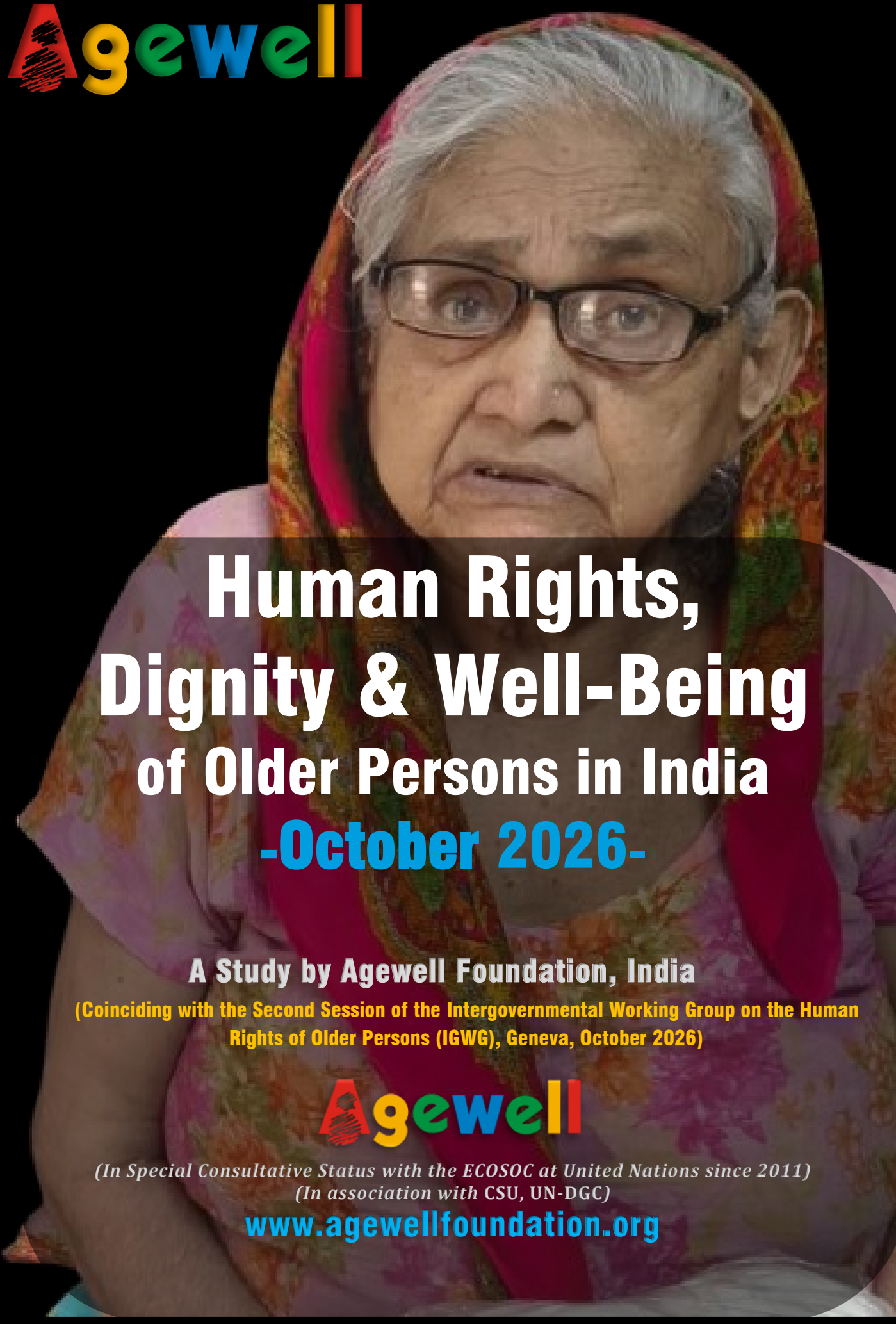


A portrait of an elderly woman with white hair, wearing glasses and a colorful patterned shawl, serves as the background for the central text.

Human Rights, Dignity & Well-Being of Older Persons in India -October 2026-

A Study by Agewell Foundation, India

(Coinciding with the Second Session of the Intergovernmental Working Group on the Human Rights of Older Persons (IGWG), Geneva, October 2026)



*(In Special Consultative Status with the ECOSOC at United Nations since 2011)
(In association with CSU, UN-DGC)*

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AGEWELL RESEARCH & ADVOCACY CENTRE
(For Needs & Rights of Older people)

A
Study Report
on
HUMAN RIGHTS, DIGNITY AND
WELL-BEING OF OLDER PERSONS
IN INDIA
October 2026

**(Coinciding with the Second Session of the Intergovernmental Working Group
on the Human Rights of Older Persons (IGWG), Geneva, October 2026)**

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Executive Summary

This study, “**Human Rights, Dignity and Well-Being of Older Persons in India,**” coinciding with the **Second Session of the Intergovernmental Working Group on the Human Rights of Older Persons (IGWG), Geneva**, examines the status of rights, living conditions, dignity and well-being of older persons in India, based on a survey of 25,000 respondents aged 60 and above across 25 States and Union Territories during September 2026.

Healthcare is the clearest and most prominent concern. 60.4% describe healthcare and medicines as somewhat or very unaffordable (rising to 69% among the 21,868 respondents who need regular care), and 75.4% identify better healthcare as the single most important change needed for a dignified old age.

Financial insecurity is widespread: Financial security is considerably weaker, with only 43.8% saying they always or usually have sufficient money for their personal needs. More than half (56.2%) experience financial insufficiency at least sometimes, including 16.1% who never have sufficient money.

Dignity and autonomy show a mixed picture: a majority report limited decision-making power, partial privacy and inconsistent consultation, and one-third of respondents (33.0%) report experiencing some form of mistreatment or abuse in the preceding 12 months.

Social isolation is a major concern: 65.9% experience loneliness or isolation sometimes, often or always. At the same time, 80.0% of respondents want greater opportunities to contribute to society (36.6% definitely, 43.4% to some extent), showing that older persons in this sample see themselves as active contributors rather than passive dependants.

Adequate food and housing is still ranked first among rights (39.9%).

There is a marked gap between respondents' appetite for a voice in decisions that affect them — 74.7% support a direct role in decisions and policies concerning older persons' rights, and 90.7% want clear legal obligations on government — and their actual experience: 94.3% report never having been consulted by any government authority, local body or organisation.



Photo: Agewell Foundation

** Findings are not nationally representative: this is a non-probability sample reached through Agewell's network and is 49.1% urban.*

Introduction

India is experiencing a significant demographic transition, with the population of older persons increasing steadily. This transformation has important implications for public policy, healthcare, social protection, family structures and community life. Ageing should not be viewed only as a matter of dependency or welfare: older persons are rights-holders entitled to equality, dignity, autonomy, health, adequate food and housing, social security, personal safety, participation and access to justice.

The present study, conducted among 25,000 older persons across 25 States and Union Territories during September 2026, seeks to understand how these rights are experienced in everyday life. It examines living conditions, access to essential services, respect and autonomy, abuse and exploitation, social connection, digital inclusion, rights awareness, participation and perceptions of government accountability.



Photo: Agewell Foundation

The findings reveal a mixed but concerning picture. Basic food access is relatively strong: 92.0% report never experiencing difficulty obtaining proper food in the previous 12 months, though a further 8% report at least occasional difficulty. Financial insecurity, healthcare affordability, housing conditions and access to government benefits remain significant challenges. 59.4% found access to government benefits difficult or very difficult.

The study also highlights dignity-related concerns. Many respondents report limited control over decisions affecting their lives, partial privacy and inconsistent consultation. One-third report experiencing mistreatment or abuse.

These findings underline the need to move beyond welfare-oriented approaches towards a comprehensive rights-based framework. Policies and services must enable older persons to live safely, independently and meaningfully, while ensuring their voices are heard in decisions affecting their lives.

Overview

HUMAN RIGHTS AND LIVING CONDITIONS OF OLDER PEOPLE IN INDIA

Older persons in India are entitled to the same fundamental human rights as every other citizen, including the right to life, equality, dignity, health, adequate food and housing, personal security, family life, participation, freedom from discrimination and access to justice. Age must never become a basis for exclusion, neglect or loss of autonomy. These rights are particularly important for older persons living alone, who may face greater risks of loneliness, insecurity, poor access to healthcare and difficulties in managing finances and everyday activities.

India's older population is growing rapidly. Government of India estimates put the population aged 60+ at about 138 million (10.1%) in 2021, projected to reach 14.9% by 2036. UN-supported projections (UNFPA India Ageing Report 2023) estimate 149 million (10.5%) in 2022, rising to 347 million (20.8%) by 2046, when older persons are expected to outnumber children. Globally, the 60+ population has grown from around 541 million in 1995 to 1.2 billion in 2025 and is projected to reach 2.1 billion by 2050 (UN World Population Prospects). *(See source -year table in Annex)*

Living alone should not mean living without rights or support. Older persons living alone should have access to affordable healthcare, nutritious food, safe and accessible housing, social security, pensions, assistive devices, transportation and emergency services, along with protection of their right to privacy and independent decision-making. Dignity also requires that older persons are not treated merely as recipients of care: they should be able to make choices about where they live, how they spend their money, what healthcare they receive and how they participate in family and community life.



Photo: Agewell Foundation

RESPECT, DIGNITY AND AUTONOMY OF OLDER PERSONS IN INDIA

Respect, dignity and autonomy are central to the well-being of older persons. Respect means recognising older persons as individuals with experience, knowledge, preferences and rights, rather than assuming that age makes them incapable of making decisions. Dignity requires that they are treated with courtesy and kindness, while autonomy means allowing them to make informed choices about their own lives.

At the family level, older persons should be consulted about decisions concerning healthcare, finances, housing, marriage, property and daily routines; family members should provide care without taking away independence unnecessarily. At the community level, older persons should be able to participate in neighbourhood groups, religious and cultural activities, senior citizens' associations, volunteering and local decision-making. At the national level, respect for older persons requires policies that protect equality, social security, healthcare, housing and protection from abuse; the National Policy on Older Persons and subsequent government programmes recognise the importance of financial security, healthcare, shelter, protection from abuse and participation in development.

ABUSE, MISTREATMENT, NEGLECT AND EXPLOITATION OF OLDER PERSONS

Abuse of older persons can be physical, psychological, verbal, sexual or financial, and can also take the form of neglect, abandonment and denial of basic needs. It may occur within families, care settings or the wider community. Because older persons may depend on relatives for money, healthcare and daily assistance, they can be particularly vulnerable to mistreatment. Financial exploitation can include taking a pension or savings without consent, coercing a property transfer, misusing bank accounts or ATM cards, forcing someone to sign documents, or denying access to their own money. Neglect — ignoring medical needs, leaving someone isolated, failing to provide food or medication, or excluding them from family decisions — can be equally harmful. Older persons may hesitate to report abuse because the person responsible may be a child or close relative on whom they depend.



Photo: Agewell Foundation

SOCIAL CONNECTION, PURPOSE AND PARTICIPATION OF OLDER PERSONS

Social connection is fundamental to healthy and dignified ageing. Families remain an important source of connection in India, though migration, urbanisation, smaller families and changing lifestyles can reduce opportunities for regular intergenerational interaction; community organisations, senior citizen associations, self-help groups, day-care centres, cultural organisations and religious institutions provide valuable spaces for social participation. Participation should extend beyond simply receiving care — older persons can contribute through volunteering, mentoring, caring for grandchildren, teaching traditional skills, and continuing paid or unpaid work according to their abilities and preferences.

DIGITAL INCLUSION OF OLDER PERSONS

Older persons have the right to participate equally in an increasingly digital society. Access to smartphones, digital banking, telemedicine, government portals and online information can increase independence, but a lack of skills can create new forms of exclusion and dependence. Older persons need affordable devices, accessible interfaces, local-language content, digital-skills training and protection from online fraud.

RIGHTS AWARENESS, VOICE AND ACCOUNTABILITY OF OLDER PERSONS

Rights are meaningful only when older persons know about them and can use mechanisms to claim them. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, together with government schemes and programmes, provides an important framework for supporting older persons.

Older persons should have a meaningful voice in decisions affecting them. Governments should consult senior citizens when designing healthcare, housing, transport, digital services, social-protection and disaster-management policies, and local bodies can establish senior citizen forums and accessible grievance systems so that older persons' experiences inform public decisions. Accountability also requires effective complaint and redress mechanisms, like senior-citizen helplines.

A rights-based approach ultimately means moving from doing things for older persons to working with older persons. Their voices, choices and lived experiences must shape the policies and services intended to protect them.



Photo: Agewell Foundation

Aims & Objectives

OF THE STUDY ON

"HUMAN RIGHTS, DIGNITY AND WELL-BEING OF OLDER PERSONS IN INDIA"

OVERALL AIM

The overall aim of the study is to assess the rights, dignity, safety, health and overall well-being of older persons in India, identify gaps between their rights and lived experiences, and generate practical evidence for strengthening policies, programmes and services that enable older persons to live healthy, secure, independent, respected and meaningful lives.

SPECIFIC OBJECTIVES

- To assess the living conditions and fulfilment of basic needs of older persons, including access to adequate food, safe housing, essential services, transportation and other necessities required for a dignified life.
- To examine the accessibility and affordability of healthcare and medicines available to older persons, and the financial barriers that prevent them from obtaining timely and appropriate care.
- To assess the economic and social-security situation of older persons, including their financial capacity to meet personal needs and their access to pensions, welfare schemes, government benefits and other entitlements.
- To examine the extent to which older persons experience respect, dignity, autonomy and privacy, including their ability to make decisions about healthcare, finances, living arrangements and other matters affecting their lives.
- To identify the prevalence and forms of abuse, neglect, mistreatment and exploitation of older persons, including emotional and verbal abuse, physical abuse, financial and property exploitation, threats, social exclusion and denial of essential needs.
- To assess the level of social connection, loneliness, family and community support among older persons, and their opportunities to participate in social, cultural, recreational and community activities.



Photo: Agewell Foundation

- To understand the aspirations, capabilities and willingness of older persons to contribute to society, including opportunities for flexible employment, volunteering, community service, mentoring, lifelong learning and participation in local decision-making.
- To assess digital access among older persons, including their ability to independently access digital services and their need for digital literacy and assisted services.
- To assess awareness of rights, entitlements, protection mechanisms and grievance-redress systems among older persons, including their knowledge of where and how to seek assistance in cases of abuse, neglect, exploitation or denial of services.
- To generate evidence-based recommendations for a stronger rights-based and age-inclusive framework, including improved healthcare, social security, protection from abuse, accessibility, autonomy, social participation and meaningful involvement of older persons in policies and decisions concerning their lives.

INTENDED OUTCOME

The study ultimately seeks to place older persons at the centre of policy and programme development, moving from an approach based primarily on welfare and dependency towards one that recognises older persons as rights-holders, decision-makers, contributors and active members of society.



Photo: Agewell Foundation

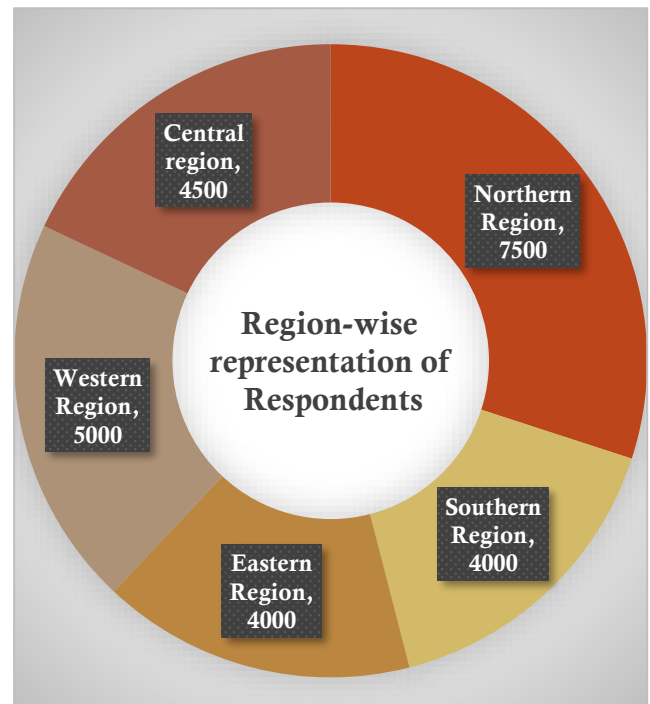
Methodology of the Study

"Human Rights, Dignity and Well-Being of Older Persons in India"

1. AREA AND UNITS OF THE STUDY

The study covered older persons aged 60 years and above across 25 States and Union Territories of India, encompassing diverse geographical, socio-economic, demographic and cultural contexts, and captured lived experiences across rural, semi-urban and urban areas.

