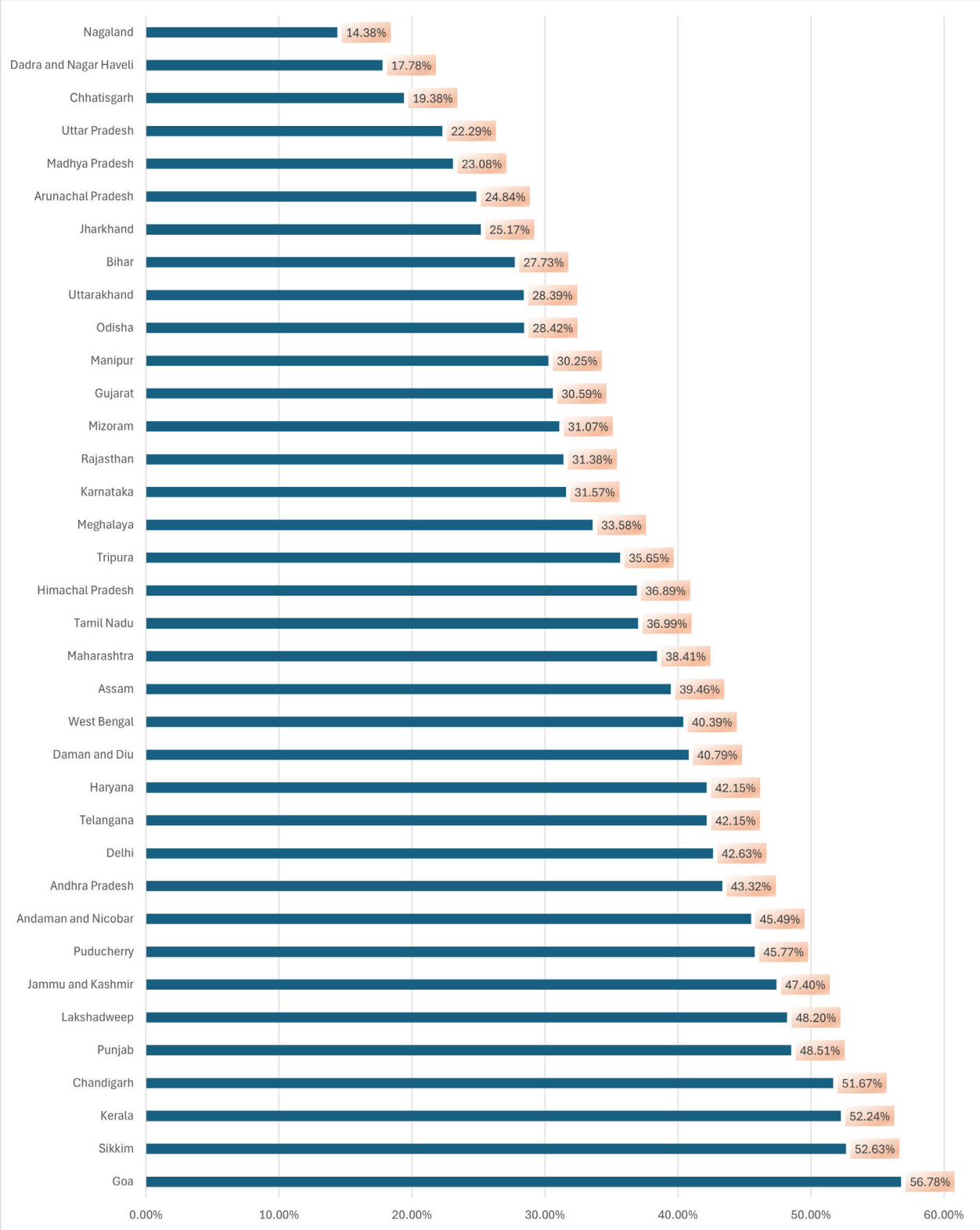
Note. Adapted from Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18 data

