



## The role of family in elderly care and aging in India: Challenges, contributions, and evolving dynamics

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### Abstract

Rapid social and economic changes are changing the nature of caring in India, where family ties have always dictated elder care. This study looks at how the family's role in caring for the elderly has changed as a result of migration, urbanization, and the dissolution of joint family structures. Growing demands, such as caregiver weariness, gendered caring duties, and budgetary limits, provide substantial problems even as families continue to offer elderly relatives with emotional, physical, and financial assistance. Family-based assistance is now both necessary and strained due to India's growing senior population and inadequate institutional care facilities. Simultaneously, new interventions like community initiatives, government welfare programs, and technology advancements provide additional assistance. In order to support dignity and well-being in aging, this study advocates for a contemporary, culturally grounded, and balanced approach to elder care that incorporates formal aid with family responsibilities.

**Keywords:** Elderly care, family support, India, aging population, social transformation

### Introduction

The number of aged people worldwide is rising in both industrialized and developing countries, causing an unprecedented demographic upheaval. The United Nations predicts that one in six individuals will be 65 or older by 2050, a sharp rise from one in eleven in 2019. In nations with weak institutional care infrastructure, this aging increase presents complicated issues in areas like social support, healthcare, and economic stability. Developing countries like India are also experiencing this demographic shift, which is being fueled by increased life expectancy and falling birth rates, even if the aging population is more noticeable in wealthier countries.

The family has long been the main caregiver for the elderly in many cultures, offering them financial, emotional, and physical assistance. This is especially true in cultures where providing care is viewed as a social and moral duty. Elderly care has frequently been ingrained in cultural and religious norms that prioritize respect for older generations throughout Asia, Africa, and Latin America. The joint family structure, which has historically allowed many generations to live together and share caregiving duties, has guaranteed that elderly people in nations like India are taken care of within the home. However, these conventional arrangements are changing significantly as a result of modernity, urban migration, and the growth of nuclear families. Elderly people may experience social isolation, neglect, or rely on a single caregiver—typically a woman—who is juggling a number of tasks due to the collapse of the joint family model and the rise of individualism.

As it is culturally valued to treat elderly with respect and care, the family still plays a major role in elder care in India. However, it is now increasingly difficult for families to carry out their caregiving responsibilities due to the transforming socioeconomic environment, which is characterized by urbanization, the movement of working-age individuals to cities, and changing family arrangements. In a society that is changing quickly, the reliance on family caregiving frequently results in emotional exhaustion,

financial hardship, and even neglect as families find it difficult to fulfill the increasing needs of caring for the elderly. The dearth of adequate institutional care alternatives exacerbates this problem; especially in rural regions where elderly care facilities are expensive and hard to come by.

The purpose of this research paper is to examine how family caring is changing in India as a result of these social, economic, and demographic shifts. It will look at how families continue to help the elderly while also pointing out the difficulties they encounter, such as caregiver burnout, financial strains, and the rising need for institutional support. The study will also look into new approaches that are trying to replace or alter conventional caring responsibilities, such as government welfare programs, community-based services, and technology advancements. In order to determine if the family-based caregiving model can continue to satisfy the demands of India's aging population and what changes might be required to offer more sustainable and dignified care for the elderly, the article analyzes these dynamics.

### Family Contributions to Elderly Well-Being

The family remains the primary caregiver for the elderly in India, providing a variety of support that goes beyond simple physical help. Family members have a critical role in preserving the wellbeing and dignity of older persons because aging frequently carries with it emotional fragility, health issues, and financial dependency. Feelings of loneliness and isolation that often accompany old age might be lessened with the emotional support and company of children and grandkids. Families also offer crucial physical support, from aiding with movement and feeding to handling medical requirements, particularly when institutional care is not readily available. Many older people also depend on their relatives to support them financially and to help them make decisions, especially when dealing with complicated legal or medical matters. These caregiving customs have their roots in India's moral and cultural fabric, where taking care of seniors is frequently regarded as a holy

obligation rather than a personal preference. This solid set of values upholds the family's longstanding position as the elderly people's main source of support.