The primary unit of the study was an individual older person aged 60 years or above. A total of 25,000 older persons constituted the survey sample, drawn from five broad regions of the country — North, South, East, West and Central India.



Source: Agewell Foundation survey, October 2026

2. SCOPE AND OBJECTIVES OF THE STUDY

The study examined older persons' experiences in relation to: basic needs, food security and housing; financial security and access to social-security benefits; healthcare access, affordability and age-related barriers; transportation and accessibility of public facilities; respect, dignity, autonomy, privacy and participation in decision-making; abuse, neglect, mistreatment and financial or property-related exploitation; social connection, loneliness and opportunities for community participation; digital access; awareness of rights, protection mechanisms and avenues for reporting abuse; participation of older persons in policies and decisions affecting their lives; and perceptions regarding government responsibility and accountability for protecting the rights and dignity of older persons.

3. SAMPLING, SAMPLE SIZE AND DURATION

The study employed a structured, cross-sectional survey approach covering 25,000 respondents aged 60 years and above, conducted across 25 States/Union Territories of India. The survey was conducted during September 2026.

Gender

- 13,180 older men (52.7%)
- 11,820 older women (47.3%)

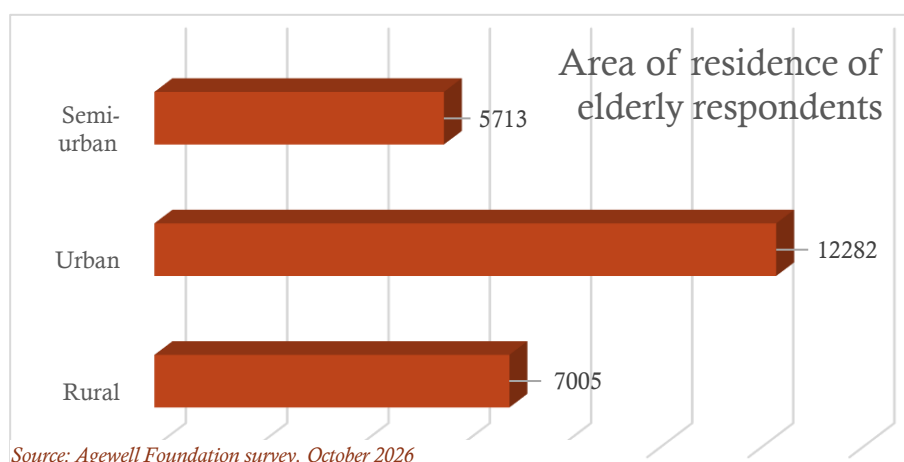
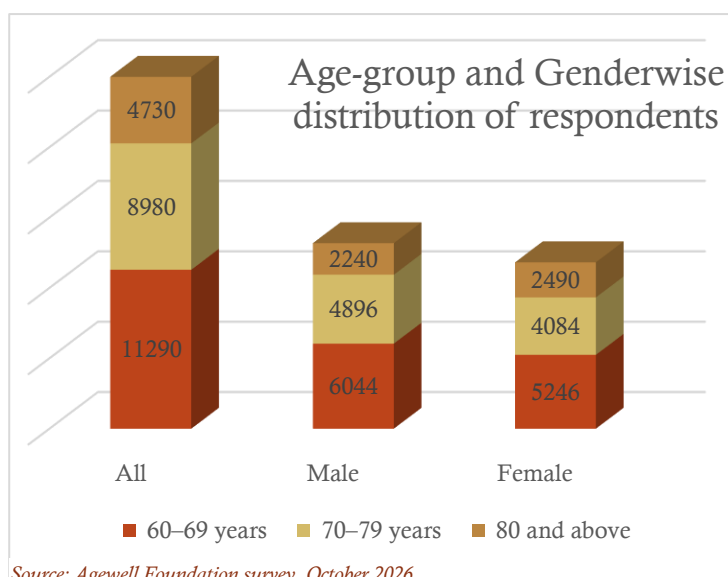
Age

- 60–69 years: 11,290 respondents (45.2%)
- 70–79 years: 8,980 respondents (35.9%)
- 80 years and above: 4,730 respondents (18.9%)

Area of residence*

- Urban: 12,282 respondents (49.1%)
- Rural: 7,005 respondents (28.0%)
- Semi-urban: 5,713 respondents (22.9%)

* Proportion of elderly respondents from urban and semi-urban areas is comparatively higher, as Agewell volunteers have wider reach in these areas in comparison to rural areas.



4. GEOGRAPHICAL COVERAGE

The geographical spread was intended to incorporate variations in social structures, economic conditions, public-service availability, healthcare infrastructure and patterns of ageing, enabling the study to move beyond a single-state or metropolitan perspective.

5. RESEARCH DESIGN

The study adopted a mixed-method, cross-sectional research design, combining quantitative survey data with qualitative information. The structured survey questionnaire included questions relating to living conditions, healthcare, financial security, social protection, dignity and autonomy, abuse and exploitation, social connection, digital inclusion, rights awareness, participation and accountability.

6. TOOLS AND TECHNIQUES FOR DATA COLLECTION

A structured questionnaire was the principal instrument for collecting primary quantitative data, covering food and financial security; healthcare access and affordability; family and community respect; decision-making and autonomy; abuse, neglect and exploitation; social support and loneliness; participation and purpose; digital access; and rights awareness.

Where respondents reported experiences of abuse or mistreatment, the questionnaire enabled identification of different forms, including verbal or emotional abuse, neglect, threats or intimidation, social exclusion, financial exploitation, property-related exploitation and physical abuse.

7. RESPONDENT SELECTION AND DIVERSITY

The study sought to include respondents across age, gender and rural, semi-urban and urban residence, as well as persons with health or functional difficulties, persons living alone, economically vulnerable persons and those with limited family or community support.

8. DATA PROCESSING AND ANALYSIS

Quantitative responses were compiled and analysed using descriptive statistics; frequencies and percentages were calculated to identify the distribution of responses across the principal study variables. For questions permitting multiple responses, percentages are the proportion of respondents selecting each option and are not expected to total 100%. Qualitative information was reviewed thematically.

9. ETHICAL AND RESPONDENT-SENSITIVE APPROACH

Given the sensitive nature of several study themes — including abuse, neglect, financial exploitation, health, poverty, loneliness and family relationships — the data-collection process was designed to respect respondents' privacy, dignity and voluntary participation. Respondents were given the opportunity to decline to answer questions they did not wish to disclose, and responses relating to sensitive experiences were treated as confidential for the purposes of the study.

10. METHODOLOGICAL CONSIDERATIONS

The study provides a broad snapshot of the experiences and perceptions of 25,000 older persons across 25 States/Union Territories. The large sample and geographical spread strengthen the breadth of the findings and allow identification of major patterns. However, findings should be read as a survey-based assessment of the respondents included in the study, not as a nationally representative population estimate: the sample is 49.1% urban, while most of India's older population lives in rural areas, and respondents were substantially reached through Agewell's own outreach network rather than a probability sample of the national population.

The study nevertheless provides substantial evidence for understanding the principal challenges confronting older persons in India and for identifying areas requiring policy, programme and institutional attention.

MAIN FINDINGS OF THE STUDY

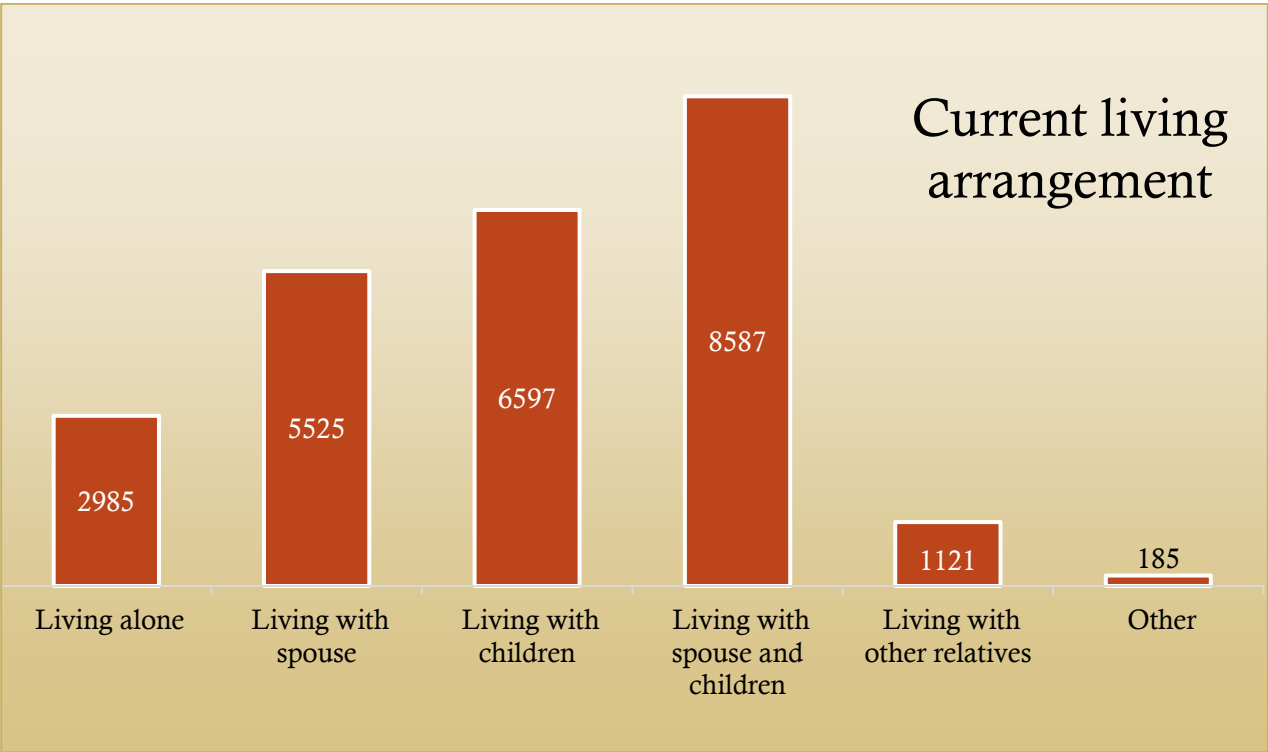
"HUMAN RIGHTS, DIGNITY AND WELL-BEING OF OLDER PERSONS IN INDIA"

This section presents the survey's main findings, organised into Sections A–K. Each table's source line states the base used; where a base differs from the full sample of 25,000, this is noted explicitly.

SECTION A: BASIC INFORMATION OF RESPONDENTS

LIVING ARRANGEMENT

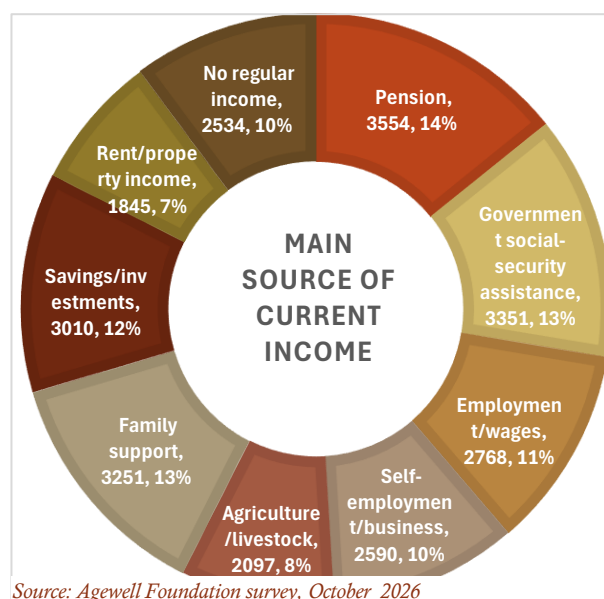
The majority of respondents live with family: 34.3% with both spouse and children and 26.4% with children alone. 22.1% live with a spouse only, 11.9% live alone, and 4.5% live with other relatives and 0.7% live with other than above-mentioned.



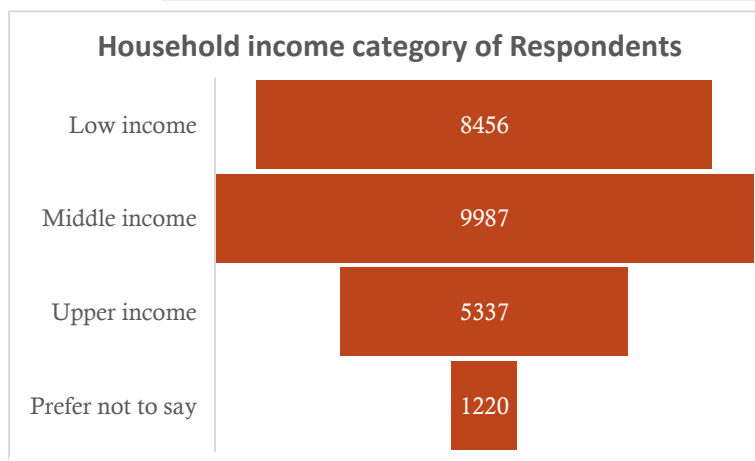
Source: Agewell Foundation survey, October 2026, n = 25,000 unless stated otherwise.

Main Source of Income:

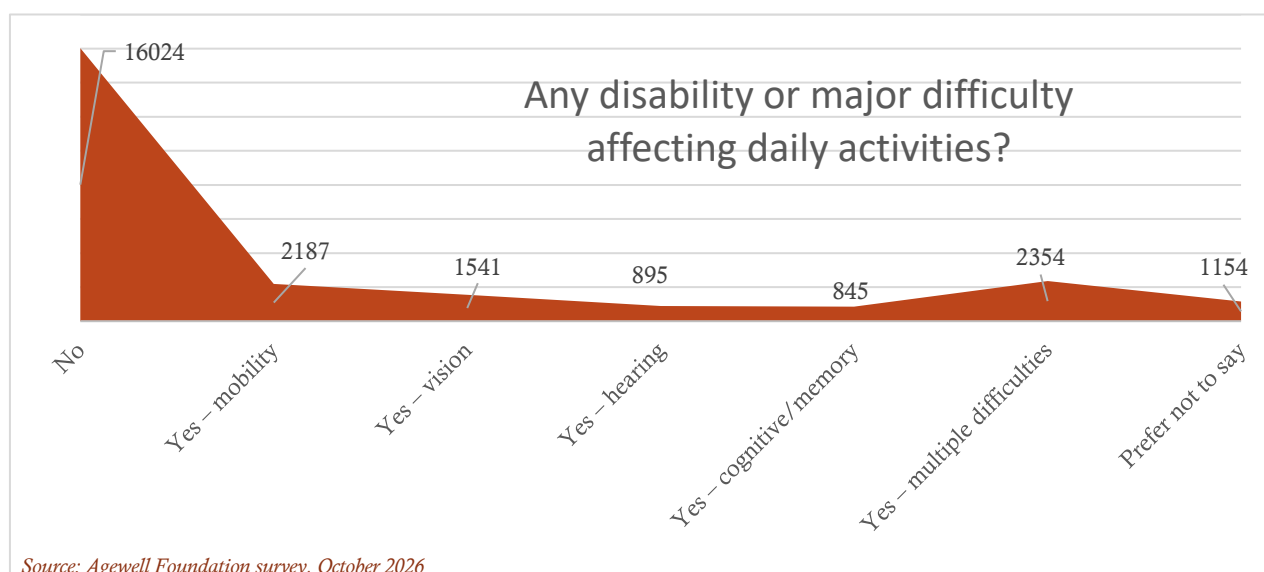
- Income sources are fairly diverse, with pensions (14.2%), government social-security assistance (13.4%), and family support (13.0%) being the most common. Savings/investments account for 12.0%, while employment, self-employment, agriculture/ livestock, and property income contribute smaller shares; 10.1% report having no regular income.

**Household Income:**

- Middle-income households form the largest group, representing 39.9% of respondents, followed by low-income households at 33.8%. About 21.3% fall into the upper-income category, while 4.9% preferred not to disclose their income category.

**Disability and Daily Difficulties:**

- Most respondents (64.1%) report no disability or major difficulty affecting daily activities. Among those reporting difficulties, multiple difficulties are most common (9.4%), followed by mobility (8.7%) and vision (6.2%), while smaller shares report hearing or cognitive/memory difficulties.



