



The autumn of Life: Geriatric Healthcare Challenges and Social Isolation of Elderly in India

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ABSTRACT

India's elderly population is increasing rapidly, posing significant challenges to the healthcare system and social structures. This article examines the pressing issues of geriatric healthcare and social isolation, highlighting the need for strengthened healthcare infrastructure, community-based initiatives and intergenerational connections to ensure the elderly age with dignity and receive adequate care. Through a nuanced exploration of Government initiatives, NGOs efforts and Community engagement, this paper aims to shed light on the path forward, illuminating ways to improve the quality of life for India's elderly population and make their autumn years truly golden.

Introduction

“Aging is not an option, not for anyone. It is how gracefully we handle the process and how lucky we are, as the process handles us.”-Cindy McDonal.

As the Indian populace undergoes a profound demographic shift, the imperative to address the multifaceted needs of its burgeoning elderly population has never been more pressing. The “autumn of life” presents a poignant paradox: while it is a testament to advancements in healthcare and living standards, it also brings forth a distinct set of challenges that threaten to erode the dignity and well-being of India's seniors. The interplay of declining physical health, social isolation, and marginalization creates



a complex web of issues that demands urgent attention and nuanced solutions. This discourse seeks to illuminate the intricacies of geriatric healthcare and social marginalization in post-independent India, underscoring the need for a comprehensive and empathetic approach to ensure that the twilight years of India's elderly citizens are characterized by dignity, respect and a sense of belonging.

Literature Review & Methodology:

This study employs a mixed-methods approach, combining qualitative and quantitative methods to understand the healthcare challenges and social isolation faced by the elderly in India. This study analyses data from various government and NGO reports to understand the crisis. Reports analysed include the India Ageing Report 2023 by UNFPA, India & International Institute for Population Sciences (IIPS) National Policy for Older Persons (2011), Reports by Help Age India & Agewell Foundation, etc. data analysis focuses on healthcare infrastructure, social isolation and policy initiatives for elderly welfare.

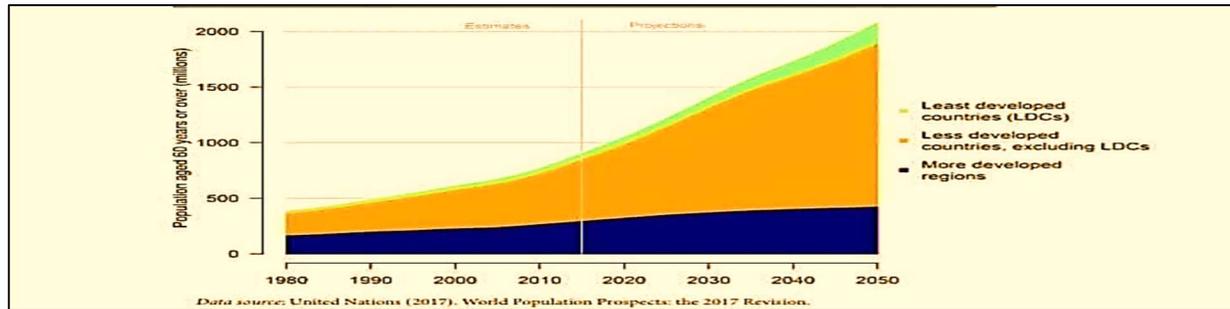
Research Questions:

1. What are the major healthcare challenges facing India's elderly?
2. How does social isolation impact mental and physical health?
3. What role do family & community support networks play in addressing these challenges?

Definition of Ageing

Ageing is a complex, multifaceted process characterized by physical, psychological and social changes that occur over time, leading to a decline in functional capacity and increased susceptibility to diseases. According to Ayurveda, the lifespan (Ayu) is divided into three stages, known as Vaya, which are characterized by distinct changes in the body. These phases included *Bala* (Childhood/early stage of life), marked by growth and development, *Madhya* (Adulthood/middle stage of life) characterized by physical strength and virility and the *Jirna or Vriddhavastha* (old age/late stage of life) which refers to the period after 60 or 70 years, marked by decline and ageing. During this stage, notable physical changes occur, including wrinkling of the skin, graying of hair and decline in physical work capacity. Additionally, various health issues may arise, such as Kasa (Cough) and Shwasa (breathing difficulties), which can further impact overall well-being. [Devi, Durgavati, et al., 2016] According to World Health Organization (WHO), Active Ageing is defined as the "process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age." [Active

Ageing,WHO,April,2002] This approach emphasizes promoting healthy behaviors, preventing age related diseases and enabling older adults to maintain their functional ability and contribute to society.



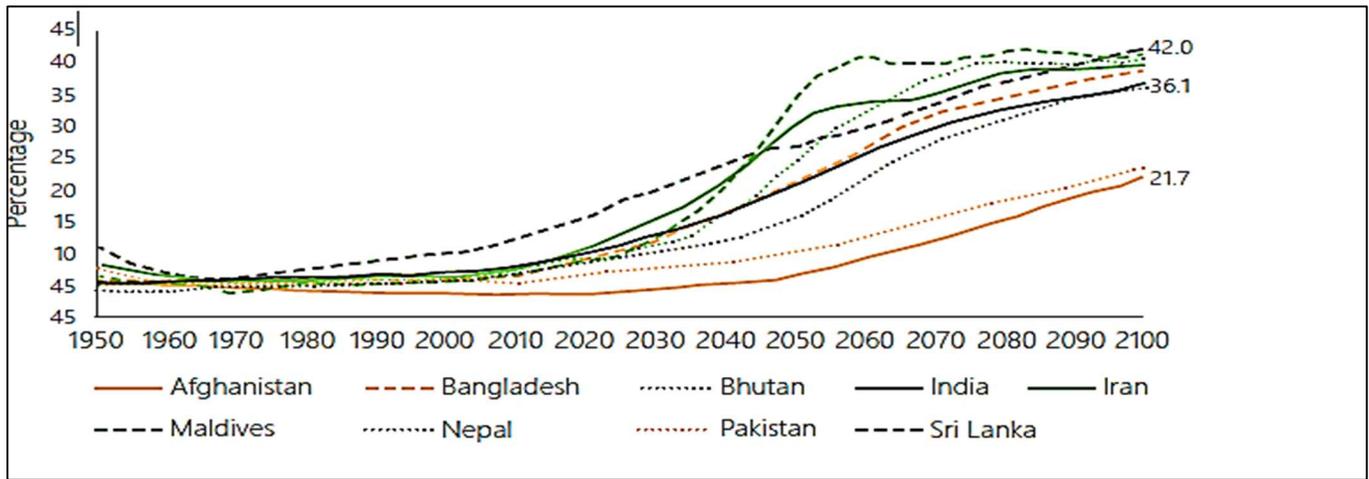
Source: World Population Ageing, Highlights,2017, p-4.

