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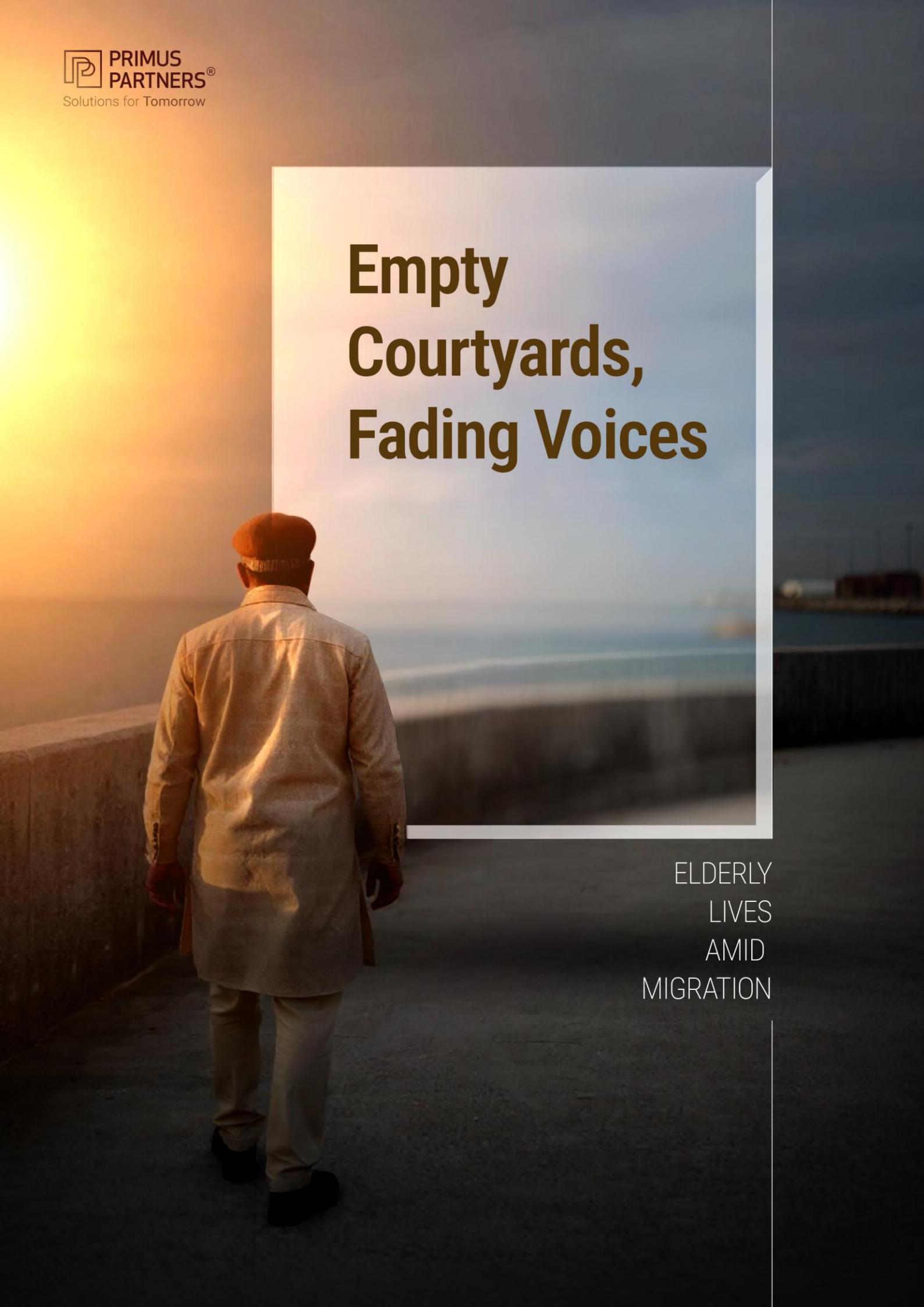
Empty Courtyards, Fading Voices



ELDERLY LIVES AMID MIGRATION

Contents

1

List of Abbreviations

ASHAs : Accredited Social Health Activists

AYUSH : Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy

CBT : Cognitive Behavioural Therapy

CSR : Corporate Social Responsibility

IADL : Instrumental Activities of Daily Living

LASI : Longitudinal Ageing Study in India

NCDs : Non-Communicable Diseases

NDTV : New Delhi Television

NGOs : Non-Governmental Organizations

NHS : National Health Service

OOP : Out-of-Pocket

OPDs : Outpatient Departments

UK : United Kingdom

2

Unspoken Tragedies in Our Cities

Nearly 70 per cent of India's elderly are financially dependent. Mental health issues and social isolation is on the rise : Report

Nearly 70 percent of India's elderly population is financially dependent, with many continuing to work post-retirement to survive, according to a recent report. The report stated that approximately 6.4 percent of the elderly reduced their meal sizes, 5.6 percent went hungry without eating, and 4.2 percent did not eat for an entire day at least once in the past year. (The New Indian Express Aug 1, 2025)

Elderly Population in India Shifting Towards Solo Ageing, Reveals Study

A recent study has shed light on the increasing trend of solo ageing among India's elderly population. One of the key reasons for this shift is the increasing preference for financial and social independence among all segments of society. According to the study, 14.3% of elderly respondents reported living alone. (NDTV Sep 30, 2024)

