# The Inevitable 'Ageing and Greying': A Socio-Legal Analysis of Gerontological Issues with Focused Reference to the Existing Welfare Policies and Legality in India

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**Abstract**

*Ageing, 'if life keeps happening', is inevitable and so are its impact on all domains of life. Time and age- 'the process of Greying', in most of the cases, drastically influence and alter people's physicality; emotionality; psychology and mind set; social and cultural needs and desires; legality behind the 'expected and relished' rights. Factors which control this whole scenario are the popular value system/s; demographic structure and alterations in the society; the pace and facet/s of socio-economic processes like modernization, globalization; westernization and urbanization; over all social changes occurring in social institutions; social legislations and legal amendments; and the administrative will and efforts being undertaken to respond to different ways and issues of ageing and greying taking place while responding to the social changes; role of civil society and development of novel social and economic perspectives; restructuring of the social systems; the concepts like rationality and social justice; and the like. As a nation, India has been very desirous of increasing longevity of life and the aim has been achieved too; and the same is reflected in the portion of the elderly in India's population statistics being showcased presently by various national as well as international organizations and institutions. As a very responsible response to this change, there is a dire need to address and provide redressal for the social and economic challenges being faced by the elderly population. To provide an ideal life to the 'grey-haired ones', only need medical ad infrastructural provisions are not adequate, rather success is mightily rooted in administrative will along with the effectivity of the implementation of the law of the land directly or indirectly influence 'ageing' as a process. This challenge takes a*

*severe form specially in a society like India, which is predominantly defined and judged by morals, values and traditions existing in society from centuries and now being in a very ocular conflict with the emerging modes of life and patterns of social institutions. The present paper explores a number of gerontological issues being faced by elderly population in India and also by the younger population serving the older generations. Within this struggle between different generations, 'especially occurring in the social institutions and then leading to the economic and legal institutions', the administrative efforts in forms of 'welfare policies for the elderly populations and the flexibility of the law and law making process' face the biggest test. The paper tends to present socio-legal analysis of the gerontological issues featuring 'Ageing and Greying' in India and the related welfare policies aiming on harmonizing the interests of the generations in crisis, in order to provide workable solutions to the complexities of ageing and greying.*

**Introduction**

India is currently undergoing a significant demographic shift due to a fast-increasing elderly population. Studies show that approximately 70% of elderly individuals in India rely on others for financial support which creates a significant socio-economic issue for the country (Government of India, 2021; HelpAge India, 2024). While health care advancements and longevity are promising; the challenges for the administration and even common people as families of the elderly people also increase. In this age, most of the elderly people are financially dependent (Rajan, 2022 & Outlook Money, 2025); and this dependence may be partial or absolute (International Institute for Population Sciences [IIPS], 2020; Rajan, 2022). A considerable portion of the elderly population lack personal income, assets, or formal financial support to sustain their daily livelihood independently (Government of India, 2021). Jaiswal (2024) terms Aging as a 'critical global issue' while referring to the research (Longitudinal Ageing Study in India-LASI) done by the Sankala Foundation in collaboration with NITI Aagyog, National Human Rights Commission and the Ministry of Social Justice and Empowerment and the report published therein (IIPS, 2020). Various reports and studies explain that the elderly population has complex needs, to fulfil which, there is a need of robust thought process to address the financial, emotional and physical needs of the growing elderly population,

without which social justice to elderly cannot be claimed (WHO, 2022; United Nations Department of Economic and Social Affairs [UNDESA], 2023). A large number of elderly in India live with economic and heath insecurities, which either go unaddressed or unresolved in many cases (HelpAge India, 2021). Improved life expectancy seemingly graces the administrative targets; but does not make life any glorious for the ones living an aged life while they continuously age in the course of their life (WHO, 2022). The vulnerability can be worse among elderly women and anyone living in rural or low-income areas (Skirbekk & James, 2014). In a patriarch society like India has, not even 'ageing' as a process can be completely diagnosed or understood until the context of gender is explored. Patriarchy, in most of the families either dominates or directs the life courses, barring a few. The gendered values remain a prominent part of all the phases of life, not leaving the grey-haired ones exempted. Elderly women, particularly widows, are especially disadvantaged having come from a culture of lower labor force participation, few owned properties or assets, and continued social exclusion (Banerjee, 2018; Government of India, 2021). Though in the coming decades, more elderly women than men will be a reality, creating problems of the increasing feminization of old age poverty. Keeping in light, the recently mentioned scenario, the paper in the forthcoming parts, explored gender specific issues of elderly population. In the old age, where lack of personal income in hands is the biggest challenge and is widely discussed on national as well as global levels; some issues are neglected, leading to misery of the ageing persons. The paper aims at exploring and explaining those gerontological issues, which affect the elderly population, their families and relationship matrix including the social as well as economic factors behind emotional insecurities; isolation; distress and depression; complexed issues related to sexuality; lack of physical assistance or support and accessibility to healthcare facilities; forced household -work pressure; lack of privacy; and the like (James & Goli, 2021).