Figure A2: State/UT-wise Percentage of Elderly Ever Attended school



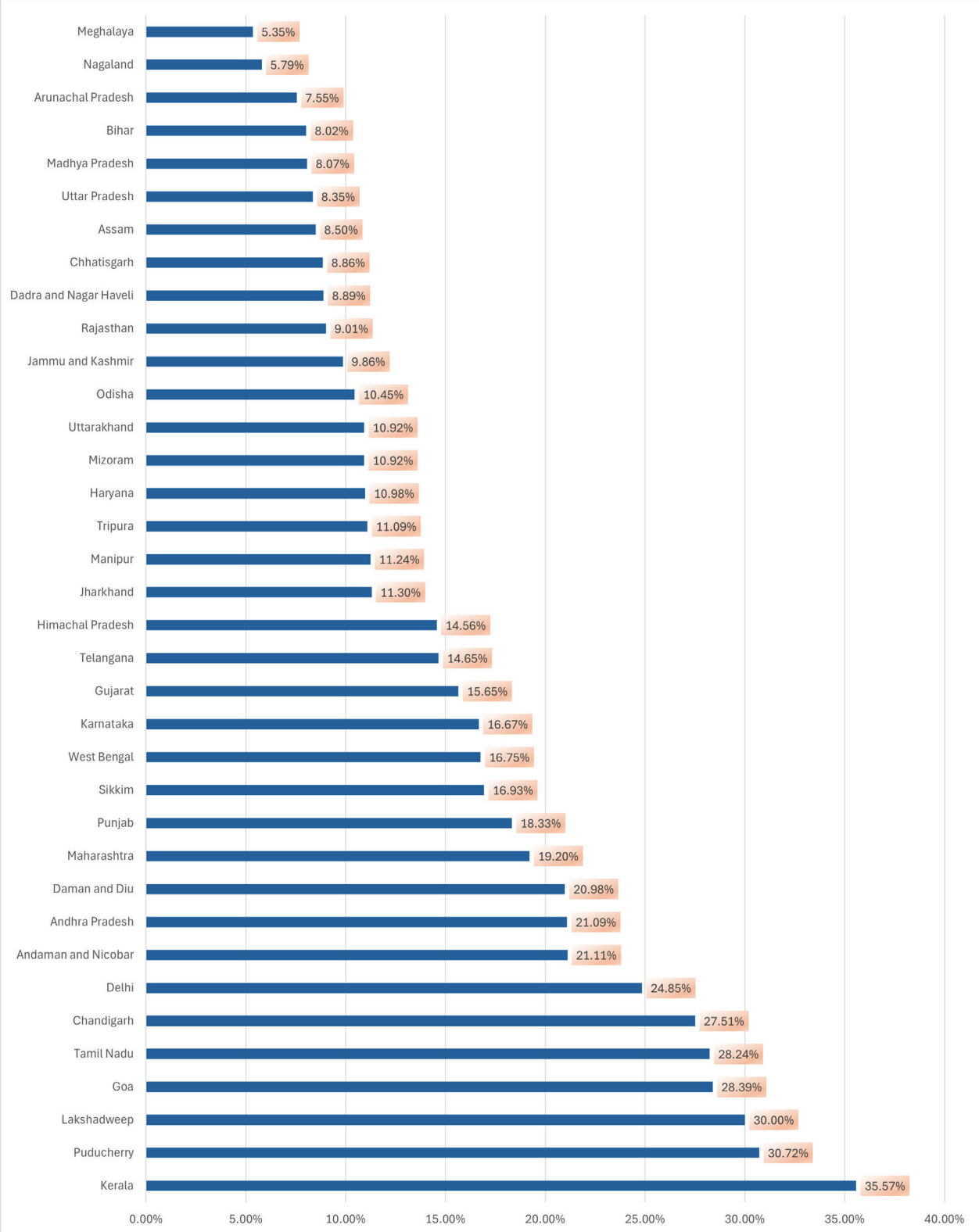
Note. Adapted from Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18 data