3

Sobering Examples

90-year-old Woman and Son Found Dead in Lucknow

A 90-year-old woman and her son found dead in their residence after neighbors alerted authorities about a foul smell. The bodies had been lying unattended for a few days, raising concerns about social neglect of senior citizens. (Times of India 25th Aug 2025)

Kolkata Housing Society Residents Alarmed After Elderly Death

In a New Garia housing society, residents were shaken after the body of an elderly resident discovered days after death. The incident prompted the Society to compile a list of vulnerable senior citizens and seek police support for regular welfare checks. (Times of India 25th Aug 2025)

80-year-old Doctor Dies Alone in Nagpur, Wife Critical

An 80-year-old doctor, living alone with his ailing wife, was found dead in what police suspect was a suicide pact. His wife was found in critical condition. The case highlights the distress and mental health challenges faced by isolated senior citizens. (Times of India 07th Aug 2025)

Panchkula: 75-year-old Man's Decomposed Body Found After Days

The decomposed body of a 75-year-old man was recovered from his home after neighbors noticed a foul odor. Police suspect a natural death, with viscera samples sent for forensic analysis. His wife, reportedly facing mental health issues, found disoriented and unable to grasp the loss. (Hindustan Times 11th June 2025)

Across the country, headlines are increasingly carrying grim stories of deteriorating mental health, poor access to care, and growing isolation among the elderly affected by migration. Disturbingly, reports of senior citizens found dead in their homes, often discovered only when neighbours noticed a foul odour, are becoming alarmingly common. These incidents reveal a tragic yet sobering reality of our society, that many older adults now live entirely alone, invisible within a crowd. These deaths are not isolated events but symptoms of a deeper crisis of ageing and migration, leaving seniors vulnerable to both neglect and despair. Family bonds are being stretched thin across geographies and societies.

4

The Changing Faces of Ageing and Migration:

An Introduction

India is experiencing a profound demographic transition, both due to the rapid ageing of its population and due to large-scale patterns of migration and urbanization. Currently, India is a home of approximately 150 million elderly citizens, a significant section of whom will be directly impacted by the migration of younger generations within India and across borders[35]. This growing dynamic is changing the concept of eldercare, the traditional structure of families, and exposing gaps in the current systems meant for the safety and well-being of the elderly.

For India to truly realize its vision of Viksit Bharat, caring for its elderly population must become a national priority. Currently, the government spends about USD 7 billion, largely on healthcare, towards this cause. To align with the OECD benchmark of 1.5% of GDP, this allocation needs to rise to nearly USD 60 billion annually, enabling the creation of a robust ecosystem of Healthcare, Social Security, Economic & Financial, Community Support and Digital Enablement for senior citizens (OECD, 2020)[34] . Such an investment is not only a moral imperative but also a strategic necessity to ensure dignity, inclusion, and well-being for one of the fastest-growing demographic groups in the country [33]

1 Aging Villages : Elders Left Behind in Villages

The impact of migration on the elderly is complex and deeply rooted. In rural areas, older parents are often left behind as children leave for cities or abroad in search of better opportunities. What remains is a life marked by loneliness, difficulty in accessing healthcare in the absence of “primary care companions”. Though the remittances sent back by their kin and the remaining part of the community they are familiar with works as a thin silver lining, the feeling of being “left out” is overwhelming and has a profound impact on their mental health. Increasingly, the migration of younger generations is leading to the creation of **“Aging Villages”,** predominantly inhabited by the elderly [1,2] .

2 Greying Cities : Urban Elders in Silent Struggle

In urban centres too, elders face a similar sense of abandonment when children move to other cities or overseas, forcing them to live their lives with the acute challenges of rising living costs, digital illiteracy in an increasingly digital world, and longing to see their loved ones, along with the daily struggle of managing alone. These forces are creating hotspots of **“Greying Cities”** [3,4] .

3 Uprooted Lives : Elders Migrating Within Cities

For those who migrate with their children into India’s urban environments, the experience is not necessarily easier. While they benefit from proximity to family and modern services, many feel uprooted from their familiar surroundings, unable to recreate the networks of belonging and identity they once had in their villages or small towns. The anonymity and pace of city life often increase their sense of displacement [5,6].

4 Displaced Abroad: Elders in Cultural Isolation

An additional layer of complexity arises when elderly parents relocate abroad with their children. Here, they encounter new forms of isolation. Surrounded by unfamiliar languages, cultural norms, and healthcare systems, many struggle to integrate into their new settings. Though physically present with family, they remain socially disconnected, unable to fully adapt to Western ways of living, and dependent on their children for even basic interactions with the outside world. This quiet dislocation can be as big as the loneliness faced by those left behind in their home country [7,8].

5

Forsaken Elders : Neglect, Disputes, and Abandonment

At the extreme are those who face even harsher realities, being forced out of their families through neglect, property disputes, or abandonment. Their circumstances highlight the urgent need for their legal protection and mechanisms that can preserve their dignity and security [9,10].

Migration, in all its forms, has reshaped the meaning of ageing in India. This shift has created new vulnerabilities, including economic insecurity, cultural disconnect, and erosion of social belonging. It has also revealed the inadequacy of existing frameworks for eldercare, which are largely anchored in assumptions of stable, intergenerational family ties. To respond effectively, there is a pressing need to move **beyond general statistics** and examine the realities of elders affected by migration closely.