Statistics of Elderly Population in the World

The world's population is rapidly ageing, with significant implications for societies, economies and healthcare system. The global population aged 60 years or above has witnessed a significant surge, growing from 382 million in 1980 to 962 million in 2017. This number is expected to double again by 2050, reaching nearly 2.1 billion. The ageing population is growing at a breakneck pace in developing countries, far outstripping the rate in developed regions. In 2017 two-third of the older population lived in these developing countries. The number of people aged 60 years or above in developing regions is projected to surge from 652 million in 2017 to a staggering 1.7 billion by 2050, underscoring the urgent need for tailored policies and support systems to meet the needs of this burgeoning demographic changes. [World Population Ageing, UNO,2017]

Elderly Population Growth in Asia as well as in India

The proportion of ageing population in Asia as a whole is expected to reach from 13.7% to35.7% during 2022-2050. In East Asia alone the increase rate of elderly population is expected to reach39.2% by2050 while the SAARC countries are likely to have 19.8% population above 60 years by2050. [India Ageing Report, IIPS &UNFPA,2023]



Source; Caring for Our Elderly: Institutional Responses, India Ageing Report,2023, IIPS &UNFPA, New Delhi, 2023, p-19

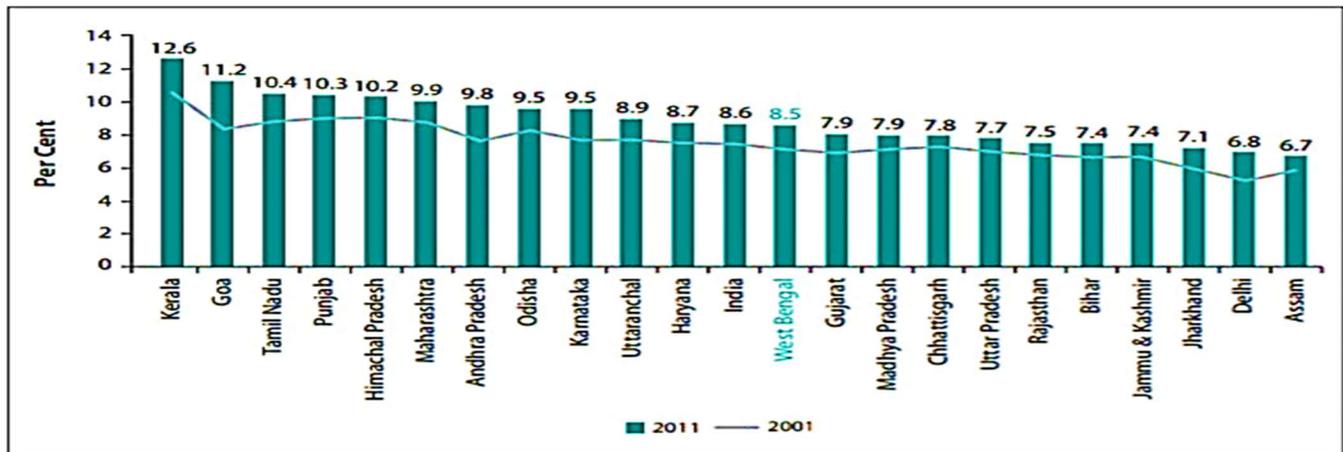
India is experiencing a rapid demographic shift with its population ageing at an unprecedented rate. In 1961 there was 5.6% population in the age bracket of 60 years or more, while in 2011 the proportion has increased to 8.6%. Both urban and rural areas witnessed the increase of ageing population. The following table exhibits the percentage share of elderly population in India during the census years 1961 to 2011.

Census Years	% Share of elderly population in total Population in India				
	Person	Male	Female	Rural	Urban
1961	5.6	5.5	5.8	5.8	4.7
1971	6.0	5.9	6.0	6.2	5.0
1981	6.5	6.4	6.6	6.8	5.4
1991	6.8	6.7	6.8	7.1	5.7
2001	7.4	7.1	7.8	7.7	6.7
2011	8.6	8.2	9.0	8.8	8.1

Source: “Projection of Elderly in India during the Census years 2021to 2051”, T. B Singh, Kumar &N. Kumar, in International Journal of Current Advanced Research, Vol-6, Issue-11, November,2017, p-7464.

India has a significant interregional and interstate variations on the proportion of grey population. The following chart shows the State wise variations of grey population in India:

Regional Variations of Elderly Population in India



Source: The Status of Elderly in West Bengal,2011, BKPAI, UNFPA, February,2014, P-4.

While the Southern States along with Himachal Pradesh, Maharashtra, Odisha, Punjab has a highest ratio of ageing population, the Central and northern states are in a lower side. [India Ageing Report,2017]

Factors Behind the Increase of Elderly Population in India

The increase in ageing population in India can be attributed to three primary factors- A. Declining fertility rates, B. Increased life expectancy & C. Decline in age-specific death rates. Improved access to contraceptives and family planning services has led to a decrease in fertility rates. Improved healthcare, sanitation and living standards have contributed to people living longer, thereby increasing the average life expectancy. Additionally, advancement in medical care and disease management have led to a decline in mortality rates among the grey population. It has been observed that percentage of aged 60 years or above are more rapidly swelling, while the ratio of 15-59 years age group population is shrinking. Another interesting fact is that north Indian population will remain much younger than south Indian population by 2026.[Situation Analysis of Elderly in India,June,2011] Another important fact is the relatively higher ratio of females to male among the grey generation.[India Ageing Report,2017] The following charts display respectively the life expectancy at birth over time (Fig.-1) and the age specific death rate of the elderly population in 2008(Fig.-2).