The foundation of senior well-being is companionship and emotional support, especially in family-oriented cultures like India. People frequently experience a variety of emotional difficulties as they get older, such as social isolation brought on by reduced mobility or health issues, feelings of redundancy after retirement, and mourning at the loss of a spouse or peers. In these situations, having emotionally accessible family members greatly improves older persons' mental and emotional well-being. Frequent family contact, whether it is through dialogue, mealtime gatherings, or simply passive company, can prevent melancholy, provide a sense of belonging, and lessen feelings of loneliness. According to studies, older people who live with family members report less psychological discomfort and more life satisfaction than those who live alone or in institutions (Kumar & Nayar, 2021) <sup>[4, 5]</sup>. Intergenerational connecting with grandkids frequently provides the elderly in the Indian joint family structure with happiness, emotional stimulation, and a lasting feeling of purpose (Singh, 2015) <sup>[16]</sup>.

However, many older people are suffering from emotional neglect as urban nuclear families become more prevalent and mixed family groupings become less common. Many parents who age in rural or semi-urban settings lack regular company as a result of their children moving to urban areas or overseas for work. Even in homes when fundamental requirements are addressed, the lack of a persistent emotional connection can result in psychological health problems including despair and anxiety (Tiwari, 2013) <sup>[17]</sup>. Despite being less obvious than physical deprivation, emotional neglect is becoming a bigger problem in contemporary caregiver dynamics. Families continue to be an important emotional support system for the elderly in spite of these difficulties. Maintaining emotional connections can be facilitated by even brief phone conversations, in-person meetings, and online exchanges. The significance of family engagement in providing not only physical but also emotional care is being emphasized more and more by NGOs and government programs such as the National Programme for Health Care of the Elderly (NPHCE) (Ministry of Health and Family Welfare, 2021) <sup>[7]</sup>. Therefore, family members' emotional support and companionship are not only advantageous but also necessary for the elderly people's overall well-being in India, where family ties are highly prized.

Given that aging frequently results in deteriorating health, decreased mobility, and shifting dietary demands, physical help is an essential component of elder care. Family members are mostly responsible for providing these necessities in India, as institutional eldercare is still scarce and prohibitively expensive for many households. Managing chronic conditions, making sure medicine is taken as prescribed, helping with mobility and cleanliness, taking elderly people to doctor's appointments, and creating healthy meals are just a few of the many duties that go under the broad category of physical caring. Elderly people frequently have a variety of health problems, including diabetes, hypertension, arthritis, and visual or hearing impairments. Children, particularly daughters or daughters-in-law, usually assume the role of informal caregivers in the absence of professional home-care services, including daily

physical assistance and health monitoring (Rajadhyaksha, 2020) <sup>[11]</sup>. As people age, mobility support—such as assisting seniors with walking, bathing, or using assistive technology—becomes more crucial. Inconsistent or nonexistent assistance of this kind frequently leads to falls, injuries, or worsening health.

Another important but sometimes disregarded factor is nutritional care. Diets for older persons must consider their pre-existing medical issues as well as age-related metabolic changes. Typically, family caregivers provide meals, keep an eye on dietary restrictions, and promote consistent eating patterns. Elderly people are more vulnerable to infections due to poor diet, which can worsen chronic conditions and lower immunity (Rastogi *et al.*, 2018) <sup>[14]</sup>. Despite their vital role, caregivers sometimes lack training in the care of the elderly and may not be prepared to deal with emergencies or more complex situations like the recovery from a stroke or dementia. This highlights the urgent need for easily available caregiver education, particularly in rural and semi-urban regions. Furthermore, through outreach, health camps, and geriatric care units in public hospitals, programs like the National Programme for Health Care of the Elderly (NPHCE) and the Ayushman Bharat program are working to close the care gap (MoHFW, 2021). In conclusion, in the Indian setting, the family's role in offering physical support is essential. To lessen the strain on unpaid caregivers, it highlights the need for more robust institutional support and community-based solutions, even as it preserves the dignity and well-being of the elderly.

