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Geriatric population in India, vulnerabilities and healthcare challenges: A Theoretical Perspective

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ABSTRACT

India is undergoing a dramatic demographic shift. Driven by declining fertility rates and increasing life expectancy, the country's population of adults aged 60 and older is expanding rapidly (Agarwal et al., 2016). Projections indicate that by 2050, older adults will constitute approximately 19% of India's total population—exceeding 324 million individuals.While this "older adult boom" reflects massive strides in public health and medicine, it presents a highly complex matrix of socio-economic and healthcare challenges. To systematically address these issues, gerontological and sociological frameworks provide vital structural perspectives. By analyzing the intersection of health, financial structures, and shifting social systems, we can unpack the multi-layered vulnerabilities of India's aging landscape. This perspective splits geriatric vulnerability into two distinct components: physical fragility (e.g., physiological decline, biological deterioration, susceptibility to chronic illness) and social vulnerability (e.g., erosion of traditional social capital, shrinking support networks) (Sahu, 2023). When a family or community views physical fragility strictly as a burden, social networks fray, triggering severe psychological distress, alienation, and elevated risks of elder abuse or neglect. This research paper is going to highlight the Geriatric population in India, vulnerabilities and healthcare challenges: A Theoretical Perspective. At present the penetration of urbanisation the elderly people are more isolated than before. The growing market economy and time constraint restricts sharing and caring concept of the family life.

KEYWORDS: *Old Age, Vulnerability, Deprivation, Geriatric, Demographic Change*

INTRODUCTION

India's geriatric (aged 60 years and above) population is growing rapidly, creating a complex interplay of demographic change, social vulnerabilities, and systemic healthcare gaps. A "theoretical perspective" on this topic typically focuses on how structural, economic, cultural, and policy factors converge to shape the health and well being of older persons rather than describing only empirical patterns. The share of people aged 60+ in India has risen from about 7.4% in 1991 to roughly 8.6% in 2011 (about 104 million), and is projected to grow steadily until mid century. This "ageing in place" is driven by declining fertility, falling mortality, and rising life

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expectancy, superimposed on an already unevenly distributed health and social security infrastructure. Theoretically, demographic transition theory helps explain why India is moving from a "young" to an "ageing" society, but without the parallel institutional maturation (pensions, LTC, geriatric care) seen earlier in many Western states. Geriatric vulnerabilities in India are strongly mediated by socioeconomic status, gender, rural–urban location, and family structure. For example, women, widows, and rural elderly often face higher poverty, limited property rights, and weaker social protection, rendering them more exposed to health shocks and neglect. The erosion of the joint family system and weakening intergenerational support networks also heighten risks of isolation, elder abuse, and abandonment, especially in urban settings. This aligns with social ecological and life course theories, which stress that long term health in old age is shaped by cumulative disadvantage across life stages.

Older Indians carry a heavy burden of non communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular disease, cancers, and chronic respiratory conditions, alongside rising rates of multimorbidity. These are compounded by high prevalence of sensory impairments(vision, hearing loss), musculoskeletal and mobility problems, and under diagnosed mental health issues, including depression and cognitive decline.From a theoretical standpoint, the "compression of morbidity" versus "expansion of morbidity" debate is relevant: if healthy ageing is not promoted, India may experience prolonged periods of disability and dependence in late life, with enormous social and economic costs. India's healthcare system remains largely curative, episodic, and disease specific, rather than holistic, preventive, and geriatrics oriented. Geriatric care is fragmented across vertical programmes (NCDs, cancer, mental health, etc.), with few dedicated geriatric units, trained geriatricians, and defined standards of care at primary and community levels. The National Programme for Health Care of the Elderly and integration of elderly care into Ayushman Bharat's Health and Wellness Centres represent normative steps toward a life course and integrated care approach, but implementation gaps remain immense. Functionally, this reflects a mismatch between policy intent and institutional capacity, which political economy and health systems theories help unpack. A large proportion of elderly Indians, especially in rural areas, suffer from low literacy, inadequate health seeking behaviour, and limited awareness of entitlements under old age pensions or health schemes. Many depend on out of pocket expenditure for chronic care, which can rapidly push poor and near poor households into catastrophic expenditure. Theoretical lenses such as capability approach (Sen) and barriers to healthcare access models show how education, income, geography, and social norms jointly constrain the ability of older persons to claim their health and social rights, even when schemes exist on paper.A theoretical perspective would emphasize that aging in India cannot be "managed" through isolated medical interventions. It demandsIntegrated, life course-oriented health systems that combine preventive, rehabilitative, palliative, and mental health components. The Social protection and intergenerational equity frameworks that link pensions, food security, housing, and legal safeguards for older persons. The Community based and decentralised geriatric care, aligned with Ayushman Bharat and local self governance structures, also reduce inequities.Such a perspective supports viewing the geriatric population not merely as a "burden" but as a demographic reality requiring structural reconfiguration of health, social, and economic institutions across India.

