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Geriatric Health: A Growing Crisis in India-An overview

Bestha Suresh[1] and Dr. T. Chandrasekarayya[2]

[1]Research Scholar, [2]Professor,

Dept. of Population Studies & Social Work, S.V.University, Tirupati, AP-517502.

ABSTRACT

India is currently experiencing a significant demographic shift, with the elderly population expected to exceed 300 million by 2050. This rapid increase in the elderly population presents substantial public health and policy challenges. Older adults in India face a complex health burden, grappling with both non-communicable diseases (NCDs) such as hypertension, diabetes, and arthritis, as well as communicable diseases, which are exacerbated by weakened immunity and poor living conditions. Social issues, such as isolation, financial dependency, and inadequate healthcare infrastructure designed for the elderly, further compound the situation, leading to worsened health outcomes. This review consolidates findings from key studies and national surveys to examine the health status, access to healthcare, and effectiveness of policies targeting the elderly. The findings highlight significant disparities in health outcomes, particularly across gender, geographic location, and socio-economic status. The study emphasizes the need for a comprehensive, inclusive healthcare approach that incorporates preventive, promotive, curative, and rehabilitative services. To mitigate the growing health crisis among the elderly, it is crucial to strengthen policy implementation, promote community-based interventions, and invest in capacity building for geriatric healthcare professionals. Only through these concerted efforts can we ensure that India's aging population lives a life of dignity and well-being.

Keywords: *Aging population Geriatric Health, Non-communicable diseases, Social issues and healthcare*

Introduction

India is undergoing one of the most profound demographic transformations in its history. With declining fertility rates and rising life expectancy, the proportion of the population aged 60 and above is increasing at an unprecedented pace. According to the 2011 Census, there were 104 million elderly individuals in India, comprising 8.6% of the total population (Government of India, 2011). Projections by the United Nations Population Fund (UNFPA, 2050) estimate that this number will exceed 319 million by 2050, accounting for nearly 20% of the country's total population. While this demographic shift reflects improvements in healthcare and overall living standards, it also introduces significant socio-economic and public health challenges. Unlike developed countries, India is aging with a relatively low per capita income and limited healthcare infrastructure, making the elderly especially vulnerable (Patel & Prince, 2001). A significant portion of India's senior citizens lack access to pensions, health insurance, and sufficient family support, particularly in rural and marginalized communities. Common health issues among the elderly include cardiovascular diseases, arthritis, respiratory disorders, and diabetes, frequently accompanied by mental health concerns such as depression and cognitive decline. However, the current healthcare system remains inadequately equipped to meet the diverse and complex needs of this growing population (Ingle & Nath, 2008).

In India, the traditional joint family system has long provided emotional and financial support for the elderly (Srivastava & Dey, 2014). However, the forces of modernization and urbanization have led to the rise of nuclear families and increased migration, resulting in isolation and neglect among older adults (Kumar & Sharma, 2017). In response to the growing needs of this demographic, the government has introduced several policies and programs, such as the National Programme for Health Care of the Elderly (NPHCE) and the Maintenance and Welfare of Parents and Senior Citizens Act (Government of India, 2007). Yet, the implementation of these initiatives has been inconsistent and insufficient. The increasing elderly population demands urgent attention from policymakers, healthcare providers, and civil society. Without a comprehensive, inclusive strategy that addresses the specific needs of older adults, India risks facing a significant public health crisis. This paper seeks to assess the health status of the elderly in India, review the existing literature, evaluate the effectiveness of current policies, and propose sustainable interventions.

Review of Literature

The literature on geriatric health in India highlights a multifaceted interaction of social, economic, and medical factors that significantly influence the well-being of the elderly. Alam and Mukherjee (2006) discuss the increasing elderly population and the challenges faced by public health systems in adequately addressing their needs. They emphasize issues such as functional disability, dependency, and the lack of institutional care, which pose considerable obstacles to healthcare provision. Ingle and Nath (2008) point out those older adults in India often suffer from multiple chronic conditions

and face barriers to both preventive and curative healthcare services. They stress the need for medical professionals to receive specialized geriatric training and call for the establishment of dedicated geriatric units.

Kalavar and Jamuna (2011) explore the mental health challenges faced by elderly individuals, particularly in urban areas, citing issues like depression, loneliness, and cognitive decline. These problems are often exacerbated by urban migration, the breakdown of traditional family structures, and inadequate mental health services. The Lasi Wave 1 report (2020) offers extensive national-level data, revealing that more than 70% of elderly individuals in India suffer from at least one chronic illness, with nearly 40% affected by multiple chronic conditions. Vulnerability is especially high among women and those living in rural areas.

Barik and Desai (2014) discuss the financial strain placed on elderly individuals due to healthcare costs, noting that nearly 60% of health-related expenses are covered through personal savings, loans, or family support, which underscores the financial insecurity of many elderly people. Patel and Prince (2001) highlight the stigma surrounding mental health in the elderly, which often results in underdiagnosed and inadequate treatment, and advocate for mental health programs specifically designed for older adults.

