



## Towards Elderly Well-Being: A Comprehensive Overview Geriatric Health Service as an Answer to Demographic Challenges in India

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### Abstract

India is undergoing a significant demographic transition, with declining birth rates and increasing life expectancy contributing to a rapidly growing elderly population. By 2050, the number of older adults is projected to quadruple, placing immense pressure on the country's healthcare infrastructure. A recent World Health Organization report highlights that the rising elderly population in India and China will further strain national health systems. Despite this, geriatrics remains an underdeveloped field in Indian medical education, resulting in a lack of specialized healthcare services for older adults. This study provides an overview of India's geriatric healthcare system, focusing on existing policies, infrastructure, and healthcare models. Through a comprehensive review of healthcare programs, government initiatives, and geriatric service frameworks, this study identifies key challenges such as inadequate specialized training, limited healthcare accessibility, and disparities in service quality, particularly in rural areas. Additionally, this study examines the unique healthcare needs of older adults, including frailty, atypical disease presentations, and increased risks of complications. The findings highlight the urgent need for a more integrated and multidisciplinary approach to geriatric care. Strengthening primary healthcare services, increasing geriatric training for healthcare professionals, and promoting community-based care models are crucial steps in addressing these challenges. Raising awareness of the medical and socioeconomic difficulties faced by India's elderly population is essential to improving their quality of life. By enhancing existing healthcare policies and infrastructure, India can better prepare to meet the needs of its ageing population and ensure sustainable elderly care services in the future.

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## INTRODUCTION

India is home to nearly 120 million elderly individuals, many of whom face medical, psychological, economic, and social challenges. As the ageing population continues to grow, the demand for accessible and specialized healthcare services increases. While some elderly individuals can utilize standard government healthcare facilities, many require targeted geriatric care programs to maintain their well-being. However, limited availability of specialized geriatric services, particularly for those with functional or cognitive impairments, poses a significant challenge. Despite efforts by the Indian health ministry to establish geriatric centers and clinics across various states, these facilities remain insufficient to address the growing needs of the elderly population. Routine healthcare clinics also struggle to manage the complex multimorbidity and age-related conditions common among older adults.

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The National Program for Health Care of the Elderly (NPHCE) was introduced as a structured initiative to enhance geriatric care in India. However, its implementation has been inconsistent, leading to disparities in the availability and quality of services, especially in rural areas. Challenges such as inadequate geriatric training for healthcare professionals, limited healthcare infrastructure, and financial constraints hinder the effective delivery of elderly care services. Unlike developed countries with well-integrated geriatric healthcare models, India's approach to elderly care remains fragmented, requiring comprehensive strategies to ensure equitable access to quality healthcare for all elderly individuals.

This study provides an overview of India's geriatric healthcare system, highlighting its key components, challenges, and ongoing initiatives. It examines existing policies, the role of government programs, and the need for improved integration of preventive, curative, and rehabilitative strategies within the healthcare framework. By evaluating current healthcare provisions and identifying gaps, this study aims to contribute to a better understanding of India's evolving approach to geriatric care and the steps needed to strengthen the system for the future.

## **DISCUSSION**

### **Elderly in India**

India has 57 million senior citizens as per the 1991 census, up from 20 million in 1951. The number of elderly persons rose sharply between 1991 and 2001, and it is predicted that by 2050, that figure will have reached close to 324 million. As a consequence of 7.7% of its population being over 60, India has acquired the label "an ageing nation." Because of enhanced health-care services, there has been a demographic change that can be attributed to reduced fertility and mortality rates. It has been established that the decline in fertility is outweighed by the decrease in death. While the crude birth rate decreased from 47.3% in 1951 to 28.5% in 1961, the crude death rate decreased from 28.5% to 8.4% in 1996. . For many years, India's health policies and programmes have prioritized issues including illness control, pregnancy and child health, and population stabilization. A new set of medical, social, and economic challenges, however, may arise if programme managers and policymakers do not act swiftly in this regard, according to current data for India's elderly.

### **Socio-demographic Profile of the Elderly**

In 2001, it was found that up to 75% of old people in India lived in rural regions, according to latest figures on this population. The majority of older women, or 48.2% of them, were widows. A total of 73% of older people relied on manual work and lacked literacy. According to reports, one-third of older people were said to be living below the poverty line, which meant that 66% of them were in a precarious condition without enough food, clothes, or shelter. A majority of the elderly (about 90%) come from the unorganized sector, meaning they don't have a steady source of income. About 2,000 000 people in India are centenarians, and it's one of the few nations in the world where the sex of centenarians is still taboo. This may be due to a number of factors, including underreporting of females, particularly widows, and higher female mortality in various age groups.

### **Future Directions in Geriatric Health Care in India**

A universal phenomena is ageing. This demographic shift is also present in India. The difficulties and concerns of its ageing population take a backseat. There is currently a need to do research and consider fresh angles for study of the ageing population. Collaboration in medical, paramedical, and other professionals' training can promote multi-disciplinary approaches to geriatric care. Future kinds of official and informal caregiving as well as systems to assist carers will be needed for aged care. With the active involvement of all stakeholders and actors of social, economic, and political leadership from the local to the national level, community-based geriatric services should be envisioned. Before there can be any meaningful change in how aged care is provided, there must be cooperation between the government, healthcare providers, insurance, and patients. If India is to concurrently satisfy the healthcare demands of the elderly, it must implement appropriate policies to handle the health care concerns of an ageing population.