**Financial Insecurities and Limitations**

Most elders in India have worked in informal or unorganized sectors, contributing to eroded means of financial security like formal pensions, provident funds, or forms of social insurance (Government of India, 2021). Having minimal or no financial safety nets

leaves most elderly with the choice of relying on family members for ongoing day-to-day maintenance or working beyond their productive age years to meet basic human needs (HelpAge India, 2024). Older individuals frequently report reducing food intake or not eating all together out of financial hardship, indicating the extent of financial insecurity facing many elderly individuals. The issue of financial insecurity among seniors and its intersection with spatial disparities is equally revealed when considering the distribution of coverage and assistance in states like Kerala, Punjab, and Goa, which have relatively better coverage and support, thereby decreasing elder poverty and dependence. States like Odisha, Uttar Pradesh, and Tamil Nadu, on the other hand, have higher elderly poverty levels that are largely exacerbated by less pension coverage, creating regional disparities in elder welfare outcomes.

Elderly populations in rural areas, which make up the majority of India's elderly demographic, are particularly vulnerable owing to a lack of access to formalized financial and welfare structures when compared to the elderly residing in urban centers, who may possess some level of access to pensions and health-related supports (Skirbekk & James, 2014). Additionally, the erosion of orthodoxy associated with the joint family system, alongside migration of the younger generations to urban areas, has led to reduced informal family structures and support systems, which previously assisted many rural elderly. India has established various social allowance schemes to partially confront the crisis of dependency of the elderly financially. Despite these steps, pension coverage is still abysmally low. Coverage is low for a number of reasons, including faulty identification systems for beneficiaries, insufficient funds, and inconsistent implementation of programs. Identification of older people is often hampered by issues with the government poverty lists- for example, the Below Poverty Line (BPL) list- because of the lack of precision and manipulation at the local level. As a result, older persons who should otherwise receive benefits from pensions are left out. This greatly reduces the effectiveness of social welfare programs.In addition, pension amounts provided are, at best, ‘a small relief’, and at worst, weak to meet rising costs of living and health care for the elderly. The costs of living associated with prescribed medicines and medical care create a huge financial burden on families of older persons, where families

either tighten their budgets, or the older person seeks to replace their income-earning potential with informal or low workforce participation (Pandey & Kumar, 2022). A multi-dimensional socio-legal approach is warranted to address the issue of financial dependency for older people. Policy-makers have suggested expanding pension schemes in coverage and quantum, refining identification of beneficiaries using technologically-enhanced transparency, and improving pension provision frameworks to mitigate delays and corruption. Moreover, policy-makers should coordinate social pensions with other complementary policies such as the social pension initiatives with interventions such as healthcare support and financial literacy development aimed at older populations to achieve holistic well-being (WHO, 2002; United Nations, 2015).

Another dimension of policy consideration relates to combating age-related potential for discrimination preventing access to economic resources and employment for older populations. Social stigma and associated stigma, and a lack of awareness, often contribute to marginalization of older individuals, limiting their ability to engage in economic activity and obtain benefits of society. It has been proposed that national public campaigns to institute dignity within older populations and reinforce inclusion in society will serve to counter these deleterious situations.



***Job Openings for the Elderly***

Employment is a key factor in empowering and liberating the following populations of elderly individuals through financial independence, social engagement, a sense of purpose, and mental well-being (WHO, 2002). In India, with the rapidly growing elderly population, the availability and accessibility of jobs for the elderly has important implications for addressing the socio-economic challenges of aging. Despite their increasing numbers, elderly workers face many barriers to employment due to the complex linkages between social, economic, and legal factors (IIPS, 2020). The vast majority of India's elderly workforce continues to work beyond retirement and is generally compelled to do so, rather than by choice. Recent literature indicates about 70% of elderly Indians are financially dependent, pushing most into informal and low wage

(below minimum wage) jobs. This continued participation in the workforce is usually restricted to informal work in unorganized sectors (farming, small-scale trade, domestic work, casual work) which generally provide no job security, social or health benefits, or working conditions. In this context, informal work prevalence is indicative of the lack of adequate opportunities or policies that engage and promote employment for the elderly in more formal and wage-earning sectors.

Discrimination and stereotypes based on age are significant barriers to employment opportunities for older job seekers (Skirbekk & James, 2014). In their views on aging, many employers and society in general associate age with lower productivity, poor health, and decreased ability to learn new technology and workplace practices. This ageism often leads to older workers being denied applications and interviews, limited training opportunities, and denied promotions or work that is suitable for their skills and capacities. There are very few legal protections against age discrimination in India, including for those over 60-years-old, and there are no specific labor protection laws governing senior citizens in the labor market in India (Government of India, 2007). Regardless of the challenges facing older adults in the labor market, the aging labor force presents a human resource that can positively affect workplace productivity through policies that include older adults for workforce development. The government and voluntary organizations are beginning to implement programming that supports self-employment, entrepreneurship, and engagement in local community economic activity. For instance, the government and voluntary sector are implementing skill-building programs tailored to older adults, micro-finance support for older-led enterprises, and volunteer programs designed to support livelihood activities and social inclusion, all of which contribute to social inclusion and economic activity of older adults (HelpAge India, 2021). These are all forms of policy that capitalize on the experience and knowledge of older adults and value them as individuals and as contributors to the economy. Flexible work options such as part-time employment, consulting work, and businesses designed with the elderly in mind, may hold promise for the specific cohorts of older adults seeking to remain engaged. These offer the potential to accommodate health-related limitations while facilitating income generation and social engagement

among older adults. Promoting the adoption of inclusive hiring practices and workplace adaptations through the private sector is a sensible part of a broader plan to improve job access for older adults in India.