We have conducted interviews with individuals affected by migration in various ways, in an informed and sensitive manner. These personas provide a lens, helping us understand the human side of demographic change and design solutions that are more empathetic and practical, while upholding their dignity.

5

Lived Realities

The narratives from the elders affected by migration reveal stories far deeper than statistics. Through their heart-rending stories emerge voices of loneliness, resilience, and longing, reminding us of that ageing in migration is not just about survival, but about the struggle to hold on to dignity, identity, and connection.

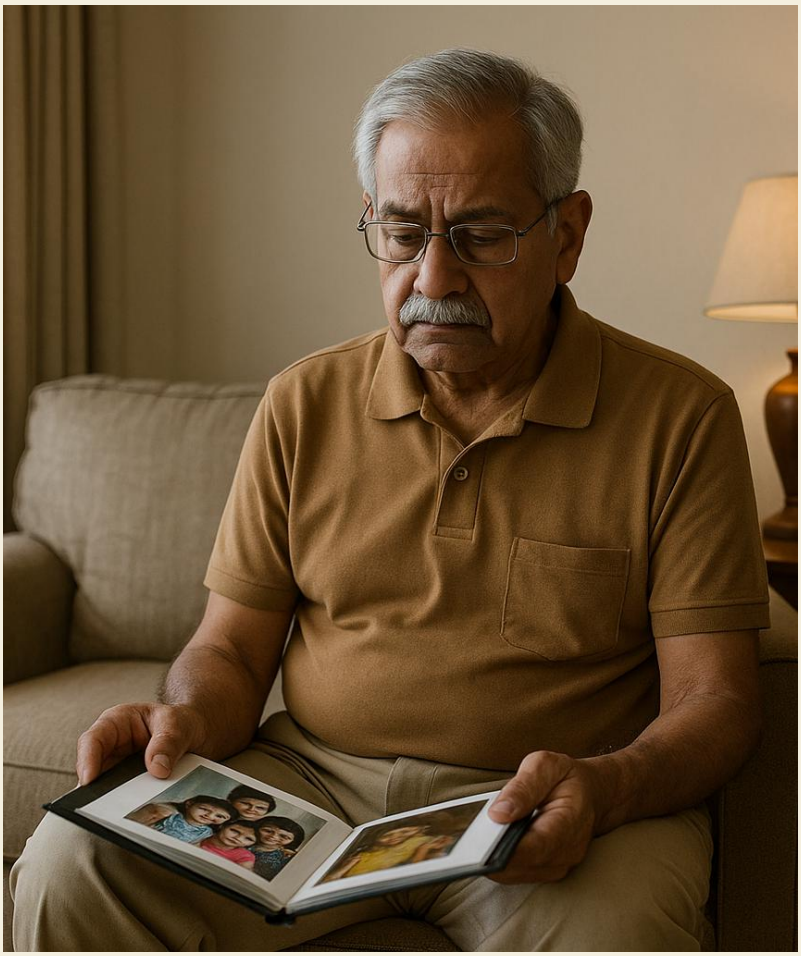
1

The image is AI-generated, and the name has been changed to protect privacy

"A Seventy-eight-year-old lady, living alone in the home where her family once gathered. Her son now works far away in Delhi. His calls and visits have grown rare, and most days she feels alone. Loneliness fills her mornings; she sits quietly in the courtyard listening to the villagers but missing the voices of loved ones. Healthcare worries used to be the main reason for stress for her whenever she fell ill, as there was no one to take her to the distant hospital. Neighbours help when they can, but she never wants to be a burden. The greatest struggle is the lack of companionship. Many elders left behind in rural villages like hers experience deep isolation, fear for health, and anxiety about finances. Depression and neglect creep in when support disappears. Even after having a lot of issues related to financial, health, loneliness, and mental support, she does not blame her son and mentioned that he does not have time to call her or talk as city life is hard. But as more families scatter, all elderly must find ways to cope alone. All she wishes for is simple: someone to share a conversation, a hand to hold, and dignity in these final years."

PERSONAS

2



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Mr. Kishan Singh, aged 68, retired from a respected government job in the Central Government, with financial stability, and lives alone in a spacious home in South Delhi. His son moved to the UK for work, and his daughter went to Bengaluru for higher studies. Meanwhile, his grandchildren, once the joy of family visits, now grow up far away. Their brief stay two years ago felt like a moment that vanished too quickly, and since then, he has only watched them grow through photographs and hurried video calls. Though he manages domestic bills and chores with basic digital tools, the silence of his home has grown heavier.

Festivals, once full of laughter, now pass quietly, meals are often had alone with the house help's support, and old friends or neighbours are getting fewer with each passing day and month. A recent fall in the bathroom made him acutely aware of the absence of immediate help, and even small health worries now feel daunting. Despite his material comfort and financial independence, what weighs on him most is the loneliness and the feeling of missing not just his children, but also the irreplaceable joy of watching his grandchildren grow by his side.

PERSONAS

3

The image is AI-generated, and the name has been changed to protect privacy

Mr. and Mrs. Yadav, aged 70 and 67, spent their entire lives rooted in farmland and village life in rural Haryana, until their son's job took them to a modern apartment in Bengaluru. The move turned their world upside down. Replacing open fields with concrete towers, familiar greetings with hurried conversations, and community bonds with physically proximate but emotionally distant neighbours. Daily routines became confusing: lifts instead of open courtyards, digital entry systems and delivery apps instead of face-to-face exchanges, and city transport too complex to navigate easily.