Figure A3: State/UT-wise Hypertension or High Blood Pressure Amongst Elderly



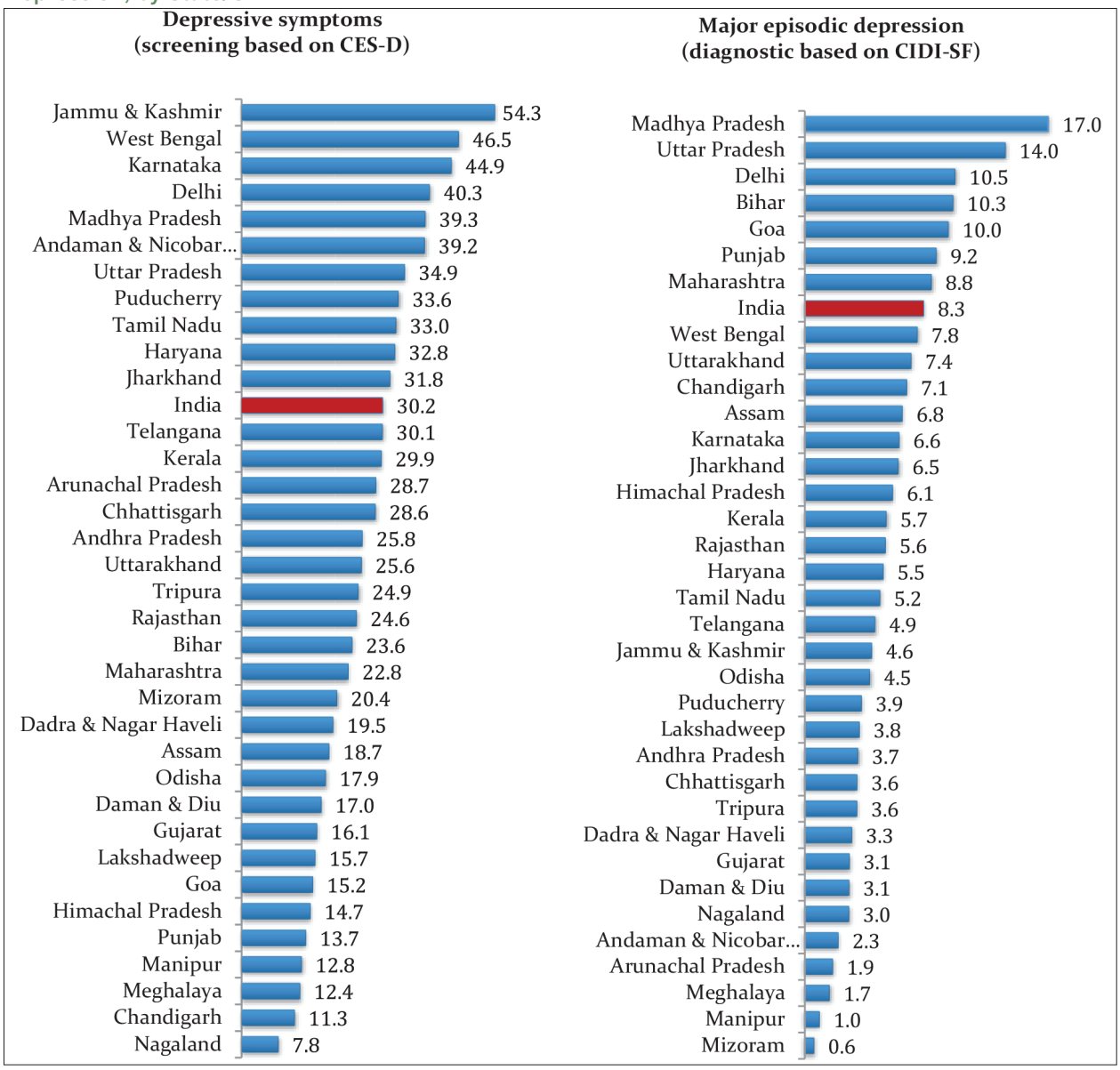
Note. Adapted from Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18 data