Figure -1

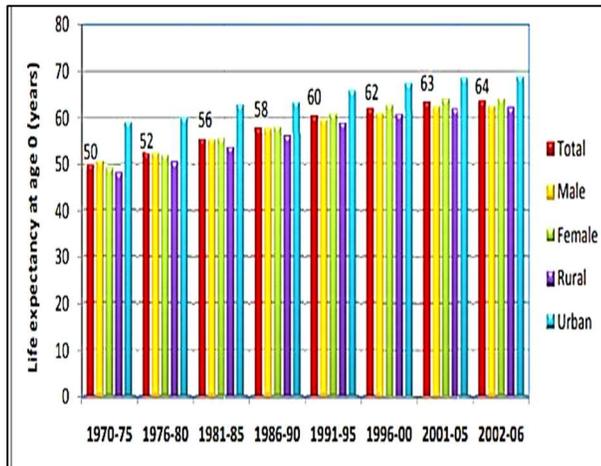
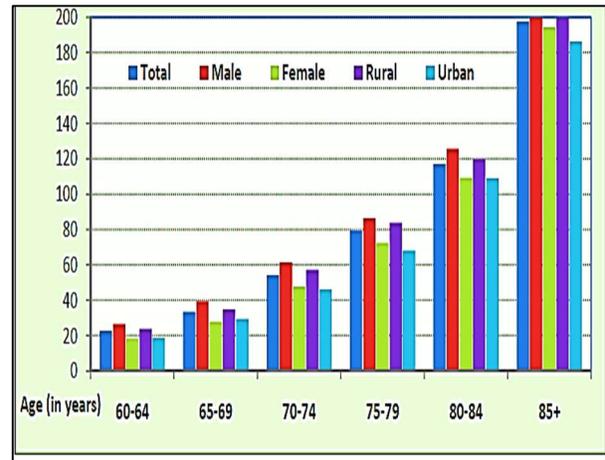


Figure -2



Source: Situation Analysis of the Elderly in India, Govt. of India, New Delhi, June,2011, pp-8-9.

Problems Faced by Aged Individuals in India & Globally

Aged individuals faced a range of problems including: [Active Ageing: A policy Framework, April,2002]

- A. Double Burden of Diseases.
- B. Increased Risk of Disability.
- C. Providing proper care for Elderly.
- D. The Feminization of Ageing populations.
- E. Illiteracy.
- F. The Economic Constrains of an Ageing population.
- G. Poverty.
- H. Inequalities or different types of discriminations.

Health As a Major Concern Globally

Health is a significant concern, with older adults susceptible to various physical and mental diseases. In 2021, the global population aged 70 years or above was approximately 494.4 million. Success in controlling commutable diseases led to the decline in global mortality rates between 1990 - 2019. However, COVID-19 pandemic altered this trend. Still in 2021, 86% of deaths among individuals 70



years or above were attributed to non-commutable diseases (NCDs), such as: [Department of Economic & Social Welfare, UNO,2011]

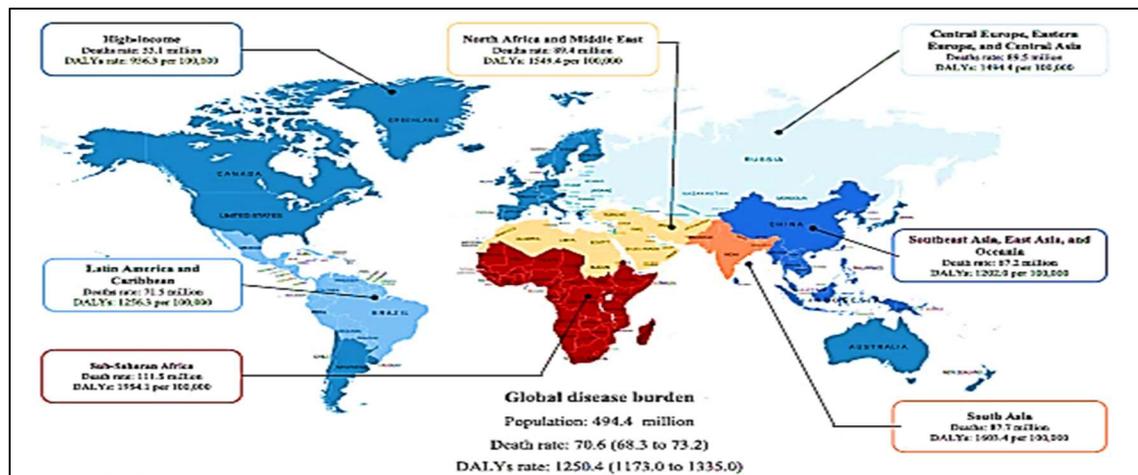
- i) Cardiovascular Diseases.
- ii) Cancers.
- iii) Chronic Respiratory Diseases, including -Tuberculosis, COPD.
- iv) Diabetes.
- v) Alzheimer and other dementia.

In 2004, non-commutable diseases caused 86% death worldwide among 60 years or above. The following table exhibits the causes of death among persons aged 60 years or above, by national income level,2004:

	World	High-income countries	Middle-income countries	Low-income countries
Total	100	100	100	100
Commutable & Nutritional Conditions	10	6	7	19
Non-commutable diseases	86	91	89	77
Injuries	4	3	4	4

Source: Current Status of the Social Structure, Wellbeing, Participation in Development and Rights of older Persons Worldwide, Department of Economic & Social Affairs, United Nations, New York,2011, p-37.

The Following Map shows the global disease burden and death rate:





Source: Global burden of disease and its risk factors for adults aged 70 and older across 204 countries and territories: a comprehensive analysis of the Global Burden of Disease Study, Chen *et al*, BMC Geriatrics (2025) 25:462, p-27.

Major Health Problems Faced by the Elderly in India

The scenario in India is no different. India’s grey population has a highest rate of illiteracy (56%) and economically dependent fully or partially (65%) for their day-to-day maintenance on others which made their condition much vulnerable. Global Burden of Diseases 2017 estimated 59% death of elderly population in India. According to GBD Cardiovascular diseases, Chronic Respiratory diseases, stroke and Cancer being mainly responsible for high morbidity among the grey population in India. [C, Malik, et al.,2021] The following table exhibits the top five causes of death among the aged population on GBD estimates 2017:

Causes of death	Total no. of death	% of all deaths	% of deaths of total deaths in elderly (aged>60 years)
CVD	1888333	19.05%	32.41%
Chronic Respiratory diseases	1087587	10.97%	18.66%
Stroke	557417.3	5.62%	9.56%
Neoplasms	552343	5.57%	9.47%
Respiratory infections & T. B	465368	4.69%	7.98%