Vulnerability

Vulnerability is a condition of a personfirm about by physical,political, social, economic and environmental factors.Which increases the defencelessness of a community in general and an individual in particular, to the impact of hazards.It is a juncture of our life, inability to resist the hazard or respond within our disaster has occurred to a person or community. As a matter of fact,vulnerability depends upon several factors like physiography condition and topography of an area, people and their state of health, local environment, sanitary condition as well as quality or state of local building and their location with respect to their any hazard.

According to Dr.Brené Brown author and researcher, "vulnerability is the core of shame, fear and struggle for worthiness, but it appears that it's also birth place of joy, of creativity of belonging and of love". To her this is the vulnerability world we live in.The quality of being vulnerable is able to be easily hurt, influenced or attacked, or something that is vulnerable.The state of being exposed to the possibility of being attacked or harmed, either by physically or emotionally.

Vulnerability allows us to foster deeper relationships and greater acceptance, but it isn't always easy. Example of vulnerability includes sharing our emotion, talking aboutour mistakes, and being honest about our

needs.Vulnerability may help usto express our feelings, whether they are positive or negative. New research on vulnerability and coping with the stress found that vulnerability was associated with higher levels of emotional expression and social support.

Vulnerability is the human dimension of disasters and is the result of the range of economic, social, cultural, institutional, political and psychological factors that shape people's life and the environment that they live in.It's human nature that it wants to feel, seen and understood; even if our fear makes us elusive. Many of us also avoid vulnerability because we want to project this image of perfection,which can also negative impact upon us.

Vulnerability is defined as a need of special care, support, or protection because of age, disability, risk of abuse or neglect.Being vulnerable doesn't happen in a single dramatic stroke. If we look closer at why vulnerability is a challenge for men? the cause seems to be rooted in fear. This fear manifests in a number of ways like fear of being hurt, harmed, or ridiculed to name a few. We associate vulnerability with emotions that we want to avoid such as fear, shame, and uncertainty.

The causes of the vulnerability are deprivation, which restricts someone to fulfil his/her basic amenities. Moreover, it is severe for the elderly people, those are physically and mentally not sufficient to compete with the other able people in the society. Deprivation is a stage of life, which contributes only violation of someone'sright. The term 'deprivation' defines, to take (something) away from (someone or something), to not allow (someone or something) to have or keep (something). The etymological meaning of the word 'deprivation' is "removal from ecclesiastical office, rankor position," from Medieval Latin 'deprivationem' (nominative deprivatio), noun of action from past-participle stem of deprivare, from de- "entirely", (see de-) + Latin privare "to deprive, rob, strip" of anything; "to deliver from" anything. Basically, two types of deprivation prevail in our society, one is forceful and another is natural.