Figure A4: State/UT-wise Diabetes or High Blood Sugar Amongst Elderly



Note. Adapted from Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18 data

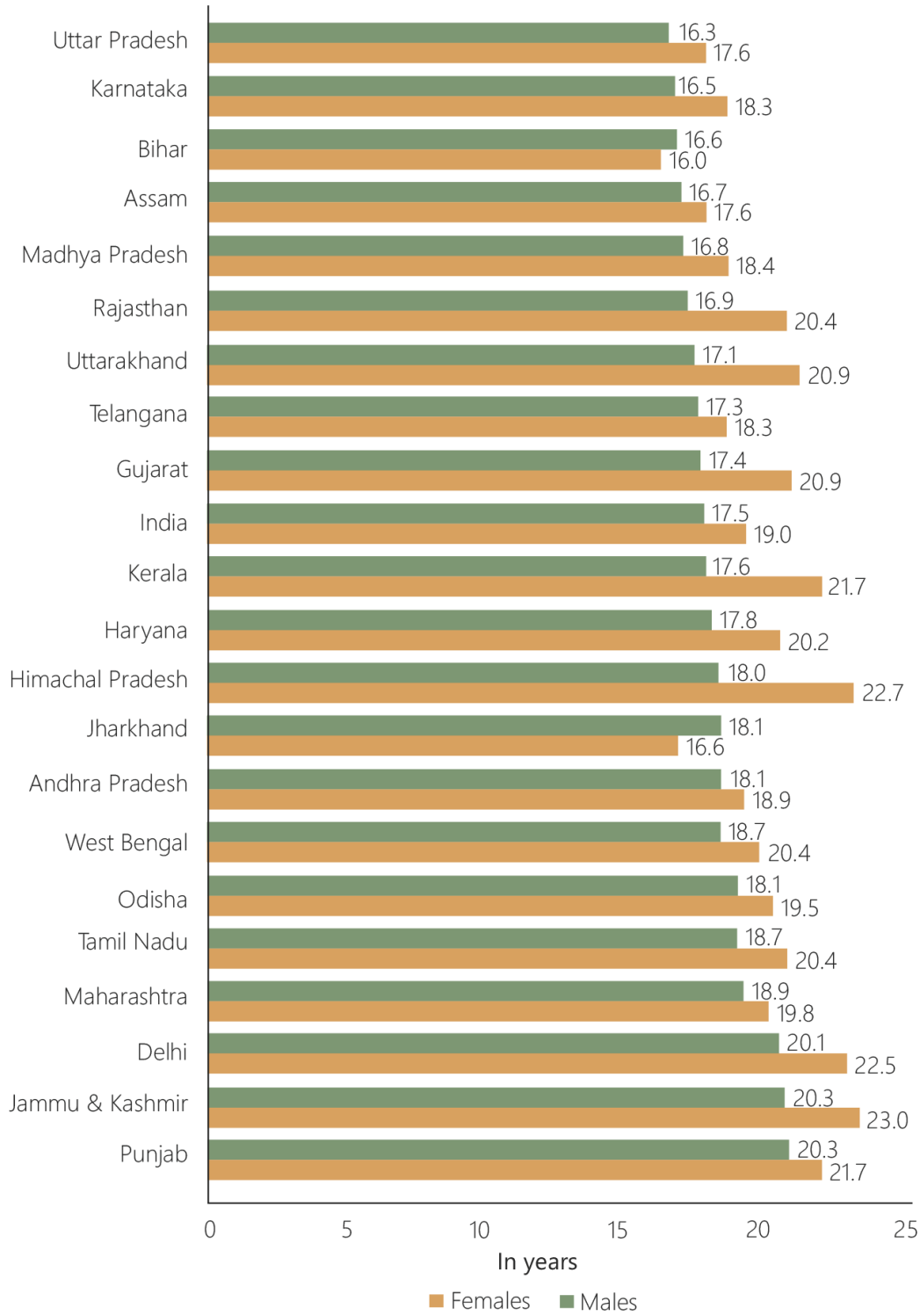
Figure A5: Percentage of Elderly Age 60 and Above with Depressive Symptoms and Probable Major Depression, by State/UT



Note. From "Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18, India Report," by International Institute for Population Sciences (IIPS), National Programme for Healthcare of Elderly (NPHCE), MoHFW, Harvard T. H. Chan School of Public Health (HSPH) and the University of Southern California (USC) 2020. p.396.