SECTION B — HUMAN RIGHTS, DIGNITY AND LIVING CONDITIONS

Status of basic daily needs of older people

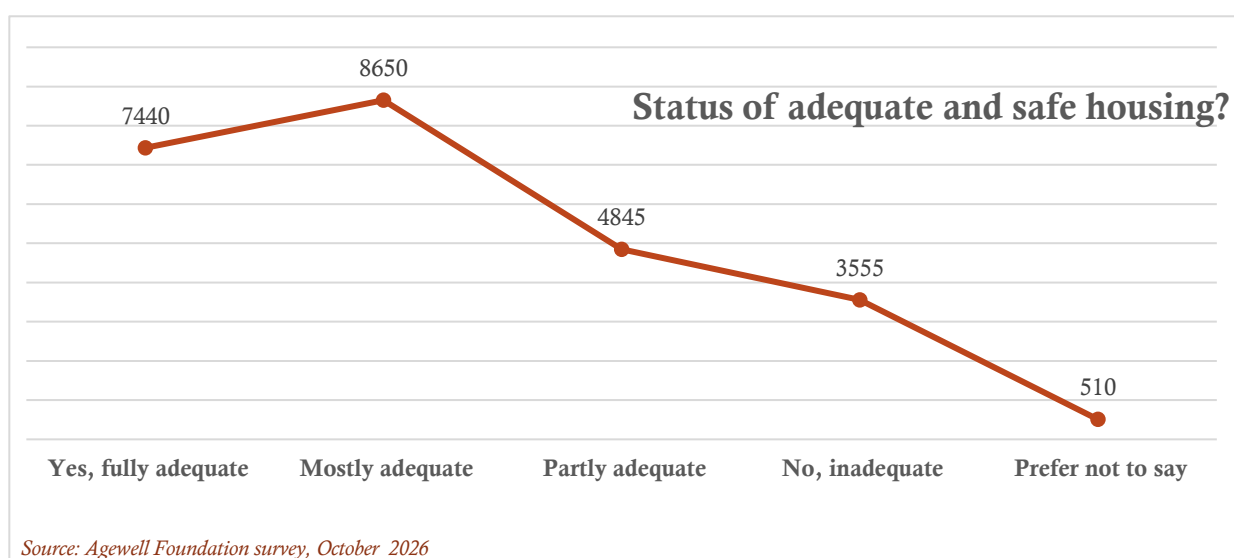
Major finding: A combined 71.4% of elderly respondents said their basic needs were fully or mostly met, indicating that a majority have reasonable access to essential requirements such as food, water, clothing, sanitation and shelter. However, 26.9% reported that their needs were only partly met or not met, representing a substantial group experiencing some level of deprivation.

- Fully met – 32.2%: 8,051 respondents reported that all their basic daily needs were adequately met.
- Mostly met – 39.2%: 9,805 respondents said that their basic needs were generally being met.
- Partly met – 16.6%: 4,152 respondents reported that some of their essential needs remained unmet.
- Not met – 10.3%: 2,584 respondents stated that their basic daily needs were not being adequately met.
- Prefer not to say – 1.6%: 408 respondents chose not to disclose their situation.

Status of adequate and safe housing

Major finding: 64.4% of respondents described their housing as fully or mostly adequate and safe, suggesting that nearly two-thirds have reasonably satisfactory housing conditions. Nevertheless, 33.6% reported partly adequate or inadequate housing, highlighting a significant housing vulnerability among older persons.

- Yes, fully adequate and safe – 29.8%: 7,440 respondents considered their housing fully adequate and safe.

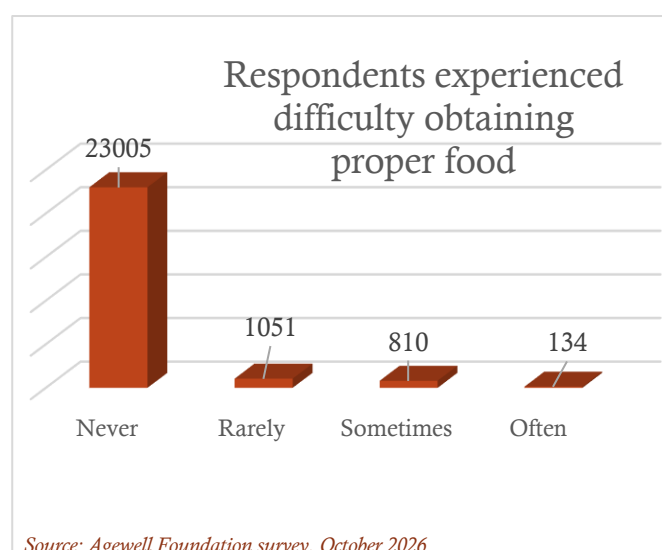


- Mostly adequate and safe – 34.6%: 8,650 respondents considered their housing mostly adequate.
- Partly adequate – 19.4%: 4,845 respondents reported that their housing was only partly adequate and safe.
- No, inadequate – 14.2%: 3,555 respondents considered their housing inadequate.
- Prefer not to say – 2.0%: 510 respondents preferred not to disclose their housing situation.

Status of availability of proper food (during the past 12 months)

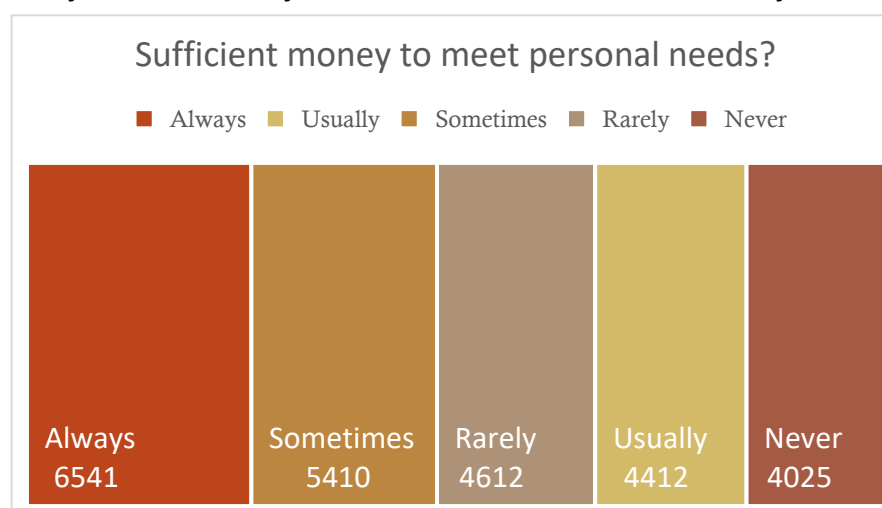
Major finding: Food access appears comparatively strong, with 92.0% reporting that they never experienced difficulty obtaining proper food during the previous year. Only 8% experienced such difficulty rarely, sometimes or often, although this still represents an important food-security concern.

- Never faced difficulty obtaining proper food – 92.0%: 23,005 respondents said they had never experienced difficulty obtaining proper food.
- Rarely faced – 4.2%: 1,051 respondents experienced difficulty obtaining proper food rarely.
- Sometimes – 3.2%: 810 respondents experienced difficulty obtaining proper food sometimes.
- Often – 0.5%: 134 respondents frequently experienced difficulty obtaining proper food.



Sufficient money to meet personal needs

Major finding: Financial security is considerably weaker than food access, with only 43.8% saying they always or usually have sufficient money for their personal needs. More than half (56.2%) experience financial insufficiency at least sometimes, including 16.1% who never have sufficient money.

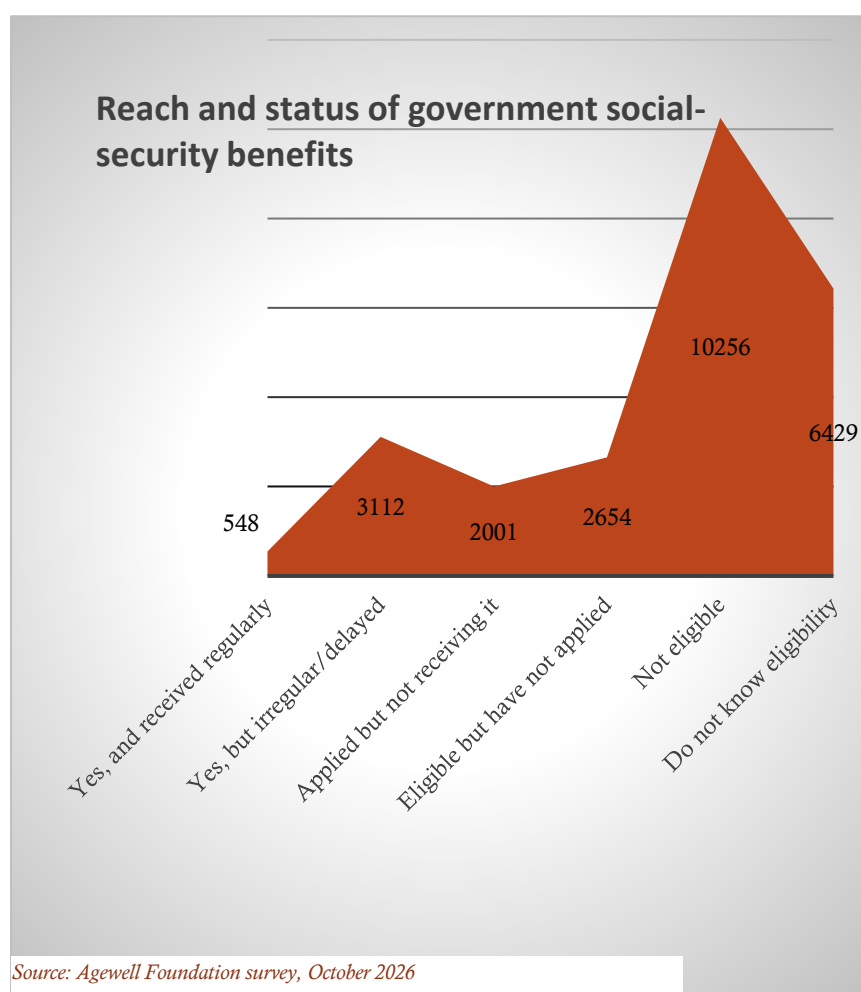


- Always – 26.2%: 6,541 respondents said they always have sufficient money for their personal needs.
- Usually – 17.6%: 4,412 respondents usually have sufficient money.
- Sometimes – 21.6%: 5,Source: Agewell Foundation survey, October 2026 sometimes.
- Rarely – 18.4%: 4,612 respondents rarely have sufficient money.
- Never – 16.1%: 4,025 respondents said they never have sufficient money for their personal needs.

Reach and Status of government social-security benefits

Major finding: Substantial numbers are either not eligible, have not applied, are waiting for benefits or do not know their eligibility. The particularly large 25.7% who do not know their eligibility points to a serious awareness and information gap.

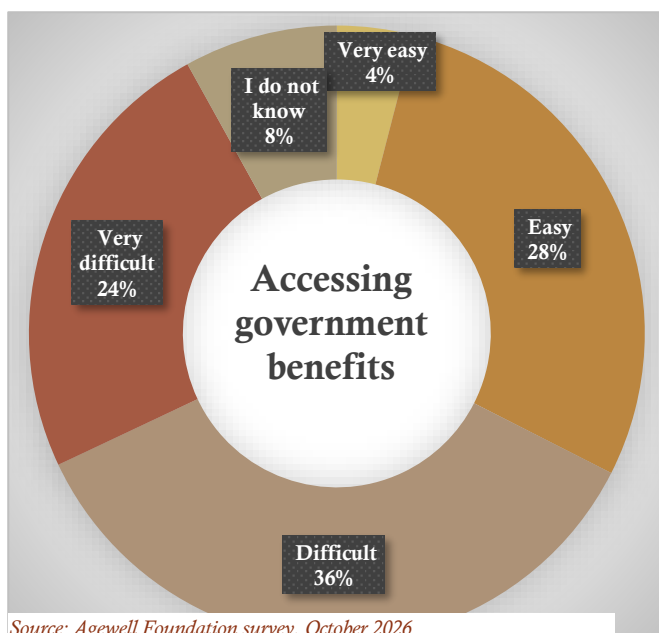
- Yes, received regularly – 2.2%: 548 respondents reported receiving their entitled benefits regularly.
- Yes, irregular/delayed – 12.4%: 3,112 respondents receive benefits but experience irregular or delayed payments/services.
- Applied but not receiving – 8.0%: 2,001 respondents have applied for benefits but are not receiving them.
- Eligible but have not applied – 10.6%: 2,654 respondents believe they are eligible but have not applied.
- Not eligible – 41.0%: 10,256 respondents reported that they were not eligible for the relevant benefits.
- Do not know eligibility – 25.7%: 6,429 respondents do not know whether they are eligible for government benefits.



Ease of accessing government benefits and entitlements

Major finding: Government-benefit access appears difficult for a majority, with 59.4% describing access as difficult or very difficult. Only 32.5% considered access easy or very easy, while 8.1% did not know what benefits were available.

- Difficult – 35.5% i.e. 8,875 respondents out of 25,000 elderly respondents found access difficult.
- Very difficult – 23.9% i.e. 5,987 respondents found access very difficult.
- Very easy – 4.0%: 1,008 respondents found access to benefits very easy.
- Easy – 28.5%: 7,114 respondents considered access to benefits easy.
- Do not know – 8.1%: 2,016 respondents did not know what benefits were available.

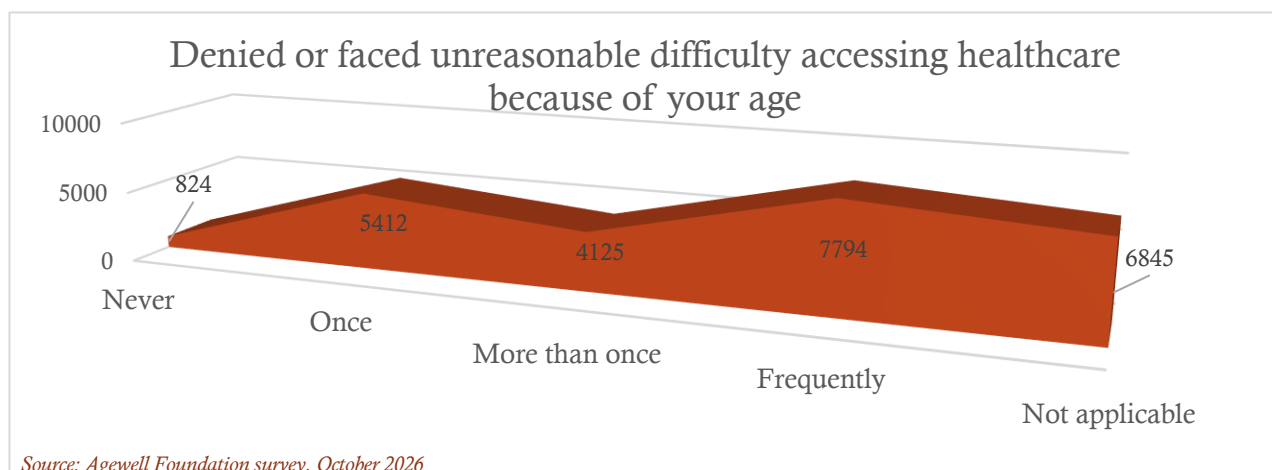


Source: Agewell Foundation survey, October 2026

Age-related difficulty accessing healthcare

Major finding: Most of the respondents admitted that they face difficulty in accessing the healthcare due to their age.

- Frequently – 31.2%: 7,794 respondents frequently faced age-related barriers to healthcare.
- Not applicable – 27.4%: 6,845 respondents considered the question not applicable.
- Once – 21.6%: 5,412 respondents had experienced such difficulty once.
- More than once – 16.5%: 4,125 respondents had experienced such difficulty more than once.



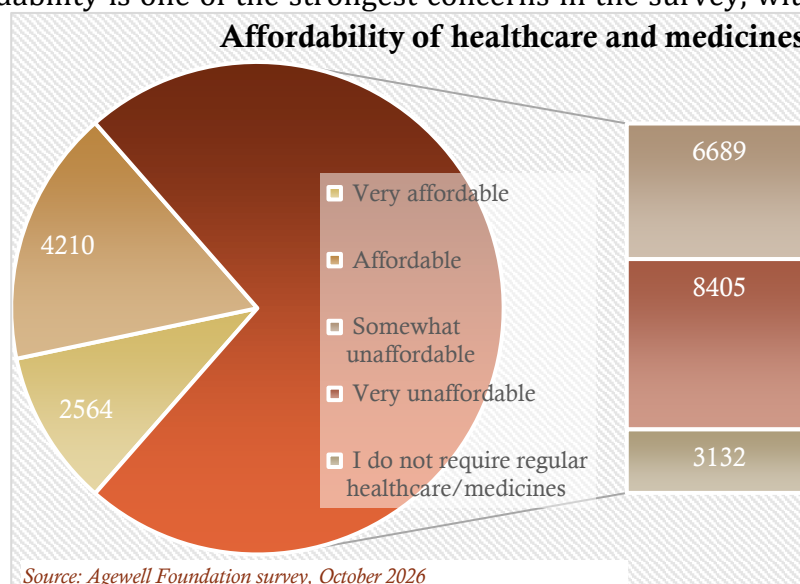
Source: Agewell Foundation survey, October 2026

- Never – 3.3%: 824 respondents had never experienced age-related difficulty accessing healthcare.