Furthermore, programs that promote lifelong learning and digital proficiency for elderly respondents are important ways to improve employability in the current economy shaped by digitalization. As Indian's digital habitat becomes more sophisticated and integrated, ensuring older populations have the skills necessary to engage with digital tools is critical for opening new forms of online work, entrepreneurship, and markets. This tactic may also reduce social isolation by continuing to support participation in the changing world (WHO, 2002).

Finally, adequate social security programs should be integrated into employment policy frameworks to further support older workers or older adults who experience health shocks or economic shocks (United Nations, 2015). Linking pensions to employability benefits, health insurance, and related support services would offer a safety net that not only relieves the pressure to work out of necessity, but provides a way to work with dignity in social protection. Due to the lack of formal employment opportunities and poor legal framework for protection, India needs to build a comprehensive system to support employment of elderly individuals on various fronts: legislative reform, employer incentives, skill development, anti-discrimination campaign, and expansion of rights of informal sector workers. There will need to be collaboration among government entities, civil society organizations, and the private sector to develop an ecosystem to support this employment. Having a positive cultural view towards aging and recognizing the value of elders' contributions can gradually change negative stereotypes about older people. Media and community campaigns that showcase successful senior citizens as entrepreneurs or employees can work towards changing norms and encourage older individuals to continue to be active contributors to the economy and society.



**Healthcare for the Elderly**

The rapid growth of India's elderly population has amplified the need for low-cost and high-quality accessible services specifically designed for older adults. Increasing age is associated with chronic morbidity and greater susceptibility to ill health, places considerable demand on health systems and healthcare facilities, and requires institutional supports specific to elderly care (James & Goli, 2021; Vos et al., 2020). The government of India has recognized this challenge, and both civil society and the private sector have begun to develop free or subsidized care and health services and institutions for the elderly. However, issues of coverage, access, and quality persist, and there is an indication for stronger policy attention and implementation. Elderly health and health care policy in India reflects certain nuance and challenges associated with elder health-not dissimilar to elder issues in other countries. A range of chronic non-communicable diseases physically and functionally impact older people-it is common for older people to have multiple chronic conditions simultaneously. Recent statistics indicate that about one-third of people aged 60 years or older experience cardiovascular disease; diabetes is present for approximately 13%, and some states report major percentages or prevalence rates even higher (IIPS, 2020). Mental health challenges for older adults like declining cognition and depression not only significantly complicate their health care but are often underdiagnosed (WHO, 2022).



A critical but frequently overlooked component of geriatric health is the problem of urogenital disorders, which manifest distinctly across genders. Urinary Tract Infections (UTIs) represent a major burden for elderly women, while prostatic disorders, including Benign Prostatic Hyperplasia (BPH) and prostate cancer, are pervasive among elderly males (Barry & Roehrborn, 2001). According to government statistics and epidemiological data, genitourinary infections account for a smaller yet significant portion of elderly mortality and hospitalization. Recent findings from the LASI dataset (2017-18) reveal that the self-reported prevalence of UTIs among the elderly in India is approximately \$2.5\%\$, with higher rates observed in individuals over the age of 80, diabetics, and those diagnosed with anemia (IIPS, 2020). The National Cancer Registry Programme (NCRP) reports that the age-adjusted incidence rate (AAR) of prostate cancer in Delhi is 10.2 per 100,000, followed by Bangalore (8.7) and Mumbai (7.3) (National

Cancer Registry Programme [NCRP], 2023; Patel et al., 2018). Prostatic issues constitute the most common urological challenge for elderly Indian men, impacting their quality of life through irritative symptoms like nocturia and obstructive symptoms like a weak urinary stream. The two primary conditions are Benign Prostatic Hyperplasia (BPH)—a non-malignant enlargement of the gland—and prostate cancer.

In elderly women, physiological changes associated with aging—such as urethral shortening, decreased estrogen levels, and pelvic floor weakness—heighten the risk of bacterial colonization. Women with iron deficiency anemia are particularly vulnerable, showing a significantly higher risk of UTIs ($10.83\%$) compared to those without anemia ($2.19\%$), likely due to compromised immune responses. Among elderly men, urogenital health is largely dominated by prostatic issues. BPH is prevalent in aging males, with estimates indicating that $50\%$ of men experience symptoms by age 60, rising to $80\%$ by age 80. National datasets report a high burden of BPH at $3,480$ cases per $100,000$ population, often co-occurring with other chronic conditions like hypertension and diabetes. Prostate cancer also shows an increasing trend, particularly in urban registries such as Delhi, where the age-adjusted incidence rate reaches $10.9$ per $100,000$, with the highest incidence observed in patients over 65 years.