Appendix B

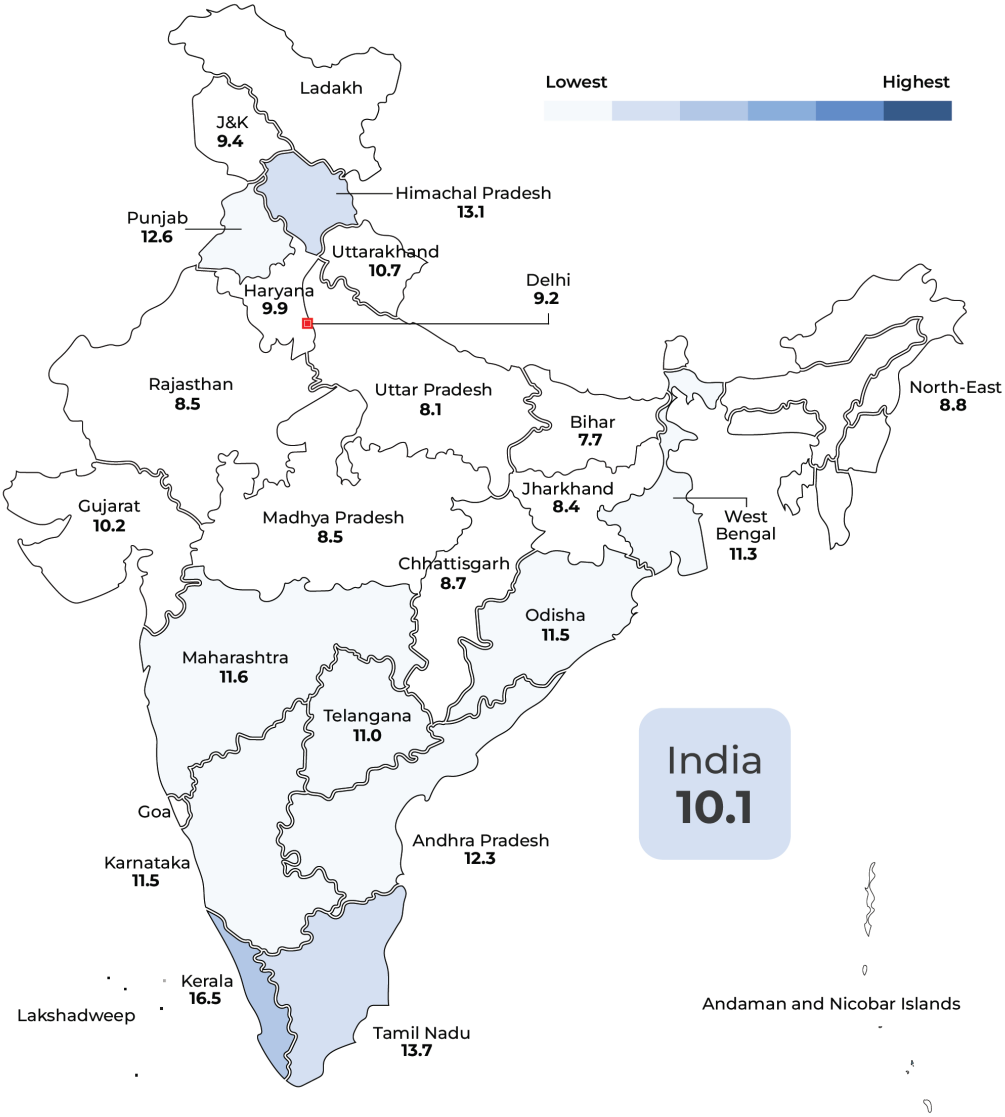
Figure B1: Life expectancy at 60 years differentiated by sex across states, 2015-2019



Note. From Adapted from "India Ageing Report 2023, Caring for Our Elders: Institutional Responses," by International Institute for Population Sciences & United Nations Population Fund (2023), United Nations Population Fund, New Delhi.