Economic Deprivation:

When it comes to access financial resources, the elderly are less likely to be able to sustain a minimal standard of living due to economic insecurity and suffering which can be defined as income poverty, subsistence poverty (defined as lacking basic necessities), or capability poverty (defined as dependent on others). Poverty based on income is quantified in the elderly's capacity to sustain the minimal income level at which physical efficiency is preserved and is regarded as a measure of impoverishment for the elderly. (Rowntree, 1941). Elderly people experiencing economic insecurity are also characterised by aspects of fundamental must keep up a minimal standard of living. Numerous studies conducted worldwide to demonstrate that, in nearly all developing nations that have met their demographic transition targets, economic deprivation among the elderly is a prevalent phenomenon. Lee and Shaw, 2004). The material that has already been published in both the developed and developing worlds shows that there is evidence of increased vulnerability to ageing as one ages. According to studies, the oldest people in practically every country have the highest likelihood of being impoverished (Smeeding and Williamson, 2001). Since the old are not covered by official social security, their significant economic dependency is one indicator of deprivation among the elderly (Kinsella and Velkolf, 2001). This dependency will be particularly high among the elderly in developing nations (Clark, York and Anker 1997).

Social Deprivation:

Many people believe that loneliness and social isolation are issues associated with ageing. Many people outlive their friends and family as they get older, and social interaction may decrease as people stay closer to home due to greater chronic sickness and mobility issues. The shrinking of their social network may cause older people to feel somewhat unsatisfied, and for those who are, loneliness is the inevitable consequence. Most of the scholars and practitioners conquer that living alone and having poor health are frequent causes of social isolation and loneliness in older adults (Ryff, 1995). While social loneliness is said to be the subjective expression of discontent with having few social contacts, social isolation is an objective indicator of social engagement. Research from the West indicates that upon retirement and their disengagement from the workforce, older people become increasingly socially isolated (Maddox, 1999; Knodel, Chayovan and Siriboon, 1992). Despite being economically successful, over 60% of the elderly in OECD countries live in social isolation according to empirical data (Helpage 2 International, 1995). Elderly social isolation is a result of a more individualistic culture brought about by the dissolution of cultural and traditional structures in many nations, which has altered social ties (Kinsella and Velkolf, 2001). The elderly in India had social security due to the traditional family structure. Research has indicated that older adults are becoming more socially isolated (Goswami, 2000; Rajan, 2004).

The elderly's way of life is impacted by their social isolation (NSSO, 2004). In the future, as the system rapidly modernises and transforms, the issue will get worse. Here, we examine living situations and family support for elderly individuals in order to examine social insecurity. The phrase "living arrangement" describes the configuration of a person's home (Palloni, 2001). Living arrangements are explained by Irudaya Rajan, Mishra, and Sarma (1995) in terms of the kind of family the elderly live in, the headship they experience, the place and people they stay with, the kind of relationship they maintain with their family members, and overall, the degree to which they adapt to their changing surroundings.

Cultural Taboo:

Culture promotes peace and prosperity in society and also establish truth. Particularly traditional Indian society helps to protect human rights and dignity. In addition to radical Indian society practices so many superstitionswhich are cause of, gross violation of human rights. History has proven that practicing superstitions like Sati Pratha and Thalaikoothal are bright example, which are at presentillegal. Particularly such superstitions are targeting the older population of our society.

Thalaikoothal (Taking complete bath, including head, and also means Senicide - killing elderly people)a cultural taboo practice in Tamil Nadu which, promotes the killing of elderly person of the family. At present Thalaikoothal is not practising in India, but the practice has long received covert social acceptance as a form of mercy killing, and people seldom complain to the police. In some cases, the family informs their relatives before performing Thalaikoothal, and sometimes the victims even request it.Thalaikoothal traditionally for those who are older, incapacitated and ill health are targeted.

Physical Condition:

Older adults are vulnerable insofar as they progressively become ever more dependent on others due to physical condition. Indeed, due to progressive decline in their physical and cognitive abilities, older adults lose more and more control over their own daily activities, and in broad terms, lose their decision-making capacity.Adults over age 65 are more likely to encounter diseases related to aging, such as Alzheimer's disease, or more advanced chronic conditions such as diabetes and heart disease. They are also more likely to suffer from multiple conditions, and may have mobility issues that impede access to care.Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia.Being vulnerable is defined as in need of special care, support, or protection because of age, disability, risk of abuse or neglect.