BPH is intrinsically linked to the aging process. Studies show that more than 50% of Indian men show evidence of the disease by age 60, and the prevalence can reach 80% by the ninth decade of life. Data from the Global Burden of Disease (2019) indicates that while age-standardized prevalence has remained relatively stable, the absolute number of BPH cases in India surged by 90.9% between 2000 and 2019, from $9.5 million to $18.2$ million cases.

In response to these health issues, the government launched the National Programme for Health Care of the Elderly (NPHCE) in 2010, to provide dedicated geriatric care services using an existing infrastructure of public health (Ministry of Health and Family Welfare [MoHFW], 2011). The NPHCE aims at establishing geriatric wards in district hospitals, setting up specialized clinics, and enhancing capacity building for health care providers offering care for the elderly. In recent years, there have been efforts to make this service available at the sub-district level, and to integrate home-based care, and community

outreach in the realm of health care for elderly people. Free or subsidized access to elderly health care is improved through mechanisms like Ayushman Bharat, which has expanded coverage to senior citizens above the age of 70 years, along with cashless hospitalization and treatment at all public and private empaneled hospitals. This offers a respite for elderly families who are often crushed under the weight of out-of-pocket expenditures on medical care. Nonetheless, there are still challenges in ensuring that elderly populations in remote or underserved areas receive similar benefits from these programs, due to infrastructure and awareness constraints. Although primary health centers and district hospitals deliver free or low-cost treatments for the elderly, lines are long, and staff and resources are limited, which negatively affects accessibility and quality of care. Trained geriatricians are in least available, and age-friendly structures are scarce; you will find many elderly patients turning to private clinics and hospitals at significant costs (Pandey & Kumar, 2022).

The care for the elderly continues to be a critical issue in accommodations for the elderly. The regulation of old age homes and similar aged care facilities is undergoing change, but there is little available for meaningful enforcement of policies and standards. The fundamental issues of decent quality facility inspection, establishment of quality mechanisms, and provision of opportunities to have grievances responded to must be improved to provide activities of daily living and care delivery with dignity and safety. The need to have healthcare workers and staff trained specifically on geriatric practices must also gain attention to prepare staff with skills and awareness of diverse and complex needs and requirements of aged patients. Regional differences further complicate the delivery of care for the elderly. For example, in states like Kerala and Tamil Nadu in the southern part of India, social cultures and better healthcare infrastructure and community connections have fostered more effective support for their larger elderly populations. In most other states, especially the poorer northern and central sections of the country, the situation and experience of care for the elderly is less desirable due to restrictive and resource-based issues as well as administrative barriers. To achieve equitable approaches to caring for the elderly, issues related to disparities in distribution of care resources must be solved.

Various studies have proved that there is a disease patterns particular to every phase of life (Braja, et. al., 2022; Kadar, et. Al. 2025). The health issues even further get diversified with gender as a factor in elderly population. An article entitled, Chronic diseases in the elderly: A growing challenge, published in Times of India on September 1, 2024 mentions that LASI study to state that about 23 percent of the elderly population is affected with multimorbidity, having women as a larger number than men in the age group. There are various factors which are responsible for this typical disease burden and those factors needs to be explored, if proper health care is desired to be given to the elderly people. Diverse socio-economic factors, combined with regional and educational differences make the scenario vary from person to person. Moreso, the patients in this age are not as aware as that of the comparative generations, which might aggravate the ailment.

Non-governmental organizations (NGOs) and charitable trusts within the community support this population by providing old age homes, day care centers, or mobile health clinics specifically designed to meet the needs of elderly patients. In general, these organizations attempt to provide holistic care by meeting the physical, emotional, and social needs of elderly patients. Even though these NGOs (and charitable trusts) perform invaluable work to meet the needs of the elderly, they struggle to remain viable and require more policy support and funding to remain sustainable and to potentially continue.



**Geriatrics in Public and Private Health Institutions/ Hospitals in India**

The major challenge in this context is lack of gerontological support in health institutions of India. Referring to the fastly adding number of elderly people in the population of India, every health institution, especially public ones, must have an independent department of geriatrics and gerontology, where both ‘In and Out-patients’ of old age can be served with specific set/s of medical infrastructure; equipment; and pharmaceutical and clinical medicine. Not only this, there is a need that the health issues of the elderly are addresses on primary stages to save them from larger or rigorous sufferings (Comptroller and Auditor General of India [CAG], 2024). This needs a holistic approach,

including institutional assistance from family; counseling on regional levels; improves awareness and social response to disease management; and above all maintenance of hygiene in the immediate surroundings of the elderly people. The landscape of geriatric care in Indian health institutions is currently defined by a significant gap between policy mandates and ground-level implementation.