### **Delivery Framework: Elder Care**

Elderly people require special care for their unique physical, emotional, social, and financial demands, and they prefer to have services near to where they live. Much may be accomplished at the primary level of care with compassionate, age-friendly, and comprehensive services community level, which is economical for both the recipients and the suppliers. Additionally, through promotional, preventive, and rehabilitation care, such as screening, early detection, supportive care, and consistent follow-up care for those receiving treatment or with advanced disease conditions, the multi-morbidity status resulting from chronic disease conditions can be minimised. As a result, older patients require comprehensive primary healthcare not just to increase access and affordability but also to support them emotionally.

### **Objectives of the National Program for the Health-Care for the Elderly (NPHCE)**

The national policy for older people was announced in January 1999 to reiterate the importance of senior citizens' wellbeing. The implementation phase of the nation's senior citizens policy, which is ready as of March 30, 2011, is underway. Between 2010 and 2011, the ministry put the National Programme for the Health Care of the Elderly (NPHCE) into action. The Non-communicable Division of the Ministry includes NPHCE, which has the following goals. The NPHCE is a statement of the government's international and national commitments as outlined in the UN Convention on the Rights of Persons with Disabilities, the Government of India's National Policy on Older Persons adopted in 1999, and Section 20 of the "Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with medical care for Senior Citizens.

The NPHCE's vision is to:

- 1) Provide an ageing population with accessible, affordable, and high-quality long-term, comprehensive, and dedicated care services;
- 2) create a new 'architecture' for ageing;
- 3) Build a framework to create an enabling environment for "A Society for All Ages."
- 4) To promote active and healthy ageing as a concept.

### **Specific Objectives of NPHCE:**

- Identify health concerns in the elderly and give appropriate health treatments in the community with strong referral backup support
- Provide simple access to promotional, preventative, curative, and rehabilitative services using a community-based primary health-care (PHC) approach
- To increase the ability of medical and paramedical professionals, as well as family caregivers, to provide health care to elderly citizens.
- Provide older patients with referral services through district hospitals and regional medical institutes.
- Collaboration with the National Rural Health Mission (NRHM), AYUSH, and other line agencies such as the Ministry of Social Justice and Empowerment.

### **The Role of the Health Care System**

The rates of use of the existing health services might be increased significantly by ensuring high quality geriatric health care services at the primary level. Based on the senior population's 'perceived needs' health care services should be provided. This would entail conducting a thorough baseline morbidity survey and functional assessments in the health domains that they believe to be crucial. This has to be turned into a database for the community so that actions can be prioritised and funds can be distributed appropriately. The perceived needs may differ based on gender, socioeconomic status, and differences between rural and urban areas. The geriatric health care services have historically placed greater emphasis on secondary prevention methods like screening and early management and tertiary care methods like rehabilitation than primary prevention. According to World Health Organization (WHO) projections, the number of fatalities from chronic conditions including cancer, high blood pressure, cardiovascular disease, and diabetes would rise by 17% from 35 million to 41 million by 2015. This necessitates a multifaceted intervention

programme that must be effective and simple to oversee. Numerous issues affecting the elderly in India have emerged as a result of current demographic trends, rapid urbanization, and lifestyle changes. Although this paper has primarily concentrated on strategies for improving health care services and the medical issues that affect the elderly, it must be kept in mind that raising the quality of life for the elderly requires a comprehensive approach and coordinated efforts from the health and health-related sectors.

### **Aging in India - Challenges**

The absence of physical infrastructure, companionship, mental health problems, a lack of financial support, and emergency response services are a few difficulties faced by the elderly. Elderly people frequently struggle with mobility issues and cardiovascular diseases, but society has an ableist mindset. Elderly people in India experienced healthcare issues related to both communicable and non-communicable illnesses. Aside from age-related problems including sensory function loss, they are also prone to chronic diseases like cancer, hypertension, and coronary heart disease. According to government estimates, cardiovascular illnesses are to blame for one-third of this group's fatalities. Alzheimer's disease is one example of an illness that restricts even ordinary tasks. Factors like the disintegration of family support systems and decreased economic independence make this worse. Despite the existence of numerous government initiatives, the benefits have not yet been felt by the majority of the population.

### **Integrating Geriatric Care into Primary Care**

Geriatric services are currently offered at tertiary care hospitals. The majority of facilities are located in cities. According to a survey, 46.3% of the participants were unaware of any geriatric services available close to where they lived. Geriatric care must be incorporated into basic healthcare services because most Indians over the age of 65 live in rural areas. It's crucial to mobilise neighbourhood volunteers and healthcare professionals who can spot older people and send them to appropriate treatment. In this sense, caregivers may be quite empowering. Additionally some businesses provide services like home and on-site screening for various conditions.

### **The Need for Geriatric Care in India**

India is experiencing a demographic change, and by 2025, it is expected that the elderly would make up 12% of the country's population. Due to a clear movement toward chronic non-communicable illnesses, the growing senior population presents social, economical, and health system issues and places a tremendous burden on it. A greater emphasis on geriatric issues, both medical and socioeconomic, is also required due to social factors such as the decline in the number of children in families, increased employment opportunities for women—who in India traditionally cared for the elderly—rapid urbanization and the rise of nuclear families. The aged in India are a diverse group with varying morbidity rates depending on factors including gender, region, and socioeconomic position, as well as a wide range of cultural and religious backgrounds. At least 65% of India's elderly are economically reliant, uneducated, and reside in rural regions. In order to promote healthy ageing and address the medical and socioeconomic issues that this vulnerable group faces, action must be taken.

## **CONCLUSION**

The tremendous increase in life expectancy in India is becoming a matter of great concern for geriatric care. A holistic strategy is essential given the shift in social structures and goals. Through coordinated efforts by the healthcare and health tech sectors with backing from the government, caring for the elderly entails more than simply managing their medical needs; it also entails raising their general quality of life.

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