Affordability of healthcare and medicines

Major finding: Healthcare affordability is one of the strongest concerns in the survey, with 60.4% describing healthcare and medicines as somewhat or very unaffordable. Only 27.1% considered healthcare affordable or very affordable.

- Very affordable – 10.3%: 2,564 respondents considered healthcare and medicines very affordable.
- Affordable – 16.8%: 4,210 respondents considered them affordable.
- Somewhat unaffordable – 26.8%: 6,689 respondents found healthcare and medicines somewhat unaffordable.
- Very unaffordable – 33.6%: 8,405 respondents found healthcare and medicines very unaffordable.
- Do not require regular healthcare/medicines – 12.5%: 3,132 respondents said they do not require regular healthcare or medicines.

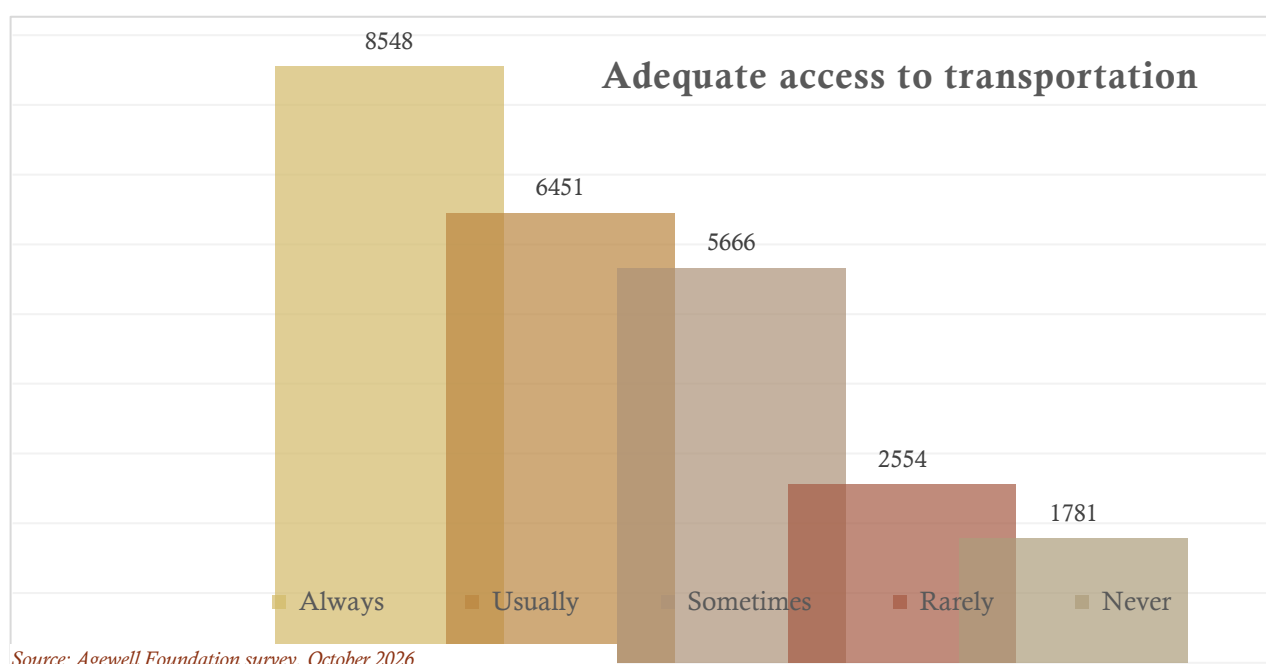


Adequate access to transportation

Major finding: Transportation access is relatively better, with 60.0% saying they always or usually have adequate transportation to essential places. However, 40.0% experience transportation difficulties at least sometimes, indicating continuing mobility barriers.

- Always – 34.2%: 8,548 respondents always have adequate transportation.
- Usually – 25.8%: 6,451 respondents usually have adequate transportation.
- Sometimes – 22.7%: 5,666 respondents sometimes have adequate transportation.
- Rarely – 10.2%: 2,554 respondents rarely have adequate transportation.

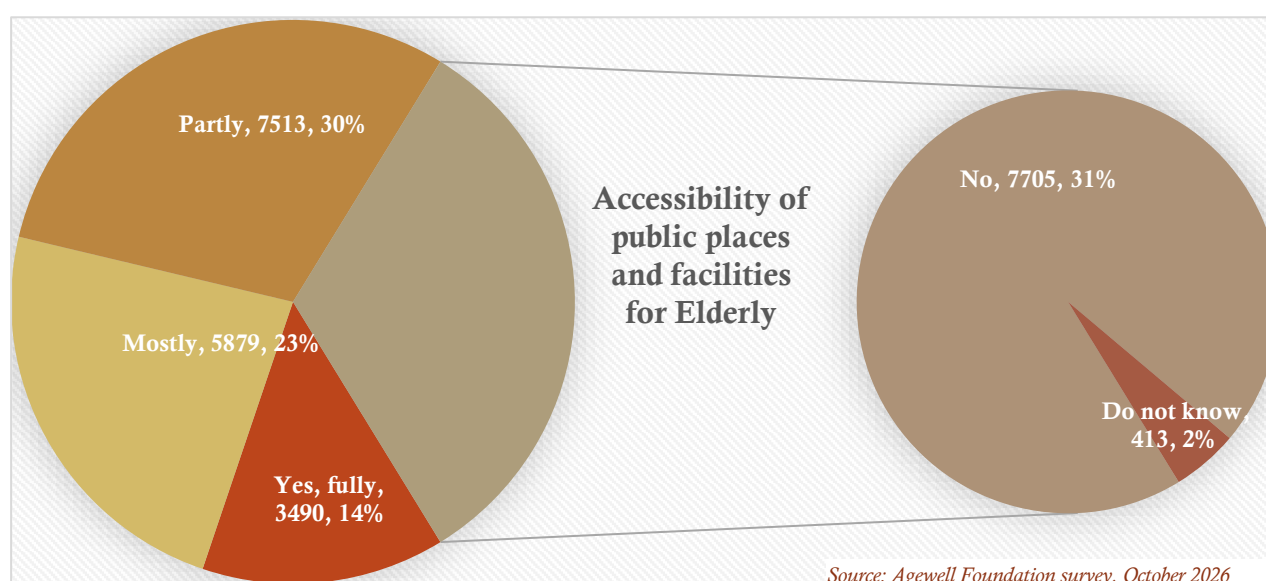
- Never – 7.1%: 1,781 respondents never have adequate transportation.



Accessibility of public places and facilities

Major finding: Public accessibility is a significant weakness, with 60.9% saying facilities are only partly accessible or not accessible to older persons. Only 37.5% considered them fully or mostly accessible.

- Yes, fully – 14.0%: 3,490 respondents considered public places and facilities fully accessible.
- Mostly – 23.5%: 5,879 respondents considered them mostly accessible.
- Partly – 30.1%: 7,513 respondents considered them only partly accessible.



- No – 30.8%: 7,705 respondents said public places and facilities were not sufficiently accessible.
- Do not know – 1.7%: 413 respondents did not know.

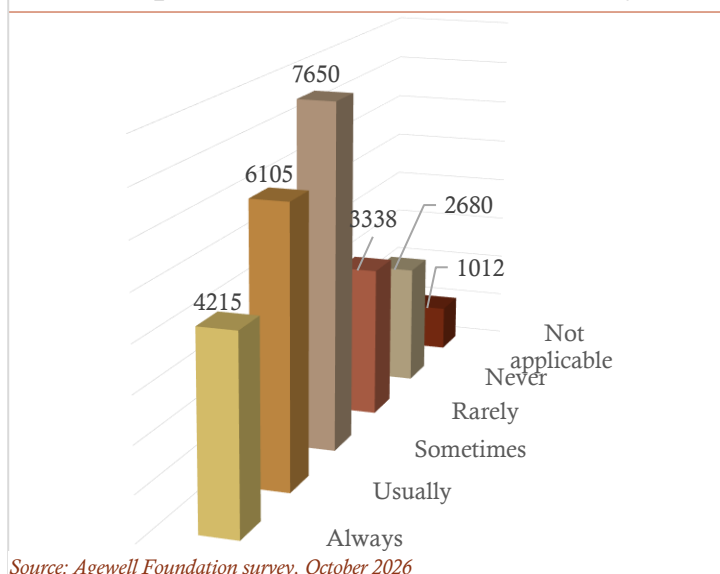
SECTION C — RESPECT, DIGNITY AND AUTONOMY

Respect from family members

Major finding: Family respect is mixed, with 41.3% saying they are always or usually treated with respect. However, 54.7% experience respect only sometimes, rarely or never, suggesting that dignity within family relationships remains a concern for many respondents.

- Always – 16.9%: 4,215 respondents are always treated with respect by family members.
- Usually – 24.4%: 6,105 respondents are usually treated with respect.
- Sometimes – 30.6%: 7,650 respondents experience respectful treatment only sometimes.
- Rarely – 13.4%: 3,338 respondents are rarely treated with respect.
- Never – 10.7%: 2,680 respondents never feel respected by family members.
- Not applicable – 4.0%: 1,012 respondents considered the question not applicable.

Respectful treatment within family



Source: Agewell Foundation survey, October 2026

Respect from people in the community

Major finding: Community respect is somewhat stronger than family respect, with 54.8% reporting that they are always or usually respected. Nevertheless, 45.2% experience respect only sometimes, rarely or never.

- Always – 19.8%: 4,950 respondents always feel respected in their community.
- Usually – 35.0%: 8,745 respondents usually feel respected.

Feel respected in community

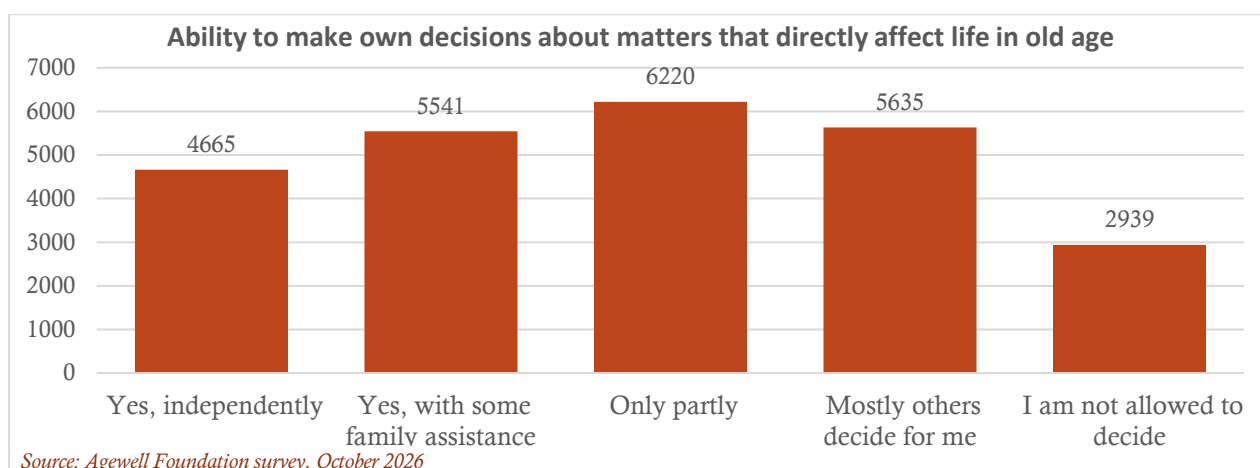


Source: Agewell Foundation survey, October 2026

- Sometimes – 31.2%: 7,808 respondents feel respected only sometimes.
- Rarely – 10.0%: 2,501 respondents rarely feel respected.
- Never – 4.0%: 996 respondents never feel respected by people in their community.

Ability to make decisions about matters affecting their lives

Major finding: As per the study, only 18.7% of the respondents can make decisions independently, while a further 22.2% do so with some family assistance. Importantly, 59.2% have only partial decision-making power, have decisions mostly made by others, or are not allowed to decide.



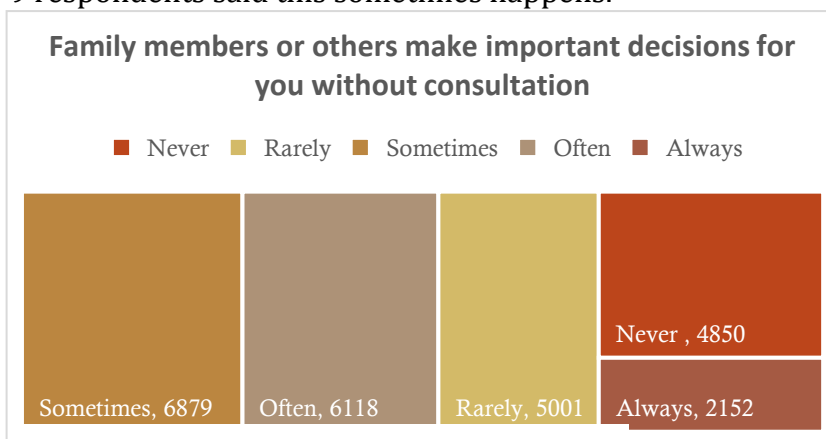
- Yes, independently – 18.7%: 4,665 respondents can independently make decisions about matters affecting their lives.
- With some family assistance – 22.2%: 5,541 respondents can make decisions with some family assistance.
- Only partly – 24.9%: 6,220 respondents have only partial decision-making ability.
- Mostly others decide – 22.5%: 5,635 respondents said that others mostly make decisions for them.
- Not allowed to decide – 11.8%: 2,939 respondents said they are not allowed to make decisions affecting their lives.

Role of Family members and others in decision making

Major finding: Only 39.4% said important decisions are never or rarely made for them without consultation, while 60.6% said this happens sometimes, often or always. This indicates that a large proportion of older persons may not be adequately consulted about important matters affecting their lives.

- Never – 19.4%: 4,850 respondents said important decisions are never made for them without consultation.
- Rarely – 20.0%: 5,001 respondents said this rarely happens.

- Sometimes – 27.5%: 6,879 respondents said this sometimes happens.
- Often – 24.5%: 6,118 respondents said this often happens.
- Always – 8.6%: 2,152 respondents said important decisions are always made without consulting them.

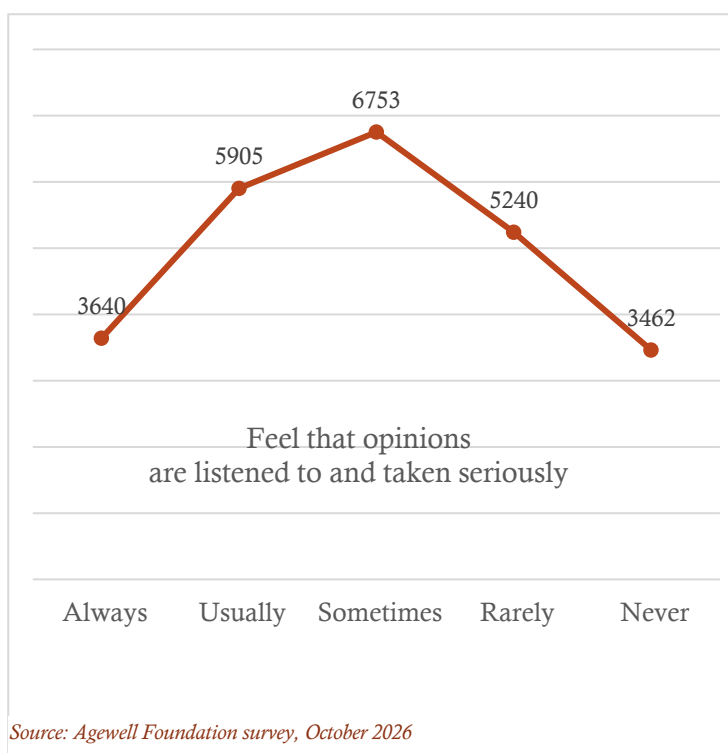


Source: Agewell Foundation survey, October 2026

Opinions listened to and taken seriously

Major finding: Only 38.2% said their opinions are always or usually taken seriously. A majority (61.8%) experience this only sometimes, rarely or never, pointing to a significant gap in meaningful participation and voice.

- Always – 14.6%: 3,640 respondents always feel that their opinions are listened to and taken seriously.
- Usually – 23.6%: 5,905 respondents usually feel their opinions are taken seriously.
- Sometimes – 27.0%: 6,753 respondents feel their opinions are taken seriously only sometimes.
- Rarely – 21.0%: 5,240 respondents rarely feel listened to.
- Never – 13.8%: 3,462 respondents never feel that their opinions are taken seriously.

