



## Aging with dignity: Systematic barriers to elders and the path forward in India

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### Abstract

India is managing a demographic shift never seen before. Over 138 million people in the nation are 60 years of age or over, and that number is expected to rise to 340 million by 2050. As a result, the nation is facing increasing difficulties in ensuring that its senior citizens age with respect, safety, and meaningful social engagement. Millions of Indian elderly are nevertheless caught in cycles of poverty, ill health, social isolation, and institutionalized neglect despite legislative frameworks, policy measures, and constitutional guarantees. Inadequate pension coverage, fragmented healthcare access, deterioration of family-based care systems, lack of elder-friendly infrastructure, ageism, and poor legal enforcement are just a few of the systemic obstacles that India's senior population faces. It also describes an all-encompassing future based on community-centered care models, age-integrated healthcare, digital inclusion, and universal social protection. The study makes the case that dignified aging should be viewed as a fundamental right that calls for structural, cultural, and legal change rather than as a welfare issue.

**Keywords:** Aging, care, transformation, population, migration

### Introduction

For a large part of its development, mainstream marketing has been shaped around a rather narrow idea of the consumer, most often imagined as youthful, financially secure, physically able, and racially advantaged. India is facing a turning point in its demographics. The percentage of the population that is 60 years of age or older is increasing more quickly than any previous Indian generation could have predicted. The United Nations Population Fund (UNFPA) India report from 2023 states that there are roughly 138 million elderly people in India, making up 10% of the country's overall population. By the middle of the century, this number is predicted to almost quadruple. This "demographic dividend" is quickly turning into a "demographic burden," according to many academics, unless proactive structural changes are made to meet the needs, rights, and goals of senior individuals. Physical health, financial stability, emotional stability, social involvement, and civic engagement are all included in the idea of aging with dignity. It is predicated on the idea that getting older does not mean becoming invisible, reliant, or disposable. However, millions of elderly people in modern India are marginalized; they are left behind by children who migrate, shut out of discussions about healthcare, stuck in antiquated pension systems, and viewed as liabilities rather than as stewards of intergenerational knowledge. The obstacles to dignified aging in India are systematically examined in this research. In order to shed light on the structural flaws and cultural presumptions that jeopardize elder welfare, it makes use of demographic statistics, sociological research, public health literature, legislative analysis, and international comparative frameworks. Critically, this study offers a practical, rights-based solution based on social transformation, community mobilization, and policy reform rather than just diagnosing the issue.

### Demographic Context

Understanding the demographic scope of the issue is essential to appreciating the urgency of elder care reform in India. About 104 million senior people were counted in the

2011 Census, and later UNFPA estimates show a consistent increase. It is anticipated that 227 million Indians will be elderly by 2036, making up around 15% of the country's total population. This number could surpass 340 million by 2050, making India one of the nations with the world's greatest absolute populations of senior citizens. The quickness of this transformation is what makes it very difficult. In contrast to European countries, which had more than a century to modify their social structures to accommodate an older population, India must do so in a matter of decades while dealing with persistent poverty, inadequate infrastructure, and severe social inequality. Disparities between rural and urban areas exacerbate the problem: almost 70% of India's senior population lives in rural areas, far from social services, legal aid, and healthcare facilities. Another crucial dimension is gender. India's elderly women are particularly vulnerable. Older women are particularly vulnerable to poverty and neglect due to widowhood, restricted property rights, low literacy, and social stigma. Both formal and informal support systems are being strained by the constantly increasing elderly dependence ratio, which is defined as the number of people 60 years of age and older per 100 people of working age (Ministry of Statistics and Programme Implementation, 2021) <sup>[9]</sup>.