Appendix C

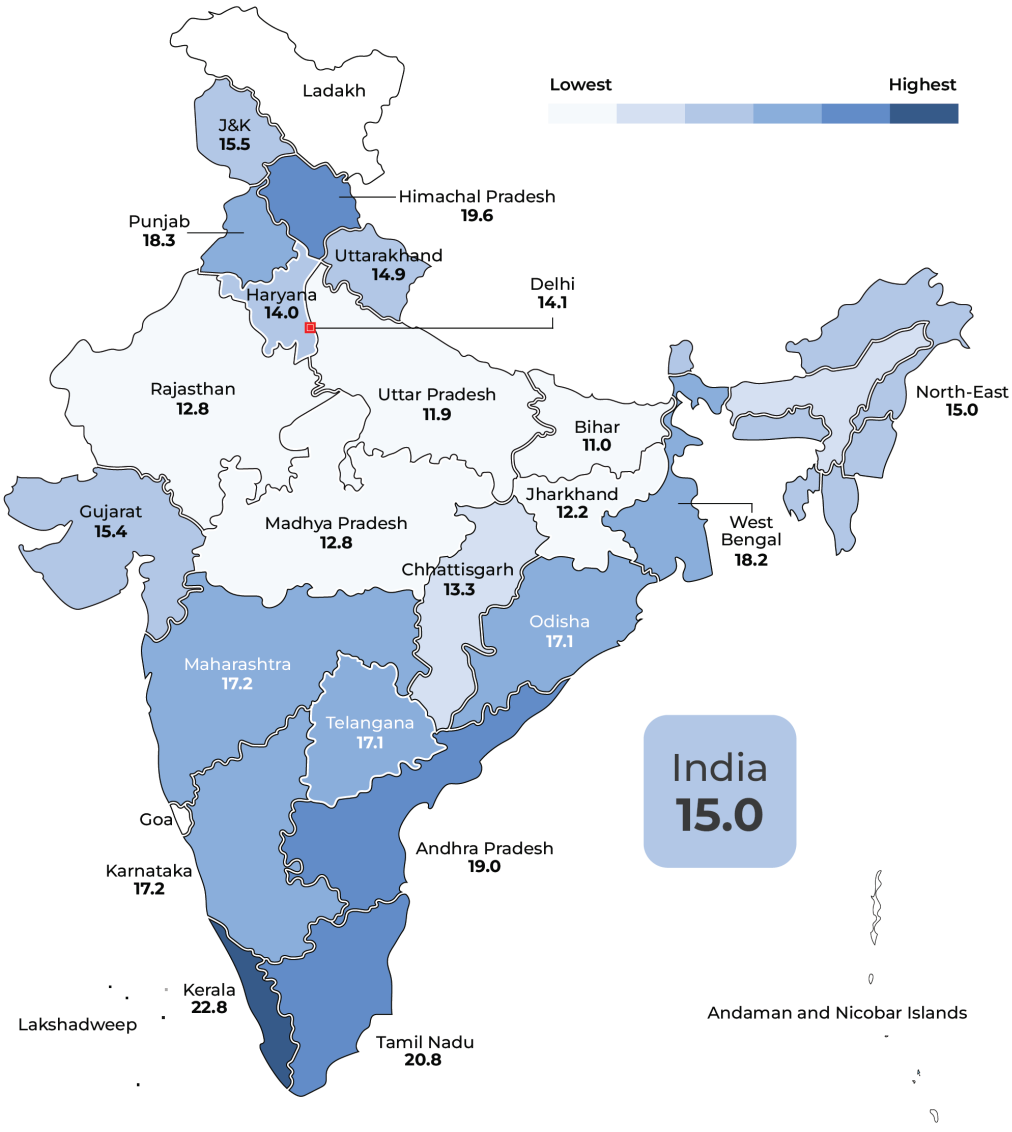
Map C1: Projected Share of the Elderly Population Across States
2021



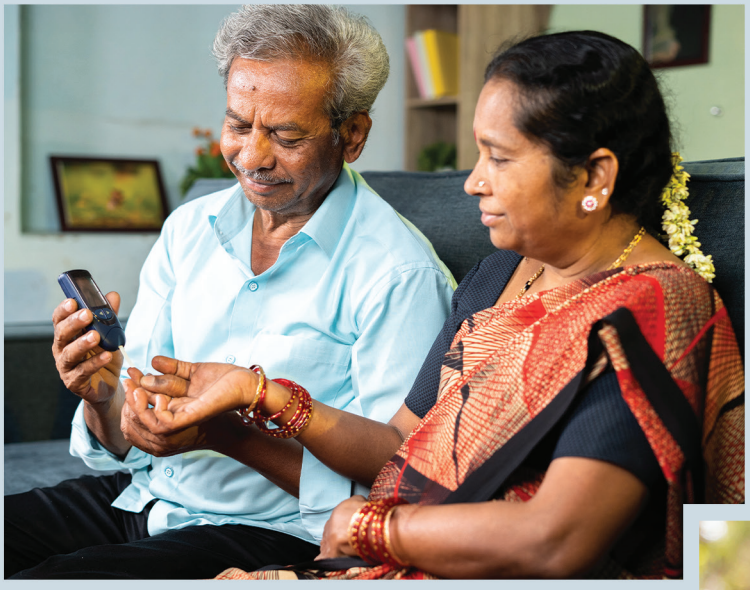
Note. Adapted from "India Ageing Report 2023, Caring for Our Elders: Institutional Responses," by International Institute for Population Sciences & United Nations Population Fund (2023), United Nations Population Fund, New Delhi.