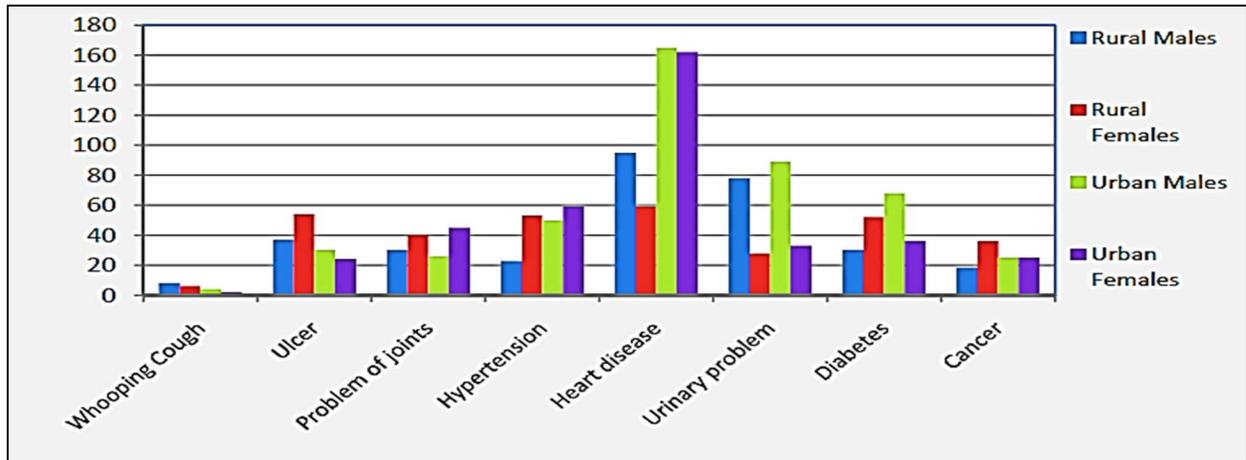
Source: Geriatric population in India: Demography, Vulnerabilities, and Healthcare Challenges-Malik C, Khanna S, Jain Y, Jain R, Journal of Family Medicine & Primary Care, 2021:10:72-6, p-74.

The NSSO Survey (2004) mentioned that the chances of heart disease are higher among urban grey population than rural area. [Situation analysis of Elderly in India, 2011]

The LASI Survey (Longitudinal Ageing study in India: Wave 1, 2017-18) included hypertension, diabetes, stroke, arthritis/osteoporosis, high cholesterol and neurological conditions including psychiatric problems such as depression, Alzheimer or dementia, unipolar/bipolar disorders, Parkinson, etc. as the main causes of morbidity among the grey populations. [India Ageing Report, 2023]



The NSSO survey (2004) Provided statistics on the Chronic diseases suffered by the aged population in

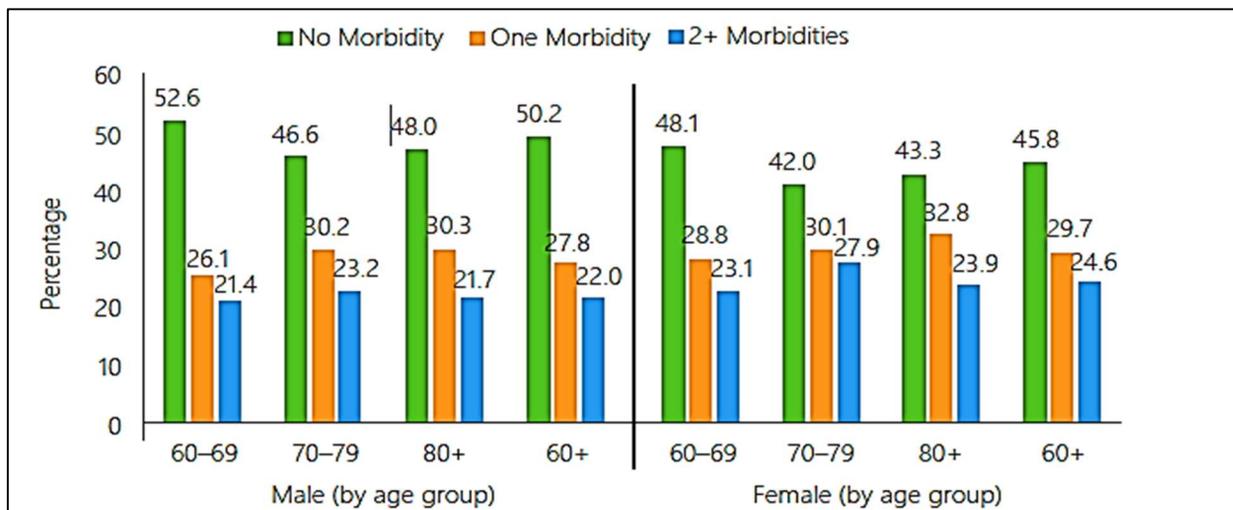


India.

Source: Situation Analysis of the Elderly in India, June,2011, CSO, Government of India, p-19.

The LASI also surveyed on age related impairments. Women over 80 years reported to have higher impairments (179 per 1,000) than their male counterparts (119 per 1,000). Physical and visual impairments are most commonly found among the aged people. [India Ageing Report,2023] Apart from that depression seems to be on a higher side among 60 years or above male and females.

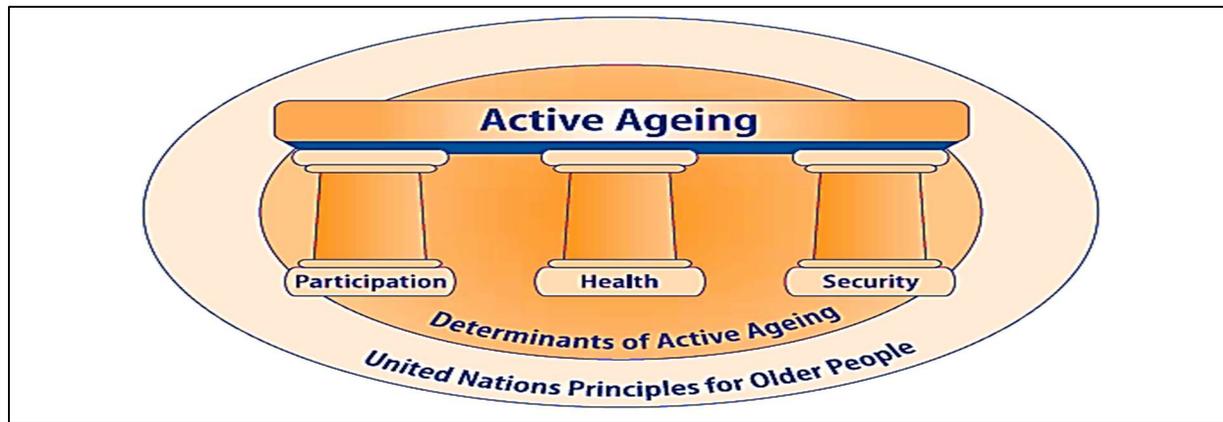
The prevalence of depression among grey population is about 29%. [S.Ansari, et al., June 2022] Lack of social interaction, loneliness and concurrent physical illness increase the vulnerability of mental health disorder.