A major component of aging is financial reliance, especially in India, where a sizable portion of the senior population does not have a steady source of income, a pension, or savings. The majority of older persons, particularly women, mostly depend on their kids or other family members for financial help in order to cover daily expenses, medical bills, and housing requirements. Because of this economic dependence, families play a crucial role in providing for one another as well as in assisting with important financial and legal decisions. Inadequate financial readiness is frequently associated with aging in India. Approximately 65% of older persons rely on others, primarily family members, to meet their financial requirements, according to the Longitudinal Ageing Study in India (LASI). Intergenerational assistance is the main lifeline for many older people, particularly those living in rural regions or in the informal economy, who do not get social security or pensions (Government of India, 2020) <sup>[1]</sup>. This support can take the shape of monthly allowances, medical expenditure coverage, or even co-residence agreements that lower living expenses for the elderly in houses with financially secure adult offspring. In addition to providing direct financial support, family members frequently help senior parents with crucial decision-making duties including bank account management, insurance or pension plan navigation, and legal documentation. Adult offspring often act as middlemen when cognitive decline or a lack of digital literacy becomes a barrier, guaranteeing access to resources and protecting elders from fraud or abuse (Rajan & Balagopal, 2017) <sup>[13]</sup>. In India, where financial institutions are digitizing quickly and elderly folks may find it difficult to use cellphones, ATMs, or internet banking platforms, this help is especially important.

But there are also worries about vulnerability because of this reliance. In the lack of official procedures to safeguard the

financial rights of the elderly, there have been documented cases of neglect, financial theft, or coercion in decisions pertaining to real estate. In response, children are legally required to support their elderly parents under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, however enforcement of this law is still uneven. In the end, the family not only provides a safety net for finances but also acts as an essential guide for negotiating the ever-more intricate administrative and economic structures. Long-term stability and independence for the elderly depend on bolstering legal protections and financial knowledge, in addition to ongoing family assistance.

Family-based elder care in India is a deeply ingrained custom that has developed over generations due to cultural standards, religious beliefs, and moral duties. Respect for elders, intergenerational responsibility, and filial piety are highly valued in traditional Indian society. These ideas are ingrained in philosophical and theological teachings that stress *seva* (selfless service), *shraddha* (devotion to parents and ancestors), and mutual obligation within the family unit. Examples of these teachings include those found in Buddhism, Islam, and Hinduism. Ancient Indian writings such as the *Manusmriti* and the *Bhagavad Gita*, which teach people to respect and serve their parents as a means of achieving righteousness, represent the notion, that taking care of one's parents is a holy obligation. Despite socioeconomic changes, these moral principles are still ingrained in many Indian homes and continue to shape caregiving practices (Lamb, 2000) <sup>[6]</sup>. Furthermore, especially for women, who are typically expected to bear the weight of caregiving in the home, providing care is sometimes viewed as a spiritual and emotional satisfaction in addition to a duty. By retaining several generations under one roof, the joint family structure has culturally reinforced these moral imperatives and created a natural system of monitoring and assistance for the elderly. Despite obstacles brought on by relocation, work commitments, or a lack of funds, adult children's sense of moral obligation to their parents frequently motivates them to prioritize elder care, even in nuclear families (Rajan, 2011) <sup>[12]</sup>. The cultural duty to remember and respect one/s ancestors and current elders is further reinforced by holidays like *Pitru Paksha* and rituals like *shraddha* ceremonies.

However, technology, urbanization, and the growing impact of individualism are putting more and more demand on these ancient ideals. The conventional caregiving paradigm is under threat as more women join the workforce and younger generations migrate for job or school. Cultural norms still influence how caregiving is viewed and carried out in many regions of India, particularly in rural areas. Since institutional care is sometimes stigmatized or viewed as an indication of familial failure, many seniors prefer to stay with their families, even in situations when institutional support is increasing (Narayana, 2011) <sup>[9]</sup>. As a result, the moral and cultural underpinnings of caring in India serve as a source of both support and conflict, as traditional values are constantly challenged under shifting socio-economic conditions.

The family continues to be a vital pillar in the life of the elderly in India, offering them moral, financial, physical, and emotional care that is ingrained in rich cultural customs. Familial caregiving is the main method of elder care in the majority of the country, despite growing difficulties brought on by urbanization, shifting family patterns, and the

demands of contemporary living. The emergence of nuclear families, migration, and increasing economic hardship, among other changing factors, necessitate a rethinking of support networks that combine institutional and community-based processes with traditional family values. To ensure dignified and sustainable aging, it will be essential to improve caregiver support, strengthen intergenerational links, and align public policies with cultural realities. A cooperative strategy that acknowledges the importance of the family while addressing its constraints will be essential to handling the demands of aging with compassion and dignity as India's senior population continues to rise.