While the National Programme for Health Care of the Elderly (NPHCE) envisages a comprehensive architecture for senior care, the lack of gerontological support in many health institutions remains a major challenge. Every public health institution, given the rapidly increasing number of elderly citizens, requires an independent department of geriatrics and gerontology, serviced by specialized medical infrastructure, geriatric-specific pharmaceutical protocols, and clinical equipment. Currently, most elderly patients are treated within general medicine departments that are ill-equipped to handle the complex multi-morbidity profiles characteristic of old age, leading to a "less desirable" experience marked by long queues, limited resources, and inadequate specialized staff. The acute shortage of dedicated geriatric care departments in government hospitals is particularly visible in several key states, as evidenced by recent health dossiers and administrative reports. In Bihar, the situation represents a silent health crisis; primary healthcare centers (PHCs) are inadequately equipped, and there is a profound shortage of physicians trained in geriatric medicine. A 2021 study revealed that approximately 16% of the elderly in Bihar have no access to healthcare services, and implementation of the NPHCE has been hampered by administrative inefficiencies and financial limitations. Statistics show that conditions like dementia (reported by 108 respondents in a field survey) and hypertension (65 respondents) are often neglected in state healthcare policies, forcing families to rely on informal caregivers or traditional healers.

In Uttar Pradesh, the most populous state, the infrastructure shortfall for general and geriatric health is equally stark. While there are 168 district hospitals, only 93 function as dedicated First Referral Units (FRUs), and the state faces a shortfall of over 50% in Community Health Centres (CHCs) and Primary Health Centres (PHCs). The Comptroller and Auditor General (CAG) of India report from 2024 identifies that while

general inpatient services are available in district hospitals, dedicated geriatric-friendly features like separate wards and specialized staff are missing in a majority of facilities. Furthermore, only about 2.10% of the total Non-Communicable Disease (NCD) budget in Uttar Pradesh was allocated to the NPHCE in the 2024-25 fiscal year, representing a decline from previous years and highlighting a lack of fiscal prioritization for senior care. In Maharashtra, although implementation is more advanced than in many northern states, dedicated infrastructure for geriatric care is still being established. As of December 2024, data indicates that 934,085 elderly persons attended geriatric OPDs, and 63,088 were admitted to wards. However, dedicated 10-bedded geriatric wards are often missing; for example, in the Washim district, infrastructure was constructed separately, but in most other districts, the process is still ongoing. This systemic lack of public specialized care leads to a heavy reliance on the private sector, which handles nearly two-thirds of geriatric hospitalizations despite the significantly higher costs. The private sector, while offering more "age-friendly" structures, remains financially inaccessible to many, as evidenced by the high out-of-pocket expenditure (OOPE) which averages ₹31,933 for inpatient services in private facilities compared to ₹8,028 in public ones (Pandey & Kumar, 2022).To better meet the health and care needs of seniors, a number of advocates suggest expanding integrative models that combine community outreach, strengthening primary healthcare, and family support systems together with. Age-friendly urban planning-building factors such as accessible public transportation and recreational facilities-also contribute to the well-being of seniors. At the same time, policy reforms aimed at increasing the budget for senior health, encouraging private sector involvement, and developing public-private partnerships, are all promising avenues to improving the health and care institutions for seniors.



**Day Care Facilities for the Elderly**

Having adequate number of daycare facilities in an urban or rural area is one important aspect of social justice for elderly population; but having accessibility and affordability is another challenge in this context. In many urban areas, old aged people now volunteer to join daycare facilities, which feature attractive recreational activities; wellness checks;

illness monitoring and treatment; occupational therapy; healthy meals; and most importantly, social engagement (de Jong Gierveld & Tesch-Römer, 2012). But, these facilities 'cost' adequately; making specific old aged persons 'only' with a stable income or finances in their hands being able to avail the services. old age homes are a different concept than that of the daycare, with the later one being more emotionally stabilizing option, where a person can return to 'his/ her own home' every evening (HelpAge India, 2021). These facilities also help combat social isolation and loneliness, which are serious problems. Consider the greater than 19% of elderly women, and more than 5% of elderly men living alone; many of them have depression and diminishing functional ability due to the impact of the disintegration of the traditional joint family system. Quality elderly care promotes active ageing through community engagement and by assisting elderly persons with the maintenance of physical and cognitive capabilities.

Although urban areas tend to have more elderly day care options, these tend to either be expensive or primarily in affluent neighborhoods which limits or completely excludes low-income elderly or their family members from accessing these services. Rural and semi-urban areas are even further behind in terms of aged care services for the elderly. Families who are financially stretched often have trouble finding or affording these services, and government subsidies and support for day care services are highly fragmented.



Daycare for elderly is yet not a much available option because of its high costs and lesser availability; while being recognized as necessary, formal elderly day care services in India are currently limited, inconsistent, and rely heavily on nonprofit organizations or privately run facilities, with very few government-operated centers. Other than access and cost; a lack of comprehensive legal and regulatory framework for elderly day care centers is a major issue, which implies that there can be little standardization or monitoring of service quality and delivery, which in some cases leads to inadequately trained staff; insufficient resources; and over-crowding; lack of infrastructure; and limited medical care.

To improve the availability and quality of elderly day care for seniors would take policy change. In formal terms, including elderly day care under welfare schemes - such as the National Programme for Health Care of the Elderly (NPHCE) - and those that support home-based and community care may provide some consistent funding and initiate their expansion. Also, regulations with minimum standards of physical space and staffing, infrastructure space, and care practices are important to regulate quality and safety (Patel, S. & Desai, 2025). Public-private partnerships would offer alternatives to add resources and expertise to scaling up day care services - especially in areas where no real aged care has occurred. NGOs with experience in geriatric care at home could partner with statutory agencies to support affordable and quality day care programs. Mobile day care units and technology-based virtual programs have the potential to reach families who cannot physically access day care services or be a tool to monitor quality issues and care delivery. Involving family caregivers into the day care service provides a holistic approach to care in the process of aging. Educating caregivers, creating support groups, and linking caregivers to respite services will reduce family caregiver strain and offer a more clothed approach to care in the system. Caregiver-focused interventions will also begin to address the mental health challenges being described for both older adults and caregivers in the process of aging.