### Systematic Obstacles to Dignified Aging

#### 1. Insufficient Pension Coverage and Economic Uncertainty

In India, the biggest obstacle to aging with dignity is financial fragility. The vast majority of older Indians do not have access to any official social security system. The National Pension System (NPS) and the Employees' Provident Fund Organization (EPFO) are mainly intended for the formal workers, which makes up less than 10% of India's overall labor force. Throughout their working life, the great majority of Indian workers—who labor in construction, domestic service, agriculture, and the unorganized sector—accumulate little to no pension entitlement. Launched under the National Social Assistance

Programme (NSAP), the Indira Gandhi National Old Age Stipend Scheme (IGNOAPS) offers Below Poverty Line (BPL) individuals 60 years of age and older a monthly stipend of between Rs. 200 and Rs. 500. When compared to even conservative estimations of minimum subsistence requirements, this amount is glaringly insufficient. Millions of near-poor older people who are equally unable to meet their fundamental needs are excluded by the BPL threshold itself, according to critics (HelpAge India, 2021) <sup>[6]</sup>. Economic uncertainty has serious, domino effects. Elderly people without sufficient income cannot afford safe housing, wholesome food, or medications. They are compelled to rely only on family members who may also be struggling financially, or they may work until old age despite deteriorating health—a behavior that is both physically harmful and economically vital.

## **2. Disjointed and Unreachable Medical Care**

An aging population's complex, chronic, and multimorbid health demands cannot be adequately met by India's public healthcare system, which is already woefully understaffed and underfunded. With less than 300 certified geriatricians servicing the nation's 138 million senior citizens, geriatrics is still a relatively new medical specialty in India (Indian Academy of Geriatrics, 2022). Even at the tertiary level, the majority of hospitals lack age-appropriate procedures or specialized wards for elder care. The elderly is disproportionately affected by non-communicable diseases (NCDs), which include chronic respiratory disorders, diabetes, arthritis, dementia, and cardiovascular disease. However, they have very little access to health insurance. Economically disadvantaged families now have access to health coverage thanks to the Pradhan Mantri Jan Arogya Yojana (PMJAY), which was introduced in 2018. However, there are still large gaps in coverage for the elderly, mental health services, palliative care, and long-term rehabilitation support. One aspect of elder care that is often overlooked is mental health. Dementia, anxiety, depression, and cognitive decline are common conditions that are routinely ignored. For a population of 1.4 billion, India has fewer than 9,000 psychiatrists, and the majority of its states have essentially no senior-focused mental health initiatives. According to Srivastava *et al.* (2019) <sup>[12]</sup>, social isolation is a substantial independent risk factor for depression, cognitive impairment, and death. It is becoming more prevalent as joint family structures deteriorate and urban migration isolates elderly from their offspring.

## **3. Shifting Social Structures and the Decline of Family-Based Care**

In the past, the Indian joint family structure was the main, and frequently the only, social safety net for senior family members. Elder care was ingrained in kinship duties that were upheld by cultural norms, religious dogma, and sensible economic structure. However, this informal care infrastructure has been severely disturbed by growing urbanization, the migration of working-age adults to cities, nuclearization of families, and changing gender roles. Economic liberalization has increased the movement of adult children to cities or overseas, leaving elderly parents in smaller towns or rural areas without close support. These "left-behind elders" are mostly responsible for managing everyday living, medical emergencies, and catastrophes. Urban elders who have adult children are not always better

off; they frequently experience intergenerational conflicts, limited autonomy, and covert or overt forms of psychological abuse in homes where they no longer contribute financially. Attention should also be paid to the feminization of elder care. When family-based care continues, daughters and daughters-in-law are disproportionately responsible for providing care, frequently at the expense of their own careers, health, and goals. In addition to imposing significant gendered costs, this underpaid and unacknowledged job offers neither official protection nor social recognition.