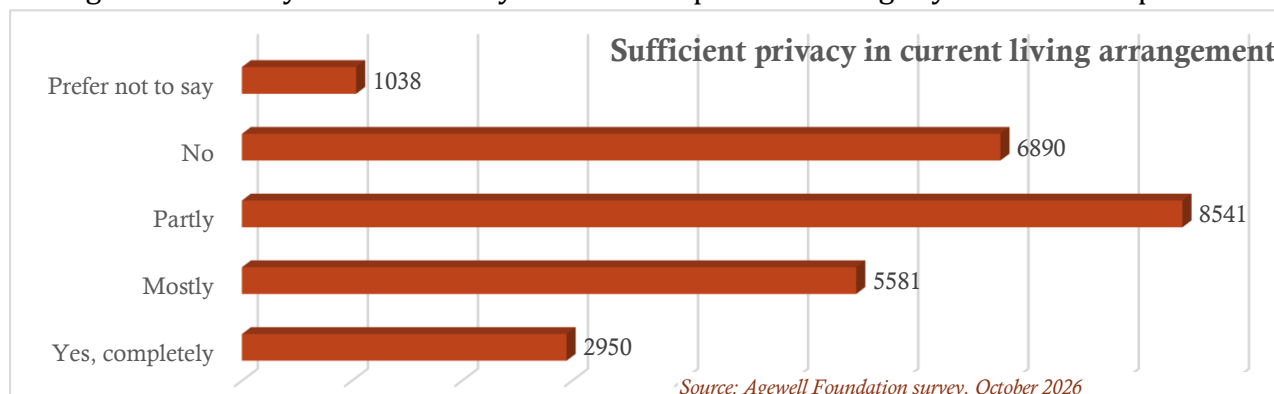


Source: Agewell Foundation survey, October 2026

Privacy in current living arrangement

Major finding: Privacy is another major concern, with only 34.1% reporting complete or mostly sufficient privacy. 61.7% have only partial or no privacy, suggesting that living

arrangements may substantially restrict personal dignity and independence.



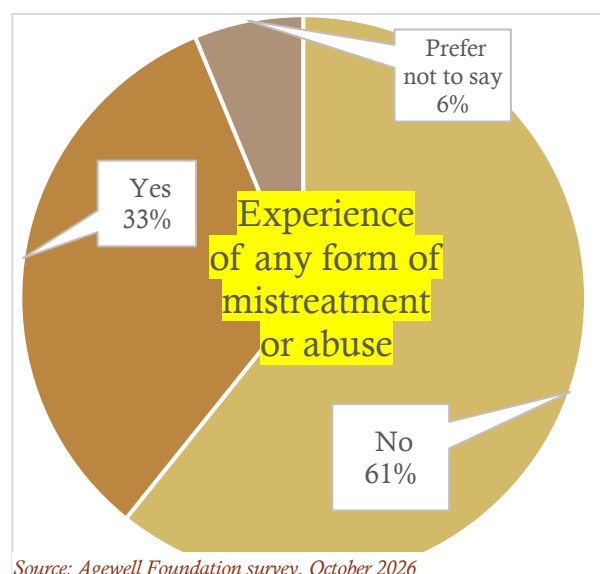
- Yes, completely – 11.8%: 2,950 respondents have complete privacy.
- Mostly – 22.3%: 5,581 respondents have mostly sufficient privacy.
- Partly – 34.2%: 8,541 respondents have only partial privacy.
- No – 27.6%: 6,890 respondents have no sufficient privacy.
- Prefer not to say – 4.2%: 1,038 respondents preferred not to disclose their situation.

SECTION D — ABUSE, MISTREATMENT, NEGLECT AND EXPLOITATION

Experience of mistreatment or abuse

Major finding: One-third (33.0%) of respondents reported experiencing some form of mistreatment or abuse during the previous 12 months. Although 60.8% reported no such experience, the scale of reported abuse is substantial and requires attention.

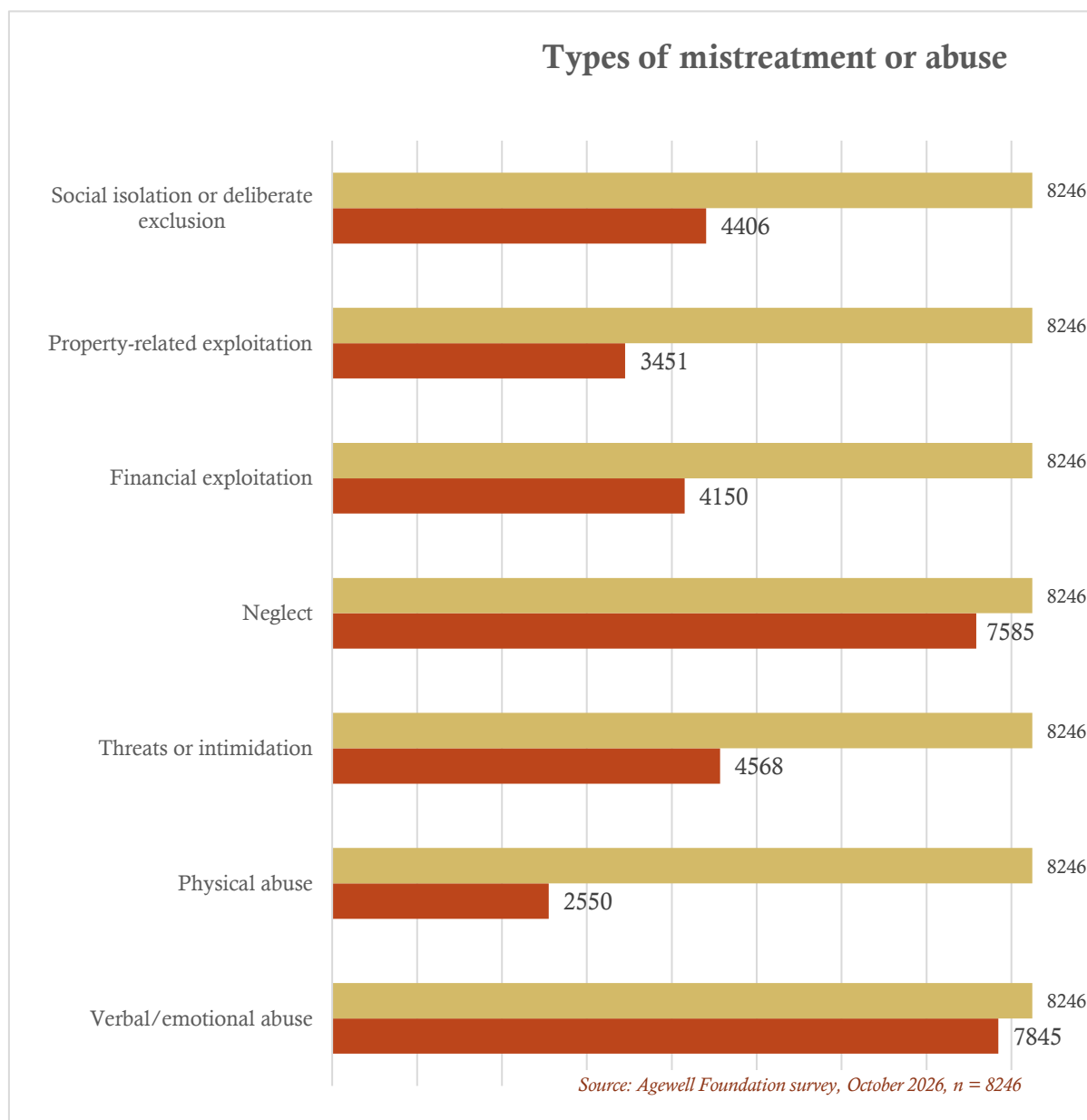
- No – 60.8%: 15,194 respondents reported no experience of mistreatment or abuse.
- Yes – 33.0%: 8,246 respondents reported experiencing some form of mistreatment or abuse.
- Prefer not to say – 6.2%: 1,560 respondents preferred not to disclose whether they had experienced abuse.



Note on measures: Section D draws on separate questions with different reference periods and scope. The 33.0% figure refers to any mistreatment or abuse experienced in the previous 12 months. The questions on money or property controlled without consent (46.9% at least once) and on deliberate denial of essential needs (34.4% at least once) are not limited to the previous 12 months. The question on insulting or degrading behaviour because of age (59.6% sometimes or often) covers a wider range of everyday treatment than respondents may describe as "abuse". These figures are therefore not additive and should not be compared directly.

Among the 8,246 respondents reporting abuse or mistreatment, multiple responses were permitted and responses received are as follows;

- Verbal/emotional abuse – 95.1%: 7,845 respondents reported verbal or emotional abuse.
- Neglect – 92.0%: 7,585 respondents reported experiencing neglect.

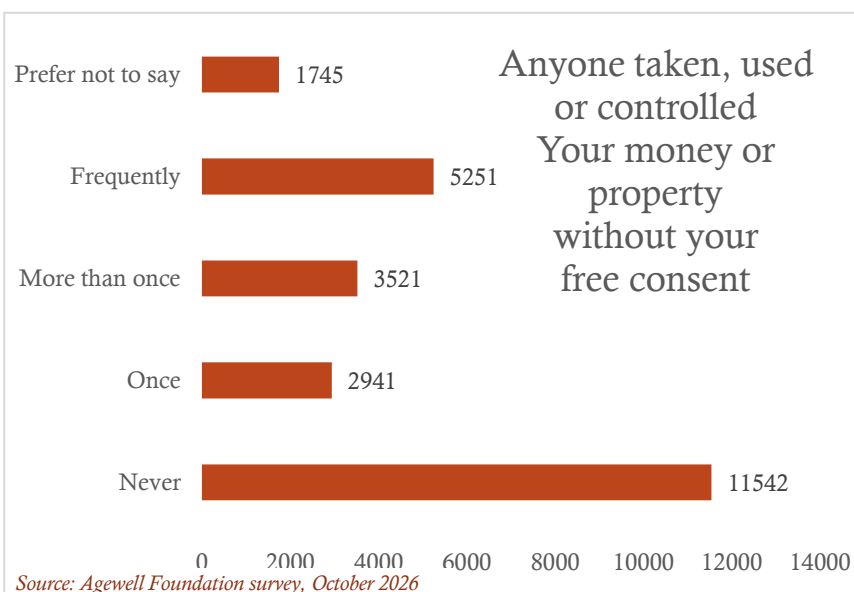


- Threats/intimidation – 55.4%: 4,568 respondents experienced threats or intimidation.
- Social isolation/exclusion – 53.4%: 4,406 respondents experienced deliberate social isolation or exclusion.
- Financial exploitation – 50.3%: 4,150 respondents reported financial exploitation.
- Property-related exploitation – 41.9%: 3,451 respondents experienced property-related exploitation.
- Physical abuse – 30.9%: 2,550 out of 8246 respondents reported physical abuse.

Money or property controlled without consent

Major finding: Findings indicate a serious risk of financial exploitation and loss of economic autonomy.

- Never – 46.2%: 11,542 respondents had never experienced unauthorised use or control of their money or property.
- Once – 11.8%: 2,941 respondents experienced this once.
- More than once – 14.1%: 3,521 respondents experienced this more than once.



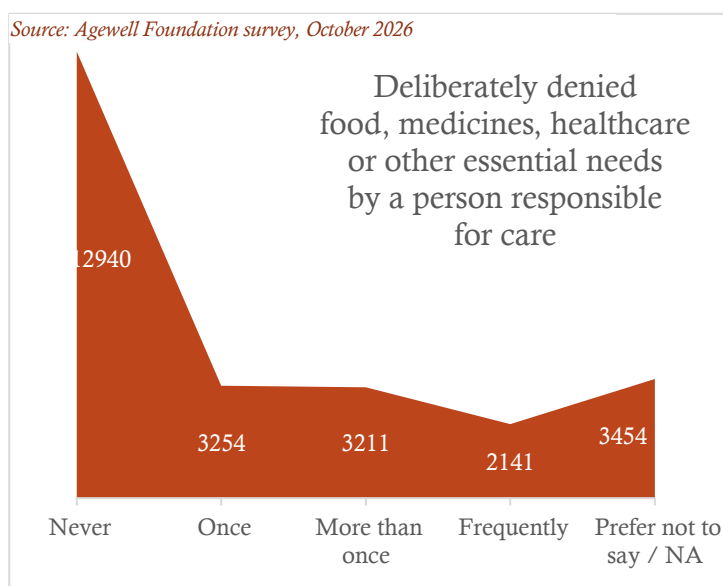
- Frequently – 21.0%: 5,251 respondents experienced unauthorised control or use of money/property frequently.
- Prefer not to say – 7.0%: 1,745 respondents preferred not to disclose their experience.

Deliberate denial of essential needs

Major finding: More than one-third (34.4%) reported being deliberately denied food, medicines, healthcare or other essential needs at least once. While 51.8% had never experienced this, repeated and frequent denial remains a serious care and safeguarding concern.

On the deliberate denial of food, medicines, healthcare, or other essential needs by a person responsible for providing care, the following responses were received:

- Never – 51.8%: 12,940 respondents had never been deliberately denied essential needs.
- Once – 13.0%: 3,254 respondents experienced deliberate denial once.



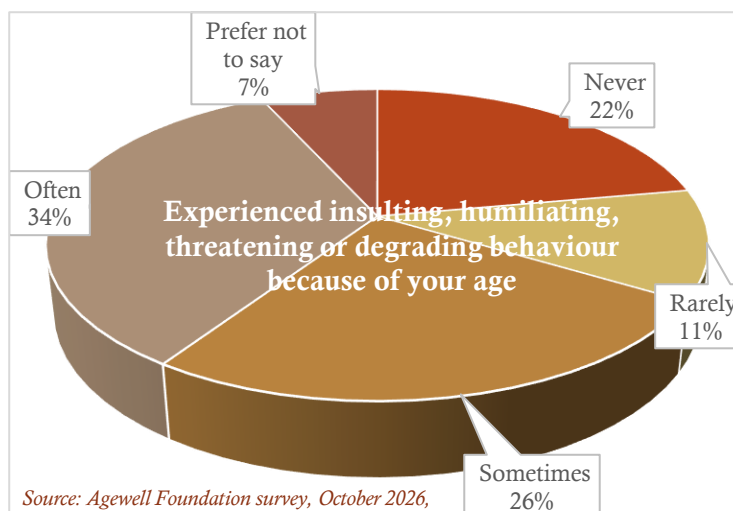
- More than once – 12.8%: 3,211 respondents experienced it more than once.
- Frequently – 8.6%: 2,141 respondents experienced frequent denial of essential needs.
- Prefer not to say – 13.8%: 3,454 respondents preferred not to answer or considered the question not applicable.

Insulting, humiliating, threatening or degrading behaviour due to age

Major finding: Age-related degrading behaviour is widespread, with 59.6% experiencing it sometimes or often. Only 33.6% reported never or rarely experiencing such treatment.

On the issue, the responses received are as follows:

- Never – 22.2%: 5,541 respondents had never experienced such behaviour because of their age.
- Rarely – 11.4%: 2,854 respondents experienced such behaviour rarely.
- Sometimes – 25.8%: 6,452 respondents experienced such behaviour sometimes.
- Often – 33.8%: 8,451 respondents experienced such behaviour often.
- Prefer not to say – 6.8%: 1,702 respondents preferred not to disclose their experience.



Reporting abuse

Major finding: Among the 8,246 respondents answering this question, 40.2% knew where or to whom abuse could be reported. 32.8% did not know where to report it.



On awareness about where to report abuse, responses received are as follows;

- Yes – 40.2%: 3,315 respondents knew where or to whom abuse could be reported.
- No – 32.8%: 2,704 respondents did not know where or to whom they could report abuse.

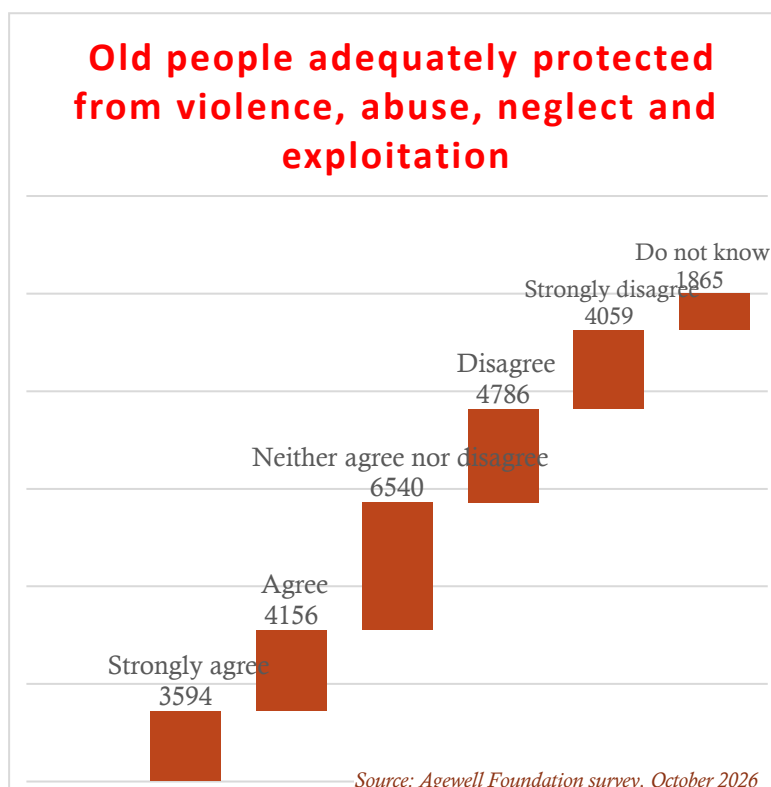
- Not applicable – 15.2%: 1,256 respondents considered the question not applicable.
- Prefer not to say – 11.8%: 971 respondents preferred not to answer.