Social life in the city feels cold and transactional. Community festivals were loud but impersonal, a far cry from the warmth of village gatherings. With their son busy at work, the couple's sense of isolation deepened, and they yearned for a sense of belonging and familiar rhythms. Health challenges exacerbated the situation, as appointments were made through hospital apps, and difficulty explaining ailments in a different language led to distrust of the hyper-sterile and impersonal city hospitals, leaving them more anxious about their well-being.

Their experience reflects a growing reality for many rural elderly who migrate late in life. They face not only technological and cultural barriers but also profound loneliness and loss of identity. This highlights the need for urban policies and community programs that make cities more inclusive and supportive for elderly rural migrants.

4

The image is AI-generated, and the name has been changed to protect privacy

"Mr. and Mrs. Rajan, both in their early seventies, left their lifelong home in Chennai to join their son, settled in London. The decision to move was made out of a sense of duty and hope: being with family in later years seemed preferable to living alone back home. Physically, they are surrounded by their son's busy household. Yet, a new kind of isolation sets in. The unfamiliar language, social nuances, and cultural behaviours create daily barriers. Traditional Indian customs and festivals, which once anchored their social life and identity, are observed in muted ways, often confined to quiet family rituals. The disconnect grows as they find few opportunities to build friendships outside their family, feeling like permanent outsiders in a culture that values individualism over community.

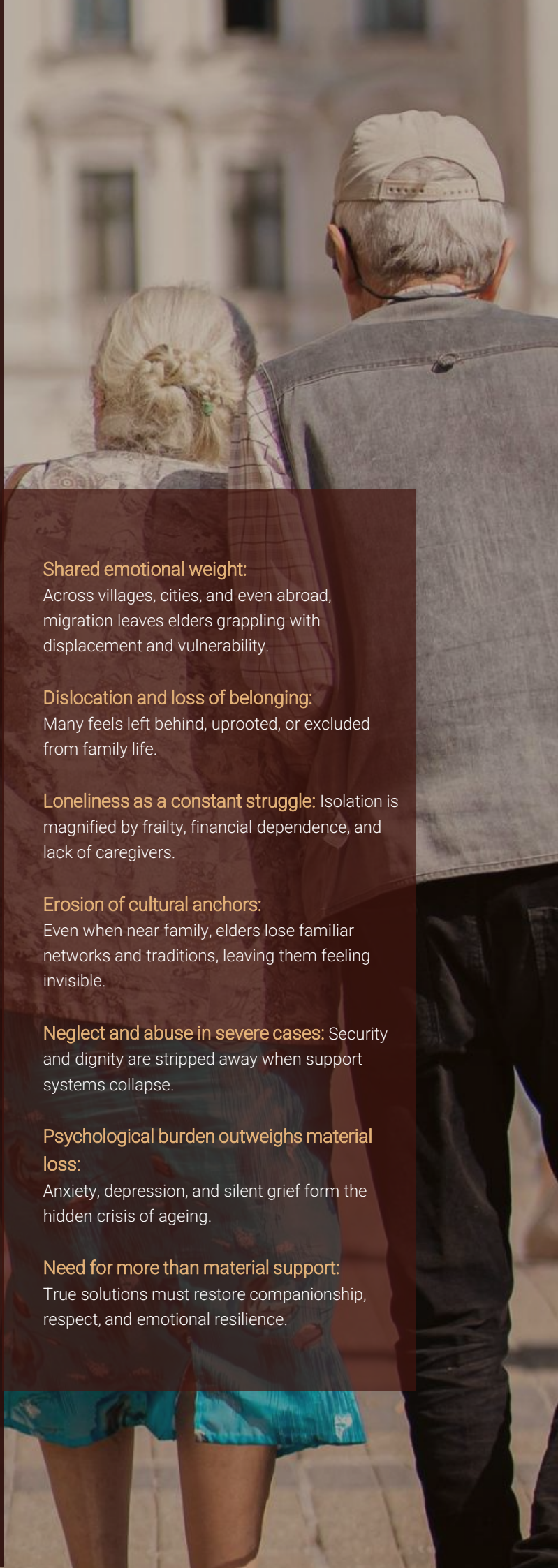
Healthcare introduces further challenges. Unfamiliar insurance systems and medical protocols mean their son must advocate for their care, heightening their dependency and anxiety. Despite being physically present with loved ones, their social world shrinks, touching on the same emptiness faced by parents left behind in India. The quiet dislocation abroad highlights a profound reality: relocation does not guarantee of a connectedness. Without culturally sensitive support and community integration, elderly migrants risk a different but equally deep loneliness."

PERSONAS

6

Patterns Emerging from Elderly Narratives

The testimonies of elders paint a vivid and often painful picture of ageing in the shadow of migration. Their lived experience, while diverse in background and circumstance, reveals common emotional threads that transcend geographies and privilege while speaking to the hidden burdens carried in later life –



Shared emotional weight:
Across villages, cities, and even abroad, migration leaves elders grappling with displacement and vulnerability.

Dislocation and loss of belonging:
Many feels left behind, uprooted, or excluded from family life.