Older adults are beginning to age along with the increased adoption of digital technology. Some states reported as high as 65% penetration of smart phones among their older adult population. Technology will provide opportunities to integrate a digital platform for senior day care. Innovative care will utilize tele-health consultations, electronic health records, mobile applications to track older adult activity, and a common digital mechanism to provide agencies involved in the older adult care continuum the ability to improve consistency in older adult day care service.

**Sexuality in the Elderly**

There is a geriatric perspective of sexuality; sexuality does get culminated, reconstructed in ageing individuals. Various studies have shared how sexual health relates with overall

health of elderly persons (Lad & Bhat, 2025; M. Jannani & Merciline, 2024; Srivastva & Upadhaya, 2022). Findings of many research works have shown that ageing couples see sex and sexual activity as a stress buster in their greying age; and also see sexual intimacy and romance as an important component of happiness in life. and ageing also effect sexual orientations and behaviors of the elderly (Rao et al., 2015). Spiritual and traditional norms as a combination create societal normative pattern which states that only young couples relish sexual intimacy due to the societal expectations like progeny; and the middle aged or old couples 'are not expected' to indulge in sexuality or related behaviors. Rao, et. al. (2015) says that sexual acts are even labelled as 'inappropriate' and 'shameful' in the old age.

In cases of old aged couples, lack of privacy for them is not seen as a requirement or need, since it is believed that they 'do not need privacy' in the older years of their lives; blatantly refusing that they can be sexually active or desirous. The pressure of the traditional norms regarding sex in elderly persons forces them to refrain from sexual intimacy with their partners making their emotional health suffer more (Gupta & Bansal, 2022). Not only this, some couples are kept separate from each other for sharing financial burden on the younger generations and also for making the families make the best use f their presence to take care of children of different siblings. This introduces a large trauma for the elderly, since being close to each other, even without sexual intimacy is the need of any couple in any age, which is not understood, rather easily ignored.



The scenario gets even worse in terms of its individual impact on mental and emotional health of the elderly ones, when they are single, widow or widower; or a couple living separately from each other due to household or family related reason/s. Such elderly, if they are sexually active, have been noticed seeking sex services on online platforms and become easy prey to blackmailing and sextortion. the organized as well as unorganized criminal gangs target elderly persons for sextortion, for they (the elderly) are technologically not well equipped and also get blackmailed conveniently in the name of their family being told about their using sex services online (Kumar, 2023). The fear of younger generations not accepting and understanding their sexually being active in

absence of one of the parents, after death in most of the cases, make elderly persons pay amounts to blackmailers. An article published in the Times of India on may 28, 2025 states that after the culmination of nude video call, an elderly victim of cybercrime of sextortion received a call and paid an amount of 1. 6 lakhs to the UPI id of the accused; and even then the blackmail did not stop and he was tormented for several says for using the online sex services; following which, the Hyderabad police registered a case under Section 318 (4) (cheating and dishonestly inducing delivery of property); and Section 308 (2) (extortion) of the BNS and the IT Act. The concern which worries more is that, many cases go unreported as the many old aged people either do not register the complaint due to fear of shame or they are not aware of the legal safeguards against such cybercrimes. Such sextortion scams making elderly persons their prey, have been published newspapers often in the last some years (The Hindu, 2025; Aljazeera, 2022). Many articles published in magazines and newspapers clearly indicate that there is a dire need of counseling for the elderly so that they can be saved from being victims to cybercrimes like sextortion and the like. there is need to talk openly about sexuality with the elderly population which shall not be possible in the social institution of family, where traditional norms and statuses bars elderly to express their views regarding sex or sexual desires. This needs to e undertaken in old age homes and also in elderly daycare facilities.



The intersection of suppressed sexual desires and technological gaps has made the elderly easy prey for cybercriminals. Organized gangs frequently target older individuals on online platforms for 'sextortion'—a scam involving nude video calls followed by blackmail. A 70-year-old victim in Hyderabad reportedly paid 1.6 lakh INR to an accused blackmailer after a single nude video call; the harassment only stopped after police intervention. Another septuagenarian lost nearly 39 lakh INR in a similar scam. The fear of being shamed before their children and the lack of awareness regarding legal safeguards against cybercrime often result in these cases going unreported. To truly support the 'grey-haired ones,' the state and civil society must move beyond incremental welfare and toward a comprehensive, gender-sensitive, and rights-based framework. Harmonizing the interests of the generations through legal reform, specialized healthcare, and social sensitization will ensure that aging in India is not merely an act of survival, but

a journey defined by dignity, purpose, and continued human connection (Ministry of Home Affairs, 2023). The Report entitled, Elderly in India, 2021' published by the Ministry of Statistics and Programme Implementation, Government of India shares ample data on demographic and economic features of the elderly population of India; and crime done against of the elderly population of India but has no mention regarding crimes like sextortion. the statistics need to be recorded on these lines too, in order to justify the contemporary call for the elderly welfare in India.