Protection from violence, abuse, neglect and exploitation

Major finding: Only 31.0% agreed or strongly agreed that older people are adequately protected from violence, abuse, neglect and exploitation. A larger 35.4% disagreed or strongly disagreed, while 26.2% remained neutral, indicating weak confidence in existing protection systems.

When respondents were asked about protection from violence, abuse, neglect, and exploitation, they reported that they are —

- Strongly agree – 14.4%: 3,594 respondents strongly believed older people are adequately protected.
- Agree – 16.6%: 4,156 respondents agreed that older people are adequately protected.
- Neither – 26.2%: 6,540 respondents were neither positive nor negative about the adequacy of protection.
- Disagree – 19.1%: 4,786 respondents disagreed that older people are adequately protected.
- Strongly disagree – 16.2%: 4,059 respondents strongly disagreed.
- Do not know – 7.5%: 1,865 respondents did not know whether adequate protection existed.

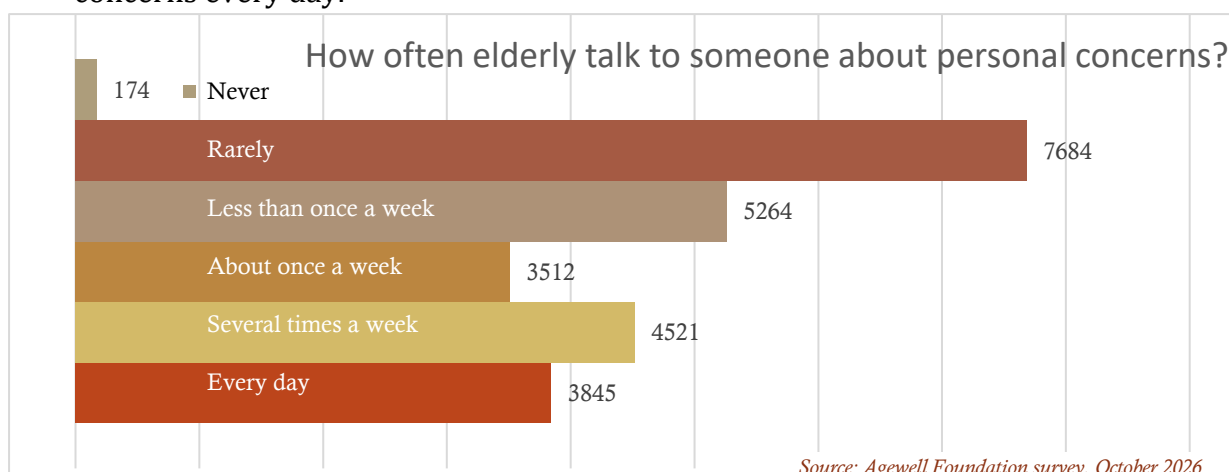


SECTION E — SOCIAL CONNECTION, PURPOSE AND PARTICIPATION

Status of Social Connection

Major finding: Regular emotional and social support appears limited in old age: only 47.5% have someone to talk to at least once a week, while 52.5% do so less often, including 30.7% who rarely do.

- Every day – 15.4%: 3,845 respondents have someone to talk to about personal concerns every day.



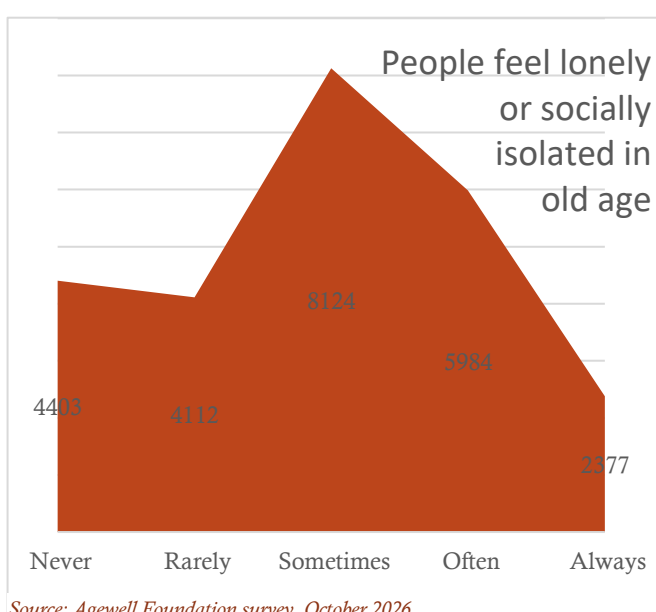
- Several times a week – 18.1%: 4,521 respondents have someone to talk to several times a week.
- About once a week – 14.0%: 3,512 respondents have someone to talk to approximately once a week.
- Less than once a week – 21.1%: 5,264 respondents have someone to talk to less than once a week.
- Rarely – 30.7%: 7,684 respondents rarely have someone with whom they can discuss personal concerns.
- Never – 0.7%: 174 respondents said they never have someone to talk to about personal concerns.

Note: "Less than once a week" refers to contact that occurs, but at intervals longer than a week; "Rarely" refers to contact only occasionally. Taken together, 52.5% (13,122 respondents) have someone to talk to less than once a week, rarely or never, compared with 47.5% who do so weekly or more often.

Feelings of loneliness or social isolation

Major finding: Loneliness is widespread, with 65.9% reporting that they feel lonely or socially isolated sometimes, often or always. Only 34.1% said they rarely or never experience loneliness.

- Never – 17.6%: 4,403 respondents never feel lonely or socially isolated.
- Rarely – 16.4%: 4,112 respondents rarely experience loneliness or isolation.
- Sometimes – 32.5%: 8,124 respondents sometimes experience loneliness or isolation.



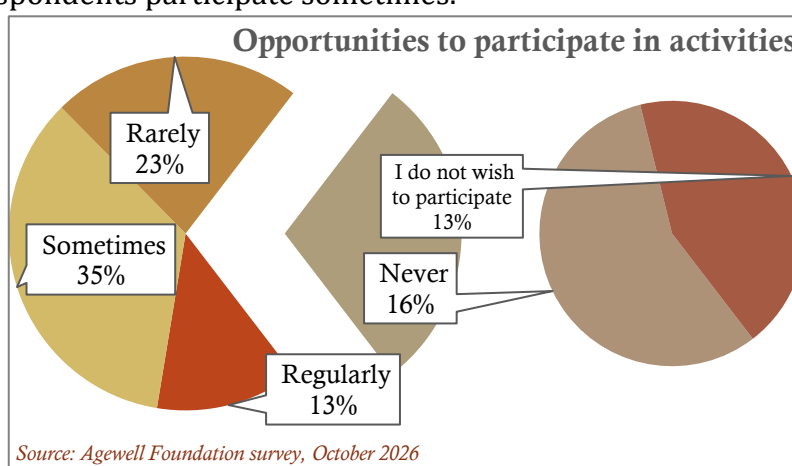
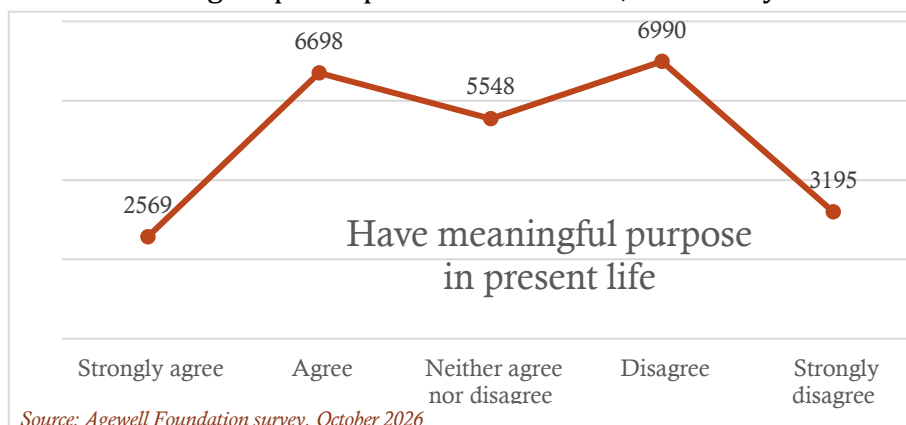
- Often – 23.9%: 5,984 respondents often experience loneliness or isolation.
- Always – 9.5%: 2,377 respondents always experience loneliness or isolation.

Opportunities for social, cultural and community participation

Major finding: Opportunities for meaningful participation are limited, with only 48.0% participating regularly or sometimes. 39.3% participate rarely or never, while 12.7% do not wish to participate.

Detailed breakdown of the responses is as Follows:

- Regularly – 13.0%: 3,254 respondents regularly participate in social, cultural, community or recreational activities.
- Sometimes – 35.0%: 8,754 respondents participate sometimes.
- Rarely – 22.8%: 5,702 respondents participate rarely in social, cultural and community activities in old age.
- Never – 16.5%: 4,123 respondents never participated in these activities in old age.
- Do not wish to participate – 12.7%: 3,167 respondents do not wish to participate.



Meaningful purpose in present life

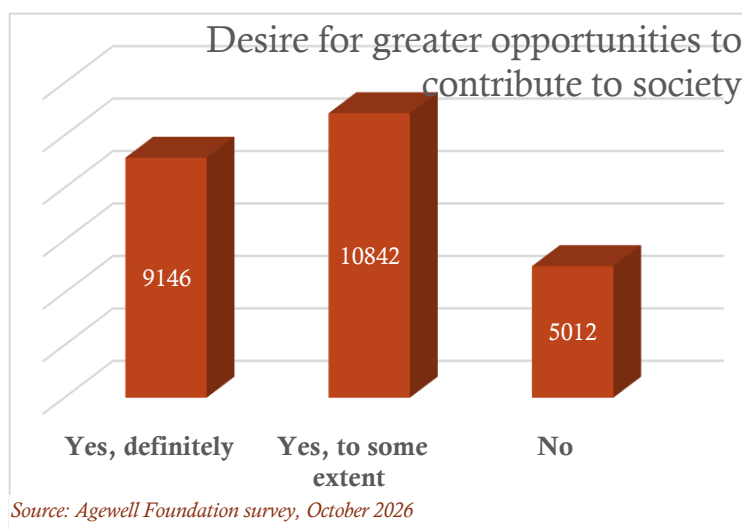
Major finding: Only 37.1% agreed or strongly agreed that they have a meaningful purpose in life. Conversely, 40.7% disagreed or strongly disagreed, suggesting that purpose, engagement and psychological wellbeing require greater attention.

- Strongly agree – 10.3%: 2,569 respondents strongly feel that their present life has meaningful purpose.
- Agree – 26.8%: 6,698 respondents agree that they have meaningful purpose.
- Neither – 22.2%: 5,548 respondents were uncertain or neutral about having meaningful purpose.
- Disagree – 28.0%: 6,990 respondents disagree that they have meaningful purpose.
- Strongly disagree – 12.8%: 3,195 respondents strongly disagree.

Desire for greater opportunities to contribute to society

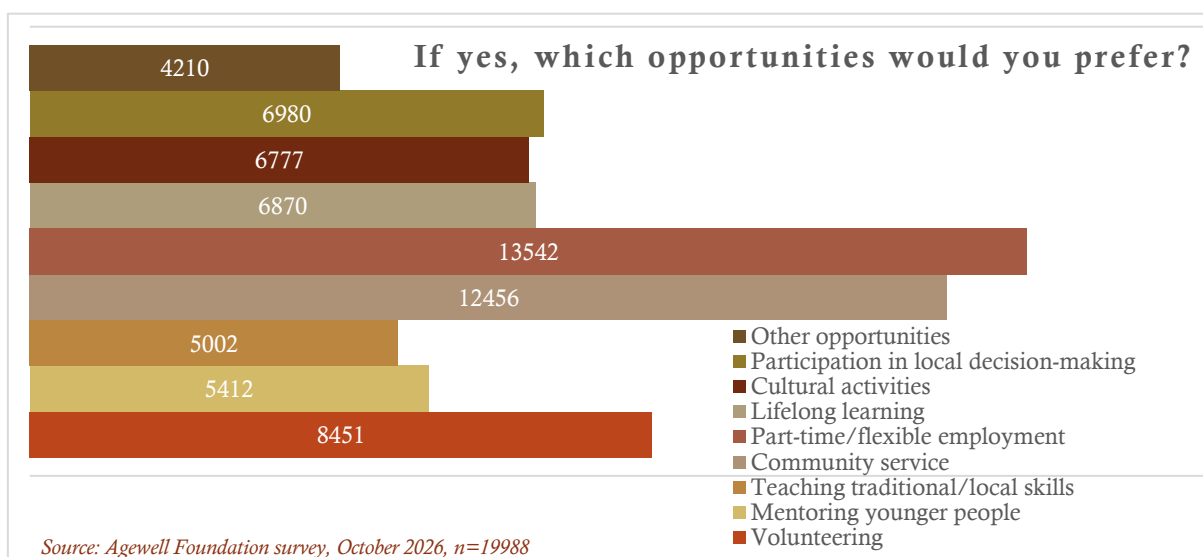
Major finding: A very strong majority (80.0%) want greater opportunities to contribute their knowledge, experience or time to society. This demonstrates considerable willingness among older persons to remain active, productive and socially engaged.

- Yes, definitely – 36.6%: 9,146 respondents definitely want greater opportunities to contribute to society.
- Yes, to some extent – 43.4%: 10,842 respondents want greater opportunities to contribute to some extent.
- No – 20.0%: 5,012 respondents do not want greater opportunities to contribute.



Further, 19988 respondents interested in opportunities expressed their preferences as under;

- Part-time/flexible employment – 67.8%: 13,542 respondents preferred part-time or flexible employment.



- Community service – 62.3%: 12,456 respondents preferred opportunities for community service.
- Volunteering – 42.3%: 8,451 respondents preferred volunteering opportunities.
- Lifelong learning – 34.4%: 6,870 respondents preferred lifelong-learning opportunities.

- Participation in local decision-making – 34.9%: 6,980 respondents wanted opportunities to participate in local decision-making.
- Cultural activities – 33.9%: 6,777 respondents preferred cultural activities.
- Mentoring younger people – 27.1%: 5,412 respondents preferred mentoring opportunities.
- Teaching traditional/local skills – 25.0%: 5,002 respondents preferred teaching traditional or local skills.
- Other opportunities – 21.1%: 4,210 respondents selected other forms of contribution.

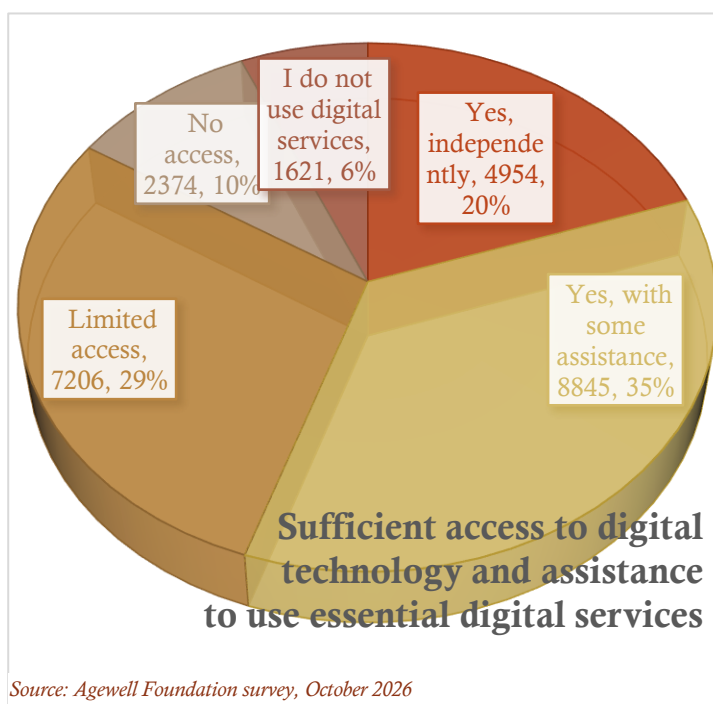
SECTION F — ACCESS TO DIGITAL TECHNOLOGY/SERVICES

Access to digital technology/ services

Major finding: Digital exclusion remains significant, with only 19.8% able to use essential digital services independently. A further 35.4% require assistance and 28.8% have limited access, showing that digital support is essential for many older persons.