### Challenges Faced by Families

In India, the family is still the elderly people's main support system, but providing care is becoming more difficult and sometimes goes unacknowledged. The strain placed on individual family members, especially women, has increased as life expectancy grows and conventional joint family structures diminish. As they balance eldercare with their own personal, professional, and family obligations, caregivers often experience caregiver fatigue, which is characterized by emotional and physical depletion. This stress is exacerbated by the lack of official support networks, such as certified home assistants or easily accessible respite care. Unfair caregiving norms within households are reinforced by gender expectations, which frequently place an excessive amount of duty on women or daughters-in-law. Families are forced to make difficult decisions between conflicting demands as a result of economic stress, which might range from low household income to growing healthcare expenses. The likelihood of elder neglect or even abuse increases in high-stress settings where resources and emotional fortitude are limited. To safeguard the elderly people they care for as well as the caregivers themselves, these issues require immediate social and policy-based attention.

Despite having strong cultural roots, family caregiving for the elderly in India frequently presents a number of financial, emotional, and physical difficulties. Caregivers, who are typically members of the immediate family, are overworked as life expectancy increases and nuclear or international arrangements replace conventional joint families. Physical and emotional stress can result from the responsibilities of daily eldercare, particularly when there is cognitive decline, mobility problems, or chronic sickness. The near-complete lack of official support networks in the nation exacerbates this condition, which is often called caregiver exhaustion. Indian caregivers are frequently left to do complex caring responsibilities alone, with little professional aid, in contrast to many Western countries where institutional and community-based eldercare services are available (Rajan & Balagopal, 2017) <sup>[13]</sup>.

Gender norms that are strongly ingrained add to the stress. Even if they manage their own families or work full-time, women—especially middle-aged or daughters-in-law are socially expected to provide care in the majority of Indian households. These expectations reflect long-standing patriarchal norms that impose the moral and emotional burden of eldercare squarely on women, frequently at the expense of their career development, social engagement, and mental health (Rajadhyaksha, 2020) <sup>[11]</sup>. Even though their efforts are vital, they are usually ignored or underappreciated, which makes an already difficult job even more emotionally taxing.

These personal strains are exacerbated by urgent financial constraints. Eldercare costs can put a lot of strain on families, particularly those with low or inconsistent earnings. These costs might range from prescription drugs and medical visits to assistive technology and home adaptations. For caregivers from the so-called 'sandwich generation,' who have to take care of their aging parents and raise their kids at the same time, this scenario is especially dire. Elderly people frequently receive little financial help, particularly in the lack of state-sponsored benefits or pensions, forcing families to shoulder expenses that eventually become too much to bear (HelpAge India, 2021)<sup>[2]</sup>. Caregivers frequently have to make tough decisions between job, caregiving, and personal needs in order to balance these obligations.

The danger of elder abuse or neglect also increases in high-stress situations where financial resources and emotional fortitude are depleted. Surveys have shown incidents of emotional abuse, financial exploitation, and psychological neglect, despite the fact that these cases are often underreported because of social pressure or family embarrassment. In metropolitan nuclear families, the situation is more precarious since social disapproval and seclusion can foster an environment that is conducive to abuse. Implementation is still slack and reliant on family relations, even with legal frameworks such as the Maintenance and Welfare of Parents and Senior Citizens Act (2007) (HelpAge India, 2022)<sup>[3]</sup>.

Collectively, these intersecting issues highlight how urgently a multifaceted approach is required. To guarantee not only the dignity of the elderly but also the wellbeing of those who care for them, it is imperative to strengthen public infrastructure for eldercare, challenge gendered norms of caregiving, support community-based interventions, and acknowledge the rights and needs of caregivers.

### Emerging Trends and Support Systems

Due to major demographic, social, and economic changes, the aged care environment in India is progressively changing. The pressures of contemporary urban life, the growing number of nuclear households, and rural-to-urban migration are redefining traditional caregiving practices that traditionally centered on large joint families. Older persons are frequently left behind when younger generations move for work or study, which increases their experience of loneliness and limits the amount of close family care that is available. While urbanization makes infrastructure and healthcare more accessible, it also speeds up the disintegration of traditional support networks, forcing many older people to rely on themselves or outside help (Kumar & Prakash, 2021)<sup>[4,5]</sup>.