***Remarriage of the 'Old Aged'***

India is experiencing a profound sociocultural change in its paradigm of old-age companionship, as the old perception of the old-age isolation is becoming more and more disputed by the desire to find a new spouse and to be emotionally re-integrated. Traditionally, the societal regulations tended to enforce that the old especially the widows should retreat into a spiritual life or an innocent household life at home. Nevertheless, with life expectancy in India jumping dramatically since 32 years at independence to more than 67-70 years in the present world, this has become a nightmare to millions of people since they have several decades to stay single. As a result, matrimonial portals have stated that elderly people have become about 20 percent of the profile on the specialized remarriage sites, which is a stable growth of people aged 60, 70, or even 80 in search of life partners.

Late-life companionship has a psychological need and a practical side of the modern life. Studies show that there is a great disparity in Quality of Life (QOL) between single population and remarried population aged over 60 ($P < 0.001$), where marriage can be used as a factor of protection against physical, psychological, and social problems. Remarried people always score more in the physical dimensions, enhancement of self-care abilities, and increased mental health behaviour, such as reduced depression and anxiety risks. This factual evidence reinforces the fact that marriage does offer a critical source of self esteem and emotional stability that is usually lacking in the aging alone (Agarwal & Srivastava, 2019).

The COVID-19 pandemic was a significant catalyst in this trend since forced isolation of lockdowns made people understand the importance of having a partner to share challenges of life (Armitage & Nellums, 2020). Moreover, the attitude of the younger generation is changing significantly; instead of opposing the fact that a parent is married again, many adult children working in other cities or even in other countries are urging their parents to seek companionship and caring at home at all times (Gupta, 2020).

The search of companionship in late life is assuming various shapes, and live-in relationships as an alternative to formal marriage are becoming very common. As mentioned in organizations such as the Anubandh Foundation in Ahmedabad, and Happy Seniors in Pune, a large number of the elderly people, especially women, have found live-in arrangements to escape the legal hassles, or new domestic responsibilities of a conventional family (Bhatia, 2021). The need of companionship, in addition to the necessity to stay financially and socially independent is also practiced by many women, who prefer partners to have the same lifestyle preferences and interests traveling.

Gender disparities still exist even though there is increased acceptance. The cultural norms are still more limiting to female and this is echoed in the registration data as there is over 8,800 male registrants as opposed to less than 1,000 women reported by the Anubandh Foundation. A lot of women in 50s and 60s want to be accorded arrangements of convenience where money and companionship take precedence to formal matrimonial relationships (Anubandh Foundation, 2023). However, the fact that these unions are managed by successful organizations is evidence that to the contemporary Indian senior companionship is no longer a luxury but an essential part of active and healthy aging.



**Family's Aggression and Violence**

The traditional idealized view of the Indian home as a sanctuary of respect and care for the elderly is increasingly being challenged by empirical evidence of widespread intrafamilial aggression and violence (HelpAge India, 2024). Previously viewed as a family affair that no one should hear about, elder abuse has now become a socio-legal and problematic issue of national health concern. This violence is not only physical but penetrates into deep plunge of psychological, financial and emotional territories, which

most of the time are perpetuated by the people in whom the elder had entrusted the most of the trust (Banerjee, 2018).

Recent statistics indicate that in India, a wide majority of the elderly abuse is within the domestic nexus. An example is in Karnataka wherein in the period between 2022 and 2025, of the complaints of elderly abuse reported to the Elders Helpline (1090), about 70% were made against family members. The same trend is reflected on the national level, with the HelpAge India 2024 report stating that family members (sons and daughters-in-law) are always reported as the main culprits. These reports show the details of the disintegration of filial piety and the development of intergenerational crisis as a prevailing force of abuse.

The motivators of this domestic violence lie deep in the socio-economic and psychological strain that the modern Indian family must undergo. The conflict of property and finances is one of the main reasons of abuse. The elderly tend to have ancestral properties but no liquid income, which lingers as a tension between the need of the elderly to have a lifelong security and the wish of the younger generation to inherit the resources immediately results to a volatile atmosphere. It is also compounded by the burden of caregiving that is mounting- either physically, emotionally, and financially on children and their spouses as they attend to an increasingly dependent parent, especially chronic illnesses or cognitive impairment such as dementia.



According to this theory, a series of transactions that include expectations of future returns is what controls the social interactions. As an example, a son can offer care to his mother with an assumption of a future right of inheritance to her property; failure to receive the right of inheritance in the future or even refusal to do so turns the caregiving type of a relationship into an aggressive or abusive one. Moreover, there is also the veil of feminization of the victimization process, in that, elderly women, widows, illiterate or low-income groups are reported to be victims at a higher rate as compared to their male counterparts (Skirbekk & James, 2014). The statistics by HelpAge 2024 point to the fact that 73% of the victims of abuse were earning below Rs. 1,00,000 per annum, which shows that there is a definite correlation between poverty, dependence, and the risk of being a victim of family violence.