Mundada et al. (2021) suggest integrating traditional medicine, such as AYUSH, into geriatric care, particularly for chronic pain management and mental wellness. They argue that incorporating such practices alongside allopathic treatments could improve the quality of life for older individuals. The UNFPA's India Ageing Report (2023) emphasizes the importance of including elderly populations in the Universal Health Coverage (UHC) framework, advocating for a gender-sensitive, regionally inclusive approach that integrates social security, health insurance, and accessible healthcare services for the elderly.

Objectives

1. To examine the current health status of elderly individuals in India.

2. To identify socio-economic, regional, and gender-based disparities in geriatric healthcare.

3. To evaluate the effectiveness of public health policies and programs targeting the elderly.

4. To suggest actionable strategies for improving elderly health outcomes and healthcare infrastructure.

Methodology

This study adopts a narrative review methodology. Sources include peer-reviewed journals, national health surveys (LASI, NSSO), government reports, and policy documents from 2000 to 2024. Keywords used in searches include "geriatric health India," "elderly healthcare disparities," "aging population India," and "NPHCE implementation." Inclusion criteria required that studies focus on elderly health within the Indian context, be published in English, and include empirical data or policy analysis. Secondary data were thematically analyzed to identify trends, challenges, and gaps in healthcare provision for the elderly.

Results and Discussion

Health Status of the Elderly

The health and well-being of India's elderly population are increasingly challenged by the growing burden of chronic non-communicable diseases (NCDs), physical disabilities, and sensory impairments. As highlighted in the *Longitudinal Ageing Study in India* (LASI, 2020), a significant proportion of older adults suffer from hypertension (32%), diabetes (14%), and arthritis (18%), with these conditions becoming more common as people age. These chronic diseases not only limit the ability of older adults to live independently but also increase their reliance on long-term care services. The situation is especially severe for elderly women in rural areas, who often grapple with poorer health due to limited education, economic dependency, and deep-rooted gender disparities (Rajan, S. I., and Mishra; U. S, 2011 & UNFPA, 2023). Beyond physical illnesses, sensory impairments such as vision and hearing loss affect more than 40% of India's elderly, according to the same LASI report. These impairments severely restrict daily functioning and reduce quality of life, often increasing the need for assistance in everyday tasks. Furthermore, functional limitations-such as difficulties in walking, bathing, or managing household chores-undermine their independence, decrease mobility, and heighten social isolation (Alam & Mukherjee, 2006).

Mental health remains an overlooked yet critical area in geriatric care. Patel and Prince (2001) observed that nearly one in four older adults in India may show signs of depression, often rooted in social loneliness, grief from loss, physical inactivity, and economic hardship. However, mental health conditions in the elderly are frequently left unrecognized and untreated due to stigma and a severe lack of geriatric mental health services. Cognitive issues like dementia are also becoming more common, yet they are regularly mistaken for normal aging and, as a result, remain undiagnosed and untreated (Kalavar & Jamuna, 2011). These diverse and interrelated health concerns point to the urgent need for a comprehensive, integrated approach to elder care. Ingle and Nath (2008) argue that healthcare services for the elderly must extend beyond the treatment of physical ailments and include routine screenings, access to mental health support, rehabilitation, and community-based care. Building such a holistic system is essential to ensure that India's older adults receive the compassionate and inclusive care they need to lead healthy, dignified lives.

Socio-economic and Gender Disparities

Elderly individuals in rural India face significant barriers in accessing even basic healthcare services, primarily due to inadequate public health infrastructure, lack of trained personnel, and their geographical isolation. As Barik and Desai (2014) emphasize, over 70% of rural elderly depend on private healthcare providers, which results in high out-of-pocket expenditures that severely burden their already limited financial resources. This over-reliance on private care often leads to delays in seeking timely treatment or, in many cases, the complete avoidance of necessary healthcare interventions (Alam & Mukherjee, 2006). The challenges are further magnified for elderly women in rural areas, who are disproportionately affected due to lower literacy levels, restricted mobility, and limited autonomy in health-related decision-making. Their prolonged economic dependence and unpaid caregiving roles throughout life compound their vulnerability in old age (UNFPA, 2023). The situation becomes especially acute for widowed elderly women, who frequently report higher rates of morbidity and psychological distress compared to their male counterparts (UNFPA, 2023; Kalavar & Jamuna, 2011). Moreover, caste and socio-economic status exacerbate these health inequities. Elderly individuals from marginalized communities-such as Dalits and Adivasis—are among the least likely to possess health insurance or benefit from state-run health initiatives like Ayushman Bharat or the Rashtriya Swasthya Bima Yojana (RSBY) (Srivastava & Dey, 2014). Systemic discrimination, entrenched social exclusion, and a lack of health literacy among these communities further limit their access to essential services (Kumar & Sharma, 2017). These intersecting barriers contribute to cycles of neglect, poor health outcomes, and preventable suffering in later life, emphasizing the urgent need for targeted, equity-focused policy interventions.