Loneliness as a constant struggle: Isolation is magnified by frailty, financial dependence, and lack of caregivers.

Erosion of cultural anchors:
Even when near family, elders lose familiar networks and traditions, leaving them feeling invisible.

Neglect and abuse in severe cases: Security and dignity are stripped away when support systems collapse.

Psychological burden outweighs material loss:
Anxiety, depression, and silent grief form the hidden crisis of ageing.

Need for more than material support:
True solutions must restore companionship, respect, and emotional resilience.

7

The Silent Strain of Migration

Elderly Indians affected by migration face a profound and multifaceted struggle, with loneliness standing out as the most painful consequence. As children move away to other cities or abroad, parents are left in empty homes, struggling with health issues, irregular finances, and the uncertainty of daily care. While remittances may ease expenses, they cannot replace the comfort of family presence. Healthcare access becomes daunting due to the dependence on neighbours or hired help, long distances, and rising costs that fuel constant anxiety. Yet, it is the absence of companionship that weighs heaviest: the silence of lost conversations, the lack of care, and the distance from grandchildren foster feelings of invisibility and abandonment. These fractures take a toll on mental health, heightening stress, depression, and cognitive decline. Ageing in this context becomes not only an experience of economic and physical vulnerability but also of psychological erosion, where the loss of stability, support, and intergenerational bonds leaves elders isolated and forgotten.

The issues surrounding the elderly affected by migration can broadly be clubbed into three categories:

1 Health Impacts

2 Social Impacts

3 Financial Impacts

Break in Continuity of Care:

Migration, whether of the elderly themselves or their caregivers, disrupts continuity of care for any health issues they may have. The care for non-communicable diseases (NCDs), the rehabilitation after hospitalisation, or even supplementation provided to support declining physical strength, all get disrupted. Elders with migrant children are less likely to receive treatment for chronic illnesses compared to those whose children remain nearby [11]. While some international studies show that remittances can increase acute healthcare utilization [12], in the Indian context, these financial gains rarely offset the loss of direct caregiving. Elderly patients are more likely to miss their medications when they lack caregiver support, timely refills, or clear instructions on usage, or simply the absence of someone to remind them to take the medication. Migration-related absence of close caregivers is most likely to exacerbate these issues in India's geriatric population [13].

Documentation and Portability Barriers and Administrative Hassles

Internal migrants and elders affected by migration face challenges in transferring medical records, insurance coverage, and identity documents across jurisdictions. These barriers disrupt ongoing treatment and limit entitlement portability, particularly during rural-to-urban relocations [14].

Mental Health Impacts: Loneliness, Depression, and Cognitive Decline

Studies from the Longitudinal Ageing Study in India (LASI) [15] indicate that elderly individuals whose adult children have migrated report significantly higher depression rates, especially women, with adjusted odds ratios up to 1.76, compared to "Empty-nest elders," i.e., elderly whose adult children have migrated, also show poorer self-rated health and higher depression prevalence [16]. International evidence confirms that "left behind" elderly experience greater loneliness, reduced life satisfaction, and more cognitive limitations [17].

The issues surrounding the elderly affected by migration can broadly be clubbed into three categories:

1

Health Impacts

2

Social Impacts

Loneliness and loss of informal care

Social capital, such as strong personal networks, often has a protective effect by reducing depression and functional impairments [18]. Independence in instrumental activities based on social capital plays a significant role. Men not participating in social activities or women with a lack of conversation with their kins had a higher IADL (Instrumental Activities of Daily Living) limitation risk.

3

Financial Impacts

Higher out-of-pocket expenditure due to fragmented care

Internal migrant workers in India face disproportionately high Out-of-Pocket (OOP) health expenses, with migrant-related barriers, including inadequate insurance, bureaucratic hurdles, and limited access to public healthcare, fuelling these costs. OOP payments account for approximately 62.6% of total health expenditure for migrants, one of the highest rates globally. Importantly, these pressures translate into financial stress not just at the individual level but often disrupt household care dynamics, especially when elders rely on migrant children or caregivers for assistance with navigating care systems, often resulting in Catastrophic Health Expenditure.

8

Best Practices

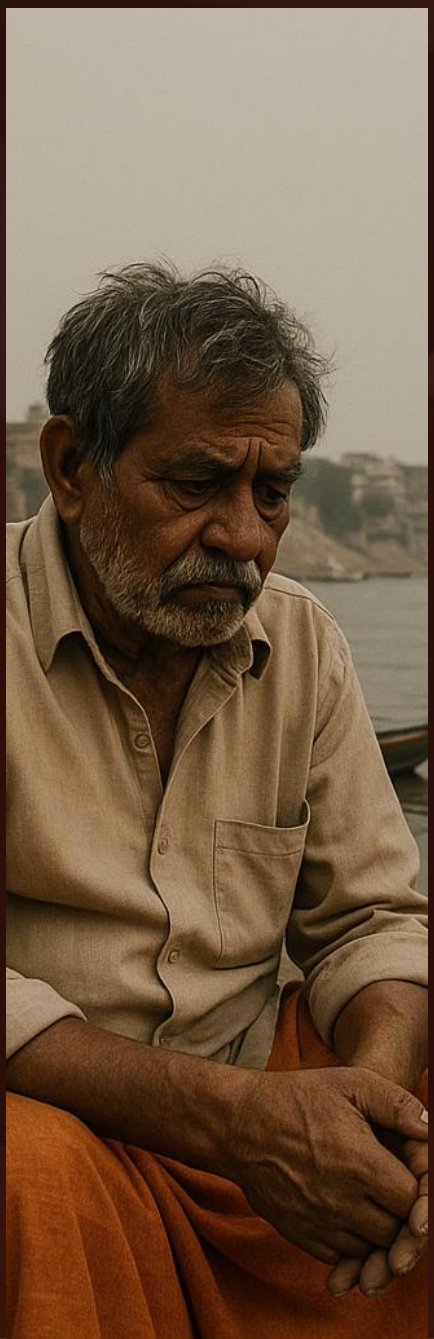
Several examples highlight initiatives aimed at addressing the issues faced by elderly populations affected by migration. Across the globe, many countries are recognizing the need for targeted interventions to safeguard the health and well-being of older people impacted by migration. While these efforts remain somewhat isolated, they provide valuable benchmarks that can be further explored and adapted to broader contexts.