The manifestation of elderly abuse by the home is highly underreported and silent of the system. Although the nationwide and urban slum studies indicate that the extent of abuse is estimated at between 7 and 19.4 percent, the professionals are of the opinion that such data are an utterly underestimated number because of the sheer fear and shame of turning oneself in to the police. The elderly victim, in most situations, is passive in his or her resistance like shouting at the abuser or asking him to quit or they simply do nothing at all to protect the secrecy of family affairs.

In many cases, the elderly victim resists through passive means, such as scolding or requesting the abuser to stop, or they simply 'do nothing' to maintain the confidentiality of family matters. The types of abuse reported in domestic settings vary, but psychological and emotional abuse consistently rank as the most frequent. This involves verbal abuse, mockery, name calling and intentional isolation or the silent treatment. Physical abuse, although less than reported in some instances (0.7 to 1.4 percent in the community), is serious as it is especially in situations where the elderly suffer severe functional impairments or chronic illnesses. Neglect—the advertent failure to discharge caretaking obligations such as providing food, medicine, or personal hygiene—accounts for approximately 33% of complaints and is often a direct result of weakened traditional support structures (Government of India, 2007). The contemporary family, where the younger couples are working and have lack or unaffordability of domestic management support facilities, usually depute their older ones to take on several duties like nurturing children; cooking food; dropping and picking school going children in time; doing market work and the like. On one side, this work burden which is ‘at times’ unjustifiable makes the elderly people suffer neglect in terms of their own needs like physical rest; privacy; quality time with the spouse of friends; timely outings and trips and the like. elderly’s being at home is often taken as ‘for granted’ and their presence is misused or over-exploited. In many cases, this is been seen as resulting into anger issues in elderly people also, which is then taken as a reason of their being unsuitable to stay in home, and with the family anymore. Understanding family aggression by knowing the work pattern being shared by older and younger generations in family is very crucial need of the hour,

without which it is impossible to estimate the emotional gradience or psychological damage the elderly ones suffer with.

The silence of the victim is not only a product of familial loyalty but also of a lack of awareness regarding legal redress mechanisms. Awareness of the Maintenance and Welfare of Parents and Senior Citizens Act remains abysmally low at only 9%, while knowledge of police helplines is slightly higher but still insufficient to bridge the gap between victimization and justice (HelpAge India, 2024). This lack of empowerment, combined with the 'changing ethos' that views the elderly as a burden rather than a source of wisdom, creates a domestic crucible where aggression can flourish unchecked.

**Conclusion and Suggestions**

The process of "Ageing and Greying" in India is a socio-legal reality that demands a departure from fragmented, welfare-only approaches toward a comprehensive rights-based framework (WHO, 2002). Success in managing this transition is not merely dependent on medical provisions but is rooted in the "administrative will" to implement the law of the land effectively. Based on the socio-legal analysis, the following reforms are being recommended:

***Suggestions for Policy and Legal Enhancement***

**Rationalization of Social Pensions**: The existing amounts of pensions under IGNOAPS should be pegged on the Consumer Price Index (CPI) to make sure that they meet the basic cost of living. The indigent elderly should be considered with a floor pension that is no less than 50 percent of the minimum wage in order to promote social justice.

**Sensitization of the Judiciary and Law Enforcement**: The maintenance tribunals need to be manned with staffs who are trained in psychology of ageing so that the legal process is not adversarial and intimidating to the seniors. The case of the Delhi High Court on the eviction and the protection of property is a precedent that should be enshrined in the MWPSCA to give a national understanding.

**Expansion of Geriatric Specialization**: ach of the public health institutions must be required to possess an independent gerontology department. The geriatric caregivers training should be a standardized and scaled training where a certification program is to formalize the workforce of the caregiver.

**Promoting the "Normalization" of Ageing**: Awareness campaigns in the community on the destigmatization of elderly sexuality, remarriage, and mental problems should be initiated. The isolation of nuclear family is crucial to fight by promoting the practices of Active Ageing with the help of community centers where people can practice yoga, fitness, and socialization.

**Digital Literacy and Cyber-Safety Shields**: Because of the increase in sextortion and the financial fraud, community centers should be equipped with special digital literacy modules designed to assist the elderly. The banks and online payment institutions must adopt Senior-First security measures to screen and thwart suspicious transactions on the accounts of the seniors.

**Fostering Restorative Justice in Family Disputes**: Instead of taking the case to court, family conflicts involving the elderly should first be subjected to the Family Group Conferencing or mediation with the emphasis being on mending the broken relationships and restoring balance, which is in line with the traditional Indian concept of filial piety.

The shift to a "Society for all Ages" in India needs to be balanced in terms of legal protection, economic empowerment, and socio-cultural sensitivity as the country approaches 2047. The old people are not a dying generation but a source of wisdom and experience; the consideration of their rights is a basic requirement to a realistically developed country. It is a very tough problem particularly in a society that is characterized by the presence of morals and traditions that are conflicting with the new forms of existing lives but with the firm socio-legal approach, India is capable of offering a viable solution to the dilemmas of ageing and greying.



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