

NATIONAL SALIENT FINDINGS

Climate Resilient Ageing – Ensuring Care, Dignity & Agency

A HelpAge India 2026 Report

Study Sample Size: 2224 older persons

Study conducted: Across 20 districts in 10 States (rural locations) — *Andhra Pradesh, Bihar, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Tamil Nadu and Uttarakhand.*

Gender Bifurcation: 63% Women & 37 % Men

Profile of Older Persons, Household, Health, Financial Dependency and Place Context

- **Household composition:** 73% residing with children or family members, while only 13% live alone.
- **Education profile:** 59% have no formal education and nearly 70% of women lack any schooling. 97% of those without formal education unable to read or write.
- **Impairment and mobility constraints:** Nearly 46% report at least one long-term impairment affecting daily activities, most commonly mobility difficulties (32%) and vision impairment (24%). Dependence on others is particularly high for transportation (67%), managing money (64%) and phone use (61%).
- **Economic dependency:** Almost 48% are financially dependent on others to some extent. While 92% have a personal monthly income below ₹10,000, women (widows) and the oldest-old experience the highest levels of economic insecurity.
- **Housing conditions:** 65% live in *kutcha* or semi-*pucca* houses, 60% do not consider their homes fully safe, and 69% report at least one major housing problem such as dampness, poor ventilation or structural weakness.
- **Geographic and environmental exposure:** 78% of respondents were affected by two or more climate shocks in the last three years. Heatwaves (45%), flooding (27%) and drought (20%) are the most commonly experienced hazards, while 37% of exposed elders reported moderate or severe impacts.
- **Ventilation and indoor thermal conditions:** 40% of respondents report poor ventilation or excessive indoor heat.
- **Composite vulnerability profile:** Amongst groups greatest 'at risk' are older persons living alone (13%), widows (33%), oldest-old 80+ (28%), never-married elders (6%), and those with cognitive, communication or mental health difficulties (12%), all of whom experience overlapping economic, social, health and environmental disadvantages.

Care Needs, Dependency and Support

Elder Voice: “No matter how many children you have, it won't be the same. When my husband was alive it was fine. Now, with our children, we feel like we are standing under a barren tree,” – elderly widow from Kollam district, Kerala.

- **Nature of care needs:** 30% require assistance with getting in and out of bed, 27% need support with bathing and personal hygiene, and 27% require help with mobility within the home. Instrumental dependency is even higher, with 67% needing assistance with transportation, 64% with managing money, 63% with shopping, and 61% with phone use.
- **Care providers:** 94% receive care from family members - Spouse (30%), Sons (31%), Daughters-in-law (17%).
- **Gendered caregiving patterns:** Nearly 49% of older men are cared for by their spouse, whereas older women rely primarily on sons (32%) and daughters-in-law (24%).
- **Care after widowhood and advanced age:** Among widowed older persons, 43% rely on sons and 27% on daughters-in-law for care.
- **Care among those living alone:** 38% depend on neighbours or community members, 20% on family members living elsewhere, and 16% receive no care at all.
- **Challenges in receiving care:** 69% report at least one challenge in receiving care. The most common issue is caregiver unavailability when needed (40%), followed by lack of caregiver time (17%), high cost of care (15%), distance from family (13%), and neglect or lack of attention (10%).
- **Care challenges among vulnerable groups:** Older persons with cognitive or mental health difficulties face the greatest barriers, with 52% reporting caregiver unavailability and 17% reporting neglect.

Livelihoods & Financial Security

Elder Voice: "Whatever little money comes from the pension is what keeps the household running," — elderly widow from Madhubani district, Bihar.

- **Occupation/income profile:** 49% are dependent on pension, while a substantial proportion continue to work through self-cultivation (25%), agricultural wage labour (13%) and non-agricultural wage labour (12%). At the same time, 16% report no work and no income source, highlighting significant economic risk factors.
- **Age-related livelihood decline:** As age increases, active participation in farming and wage labour declines, while the proportion with no work and no income rises from 11% among those aged 60–69 to 21% among those aged 80+, increasing economic risk in later life.
- **Duration and intensity of work:** Among seasonal workers, 70% work for six months or less each year, while most working older persons continue to work 4–8 hours per day.
- **Land ownership and farming:** A majority (55%) have no agricultural land, while only 37% own land. Among those with access to land, 50% farm primarily for household consumption and only 3% farm mainly for commercial purposes, indicating limited market-linked livelihoods.
- **Migration for work:** 18% of households reported migration for employment, with sons accounting for 76% of migrants.
- **Income sources:** Government pensions remain the dominant income source, supporting 77% of respondents, followed by family financial support (25%). Older women depend more heavily on family transfers, while income-generating sources decline steadily with age.
- **Financial hardships:** Financial hardship is widespread, with 77% experiencing at least one difficulty in the past year. The most common challenges are inability to afford medicines (52%), borrowing money (41%), and inability to afford sufficient food (29%). These hardships are particularly severe among older persons with impairments and mental health conditions.
- **Financial security and banking access:** 95% have a bank or post office account, but only 50% operate their accounts independently.

Health Status, Healthcare Access and Barriers to Care

Elder Voices:

"Pain in the hands and feet. Headache and feeling uneasy. Blood pressure increases. We have to work in the sun, and the sun is very intense. Excessive sweating, feeling uneasy, feeling dizzy, "- elderly widow, from Nandurbar district, Maharashtra.

"The pension comes, but medicines themselves cost more than that," - oldest old elderly woman, Anantapur district, Andhra Pradesh.