On access to digital technology and use of digital services, the responses received are as follows:

- Yes, independently – 19.8%: 4,954 respondents can independently access essential digital technology and services.
- Yes, with some assistance – 35.4%: 8,845 respondents can access digital services with some assistance.
- Limited access – 28.8%: 7,206 respondents have limited access to digital technology and services.
- No access – 9.5%: 2,374 respondents have no access to digital technology or essential digital services.
- Do not use digital services – 6.5%: 1,621 respondents do not use digital services.

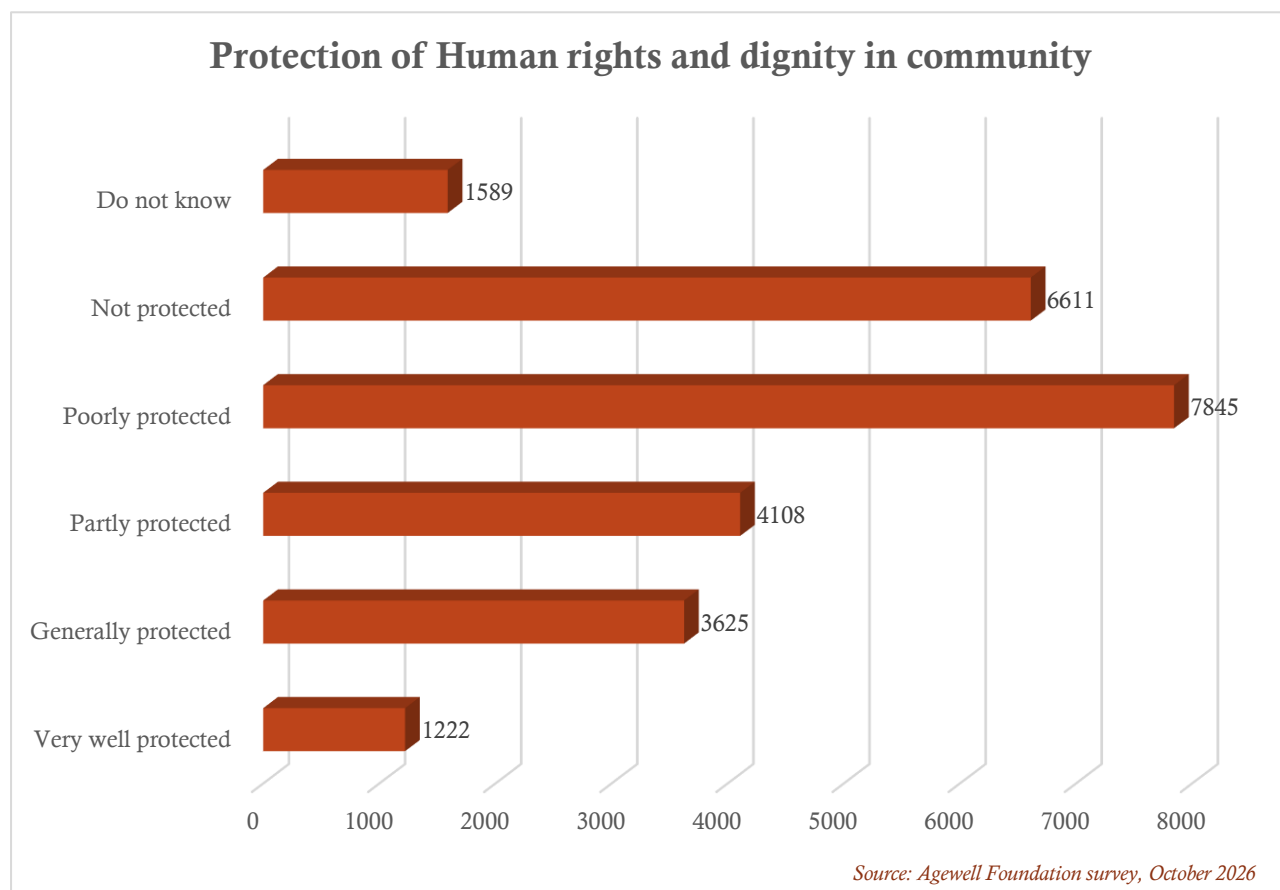


SECTION G — RIGHTS AWARENESS, VOICE AND ACCOUNTABILITY

Overall protection of human rights and dignity

Major finding: The overall perception of human-rights protection is poor, with 57.8% saying they are poorly or not protected. Only 19.4% consider their rights very well or generally protected, making this one of the strongest negative findings in the survey.

- Not protected – 26.4%: 6,611 respondents believe they are not protected.



- Poorly protected – 31.4%: 7,845 respondents believe their rights and dignity are poorly protected.
- Very well protected – 4.9%: 1,222 respondents consider their rights and dignity very well protected.
- Generally protected – 14.5%: 3,625 respondents consider themselves generally protected.
- Partly protected – 16.4%: 4,108 respondents consider themselves only partly protected.
- Do not know – 6.4%: 1,589 respondents do not know how well their rights are protected.

Rights considered most important for a dignified old age

Adequate food and housing, health and care, and social security dominate respondents' priorities as first, second and third choices.

Right	1st priority	2nd priority	3rd priority
Adequate food and housing	9,965 (39.9%)	7,541 (30.2%)	5,849 (23.4%)
Health and care	8,068 (32.3%)	8,124 (32.5%)	6,502 (26.0%)
Social security	4,154 (16.6%)	6,501 (26.0%)	10,412 (41.6%)
Independence and autonomy	958 (3.8%)	815 (3.3%)	609 (2.4%)
Family and community life	741 (3.0%)	552 (2.2%)	319 (1.3%)
Freedom from violence, abuse and neglect	458 (1.8%)	351 (1.4%)	594 (2.4%)
Equality and non-discrimination	215 (0.9%)	760 (3.0%)	332 (1.3%)
Participation in society	201 (0.8%)	185 (0.7%)	251 (1.0%)
Work where desired and able	142 (0.6%)	111 (0.4%)	84 (0.3%)

*Figures exclude a small number of respondents (1st priority-98, 2nd priority-60 and 3rd priority-48) who did not rank the above categories

Source: Agewell Foundation survey, October 2026, n = 25,000 unless stated otherwise.

SECTION H— PARTICIPATION IN DECISION-MAKING

Direct participation of Older People in decisions and policies concerning their rights

Major finding: There is overwhelming support for direct participation of older persons in decisions affecting their rights, with 74.7% strongly agreeing or agreeing. Only 7.3% disagreed or strongly disagreed, demonstrating a clear demand for greater voice and representation.

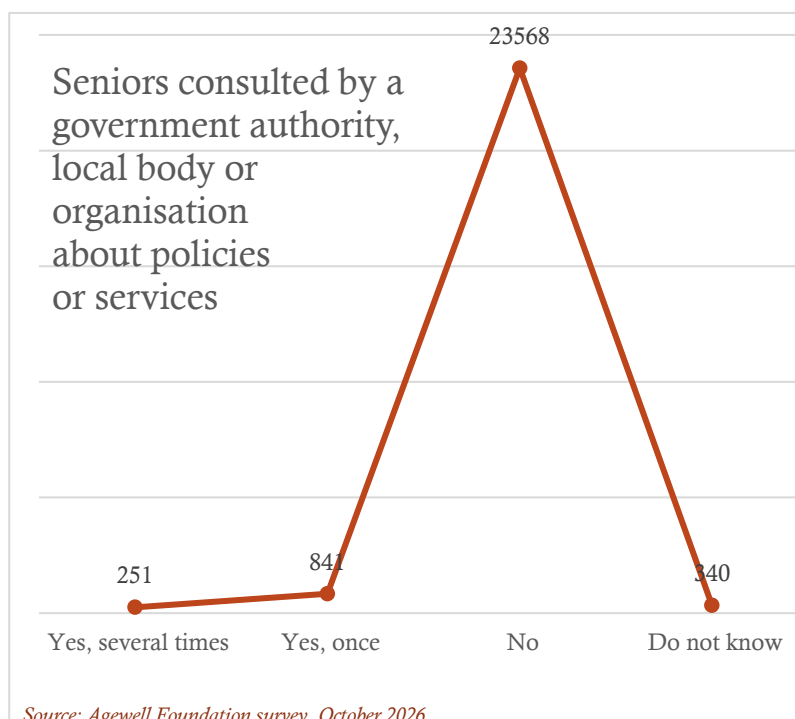
- Strongly agree – 28.3%: 7,082 out of 25,000 respondents, strongly support meaningful participation by older persons.
- Agree – 46.4%: 11,590 respondents agree that older people should participate directly in relevant decisions.
- Neither – 18.0%: 4,506 respondents neither agree nor disagree.
- 6.6% (i.e. 1,642 respondents out of 25,000) disagree and 0.7% i.e. 180 respondents out of 25,000 respondents, strongly disagree.

CONSULTATION BY GOVERNMENT AUTHORITIES, LOCAL BODIES OR ORGANISATIONS

Major finding: Actual consultation is extremely limited despite the strong desire for participation. A remarkable 94.3% said they had never been consulted about policies or services affecting older persons.

Detailed break-up of the responses are as follows;

- Yes, several times – 1.0%: 251 respondents had been consulted several times.
- Yes, once – 3.4%: 841 respondents had been consulted once.
- No – 94.3%: 23,568 respondents had never been consulted.
- Do not know – 1.4%: 340 respondents did not know whether they had been consulted.



Should governments have clear legal obligations

Major finding: There is extremely strong support for legal obligations on governments to protect older persons, with 90.7% strongly agreeing or agreeing. Only 1.5% disagreed or strongly disagreed, demonstrating an overwhelming demand for stronger legal accountability.

- Strongly agree – 56.9%: 14,215 respondents strongly support clear government legal obligations.
- Agree – 33.8%: 8,453 respondents agree with clear government legal obligations.
- Neither – 7.8%: 1,945 respondents are neutral.
- Disagree – 1.4%: 354 respondents disagree.
- Strongly disagree – 0.1%: 33 respondents strongly disagree.

SECTION I— MOST VULNERABLE ELDERLY GROUPS

Major finding: Older persons with disabilities/elderly patients were identified as the most vulnerable group, followed by older women and those living alone. Poverty, lack of family support and social disadvantage were also identified as significant vulnerability factors.

- Older persons with disabilities/elderly patients – 65.0%: 16,254 respondents identified this group as particularly vulnerable.
- Older women – 61.7%: 15,421 respondents identified older women as particularly vulnerable.
- Older persons living alone – 49.8%: 12,451 respondents identified people living alone as particularly vulnerable.

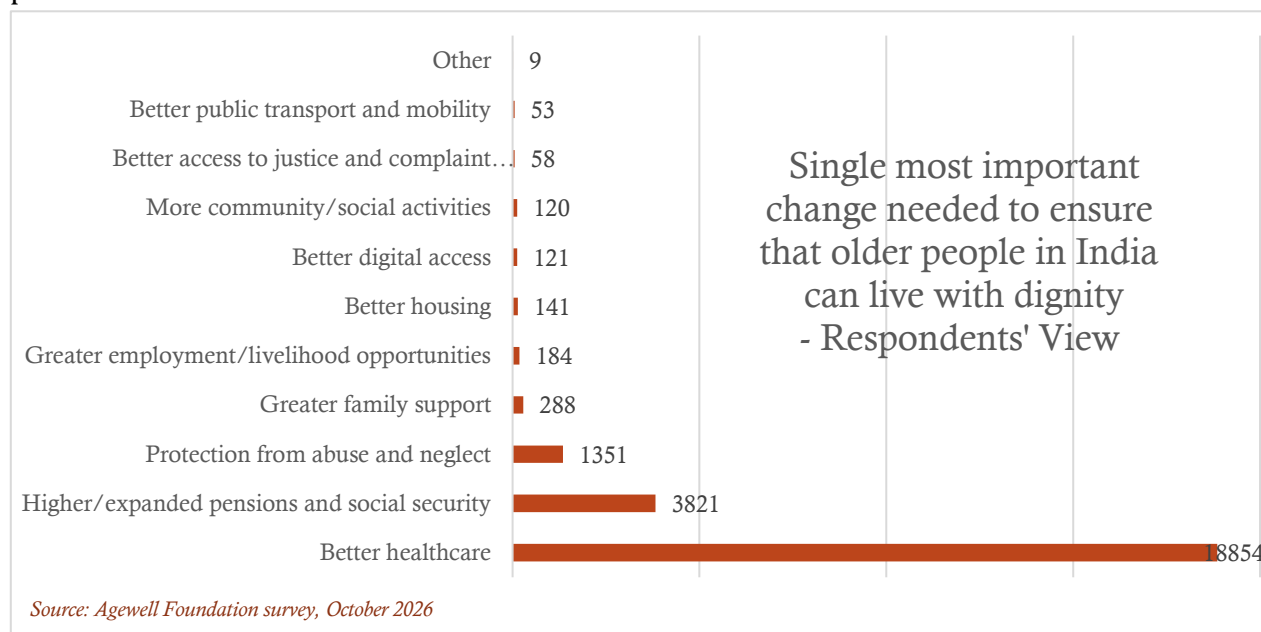


- Older persons living in poverty – 40.6%: 10,154 respondents identified older persons living in poverty as vulnerable.
- Older persons without family support – 30.2%: 7,546 respondents identified lack of family support as a vulnerability factor.
- Older persons from socially disadvantaged communities – 26.2%: 6,548 respondents identified socially disadvantaged older persons as vulnerable.
- Older persons in rural areas – 16.5%: 4,124 respondents identified rural older persons as vulnerable.
- Other – 3.8%: 954 respondents identified other groups as vulnerable.

SECTION J— INTERVENTIONS REQUIRED

SINGLE MOST IMPORTANT CHANGE NEEDED FOR A DIGNIFIED OLD AGE

Major finding: Better healthcare is by far the dominant priority, selected by 75.4% of respondents as the single most important change required for a dignified old age. Expanded pensions and social security were a distant second at 15.3%, while all other individual priorities were below 6%.



*Food and basic needs were not offered as a separate option in this question. In the rights ranking (p.35), adequate food and housing was the most frequent first priority (39.9%), followed by health and care (32.3%).

- Better healthcare – 75.4%: 18,854 respondents selected better healthcare as the most important change.
- Higher/expanded pensions and social security – 15.3%: 3,821 respondents selected expanded pensions and social security.
- Protection from abuse and neglect – 5.4%: 1,351 respondents selected stronger protection from abuse and neglect.
- Greater family support – 1.2%: 288 respondents selected greater family support.
- Greater employment/livelihood opportunities – 0.7%: 184 respondents selected greater employment or livelihood opportunities.
- Better housing – 0.6%: 141 respondents selected better housing.
- Better digital access – 0.5%: 121 respondents selected better digital access.
- More community/social activities – 0.5%: 120 respondents selected more community and social activities.
- Better access to justice and complaint mechanisms – 0.2%: 58 respondents selected improved access to justice and complaint mechanisms.

- Better public transport and mobility – 0.2%: 53 respondents selected better public transport and mobility.
- Other - <0.1%: 9 respondents selected other.

AREAS OF INTERVENTION NEEDING IMPROVEMENT — RESPONDENTS' PRIORITY RANKING (1ST–5TH)

Respondents were asked to rank up to five areas needing improvement. Healthcare and medicines is clearly the strongest area (34.2% ranked it first; only 4.3% left it out of their top five), followed by basic needs/food/housing and financial/social security.

Areas of Intervention Needing Improvement	Priority Ranking					Not in top 5
	1st	2nd	3rd	4th	5th	
Healthcare and medicines	34.2%	25.4%	16.9%	10.9%	8.4%	4.3%
Basic needs/food and housing	20.6%	16.4%	16.2%	18.5%	16.4%	11.9%
Financial/social security	12.4%	18.0%	17.6%	19.4%	20.1%	12.4%
Respect and dignity	6.1%	5.2%	8.6%	4.6%	5.4%	70.0%
Protection from abuse and neglect	4.6%	9.0%	13.0%	8.6%	10.0%	54.7%
Mental health	3.9%	4.6%	5.0%	5.0%	6.2%	75.3%
Social connection/loneliness	3.6%	3.2%	2.4%	5.0%	2.3%	83.5%
Family support	3.5%	3.9%	2.8%	4.0%	5.3%	80.4%
Independence and autonomy	3.4%	8.6%	12.5%	12.9%	16.5%	46.1%
Protection from financial exploitation	3.2%	2.2%	2.0%	4.2%	1.8%	86.5%
Digital inclusion	2.7%	1.4%	0.8%	2.7%	2.4%	90.1%
Transport and mobility	1.6%	1.9%	1.2%	3.5%	3.5%	88.3%
Other – (accessibility/participation/justice/emergencies)	0.1%	0.3%	0.8%	0.7%	1.6%	96.4%

Source: Agewell Foundation survey, October 2026, n = 25,000 unless stated otherwise.