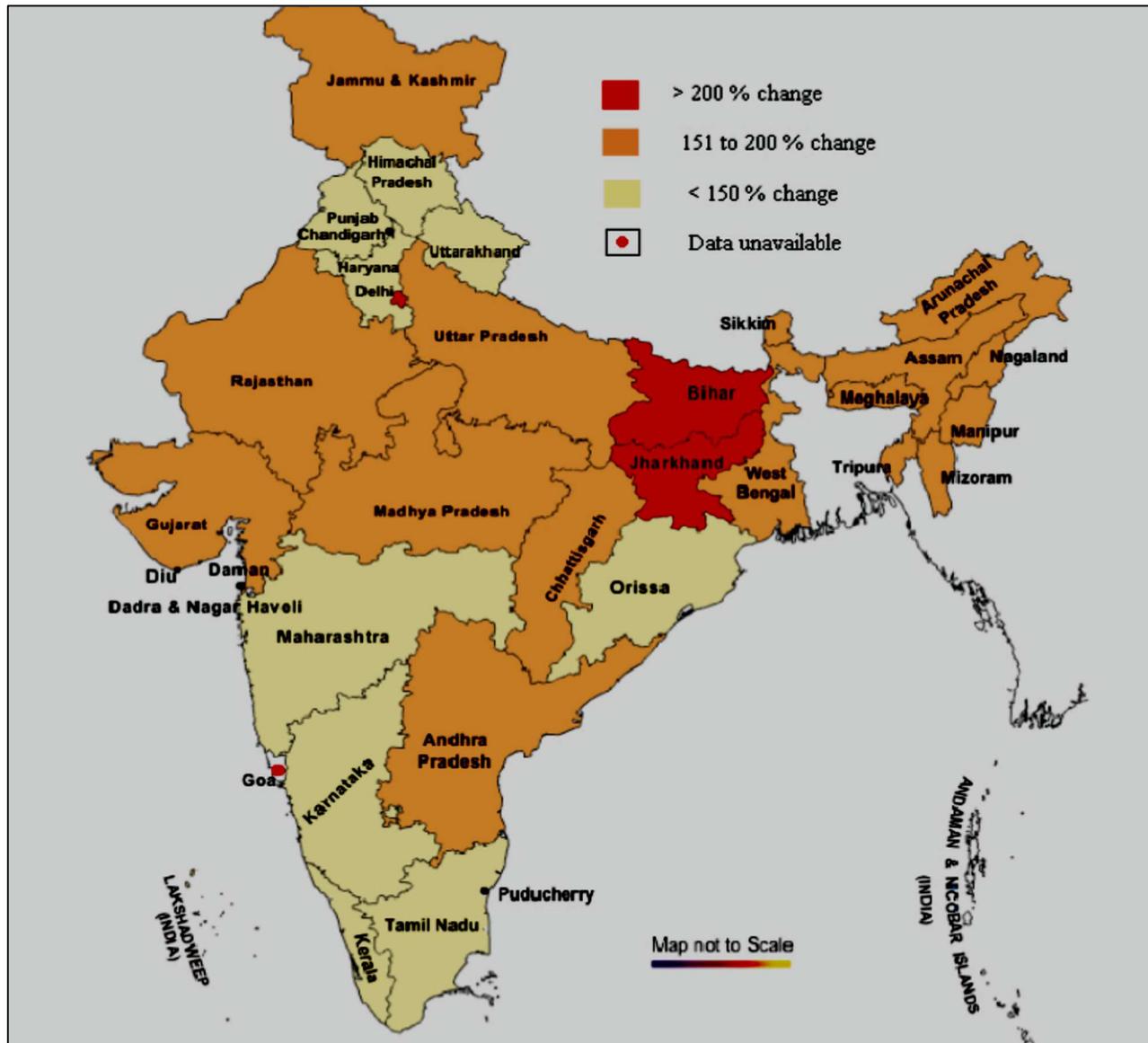
Source: Caring for Our Elders, Institutional Responses: India ageing Report,2023, International Institute for Population Sciences & United nations Population Fund,2023, New Delhi, p-43.

Dementia of which Alzheimer is a common cause, considered a major neuropsychiatric disorder among the grey population. The prevalence of dementia varies from 0.84% to 3.5% among the elderly people over 60 years. [N.G Desia, et al.,2010] Nearly 17.13 million grey people are diagnosed with different mental disorders. [Tiwari & Pandey,2012] By 2026 more than 500,000 older people with dementia are expected to be residing in Uttar Pradesh alone. Compared to 2006 Delhi, Bihar Jharkhand are expected to 200%increase in total number of dementia cases in next 28 years. [Shaji, K. S,2010] The following map shows the State-wise projected changes between 2006 & 2026 in number of people living with dementia.

So, India's scenario is alarming, with both physical and mental disorders of aged population, requiring targeted policy.



Policy Taken for Elderly in India The ageing population is intricately linked to Sustainable Development Goals (SDG-3) 2030, which strives to “ensure healthy lives and promote well-being for all at all ages”. In 1995 WHO renamed its “Health of the Elderly Programme” to “Ageing and Health”, whose aim was to develop policies for a better world for the grey people. In 1999 WHO observed International Year of Older Persons and the theme was ‘active ageing makes the difference.’ [Active Ageing: A Policy Framework,2002] The Three pillars of WHO's Active Ageing Concept are- Health, Security & Participation.



Source: The Dementia India Report 2010: Prevalence, Impact, Costs and Services for Dementia, A Report prepared by ARDSI, p-25.

In April 2002, government representatives from all over the globe assembled in Madrid, Spain, for the Second Assembly on Ageing. Together they resolved to adopt a global plan of action, which is commonly known as MIPAA. They focused on three priorities -i) older persons & development, ii) advancing health & well-being into old age, iii) ensuring enabling and supportive environment. [<https://unece.org>] The WHO, its Member States and partners for SDG Goals created a Global Strategy & Action Plan for Ageing and Health for 2016-2020. WHO declared 2020-2030 as the Decade of Healthy Ageing based on MIPAA Plan 2002. [Rudnicka, Ewa, May,2022]



The Indian Constitution commands the well-being of the elderly in Article 41 &47, which states, “The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and public assistance in cases of unemployed, old age, sickness and disablement, and in other cases of underserved want.” [India ageing Report,2023]

In India the National Policy on Older Persons (NPOP) was launched in January 1999 to ensure the well-being of the elderly person and in pursuance of NPOP National Council for Older Persons (NCOP) was established under the Chairmanship of the Minister for Social Justice and Empowerment. This Council was reconstituted in 2005 with Central &Sate Government representatives and NGOs. [Situation Analysis Elderly in India,2011] The Maintenance &Welfare of Senior Citizens Act,2007 was a key legislation for elderly citizens which lay down the provision for adequate medical facilities and security for elderly population. [Situation Analysis Elderly in India,2011] A Senior Citizens’ Welfare Fund (SCWF) was established in 2016 to provide financial security, healthcare and nutritional support to elderly. [Situation Analysis Elderly in India,2011]

The Ministry of Health & Family Welfare (MOHFW) launched National Preprogramme for Health Care of Elderly (NPHCE) in 2010/11 aims to provide dedicated healthcare facilities to the elderly. It is meant to be implemented in convergence with the National health Mission, Ministry of AYUSH and MOSJE. [India Ageing Report,2017] The following table exhibits the different services provided by NPHCE at different level.

