A Global Analysis of Elderly Well-Being: Comparative Policies on Social Inclusion, Healthcare Access, and Economic Security

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Abstract

Population aging is a defining global trend of the 21st century, raising critical questions about the well-being of older adults. This paper provides a comprehensive analysis of elderly well-being across three key dimensions – social inclusion, healthcare access, and economic security – with a comparative focus on India and Japan. Drawing on international research and policy reports, we first synthesize literature on how social inclusion (community participation, respect, and rights), healthcare access (universal health coverage, long-term care systems), and economic security (pensions and income support) contribute to the quality of life in older age. We then critically examine how India, a lower-middle-income country with an emerging ageing population, and Japan, a high-income "super-aged" society, address these challenges. India's policies reflect a society in transition: traditional family support structures are weakening, formal social protection nets are nascent, and healthcare systems are striving to extend coverage to a growing elderly cohort. Japan, in contrast, has implemented extensive formal systems – from universal healthcare and long-term care insurance to nearly universal pension coverage – yet faces issues of sustainability and social isolation among its seniors. Our analysis highlights both best practices and gaps: community-based inclusion programs and integrated care in Japan yield lessons for India, while India's demographic dividend offers foresight into Japan's past trajectory. The paper concludes with an emphasis on strengthening social inclusion, ensuring age-friendly healthcare, and securing economic safety nets as imperative policy goals worldwide in an ageing era. The discussion is supported by reputable sources including the World Health Organization (WHO), United Nations (UN), International Labour Organization (ILO), and academic studies. The findings underscore that despite different stages of development, both India and Japan must continually adapt their policies to uphold the dignity, health, and economic well-being of older citizens in an ageing world.

Introduction

The world's population is ageing at an unprecedented pace. By 2030, one in six people worldwide will be aged 60 or over, and by 2050 the global population of older adults (60+) is projected to double to about 2.1 billion [1]. Notably, this demographic shift is occurring across all regions: while it began in higher-income countries, today 80% of older people will be living in low- and middle-income countries by mid-century [2]. This transition poses wide-ranging societal implications. As fertility rates fall and life expectancy rises, many countries face increasing old-age dependency ratios, straining healthcare systems, pension schemes, and traditional family support networks. Policymakers and researchers alike recognize that ensuring the well-being of the elderly is not only a matter of social justice but also crucial for sustainable development – reflected in the Sustainable Development Goals (e.g. SDG 3 on healthy lives "for all at all ages") and the global pledge to "leave no one behind" in development efforts.

Well-being in later life is multidimensional, encompassing social, health, and economic facets. The World Health Organization (WHO) conceptualizes "active ageing" as the process of optimizing opportunities for health, participation, and security to enhance quality of life as people age [3]. In this framework, social inclusion – the ability of older adults to participate fully in society, maintain meaningful relationships, and be free from discrimination – is as vital as access to healthcare services and economic security through income support. These dimensions are interdependent. For example, an older person's health status can affect their social participation; inadequate pension income can limit their access to healthcare and social activities; and social isolation or age-based prejudice can negatively impact mental and physical health.

Over the past two decades, international organizations and scholars have produced a rich body of literature on ageing policies worldwide. Consensus has emerged on certain principles. Social inclusion of older people hinges on protecting their rights and removing barriers to participation such as ageism, inaccessible environments, or digital divides [4]. Healthcare systems must adapt to older populations by providing integrated, person-centered care without imposing financial hardship [5]. Economic security in old age is fundamentally linked to social protection systems like pensions; globally, old-age pensions are the most widespread form of social protection, yet coverage and adequacy vary vastly by country [6].

To ground these broad themes, this paper undertakes a comparative analysis of two countries at different stages of population ageing: India and Japan. India is a youthful nation in demographic terms, but it is ageing rapidly in absolute numbers – it had an estimated 138 million elderly in 2021 and this share is rising steadily [7]. Japan, by contrast, is one of the world's most aged societies, with nearly 30% of its population over 60 years old [1].

The remainder of this paper is organized as follows. First, a literature review discusses each of the three dimensions of elderly well-being in turn – social inclusion, healthcare access, and economic security – drawing on international research and policy frameworks. Next, the analysis and discussion section provides a comparative assessment of India and Japan under each dimension, examining specific policies, programs, and outcomes. Finally, the conclusion summarizes key findings and implications, emphasizing best practices and future policy directions.

Literature Review

Social Inclusion of Older Adults

Social inclusion refers to the process of improving the terms of participation in society for people who might otherwise be marginalized, ensuring that all individuals – including older adults – can engage fully in social life with dignity and without discrimination [3]. In the context of ageing, it encompasses opportunities to maintain relationships, access services, contribute to society, and live free from neglect or abuse.

A 2023 HelpAge International report notes that inclusion involves access to resources, freedom from ageism, and active participation in community and civic life [4]. Factors such as isolation, limited mobility, and digital illiteracy can significantly reduce social inclusion. The WHO's Global Report on Ageism (2021) documents widespread age-based prejudice and its impact on elder health outcomes [5]. Digital exclusion is another growing barrier, especially as many services transition online [4].