- **Health Status:** Just over half (53%) rate their health as good or very good, while 32% describe it as average and 15% as poor or very poor.
- **Chronic conditions:** Among those reporting average, poor or very poor health, the most common conditions are chronic pain (52%), mobility difficulties (52%), vision problems (38%) and high blood pressure (36%). Other concerns include diabetes (18%), hearing loss (17%), memory issues (13%) and respiratory problems (12%).
- **Depression and loneliness:** While 7% report depression or loneliness, rates are much higher among those with no personal income (12%), those living alone (13%), and those dependent on caregivers or institutions (21%).
- **Healthcare accessibility:** Although 88% report at least some access to healthcare, only 35% say they can always access healthcare when needed. Nearly two-thirds experience inconsistent access, creating challenges for managing chronic health conditions.
- **Healthcare facilities used:** Primary Health Centres (51%) and government hospitals (49%) are the most commonly accessed services. Private doctors or clinics (41%) and ASHA workers (25%) also play important roles.
- **Barriers to medical care:** The most common barriers are difficulty travelling to facilities (49%), high treatment costs (41%), health facilities being far away (38%), and long waiting times (37%).

Family & Community Support and Social Connectedness

Elder Voice: “If I am alone and something happens, who will come and help me?” - elderly widow from Yadgir district, Karnataka.

- **Primary sources of support:** Family remains the foundation of support, with spouses (35%) and sons (31%) most relied-upon persons. Together with daughters-in-law (11%), they form the core support system for most older persons. However, 9% report having no family support or no family at all.
- **Nature of family relationships:** The most common forms of interaction are talking and spending time together (84%), emotional support (64%), sharing meals (58%), and help with daily activities (49%). Financial support is reported by 34%.
- **Living alone and social isolation:** Every dimension of family interaction is substantially lower among older persons living alone. Only 37% report regularly talking with family, 32% receive emotional support, and 16% share meals with family members, indicating a significant erosion of social connectedness.
- **Feeling heard and included:** Most older persons feel listened to by family members, with 59% always feeling heard. However, only 46% always feel included in family decisions, showing that being heard does not necessarily translate into participation.
- **Respect within the family:** 58% always feeling respected by family members. However, 12% feel respected rarely or never, and perceptions of respect decline steadily with age.
- **Support during emergencies:** Family support remains strong overall, with 55% reporting that family is always available in emergencies. However, among older persons living alone, only 24% report family always being available, while 37% say family is rarely or never available when urgently needed.
- **Community participation:** Participation in organised community life is limited, with 73% belonging to no community group or organisation. Membership is highest in self-help groups (11%), women’s groups (7%), religious groups (7%), and older persons’ groups (6%).
- **Community support:** Only 33% report that community support is always available when needed, while 25% say support is rarely or never available. Community support is weakest among older persons living alone and single older persons.
- **Most valued forms of community support:** The support considered most helpful includes assistance during illness (61%), emotional support (58%), financial help (39%), and companionship or social interaction (35%).

Government Schemes and Institutional Support

- **Awareness of government schemes:** Awareness is highest for the Public Distribution System (93%), followed by old-age pensions or financial support (71%), free or subsidised healthcare (67%), and housing support schemes (62%). Awareness is much lower for NPHCE (20%), digital training for older persons (17%), and elder helplines (11%).
- **Ease of accessing schemes:** Nearly 65% of beneficiaries describe accessing schemes as easy, while 20% report difficulty.
- **Groups facing the greatest access difficulties:** Difficulties are highest among those with poor health (30%), those severely affected by climate-related shocks (30%), persons with no formal education (22%), and those in lower socio-economic groups (22%).

Climate Vulnerability, Resilience and Recovery

- **Climate exposure:** 78% of older persons experienced at least one climate-related hazard during the last three years. Heatwaves (45%), flooding (27%) and drought (20%) were the most common hazards, while many respondents experienced repeated events, increasing pressure on recovery and adaptation capacities.
- **Climate impacts:** Among those exposed to hazards, 37% experienced moderate or severe impacts, with the highest impacts reported among older persons living alone and those with impairments.
- **Financial constraints are the single largest barrier to resilience,** reported by 69% of respondents, followed by health limitations, inadequate information, weak institutional support and community-level challenges. These barriers are particularly severe among those with poor health, housing vulnerability and repeated disaster exposure.

Policy, Service Delivery, Inclusion Gaps and Perceived at Risk factors

- Most older persons view government schemes and disaster-related services positively, with 62% considering available support sufficient during climate-related events.
- Among those who perceive support as inadequate, the most significant gaps relate to healthcare services during climate shocks (62%), financial assistance and social protection (51%), emergency response (41%), and disaster preparedness and early warning systems (38%).

Good Practices for Strengthening Climate Resilience

- Household preparedness forms the first line of resilience, with the most common coping practices being storing food in advance (55%), storing water (54%), housing or shelter improvements (31%), financial planning or savings (27%), and advance disaster planning (25%). These findings show that older persons primarily rely on practical self-preparedness measures to reduce climate risks.
 - Family support remains the strongest community resilience mechanism, cited by 56% of respondents, followed by priority access to relief and services (32%), community monitoring or check-ins (24%), and community shelter or relocation support (21%). However, 22% report no community support mechanisms, indicating important local gaps.
 - Financial assistance emerges as the most valued government intervention, identified by 50% of respondents, followed by food and relief distribution (36%), accessible healthcare services (29%), early warning systems (22%), and shelter or relocation support (20%).
 - Looking ahead, respondents identify greater financial support (72%) and improved healthcare access (51%) as the two most important priorities for strengthening resilience. Other key needs include stronger community support systems (40%), improved housing (37%), support for older persons living alone (36%), and livelihood support (35%).
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