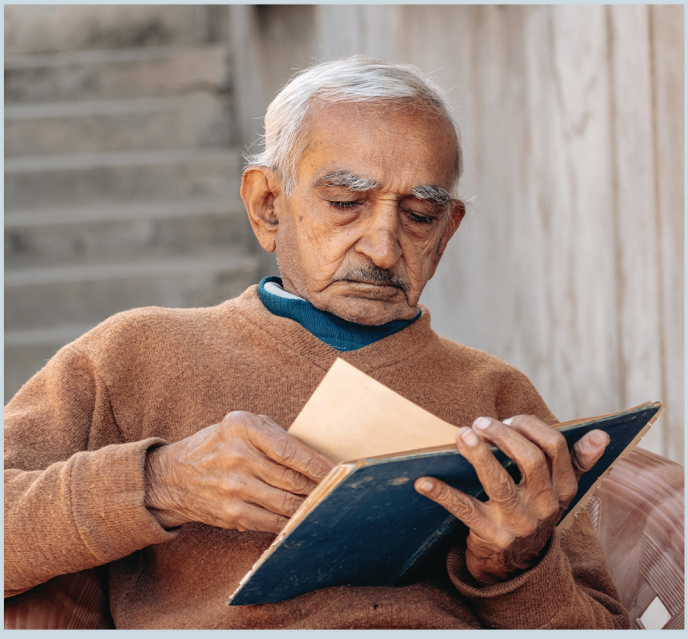
Map C2: Projected Share of the Elderly Population Across States

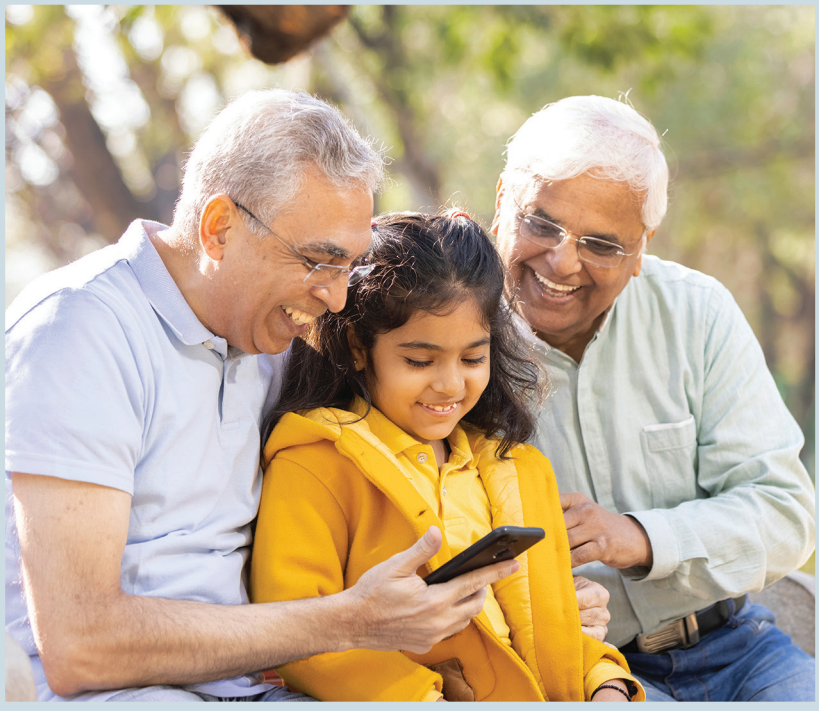
2036



Note. Adapted from "India Ageing Report 2023, Caring for Our Elders: Institutional Responses," by International Institute for Population Sciences & United Nations Population Fund (2023), United Nations Population Fund, New Delhi.







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