Alternative care models like assisted living facilities, institutional care homes, and home-based health services are slowly but noticeably increasing in India in reaction to these shifts. Once stigmatized as an indication of familial negligence, institutional elder care is now more widely accepted due to changing attitudes, particularly among the urban middle class (HelpAge India, 2021)<sup>[2]</sup>. From short-term respite care to long-term assisted living, private and non-governmental groups now provide a variety of facilities to meet various requirements; nevertheless, these services are still scarce in rural regions and frequently out of reach for lower-income families. Elderly people can obtain

medical care while still living in their homes thanks to the emergence of professional home care agencies in urban areas. These agencies include services including nursing, physical therapy, and palliative care (Rajan & Balagopal, 2017)<sup>[13]</sup>.

Additionally, technology is becoming more and more important in changing elder care. As cell phones and internet connection have grown in popularity, telemedicine has emerged as a useful tool for remote consultations, which helps older people avoid having to travel for regular medical care. Seniors' safety and independence are being enhanced by smartphone applications for prescription reminders, emergency warning devices, and digital health monitoring systems. Video chats and digital check-ins are also being used by families, particularly those who are geographically separated, to keep in touch emotionally and keep an eye on wellbeing. For older persons who are not tech-savvy, the digital divide presents difficulties, underscoring the necessity for user-friendly designs and training (Kumar & Prakash, 2021)<sup>[4,5]</sup>.

These changing needs are gradually being met by government measures. Initiatives to institutionalize elder welfare include the Maintenance and Welfare of Parents and Senior Citizens Act (2007), the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), and the National Programme for Health Care of the Elderly (NPHCE). These initiatives include monetary assistance, healthcare subsidies, and legal protections for child maintenance (National Health Systems Resource Centre [NHSRC], 2019)<sup>[10]</sup>. Local support networks that bridge the gap between family and institutional care are being fostered at the community level by initiatives such as senior citizen clubs, neighborhood health clinics, and NGO-led programs. However, their reach is limited by execution issues, particularly in disadvantaged and remote locations, which might range from bureaucratic delays to a lack of knowledge (HelpAge India, 2021)<sup>[2]</sup>.

When combined, these new developments and support networks signal a shift in the way Indian culture views and deals with aging. Although the family still plays a major role, it is becoming increasingly clear that multi-sectoral, adaptable, and diversified methods are necessary to address the complex needs of the elderly. To genuinely improve the quality of life for India's aging population, future policies must concentrate on bolstering public-private partnerships, increasing digital inclusion, and making sure that support services are easily available, reasonably priced, and culturally responsive.

### Conclusion

In conclusion, the family remains the most important support system for senior citizens in India, providing them with financial stability, physical help, and emotional company. In Indian cultural and moral systems, where elder reverence and the notion of intergenerational solidarity are regarded as holy responsibilities, caring for elderly family members has historically been profoundly ingrained. However, the realities of a society that is evolving quickly have made caregiving more complicated. Traditional caregiving systems are under more stress than ever before as a result of urbanization, migration, increased economic strains, and the shift from joint to nuclear families. Caregiver weariness and emotional exhaustion are becoming more prevalent in the absence of institutional or community assistance, while gender norms continue to

disproportionately burden women with caregiving responsibilities. These difficulties show that although family support is still important, it is no longer enough to address the complex and changing demands of the elderly population.

Therefore, rather than being a private family matter, elder care must be acknowledged as a collective societal obligation. Through well-funded policies, inclusive pension plans, and easily accessible healthcare programs designed for the elderly, the state must actively assume responsibility. At the same time, civil society—which includes non-governmental organizations, community groups, and private caregivers—plays a vital role in enhancing family care. All parties must work together to find lasting solutions as India's senior population continues to rise. Only by making such a common commitment can we guarantee that older persons receive assistance from a strong social infrastructure that upholds their rights, provides for their needs, and recognizes their contributions to society, in addition to the love of their families.

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