## **4. Abuse, Social Exclusion, And Ageism**

In India, ageism—systematic discrimination and age-based stereotyping—acts as a widespread but little-known obstacle. Elderly people are frequently left out of social narratives, civic processes, technology uptake, and economic engagement. They are often portrayed in the media as weak, reliant, or humorous, which perpetuates societal clichés that deny them agency, wisdom, and the ability to sustain meaningful involvement. Elder abuse is significantly more common than official statistics indicate, involving financial, psychological, physical, and sexual aspects. According to a 2018 HelpAge India poll, more than half of senior participants said they had been abused in some way, with adult children being the most frequent abusers. In both urban and rural settings, financial exploitation, denial of food or medication, verbal abuse, and physical violence happen to people from all social backgrounds. The majority of incidents remain unreported due to social taboos around disclosure, reliance on abusers for shelter and food, and a lack of easily available legal tools. These processes are exacerbated by social marginalization. Elderly people are rarely included in conversations about technological design, urban planning, or policy. Digital interfaces, public areas, and transit systems are all geared toward younger people, making them both literally and figuratively unavailable to senior citizens.

## **5. Insufficient Implementation of Laws**

A number of laws have been passed in India to safeguard the rights of the elderly. In addition to requiring children and grandchildren to pay maintenance to aging parents and grandparents, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, also creates Maintenance Tribunals to handle complaints. By raising the maximum maintenance amount and providing safeguards against abuse, the 2019 revision considerably broadened the Act's application. However, enforcement is still woefully insufficient. Maintenance Tribunals are inaccessible, overworked, and underfunded, especially for older people living in rural areas who do not have the financial means, legal literacy, or mobility to pursue formal claims. There is very little knowledge about the legal protections that are available. For fear of societal stigma, family strife, or reprisals from the same people they still rely on, many elder abuse survivors decide not to use the judicial system (Baghel and Srivastava, 2020) <sup>[2]</sup>.

## **Global Comparative Perspectives**

While India's aging issues are not unique, a comparative study shows some interesting differences. Launched in 2015, Singapore's Action Plan for Successful Ageing is a prime example of an integrated approach covering

community infrastructure, work, healthcare, and lifelong learning. Japan's Long-Term Care Insurance scheme, which was implemented in 2000, offers universal coverage for elder care services and is financed by co-payments, mandatory premiums, and public spending. This sustainable model separates elder care from strictly familial obligations. In a similar vein, long-term care is universalized as a social right rather than a family obligation under Germany's care insurance model. Rather than leaving elder care solely to family-based care, these models have a fundamental commitment to institutionalizing it as a social responsibility. They make significant investments in community-based programs that enable seniors to age in familiar surroundings as opposed to institutional settings, accessible infrastructure, and workforce training for geriatric care. Although India's future does not have to exactly follow either Western or East Asian models, their fundamental ideas—universality, rights-based framing, and cross-sector integration—offer helpful guidance (WHO, 2020).

## **The Future: An All-Inclusive Structure**

### **1. Comprehensive and Sufficient Social Security**

India needs to take significant action to provide its senior citizens with universal, rights-based social protection. This necessitates, at the least, a significant increase in the IGNOAPS pension to a level that corresponds with the true cost of a dignified life, which is now estimated to be at least Rs. 3,000 per month for a BPL elder. A more comprehensive vulnerability assessment that includes near-poor, widowed, and elderly populations with disabilities should replace the restrictive BPL designation as the coverage criterion. Kerala and Himachal Pradesh have previously shown that it is possible for states with fiscal competence to augment government allocations. In a society where internal migration is high, pension and healthcare benefits must be portable. Elderly people who move to be nearer to their kids shouldn't forfeit benefits associated with their previous residence. Leakage, exclusion, and administrative friction would be greatly reduced by a generally accessible, Aadhaar-linked entitlement structure that permits smooth benefit portability.