Sl.no.	Level of Services	Services Available
1.	Sub-centre	<ul style="list-style-type: none"> • Health education related to healthy ageing • Domiciliary visits by the rehabilitation worker for the homebound/bedridden elderly and counselling and training family members on their home-based care. • Arrange suitable callipers and supportive devices from primary health centres (PHCs) for the elderly disabled persons to make them ambulatory. • Linkage with other support groups and day-care centres operational in the area.

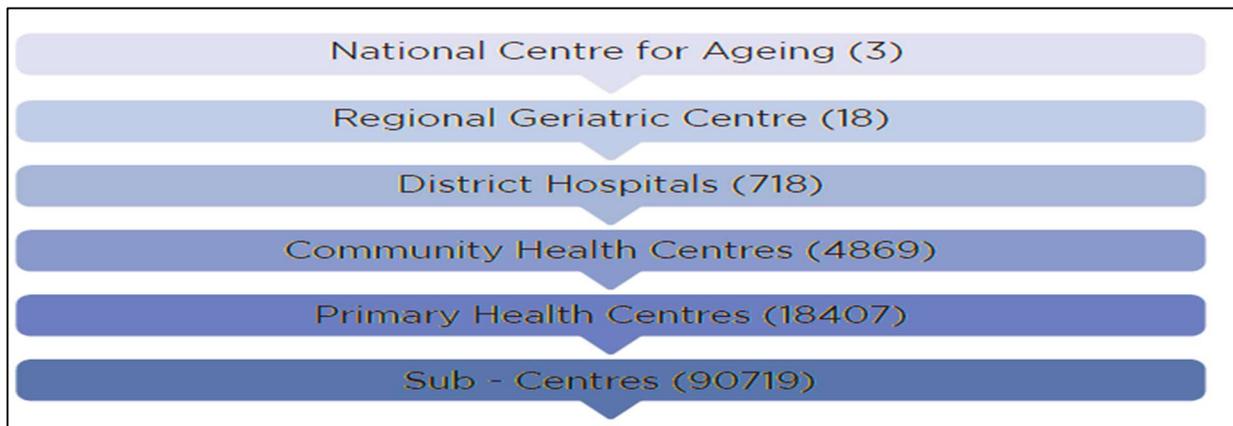


2.	Primary Health Centre	<ul style="list-style-type: none">• Weekly geriatric clinic run by a trained medical officer.• Maintaining a record of the elderly using a standard format during their first visit.• Conducting a routine health assessment of the elderly persons based on simple• Provision of medicines and proper advice on chronic ailments clinical examination relating to the eye, blood pressure, blood sugar, etc.• Public awareness of geriatrics' promotional, preventive and rehabilitative aspects during health and village sanitation day/camps.• Referral for diseases needing further investigation and treatment to the community health centre (CHC) or the district hospital.
3.	Community health Care	<ul style="list-style-type: none">• First referral unit for the elderly from PHCs and sub-centres• Geriatric clinic for elderly persons twice a week• Rehabilitation unit for physiotherapy and counselling• Domiciliary visits by the rehabilitation worker for bedridden elderly and counselling the family members on their home-based care.• Health promotion and prevention• Referral of complicated cases to district hospital/higher healthcare facility.
4.	District Hospital	<ul style="list-style-type: none">• Geriatric clinic for regular dedicated out-patient services to the elderly• Facilities for laboratory investigations for diagnosis and provision of medicines for geriatric medical and health problems.• Geriatric ward with at least 10 beds for in-patient care of the elderly.• Existing specialization departments such as general

		<p>medicine, orthopaedics, ophthalmology and ear–nose–throat will provide the various services needed by elderly patients.</p> <ul style="list-style-type: none"> • Provide services for the elderly patients referred by the CHCs/PHCs. • Conducting camps for geriatric services in PHCs/CHCs and other sites. • Referral services for severe cases to tertiary-level hospitals.
5.	Regional Geriatric Centre	<ul style="list-style-type: none"> • Geriatric clinic (specialized out-patient department for the elderly). • Geriatric ward with at least 30 beds for in-patient care and dedicated beds for elderly patients in the various specialties, such as surgery, orthopaedics, psychiatry, urology, ophthalmology and neurology. • Laboratory investigation required for the elderly with a special sample collection centre in the OPD block. • Tertiary healthcare to the cases referred from medical colleges, district hospitals and below.

Source: Caring for Our Elders, Institutional Responses, India Ageing Report, 2023, IIPS & UNFPA,2023, New Delhi, pp-72-73.

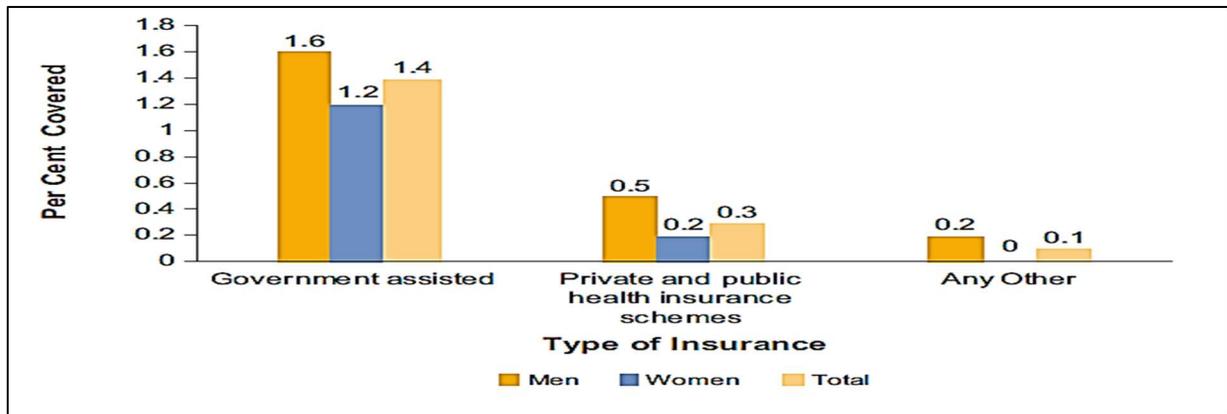
NPCHE also established three National Centres on Ageing-one in Delhi &the other two are in Chennai and Varanasi. More than 1,50,000 Ayushman Arogya Mandir are established to provide the elderly Palliative Health care services. [NITI Aayoga,2024] The following table exhibits the current geriatric



health care structure in India.