Healthcare Infrastructure and Policy

Elderly individuals in rural India face significant barriers in accessing even basic healthcare services, primarily due to inadequate public health infrastructure and their geographical isolation. As Barik and Desai (2014) point out, more than 70% of elderly rural residents depend on private healthcare providers, resulting in high out-of-pocket expenses that strain their already limited financial resources. This reliance on private care often leads to delays in seeking treatment or, in some cases, avoidance of necessary healthcare altogether. The challenges faced by elderly women in rural areas are even more pronounced. These women are often disadvantaged by lower literacy rates, limited decision-making power within the household and prolonged economic dependency. UNFPA (2023) further highlights the vulnerability of widowed elderly women, who experience significantly higher rates of morbidity and psychological distress compared to their male counterparts. The compounded impact of gender and rurality creates a harsh reality for these individuals, often leading to inadequate care and support. Moreover, caste and socio-economic status exacerbate these disparities. Elderly individuals from marginalized communities, including Dalits and Adivasis, face significant barriers to healthcare access. These groups are less likely to have health insurance or benefit from state-sponsored health schemes, primarily due to discrimination, social exclusion, and lack of awareness. Such systemic challenges contribute to cycles of neglect and poor health outcomes, making it critical for policymakers to address these disparities and ensure that healthcare resources reach those who need them the most.

Potential Solutions and Policy Recommendations

To effectively address the healthcare needs of India's aging population, several critical reforms are needed to create a more inclusive and accessible healthcare system. One key reform is the expansion of the National Programme for Health Care of the Elderly (NPHCE). Currently, this program operates on a limited scale, but its reach must be extended to include all primary and community health centers (PHCs and CHCs) across the country. Such an expansion would ensure that essential geriatric healthcare services, including screening for chronic conditions, immunizations, and general primary care, are available to elderly individuals in both urban and rural areas. Expanding the NPHCE would also facilitate the early detection and management of common ailments among older adults, such as hypertension, diabetes, and arthritis, which are prevalent in this demographic. Mundada et al. (2021) emphasize that integrating geriatrics into primary healthcare systems is critical, as it ensures healthcare workers at the grassroots level are well-trained to provide age-appropriate services, thereby reducing the strain on tertiary care facilities.

Another important reform is the incorporation of geriatric training into the medical curricula at both undergraduate and postgraduate levels across India. As the elderly population continues to grow, it is essential that medical professionals, from general practitioners to specialists, are adequately prepared to meet the unique needs of older adults. Ingle and Nath (2008) advocate for the inclusion of geriatric medicine in medical training, ensuring that a larger pool of healthcare professionals is equipped to manage the complexities of aging, including multimorbidity, polypharmacy, cognitive decline, and frailty. Specialized courses in geriatric care would enable medical professionals to offer more accurate diagnoses and tailored treatment plans for elderly patients. Furthermore, community-based elderly care centers should be established across both urban and rural India. These centers would offer a wide range of services, including day care, nutrition support, physiotherapy, and rehabilitation. These centers could serve as multidisciplinary hubs, addressing physical, psychological, and social aspects of elderly care, which is essential for enhancing the quality of life for older adults. Such services are especially beneficial for seniors living alone or in remote areas with limited access to healthcare facilities. Evidence has shown that community-based care can reduce hospital admissions and improve overall health outcomes for the elderly (Desai, 2015).

The integration of AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) practices into geriatric care could further improve outreach, especially in rural regions. Mundada et al. (2021) argue that therapies like Ayurvedic treatments and Yoga have proven effective in managing chronic pain, improving sleep quality, and promoting mental wellness among elderly individuals. Incorporating these practices into formal healthcare settings could provide alternative therapeutic options and reduce reliance on pharmaceutical treatments, which may carry risks for older adults.

Lastly, establishing a universal pension and insurance scheme for the elderly is crucial to ensuring their financial security and access to healthcare services. Many elderly individuals, particularly widowed women and those from marginalized communities, face financial vulnerability, making it difficult for them to access quality healthcare. A universal pension system, along with health insurance for all elderly citizens, would provide essential social support and improve access to necessary healthcare. Special provisions for women and disadvantaged groups, including Dalits and tribals, would ensure that

those most at risk of neglect and healthcare inequity are adequately supported. By implementing these recommendations in a coordinated manner, India can significantly enhance the health and well-being of its elderly population, offering them the care, dignity, and support they deserve.

Conclusion

India is undergoing a significant demographic shift, marked by a growing elderly population and corresponding healthcare challenges. Older adults face a dual burden of physical illnesses and mental health concerns, often worsened by poor access to services. These issues are compounded by inconsistent implementation of geriatric health policies. A transformative approach is needed, moving beyond conventional healthcare models to ensure inclusive and integrated elderly care. Strengthening primary healthcare and training professionals in geriatric medicine are crucial steps. Expanding health insurance coverage would reduce financial barriers for older adults. Establishing community-based support centers can address social and functional needs. Cross-sector collaboration is essential for designing sustainable and equitable solutions. Monitoring policy outcomes will ensure accountability and improvement. Prioritizing elderly care can enable aging with dignity, health, and social support.

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