### **2. Healthcare Transformation Focused on the Elderly**

Workforce development is the first step towards healthcare reform for India's elderly. The number of trained geriatricians, geriatric nurses, and community health workers with an emphasis on elder care should significantly rise as a result of a national geriatrics training program that is designed after programs in Kerala and Rajasthan. Geriatric medicine ought to be required as a fundamental part of undergraduate and graduate programs at AIIMS and state medical schools. For elderly people who live in remote areas or have limited mobility, community-based healthcare can significantly increase access to healthcare through improved ASHA workers, mobile health units, and telemedicine platforms. National health programs must specifically address mental health services for the elderly, and primary health facilities should have qualified counselors on hand.

### **3. Strengthening Legal Protection and Enforcement**

Comprehensive strengthening of the Maintenance and Welfare of Parents and Senior Citizens Act is necessary. Maintenance Tribunals must have sufficient personnel, be

easily accessible, and have the authority to make quick and binding decisions. All districts should set up legal aid programs tailored to senior complainants, such as doorstep legal aid for older people with limited mobility. Elders and families need to be made aware of their legal rights and obligations through public awareness campaigns conducted by local NGOs, community radio, and panchayati raj institutions. Criminal laws that have significant punishments must specifically acknowledge elder abuse. A national helpline for elder abuse should be operationalized nationwide, staffed around-the-clock, and integrated with local police and social service response protocols. This helpline has previously been piloted in a few states.

### **4. Technology Adaptation and Digital Inclusion**

For the elderly in India, the digital economy offers both a risk and an opportunity. Telemedicine, government services, financial inclusion, and social connectivity are all advantageous to those who have access to digital platforms. As vital services go online, those who are excluded—disproportionately older, rural, less educated, and female—face increasing marginalization. There is an urgent need for digital literacy initiatives that are primarily aimed at the elderly and are provided by reputable community organizations including local NGOs, schools, and temples. Additionally, technology design needs to be more age-friendly. Elderly people's access to digital tools can be significantly increased with simple modifications like voice interfaces, simplified apps, larger letter sizes, and support for vernacular languages. It should be required and equipped for the government's Common Service Centers (CSCs) to assist senior folks with technology.

### **5. Urban Design and Age-Friendly Environments**

The mobility, sensory, and safety requirements of senior citizens must be taken into consideration when designing India's cities and villages. Practical recommendations are provided by the WHO's Age-Friendly Cities and Communities Framework, which includes affordable housing with elder-friendly design elements, accessible public transportation, unobstructed walkways, sufficient public sitting, well-lit areas, and accessible public restrooms. In order to implement age-friendly infrastructure norms, panchayats and urban local authorities should be given financial support and authority. Parks, libraries, and community centers that serve several age groups at once are examples of intergenerational community spaces that can help fight the social isolation that many older people experience. Co-locating services can foster natural intergenerational relationships that benefit both young and old. For example, senior day care centers can be placed next to child care centers or schools.

### **6. Recognizing and Supporting Informal Caregivers**

The enormous informal care industry in India, which is mostly supported by women, needs to be officially acknowledged, encouraged, and paid. For primary caregivers of older family members, a national caregiver support program should offer financial aid, mental health support, respite care, and training. This lessens the invisible burden that caregivers, especially women, bear while also improving the quality of care that seniors get.

## Conclusion

The eldercare issue in India is not unavoidable; it is the result of structural neglect, governmental decisions, and cultural presumptions that may be questioned and altered. The millions of Indians who are getting older today are citizens with rights, contributions, and intrinsic dignity that the state and society have a moral and constitutional duty to respect. They are not issuing that need to be handled. The current demographic shift offers both a problem and a chance to create communities, organizations, and norms where a society's progress is measured by how it treats its most vulnerable individuals. A paradigm shift is necessary to achieve dignified aging for India's elderly population: from family-only care to community-supported wellbeing; from invisibility to active social inclusion; from elder welfare conceived as charity to elder rights embedded in law and governance; and from fragmented interventions to integrated systems. All levels of government, civil society, the private sector, communities, and families must work together to find a way ahead. Investment, political will, and most importantly, an understanding that aging is a stage of life to be respected, encouraged, and celebrated rather than a misfortune to be concealed.

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