Source: NITI Aayog-Senior Care Reforms in India, New Delhi,2024, p-79.

Rastriya Swasthya Bima Yojana (RSBY) was launched in 2008 to provide financial support for health services. [UNFPA, November,2012] In 2018 the Central Government announced the Ayushman Bharat National Health Protection scheme which provides Rs.500,000 per family per year for hospitalization. [India Ageing Report,2023] The following chart shows the Elderly covered by health insurance policy by 2011.



Source: Report on the Status of Elderly in Select States of India,2011, United Nations Population Fund, New Delhi,2012, p-157.

Role Played by NGO & CBO

Community Based Organizations (CBOs) and NGOs played vital role in elderly health care system by providing health care services, nutritional support, advocacy, etc. Some NGOs working for elderly healthcare are – HelpAge India, Manav Lok, Abhoy Mission, Shraddhananda Mahila Ashram, Asha Kiran, etc. [ngofeed.com,2024] Some important CBOs are- [India Ageing Report,2023]

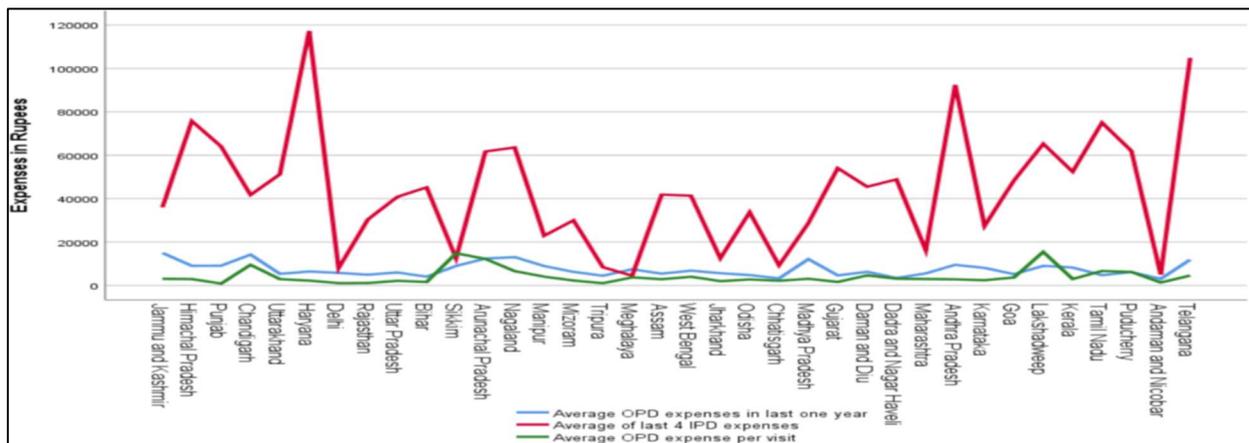
- i. All India Senior Citizen's Confederation (AISCCON).
- ii. International Longevity Centre-India (ILC-I).
- iii. Alzheimer's & Related Disorders Society of India (ARDSI).
- iv. Federations of Senior Citizens of Maharashtra (FESCOM).
- v. Kerala Senior Citizen Service Council (SCSC).
- vi. Tamil Nadu Senior Citizens' Association (TANSECA).



- vii. Senior Citizens Council of Delhi (SCCD).
- viii. Bharat Pensioners Samaj (BPS).

Limitations

Though the infrastructure for elderly healthcare developed in post-independent India, it is yet to achieve the expected success. Financial constraints, distance, lack of awareness to avail the existing medical facilities, lack of technological knowledge are responsible for this. Distance is a main challenge. Statistics shows that older adults, on an average travelled a distance of nine miles (14.54 km) to seek outpatient services and 27 miles (43.62 km) for inpatient care respectively. While in Kerala (59%), Tripura (80.4%), Manipur (74.7%) elderly people avail the inpatient facilities, due to geographical barriers older people of Nagaland (0%), Sikkim (17.6%), Himachal Pradesh rarely visited for inpatient services. [Misra, Sheuli, et al.,2025] The older adults in the North Eastern states of India incur the highest expenses on OPD services. The states of Lakshadweep, Sikkim, and Arunachal Pradesh reported the highest average OPD expenses per visit, exceeding Rs 12,000 per visit. In contrast, older adults in Punjab had the lowest OPD expenses among all states, averaging just ₹856 per visit due to geographical advantages. [Lal, Dhruvendra, et al.,2025] The following diagram shows the OPD & IPD expenditure incurred upon the elderly people in different States/UTs.



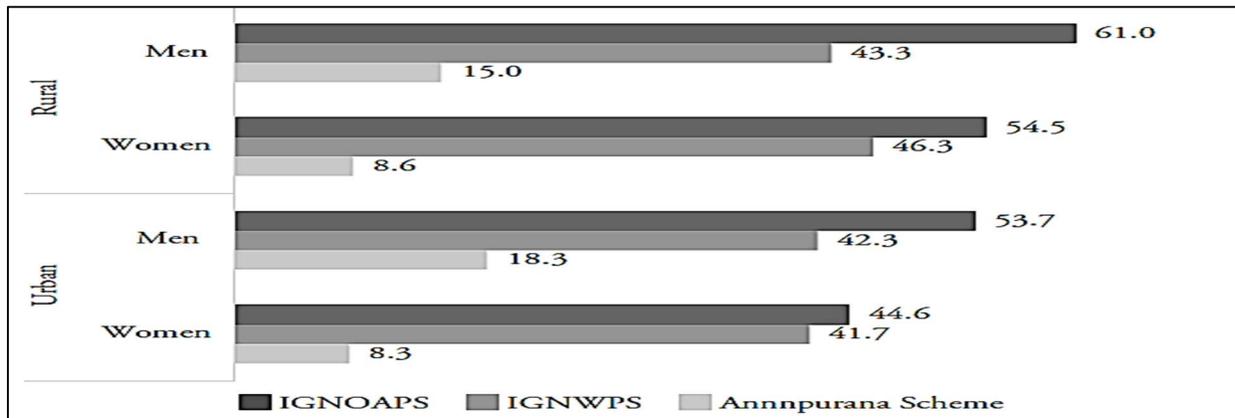
Source: Lal, D, et al., Healthcare Access & Utilisation Trends Among the Elderly in India: Evidence from LASI WAVE 1 Survey, Dialogues in History 7(2025), p-6.