SECTION K— OVERALL KEY FINDINGS – AT A GLANCE

I. HEALTHCARE IS THE DOMINANT CONCERN

60.4% find healthcare and medicines somewhat or very unaffordable (69% among those who need regular care), and 75.4% identify better healthcare as the single most important change needed for a dignified old age. The priority-ranking results also place healthcare and medicines clearly ahead of every other intervention area. Adequate food and housing is still ranked first among rights (39.9%).

II. FINANCIAL INSECURITY IS WIDESPREAD

Although food access is comparatively strong, financial independence is much weaker: 56.2% (14,047 out of 25,000) experience insufficient money at least sometimes.

III. GOVERNMENT BENEFITS ARE NOT REACHING MANY OLDER PERSONS EFFECTIVELY

25.7% do not know whether they are eligible for benefits, and 59.4% of all respondents find access difficult or very difficult. These findings indicate the need for simpler application processes, better outreach, clearer eligibility information and stronger delivery mechanisms.



Photo: Agewell Foundation

IV. AUTONOMY AND DIGNITY ARE MAJOR CONCERNS

A majority of respondents have limited control over decisions affecting their lives; 61.7% report only partial or no privacy in their current living arrangements, and 61.8% say their opinions are listened to only sometimes, rarely or never.

V. ABUSE AND NEGLECT REQUIRE URGENT ATTENTION

One-third of respondents (33.0%) reported experiencing mistreatment or abuse in the previous year.

VI. LONELINESS IS A MAJOR SOCIAL ISSUE

65.9% experience loneliness or social isolation sometimes, often or always, and 30.7% rarely have someone with whom to discuss personal concerns and 52.5% have someone to discuss personal concerns with less than once a week or not at all.

VII. OLDER PERSONS WANT TO REMAIN PRODUCTIVE AND INVOLVED

80.0% want greater opportunities to contribute their knowledge, experience or time to society — 36.6% definitely and 43.4% to some extent — showing that respondents do not wish to be viewed only as recipients of support.

VIII. DIGITAL INCLUSION REQUIRES ATTENTION

Only 19.8% can independently access essential digital services, while 35.4% require assistance and 28.8% have limited access.

IX. OLDER PERSONS FEEL INADEQUATELY PROTECTED

Only 19.4% believe their human rights and dignity are very well or generally protected, while 57.8% believe they are poorly or not protected.

X. THERE IS A MAJOR GAP BETWEEN WANTING PARTICIPATION AND ACTUALLY RECEIVING IT

74.7% believe older persons should have a direct and meaningful role in decisions concerning their rights, yet 94.3% report never having been consulted by government authorities, local bodies or organisations.



Photo: Agewell Foundation

XI. THERE IS STRONG DEMAND FOR GOVERNMENT ACCOUNTABILITY

90.7% agree or strongly agree that governments should have clear legal obligations to protect the rights, dignity, independence, safety and social security of older persons.

XII. CERTAIN GROUPS ARE SEEN AS PARTICULARLY VULNERABLE

Respondents identify older persons with disabilities/elderly patients (65.0%), older women (61.7%) and older persons living alone (49.8%) as most vulnerable to human-rights violations.

Salient Observations

Older persons consider healthcare one of their biggest concerns (60.4% find it somewhat or very unaffordable; 75.4% name it the single most important change needed). The rising cost of medicines and treatment is difficult to manage, particularly for those living with regular health problems. They want access to hospitals and government health services where they are treated with respect and can receive essential medicines without financial hardship.

A pension or regular financial support can make a significant difference: only 43.8% always or usually have sufficient money for personal needs. 56.2% report insufficiency at least sometimes.

59.4% found access to government benefits difficult or very difficult.

Older persons believe growing older should not mean losing the right to make decisions about their own lives. 59.2% have only partial decision-making power, have decisions mostly made by others, or are not allowed to decide.

Abuse, neglect and control over finances by others is deeply distressing in old age. 33.0% experienced mistreatment or abuse in the past year.

Older persons do not want society to assume they have nothing more to contribute (Section E: 80.0% want greater opportunities to contribute, and their preferred opportunities include flexible work, community service, volunteering, mentoring and continued learning). Meaningful participation can give older persons a sense of purpose and reinforce their feeling that they remain valued and contributing members of society.

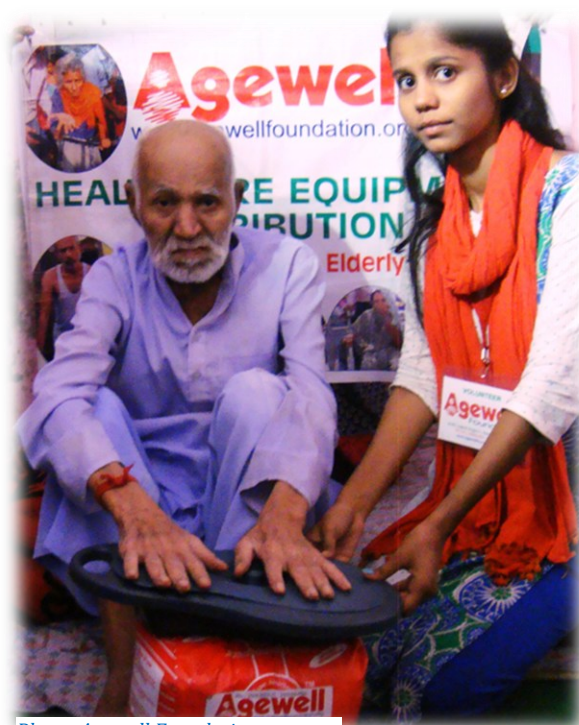


Photo: Agewell Foundation

Representative Statements

"I have never had an income of my own. After the death of my husband, I now depend entirely on my family. I often hesitate before asking for money, even for medicines or other personal needs. I have had to compromise with my circumstances and, at times, endure mistreatment within my family. I wish I had some financial support so that I could live with greater dignity and independence."

-Sumitra, 84 years, Rajasthan

"I worked throughout my life and, even after retirement from active service, I still have the ability and willingness to work and contribute. However, as I have grown older, opportunities have almost disappeared because of my age. I do not want charity; I want opportunities for flexible work where my experience can be put to meaningful use and valued. I am also interested in learning digital and soft skills so that I can adapt to the modern working environment."

-Ramakant, 65 years, Delhi

"I have no regular income and no dependable person to support me. Some days, I struggle even to meet my basic needs, including food, medicines, and a safe place to sleep. I often feel forgotten by society and do not know where to seek help or how to access the government support available to me."



Photo: Agewell Foundation

-Jamaluddin, 70 years, West Bengal

"After my wife passed away, I transferred my entire property and investments to my children. Now, with nothing of my own, I feel completely lost. At times, the very people I depend on are the ones who hurt me the most. I am spoken to harshly, ignored, and sometimes made to feel like a burden. I remain silent because I fear losing the support I need to manage my everyday life."

-Ashok, 71 years, Madhya Pradesh

"I want my family to support me without taking away my right to make my own decisions. I have experience and understand my own needs. Growing older does not mean that I am incapable of making choices. I want my opinions to be heard and my dignity to be respected. However, my family members rarely allow me to make decisions independently and often expect me to consult them before making even personal choices."

-Suman, 77 years, West Bengal

**Names are changed and addresses are removed to protect respondents' privacy*

**Photographs are illustrative and do not depict the respondents quoted*

Study Recommendations

1. STRENGTHEN AFFORDABLE, ACCESSIBLE AND AGE-FRIENDLY HEALTHCARE

Healthcare should be the highest priority in policy for older persons: 60.4% find healthcare and medicines somewhat or very unaffordable (69% among those needing regular care), and 75.4% name better healthcare as the single most important change needed for dignified ageing.

- Ministry of Health & Family Welfare and State Health Departments: expand affordable geriatric care, essential medicines, diagnostics, home-based care and preventive services; ensure age-friendly infrastructure and priority assistance at public health facilities.
- National Health Authority: simplify PM-JAY/Ayushman Vay Vandana Card enrolment for older persons and reduce out-of-pocket expenditure for chronic-condition management.
- State Health Departments and local bodies: extend mobile medical units and outreach services to remote and underserved areas, particularly rural and semi-urban locations.

2. IMPROVE SOCIAL SECURITY, INCOME SECURITY AND ACCESS TO BENEFITS

More than half of respondents (56.2%) experience insufficient money at least sometimes.

- Ministry of Social Justice & Empowerment and State Social Welfare Departments: simplify pension and welfare applications and strengthen last-mile delivery.
- Local bodies/Panchayati Raj institutions and urban local bodies: establish assisted-enrolment facilities at community level, with eligibility information in local languages through senior citizen centres, frontline workers, banks and local bodies.
- State Social Welfare Departments: address delayed or irregular payments through effective monitoring and a stated grievance-resolution timeline.
- Particular outreach priority: older women, persons living alone, persons with disabilities and those without family support (Section I).



Photo: Agewell Foundation

3. ESTABLISH STRONGER SAFEGUARDING AGAINST ABUSE, NEGLECT AND EXPLOITATION

One-third of respondents (33.0%) experienced mistreatment or abuse in the past year; this demands an urgent safeguarding response.

- Ministry of Social Justice & Empowerment and National Human Rights Commission: strengthen mechanisms for prevention, reporting, investigation and redress of physical, emotional, financial and property-related abuse.
- State Police Departments and local authorities: train community workers, healthcare professionals, police and local authorities to identify and respond to elder abuse.
- Reserve Bank of India and financial institutions: introduce stronger safeguards against unauthorised transactions and coercive financial control on older persons' accounts.
- Ministry of Social Justice & Empowerment: expand awareness of helplines for senior citizens.
- Special protection priority: older women, persons with disabilities and those living alone.
- Ministry of Social Justice & Empowerment and State Governments: ensure effective implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.



Photo: Agewell Foundation

4. PROMOTE DIGNITY, AUTONOMY, PRIVACY AND MEANINGFUL PARTICIPATION

Many respondents have limited control over decisions affecting their lives, inadequate privacy, and insufficient opportunities to have their opinions taken seriously.

- Families and care providers: adopt dignity-centred practices that respect informed choices concerning healthcare, finances, housing and daily life.
- Ministry of Social Justice & Empowerment: establish standards protecting privacy and autonomy in public and private care settings.
- Local bodies: create senior citizen forums at local level to facilitate participation in community decisions.

5. INSTITUTIONALISE CONSULTATION OF OLDER PERSONS IN POLICYMAKING

This recommendation responds directly to the gap between the 74.7% who want a direct role in decisions affecting them and the 94.3% who report never having been consulted.

- Ministry of Social Justice & Empowerment and NITI Aayog: establish a standing consultation mechanism (e.g., a national senior-citizens' advisory forum) for policies on healthcare, housing, transport, digital services, social protection and disaster management.
- State and local governments: require documented consultation with senior-citizen forums before finalising relevant local policies and budgets.

6. BUILD SOCIAL CONNECTION, PURPOSE AND OPPORTUNITIES TO CONTRIBUTE

65.9% experience loneliness or isolation sometimes, often or always, while 80.0% want greater opportunities to contribute.

- Ministry of Social Justice & Empowerment and civil-society organisations: develop accessible senior activity centres, community groups and intergenerational programmes.
- Ministry of Labour & Employment: promote flexible and age-friendly employment opportunities for those who wish and are able to work.
- Special outreach priority: older persons living alone and those without regular family or community support.

7. ADVANCE DIGITAL INCLUSION AND BUILD AGE-FRIENDLY INFRASTRUCTURE

Only 19.8% of respondents can independently access essential digital services.

- Ministry of Electronics & Information Technology and State IT Departments: provide local-language digital-literacy programmes and assisted digital-service centres; retain non-digital alternatives for essential welfare, banking and healthcare services.
- Ministry of Housing & Urban Affairs and local bodies: apply age-friendly accessibility standards to public spaces, transport systems and government facilities.

8. ESTABLISH CLEAR LEGAL OBLIGATIONS ON GOVERNMENT

90.7% of respondents agree or strongly agree that governments should have clear legal obligations to protect the rights, dignity, independence, safety and social security of older persons; only 1.5% disagree.

- Ministry of Social Justice & Empowerment and Ministry of Law & Justice: consider legislation or statutory amendments creating enforceable government duties, service timelines and grievance remedies for older persons, including stronger implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.
- Government of India: support the elaboration of a legally binding international instrument on the human rights of older persons at the IGWG, so that national and international obligations reinforce each other.

Conclusion

The survey presents a clear picture of older persons who are seeking not only welfare support but also dignity, affordable healthcare, financial security, protection, autonomy, social connection and meaningful participation in society. The strongest immediate priorities emerging from the findings are affordable healthcare and medicines, stronger social-security delivery, protection against abuse and neglect, improved accessibility of public services, respect for autonomy, greater social participation and formal mechanisms allowing older people to participate directly in decisions affecting their lives.

The survey of 25,000 older persons presents a compelling case for placing rights, dignity and well-being at the centre of India's ageing agenda. Although many respondents report adequate food and some level of family or community support, substantial vulnerabilities remain in healthcare affordability, financial security, social protection, autonomy, safety and social connection.

Healthcare is the clearest priority, with 75.4% identifying better healthcare as the most important change needed for dignified ageing. At the same time, abuse, neglect, financial exploitation and age-related humiliation affect significant numbers of respondents. Loneliness is widespread, yet 80% of respondents want greater opportunities to contribute to society. Adequate food and housing is still ranked first among rights (39.9%).

Most importantly, there is a substantial gap between older people's desire for participation and their actual involvement in decision-making. While 74.7% support direct participation, 94.3% report never having been consulted.

India needs an integrated, rights-based and participatory approach that ensures older persons are protected, respected, heard and empowered to live healthy, secure and meaningful lives — with affordable healthcare and income security as the most urgent starting points, and institutionalised consultation as the clearest immediately actionable gap.

Given that 90.7% of respondents support clear legal obligations on government, Recommendation 8 calls for appropriate legal provisions to ensure greater accountability towards elderly welfare and empowerment.

** Findings are not nationally representative: this is a non-probability sample reached through Agewell's network and is 49.1% urban.*



METHODOLOGY - ANNEX

Survey details

- *Fieldwork period: September 2026*
- *Mode of data collection: Telephone, face-to-face, administered by Agewell volunteers*
- *Languages: Hindi, English, Tamil, Odia, Bengali, Gujarati, Marathi, Kannada, Telugu, Malayalam, Assamese & Punjabi*
- *Sampling: Non-probability sample reached mainly through Agewell's nationwide volunteer network. Because no probability sampling was used, no margin of error is reported; findings describe the respondents surveyed and are not national estimates.*
- *Consent: Participation was voluntary; verbal informed consent was obtained. Photographs used in the study published with due verbal consent. Respondents could decline any question.*
- *States/UTs covered: 25 states/UTs*

Zone	States/UTs	No of sample districts	No of respondents
I.	Northern India		
	Delhi, Uttar Pradesh, Haryana, Punjab, Himachal Pradesh, Chandigarh & Uttarakhand	110	7500
II.	Southern India		
	Andhra Pradesh, Telangana, Tamil Nadu, Kerala & Karnataka	85	4000
III.	Eastern India		
	West Bengal, Odisha, Bihar, Jharkhand, Assam, Tripura, Arunachal Pradesh & Nagaland	60	4000
IV.	Western India		
	Rajasthan, Maharashtra & Gujarat	70	5000
V.	Central India		
	Madhya Pradesh & Chhattisgarh	65	4500
	All India Total	390	25000

- *The full questionnaire is available on request from Agewell Foundation.*

SOURCE (YEAR) 60+ POPULATION SHARE - ANNEX

Govt of India, Elderly in India 2021 (2021)	138 million 10.1%
UNFPA India Ageing Report 2023 (2022)	149 million 10.5%
Govt of India, Youth in India 2022 (2036, projected)	n/a 14.9%
UNFPA (2046, projected)	347 million 20.8%

**Figures differ by source, base year and projection method.*



Agewell Foundation

Agewell Foundation is a not-for-profit NGO working for the welfare and empowerment of older persons in India **since 1999**, reaching over 25,000 older persons daily through its volunteers' nationwide network. In recognition of its work, Agewell Foundation was granted **Special Consultative Status with ECOSOC at the United Nations in 2011**, and is associated with the United Nations Department of Global Communications (UN-DGC). Agewell Foundation is currently associated with the Working Group on Awareness and Capacity Building for Senior Citizens, Ministry of Social Justice & Empowerment; the Sub-Group on Elderly Care under NITI Aayog's CSOs Standing Committee; and the Committee of Experts, National Human Rights Commission.

Agewell Foundation

(In Special Consultative Status with the ECOSOC at the United Nations since 2011)
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