Meltdown of the Joint Family:

The concept of joint family has ever lasted and multi-relevance in the society. It is said that the moral education of a child started from its family. In joint families a child normally taught about the behaviours and manners to deal with others. A child taught about what to do and what not to do. All these informal education in the home is given by the grandparents, those we named as the senior citizens or the elderly people. But now a day no one is caring about the moral education of children at their own homes. They tried to replace the original teachers (Grand Parents) by the tutors to teach the children. And as the outcome of it now the society has a large segment of population with lack of moral education. As a result, the increasing number of anti-socials and the criminals are obstructing the national development.

Impact of Technology:

New tech can be a bit of overwhelming for anyone, but it's often even more intimidating for a senior adult. Many physical, cultural, mental, and even psychological factors come into play, and for some, the challenges become real obstacles.Even if somebody want to, become tech-savvy or computer literate, he/she mayface obstacles. Those difficulties can seem enormous and impossible to overcome at times. But the truth is, the benefits of gaining tech ability can far outweigh the effort it takes to learn.

As the world becomes increasingly digitized, it can be difficult for older adults to keep up with modern technology expectations. However, the benefits of staying current with technology are numerous, especially for older adults. It can help them live more independently, stay connected with loved ones, and even improve their cognitive health. It is important to acknowledge that adapting to modern technology can be daunting for anyone, regardless of their age. However, it's important to remember that there are resources available to help older adults learn and practice new technology skills. New age companies dedicated to the older adults as their audience, offer a variety of classes taught by knowledgeable peer instructors who can help older adults learn the ins and outs of modern technology. Additionally,

many companies, organizations, and community centres offer courses and workshops to help older adults adapt to modern technology.

Family Dispute & Legal Interpretation:

Ageing is an overarching phenomenon, its effects felt across lines of region, gender, caste and other identifiers. Standards in international human rights law as well as the Constitution of India lays down broad guidelines to protect rights including ideals of equality and non-discrimination. These are reflected in the legal landscape on the ground and its working. However, both these seem to fall short of Constitutional guarantees. The abdication of responsibility by the State in terms lack of social security and in inordinate delays on issues relating to rights claims outweigh the minor gains made by maintenance and domestic violence legislations that seek to ensure life with equality and dignity in times of ageing.

As a result, elderly people take their own lives. In later life, elderly individuals experience a multitude of physical issues, including basic necessities and chronic illnesses. Physical issues prevent older individuals from engaging them in physically demanding activities, thus they must rely on the support of other family members. Older adults frequently become aware of their burdensome nature to their family members due to physical illnesses and fundamental needs. After accepting the weight of their obligations, elderly individuals come to the conclusion that their departure will provide their families with more happiness than their ongoing presence.

Migration &Displacement:

Older persons in migration contexts are at risk of being overlooked, which might perpetuate vulnerabilities and inequalities. In addition, there is a lack of data on older persons left behind and their needs.Many countries are facing the burden of accelerated population aging and a lack of institutional support to meet the needs of older individuals.Migration of older adult was highly associated with poor mental health and physical health. Thus, in order to decrease morbidity among the elderly as well as to maintain and enhance the well-being of families, programs should focus on alleviating the symptoms of poor mental health among the elderly left behind and aim to reduce the differences in utilization of health care-seeking behaviour among elderly with children present in the community and elderly left behindand their health care-seeking behaviour.

Health and Hygienic:

Something that is hygienic is cleanliness, healthy, sanitary and pure. The elderly people should take care of their health and hygienic. But in later life, elderly individuals experience a multitude of physical issues, including basic necessities and chronic illnesses. Physical issues prevent older individuals from engaging in physically demanding activities, thus they must rely on the support of other family members. Older adults frequently become aware of their burdensome nature to their family members due to physical illnesses and fundamental needs. After accepting the weight of their obligations, elderly individuals come to the conclusion that their departure will provide their families with more happiness than their ongoing presence.