Country	Initiative	Focus Area
 **Cuba**	◉ Early recognition of aging demographics ◉ Comprehensive welfare since the 1980s [26]	◉ Permanent homes, day centres, community clubs, nutritional programs ◉ Family physician–centred community health system
 **England**	◉ Integrated health-social welfare approach ◉ National Framework for Older Persons; NHS [19]	◉ Preventive, curative, and rehabilitative care, ensuring independent living and preventing social isolation
 **Canada**	◉ Immigrants Aging Well Program ◉ Focus on immigrant seniors (55+) [20,21]	◉ Culturally adapted workshops, activities, and service navigation. ◉ partnerships with 25+ organizations for linguistic and cultural relevance
 **Ireland**	◉ Equity and evidence-based care ◉ Second National Intercultural Health Strategy (2018–2023) [22,23]	◉ Cultural competency training, migrant protocols, ◉ feedback mechanisms to improve access and outcomes

Some Indian states have introduced noteworthy initiatives to safeguard the well-being of the elderly, offering valuable lessons for shaping national policies. In Kerala, the State Old-Age Policy 2013 promotes universal healthcare, community-based services, AYUSH integration, and doorstep care through programs such as Vathilpadi Sevanam and Vayomithram, which are supported by ASHAs and Kudumbashree volunteers. Mobile health units and palliative care further enhance accessibility.[24] Tamil Nadu has focused on community programs such as Cognitive Behavioural Therapy and group activities to reduce depression and loneliness among elderly women, alongside therapeutic nursing in care homes to improve psychophysiological wellbeing.[25,26,27] Himachal Pradesh, through its State Policy on Older Persons 2012, emphasizes interdepartmental coordination, introducing geriatric training for health workers, specialized OPDs, elderly-friendly hospital infrastructure, and initiatives like the Varishth Nagrik Suvidha Kendra, which provide integrated support for senior citizens[28,29,30].

9

Call to Action



The Government of India has shown commendable commitment through various schemes and investments aimed at improving the lives of senior citizens, providing financial security and accessible healthcare. Programs like old-age pensions, specialized geriatric health clinics, and health insurance schemes ensure support for millions of elderly across the country. However, it is essential that the government pays greater attention to the specific challenges faced by migratory elderly, who often suffer from disrupted caregiving systems, social isolation, and poorer health outcomes. Tailored policies are needed to address their unique vulnerabilities and ensure they receive equitable access to healthcare and social security benefits, reinforcing the government's ongoing efforts toward inclusive elderly welfare.

The elderly care ecosystem is more often focused on the financial and healthcare challenges faced by older adults, overlooking the need for inclusivity of the elderly in mainstream social structure. Delayed treatment and rising living costs present a major challenge, but the equally damaging wound is the silence that fills their homes. A sizeable number of older people spend their evenings isolated in houses that once echoed with life but now sit quiet.

Loneliness, not just illness, is what wears them down. While adequate funding and medical services remain essential, the importance of a simple conversation, the presence of someone who cares or seeing grandchildren grow up is irreplaceable. Companionship and participation in community processes for the elderly is something everyone wants and deserves.

As a society, we must move beyond seeing aging as just a problem to manage, but we need to evolve into a system that considers the elderly as an essential part of our society. We need investments in parks, clubs, community circles, and outreach programs that keep our seniors connected, so that no one spends their last years feeling invisible. Caring for our elders should not only be limited to adding years to their lives; it's also about making those years' worth living, with warmth, dignity, and belonging.

Building a Supportive Ecosystem

Healthcare & Emotional Support

Inclusive Community & Social Participation

Institutional & Corporate participation

10

Strategies

1

Strengthening Healthcare and Emotional Support Systems

- Comprehensive mapping of Geriatric Population Mobility Patterns and identification of Geriatric Migration Hotspots in urban-transitional areas to enable focused healthcare and social service interventions
- Robust utilisation of digital health technologies and telemedicine to strengthen the emotional support infrastructure for the geriatric population
- Comprehensive programs for one-on-one support with the help of trained community volunteers and other development sector partners
- Inter-departmental/Inter-sectoral coordination to ensure comprehensive program design and better utilization of various national and state-level programs for geriatric care and support

2

Building Inclusive Community and Social Participation

- Dedicated community-based interventions like senior citizen clubs, intergenerational programs, group exercises, and other purpose-driven activities
- Creating a Safety Net by organising local drives to identify vulnerable elderly populations, carried out with the support of Resident Welfare Associations, NGOs, volunteers, and local police.
- Culturally appropriate and acceptable digital inclusion and digital literacy programs for the older population groups
- Establishing migration support protocols for the families and younger generations to make them understand the potential challenges associated with migration and risk mitigation measures
- Enable lifelong learning and community engagement for the elderly through initiatives such as community colleges, intergenerational volunteering, and platforms that allow seniors to share their skills and experiences with younger generations.