Digital health offers access to healthcare for older people, particularly those residing in rural areas, but very low rates of digital knowledge (11%) and internet access became a hindrance in providing e-health



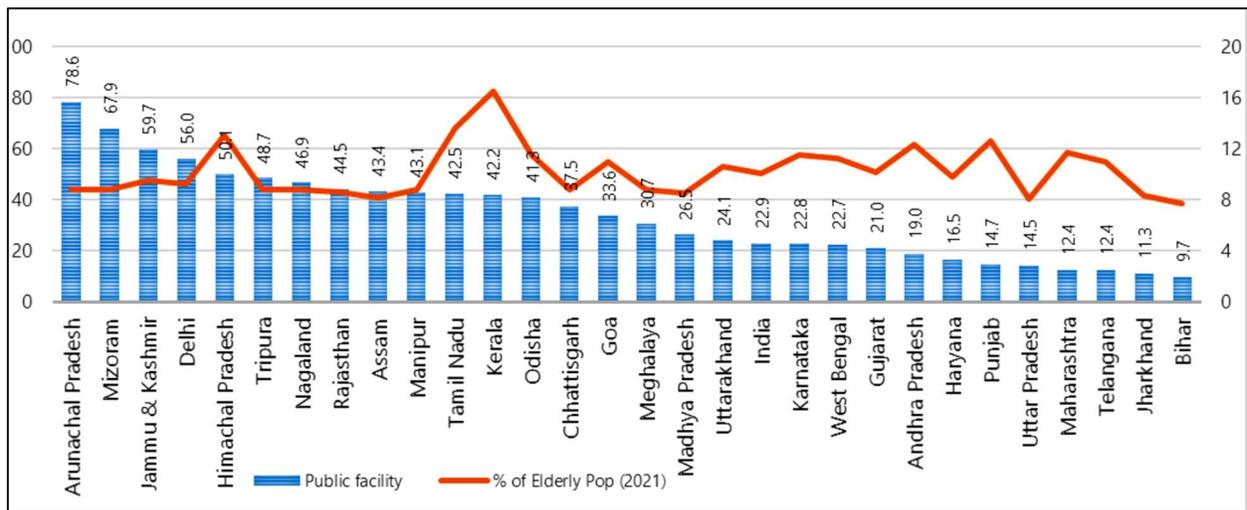
services to the elderly. Nearly 71% of ageing population of India still living in rural areas & ICT can provide them access to the existing healthcare infrastructure. [Rasekaba, TM, et al.,2022]

Lack of awareness for different Social Security Scheme among the elderly is also a major barrier to execute the healthcare policies. The table shows the awareness of the elderly people by gender & place of their residence,2017-18.



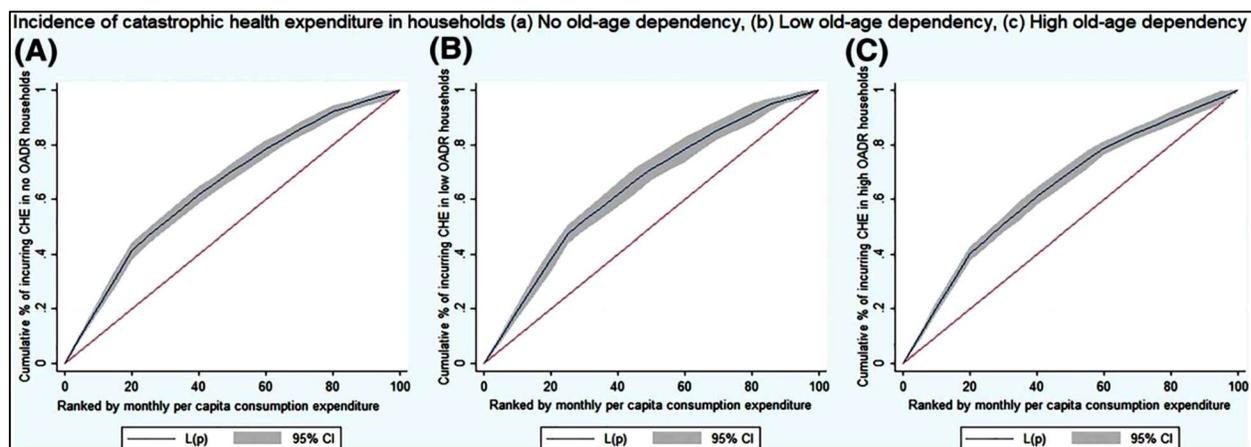
Source: Sekhar.TV, Social Security Schemes for the Elderly in India: Awareness, Utilization, and Barriers, September2023, p-212, <https://www.researchgate.net/publication/373121246>

Healthcare seeking mentality also makes the difference regarding the utilization of the existing services. According to the LASI Survey (2017) only one-third of the elderly people were willing to utilize the facilities. [LASI, December,2023] The following diagram shows the state-wise public health service utility (LASI-WAVE-1,2017-18).



Source: Public Healthcare Utilization by Elderly in India: An Analysis of Major Determinants from LASI Data, Analytical Paper Series # 7, December,2023, UNFPA, p-4.

India's public spending on health is very low. 1.4% of its GDP is spent on healthcare when the global average is about 6.5%. Insurance services are available but over time the premium has increased high and in many occasions reimbursements remain low. So 'out of pocket' expenditure for health services account for more than 70% which has a staggering blow on elderly healthcare services. [Pandey,2022] the following diagram shows the Catastrophic Health Expenditure (CHE) by old age household dependency in India, 2017-18.



Source: Mohanty. SK, et al., Old-age Dependency & Catastrophic Health Expenditure: Evidence from Longitudinal ageing Study in India, Int J Health Plan Mgmt.,2022: John Wiley & Sons, p-15.

Beyond all constraints, social isolation & marginalization for being unproductive created a vacuum among the grey population of India. Besides, the lack of family support due to their children's migration the "empty nesters" left behind which had a detrimental effect on their physical & mental health. [M, Dakua, et al.,2023]

Conclusion

So, as India's elderly population grows, the autumn of life is increasingly marked by geriatric healthcare challenges and social isolation. The country's healthcare system faces significant strain, with limited geriatric care infrastructure and a shortage of trained professionals. Social isolation, exacerbated by changing family structures and urbanization, further compounds the issue, leaving many elderly individuals without adequate support or companionship. To address these pressing concerns, India must



prioritize strengthening healthcare infrastructure, promoting community-based initiatives, and fostering intergenerational connections to ensure the elderly can age with dignity and receive the care they need.

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