Rural Urban Dichotomy:

There are differences in social practices in rural area and urban area. In rural area most of the elderly people engaged in physical work. It has been found that during the early old age (age between 60 to 70 years) people worked normally. In many cases up to 70 years people manage their own family detached from their children. Women of the same age group having the experience of cooking and managing their houses. These were why their children preferring to stay in nuclear families. People in these age groups in rural area control their all emotions and live normally in the society as the 'elderly nuclear family'. In this time economically it became difficult to manage their lives. With the economic crisis and emotional detachment worsen the physical health as a whole. During the late old age (after 70 years), when they are unable to manage themselves, expect help from their children or the grandchildren. Health of the elderly has given no priority in these situations. In extreme situations (worsen in health) elderly taken to the hospitals for medical checkup.

Wellbeing:

Well-being has been defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships.Well-beingalso known as wellness, prudential value, prosperity or quality of life, refers to what is intrinsically valuable relative to someone. So, the well-being of a person is what is ultimately good for this person, what is in the self-interest

of this person. Wellbeing is not just the absence of disease or illness. It's a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how someone feel about himself and his life.

According to Merriam-Webster, "well-being" defined as the state of being happy, healthy, or successful is written with a hyphen. However, thanks to the New York Times bestseller Wellbeing: The Five Essential Elements written by Rath and Harter, well-being has been written in many publications as one word, no hyphen. The world health organisation defines wellbeing as a state in which an individual can realise their own potential, cope with normal stresses, work productively, and contribute to their community.

Wellness is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving. To understand the significance of wellness, it's important to understand how it's linked to health.For older adults, social connection is particularly important to reduce risk factors such as social isolation and loneliness. At this stage of life, meaningful social activities can significantly improve positive mental health, life satisfaction and quality of life; they can also reduce depressive symptoms expect to live well into old age.

However, older persons are characterized by great diversity, and extended longevity is not necessary accompanied by better health. Although many enjoy healthy. ageing and live in good physical and mental condition even into and beyond their 80s. There are some easy steps that you can take in order to improve how you feel each day, they don't take up much time and they don't have to cost anything either. They're known as the Five Ways to Wellbeing and they are: take notice, connect, keep learning, give and be active. Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes.

CONCLUSION:

Throughout one's adult years he / she is busy in thinking of others, caring for others, working for others, earning for others. Whether or not he / she marries, has children, lives in a family; he / she lives amongst people. But after a life time of it he / she suddenly faces days and years of isolation. While journeying through life one has to make endless adjustments with many unexpected, perplexing, difficult situations. In childhood and youth, one has other adults around to guide the way. As adults, the feeling that one is in-charge helps in tackling such situations. But the elderly have no one to guide and at every step of the way they are made to realize themselves, realize their deeds. It is true that old age as we know it presents frightening challenges to individuals and societies. Simply, much of what we hear about old age is not correct, that it is all and only about loneliness, depression, inter-generational wars. Like every phase in life, old age does have its problems in fact, we must agree with the accepted contention that there are more problems linked with old age than earlier life stages. Taking all these in mind we must give attention towards the elderly in our homes, own families. At least if we aware on taking care of the elders in our own then it will ensure of caring the senior citizens of the country.To Bridge the Generation Gapbetween two generations are relevant to the ageing population in several ways we have address.

To reduce the generation gap, communication should be the initial step. Lack of communication between parents and kids leads to this gap. One should talk to one's parents about his/her daily routine, feelings, etc. By doing so, one can bridge the gap between himself andhis parents, which will help him/her to become more attached. The feeling of affection will grow stronger.Kids should spend quality time with their parents to understand each other better. They can spend quality time watching a match together or going for an evening walk. This will surely help someone get closer to his/her parents and bridge the generation gap. You can even make your parents learn new games and play with them someday.Someone should share his/her problems with your parents to help you with solutions. Initially, they might scold you, but at last, they will support you and suggest some solutions.Effective gestures often prove to be successful and can convey more than words. It can be a gift to your parents on their birthdays, anniversaries, Mother's or Father's Day, etc.Parents feel delighted when they see their kids behaving like grown-ups. As we grow up, our responsibilities also get bigger. It's better for us if we understand it as fast as possible.To sum it up, we can say that the generation gap happens due to constant changes in the world.While we may not stop the evolution of the world, we can strengthen the bond and bridge the gap it creates. Each person must respect everyone for their individuality, rather than fitting them into a box they believe to be correct.

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