3

Leveraging Institutional & Corporate Participation

- Creating One-stop Centres in pre-identified high-priority areas for supporting the geriatric population, including digital and technological support and support for social welfare schemes
- Corporate adoption of parks to enhance geriatric accessibility, emphasizing features like accessible pedestrian systems, community space availability, inclusive public spaces, outdoor seating, proper signage and wayfinding, and sufficient accessible public toilets
- Expansion of existing employee volunteer programs to specifically incorporate senior internships, where retirees contribute their professional expertise to corporate initiatives
- Corporate day care centres for senior citizens providing recreational platforms for the elderly to overcome loneliness through group activities, yoga, meditation, health camps, and cultural celebrations

11

Examples of some innovative models:

Evidence shows that loneliness and lack of support among India's elderly are not just a social issue but a public health emergency. Available literature indicates a significant proportion of the elderly reporting frequent loneliness, with the majority of them experiencing moderate to severe loneliness. Without major representation or support, these proportions represent millions of human beings suffering in silence with constantly deteriorating mental health. *(31,32)*

Corporate Day Care Centre

- Accessible Infrastructure: Handrails, anti-skid floors, emergency systems, good lighting, and disability compliance
- Qualified Staff: Trained caregivers, graduate supervisors, plus yoga/physio and dietician support
- Health & Safety: 24×7 medical aid, first-aid kits, evacuation plans, geriatric assessments, and 1700 kcal daily nutrition
- Compliance & Quality: CSR eligibility (Companies Act VII), fire and building approvals, accreditation tiers, abuse prevention, and regular audits

CSR Adoption of Parks

- Barrier-Free Access: Level paths, ramps, tactile flooring, accessible parking, and wayfinding signage
- Comfort Amenities: Shaded seating, resting shelters, drinking water stations, and accessible toilets
- Active Facilities: Low-impact fitness zones, walking loops with handrails, and smooth anti-skid surfaces
- Safety & Lighting: Even lighting, emergency call points, CCTV coverage, and clear visibility throughout
- Community Programming: Regular activities (yoga, group walks), maintenance audits, and stakeholder feedback loops

The evidence-based solutions outlined above are not just theoretical possibilities but proven interventions ready for immediate deployment. Multi-dimensional interventions focusing on financial security, healthcare accessibility, and social engagement have demonstrated success in similar contexts. The combination of social support, community-based activities, accessible mental health support, and an inclusive environment can create a comprehensive framework to address this crisis.

> Aging is not a curse but a privilege, and the good news is that we can all become better versions of ourselves with age
>
> - Mary Buchan

12

References

1. Mandal, S., Paul, M. Physical and mental well-being of older adults: examining the impact of financial support from male migrant children on Indian left-behind parents. Arch Public Health 82, 214 (2024). https://doi.org/10.1186/s13690-024-01413-2

2. Paul, Manoj & Mandal, Sourav. (2024). Rural-Urban Migration and Mental Health: A Study on India's Elderly Population. 10.21203/rs.3.rs-4300507/v1.

3. Kumar M, Ruikar M, Surya VL. Prevalence and determinants of social isolation among elderly in an urban slum of Raipur city-A community based cross-sectional study. Int J Geriatr Psychiatry. 2022 Sep;37(9). doi: 10.1002/gps.5797. PMID: 35962476.

4. Ali, Sameer & George, Abraham. (2022). Redressing urban isolation: A multi-city case study in India. Journal of Urban Management. 11. 10.1016/j.jum.2022.04.006.

5. Ahamad V, Akhtar S, Pal SK, Bhagat RB. How migration and its types affect mental health in later life: a cross-sectional study among the older adults in India. BMC Psychiatry. 2025 May 1;25(1):446. doi: 10.1186/s12888-025-06891-4. PMID: 40312310; PMCID: PMC12046701.

6. Ahamad, V., Bhagat, R.B., Manisha et al. Social support and economic conditions among older migrants in India: do distance, duration, and streams of migration play a role in later life? BMC Public Health 24, 1843 (2024). https://doi.org/10.1186/s12889-024-19165-7

7. Chilotem, N. & Department of Social Work, Western Sydney University. (2025). The emotional and social impact of migration on elderly parents in Western societies. In International Journal for Research Trends in Social Science & Humanities (Vol. 3, Issue 2, pp. 463–494). https://ijrtssh.com/wp-content/uploads/2025/03/ijrtssh.vol_.3.issue2_.124.pdf

8. Kc, A. V., & Kotian, S. S. (2025). Emotional impact of youth migration on the well-being of elderly people. International Journal of Sociology and Humanities, 7(1), 13–17. https://doi.org/10.33545/26648679.2025.v7.i1a.117

9. The maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019. https://socialjustice.gov.in/writereaddata/UploadFile/83211672138255.pdf

10. INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS. (n.d.). https://www.ijlra.com/details/from-neglect-to-empowerment-strengthening-legal-rights-for-senior-citizens-in-india-by-dr-vidya-dhere-mrs-varsha-badwe

11. Tosi, M., & Grundy, E. (2021). Adult children's migration and elderly parents' health in Europe. Journal of Aging and Health, 33(5–6), 441–450. https://doi.org/10.1177/0898264321999634

12. Knodel, J., & Chayovan, N. (2011). Intergenerational family care for and by older people in Thailand. International Journal of Sociology and Social Policy, 31(11/12), 682–694. https://doi.org/10.1108/01443331111177893

13. Jimmy, B., & Jose, J. (2011). Patient medication adherence: Measures in daily practice. Oman Medical Journal, 26(3), 155–159. https://doi.org/10.5001/omj.2011.38

14. Ministry of Health and Family Welfare. (2019). National Digital Health Blueprint. Government of India.

15. Muhammad, T., Srivastava, S., & Sekher, T. V. (2022). Migration of adult male children and associated depression among community-dwelling older parents: A cross-sectional gender analysis from LASI 2017–18. Aging & Mental Health, 26(9), 1800–1808. https://doi.org/10.1080/13607863.2021.1984598

16. Sun, R., Zhang, Z., & Gu, D. (2023). Empty-nest elderly in rural China: The relationship between migration of adult children and the health of elderly parents. BMC Public Health, 23, 1–12. https://doi.org/10.1186/s12889-023-17012-9

17. Zhang, C., Zhang, Y., & He, X. (2018). The effect of children's migration on the health of the elderly left behind. PLOS ONE, 13(1), e0205665. https://doi.org/10.1371/journal.pone.0205665

18. Yu, J., Li, Z., & Zhang, X. (2023). Social capital and health among older adults left behind in rural China: Gender differences. BMC Public Health, 23, 1221. https://doi.org/10.1186/s12889-023-17012-9

19. Bertera, E. M. (2003). Social services for the aged in Cuba. International Social Work, 46(3), 313–321. https://doi.org/10.1177/00208728030463005

20. National Service Framework for Older People, & Milburn, A. (2001). National Service Framework for Older People. In National Service Framework (p. 4).

21. Ravichandiran N, Mathews M, Ryan BL. Utilization of healthcare by immigrants in Canada: a cross-sectional analysis of the Canadian Community Health Survey. BMC Prim Care. 2022 Apr 6;23(1):69. doi: 10.1186/s12875-022-01682-2. PMID: 35387597; PMCID: PMC8985249.

22. https://isans.ca/program/immigrants-aging-well-in-canada/

23. Seirbhís Sláinte Níos Fearr á Forbairt Building a Better Health Service Second National Intercultural Health Strategy 2018-2023. (2018). https://www.drugsandalcohol.ie/30767/1/intercultural-health-strategy.pdf

24. Sandra K, K Sathyamurthi. Growing old in Kerala: a comprehensive review of elderly welfare initiatives. International Journal of Research and Review. 2025; 12(8): 35-41. DOI: https://doi.org/10.52403/ijrr.20250805

25. https://www.povertyactionlab.org/blog/1-6-25/what-does-it-take-sustain-government-researcher-partnership-lessons-tamil-nadu

26. https://www.povertyactionlab.org/initiative-project/community-based-mental-health-interventions-elderly-women-tamil-nadu

27. Manjula S, Nalini Jayavantha Santha C. Effectiveness of Therapeutic Nursing Intervention on Psychophysiological Wellbeing among elderly residing in old age home, Madurai. Asian J. Nursing Education and Research. 2021; 11(2):193-200. doi: 10.5958/2349-2996.2021.00047.1

28. N. J. Draft. STATE POLICY ON OLDER PERSONS HIMACHAL PRADESH.

29. https://manavsewatrust.org/varisth-nagrik-suvidha-kendra/

30. https://abp.championsofchange.gov.in/content/10584geriatric-care-centre-himachal-pradesh/

31. Srivastava P, Srivastava M. Prevalence and correlates of loneliness in the later life-insights from Longitudinal Ageing Study in India (LASI) Wave-1. Indian J Psychiatry. 2023 Sep;65(9):914-921. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_594_22. Epub 2023 Sep 5. PMID: 37841553; PMCID: PMC10569325.

32. Damor N, Yogesh M, Makwana N, Trivedi N, Kagathara J. Prevalence and predictors of loneliness and its association with health-seeking behaviors among the elderly population, Gujarat, A community-based cross-sectional study. J Family Med Prim Care. 2024 Jul;13(7):2719-2723. doi: 10.4103/jfmpc.jfmpc_2012_23. Epub 2024 Jun 28. PMID: 39070988; PMCID: PMC11271986.

33. Ireland, S. J. (2011, May 18). Social Justice Ireland. Retrieved from Social Justice Ireland: https://www.socialjustice.ie/content/policy-issues/long-term-care-spending-set-double-or-triple-2050-oecd-0?utm_source=chatgpt.com

34. OECD. (2020, Noveber 26). OECD. Retrieved from OECD: https://www.oecd-ilibrary.org/en/publications/spending-on-long-term-care_e1f00970-en.html?utm_source=chatgpt.com

35. UNFPA. (2023). India's ageing population: Why it matters more than ever. UNFPA.

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