Barriers also include environmental constraints – lack of accessible infrastructure or age-friendly cities [5] – and income-related exclusion. Without financial means, older people may be unable to participate in community life or afford social engagement [6].

Policies promoting social inclusion include anti-ageism laws, intergenerational programming, senior centers, and digital literacy initiatives [4]. Japan's "ikoi-no-salon" program – informal social gatherings for older adults – has reduced isolation and even improved health outcomes [8]. The WHO's Age-Friendly Cities initiative also supports local governments in fostering inclusion [5].

Healthcare Access for the Elderly

Access to healthcare is vital for older adults, who typically experience increasing health needs as they age. With longer lifespans, many seniors face chronic conditions such as heart disease,

diabetes, arthritis, and dementia [9]. Multimorbidity (the presence of two or more chronic conditions) is common, requiring continuous and coordinated care [10].

Healthcare access includes not just availability but also affordability and suitability of services. The World Health Organization emphasizes that universal health coverage (UHC) must encompass older populations and provide care without financial hardship [11]. However, many older adults globally still pay out-of-pocket for medical expenses, especially in low- and middle-income countries, often delaying care or skipping medications [12].

Another key need is long-term care – services required when elderly individuals can no longer perform daily activities independently due to frailty, disability, or chronic illness. Traditionally, this care has been provided by family members, but this model is increasingly strained due to migration, shrinking families, and workforce participation by women [13].

WHO advocates for integrated care models that bring together medical and social services, often coordinated at the community level [14]. The “Integrated Care for Older People” (ICOPE) approach promotes assessments of physical, cognitive, and emotional health, with tailored interventions [14].

Preventive care – including vaccinations, screening, and rehabilitation – is also essential. Yet in many countries, preventive services for older adults are underutilized. Assistive technology (hearing aids, mobility devices, vision aids) improves functional capacity but remains inaccessible for many due to cost or limited availability [15].

Japan has responded with extensive health and long-term care insurance, while India has initiated schemes like Ayushman Bharat to improve access. These systems will be compared in the discussion section.

Economic Security in Old Age

Economic security enables older adults to live with dignity, covering daily expenses, healthcare, housing, and emergencies. Its cornerstone is income support, primarily through pensions. According to the ILO, around 80% of the world’s older population receives some form of pension – but adequacy and coverage vary widely [6].

Pensions can be contributory (earned through employment) or non-contributory (tax-funded). In high-income countries, pension systems often provide sufficient income to prevent old-age poverty. However, in low- and middle-income countries, many elders – especially those who worked in informal sectors or unpaid roles – receive little or no pension [16].

Social pensions – flat-rate payments to all or to poor seniors – have been adopted in many countries to improve coverage. Although amounts may be small, they reduce extreme poverty and provide a measure of independence [16].

The ILO's Social Protection Floors Recommendation urges countries to ensure at least a basic level of income security for all elderly [17]. Without such support, seniors may rely solely on family or continue working into advanced age, sometimes under exploitative conditions.

Economic insecurity disproportionately affects older women, who often have fewer lifetime earnings, longer life expectancy, and may outlive male breadwinners. Widowhood can significantly increase poverty risk, especially where survivor benefits are inadequate [18].

In Japan, public pension coverage is nearly universal, though adequacy concerns remain, particularly for single elderly women [19]. India faces more serious challenges: only a minority of elders have formal pensions, and family remains the primary support system for most [7].

Policies to improve economic security include raising pension coverage, improving benefit adequacy, indexing for inflation, encouraging voluntary retirement savings, and extending protections to informal workers.

Analysis and Discussion

Social Inclusion: India vs. Japan

India – Traditional Norms, Emerging Risks

In India, family has traditionally been the cornerstone of elder care. The multi-generational *joint family* system ensured emotional, financial, and physical support for older adults [7]. However, rapid urbanization, youth migration for jobs, and cultural shifts toward nuclear families have begun to dismantle this model. Consequently, an increasing number of elderly—particularly women—are living alone. Over 54% of older Indian women are widows, and many face multiple layers of vulnerability due to social stigma, lack of income, and exclusion from property inheritance [7][18].

Governmental support includes the **Maintenance and Welfare of Parents and Senior Citizens Act (2007)**, which legally obligates children to support their ageing parents. Yet this law remains poorly enforced, with only 12% of seniors aware of its provisions [20]. India's **Integrated Programme for Senior Citizens** aims to provide grants to NGOs for elder day-care and residential homes, but its reach is limited, particularly in rural and peri-urban areas [21].

Technology startups are beginning to fill some of these gaps. For instance, Indian companies like **EMOHA** and **Agewell Foundation** are now offering digitally-enabled eldercare platforms

that include emergency services, telehealth, companionship, and wellness check-ins. These services often target urban middle-class elders with smartphone access, but they represent an important trend toward modernizing elder support [35].

Digital exclusion remains a critical barrier. Many older Indians lack access to the internet, smartphones, or digital literacy skills, excluding them from e-services, virtual social networks, and digital finance [4]. Additionally, intergenerational divides are widening: young adults often migrate or are too busy to engage meaningfully, while elders struggle with loneliness and reduced mobility.

Cultural attitudes also contribute to ageism. In some contexts, elders are viewed as unproductive or burdensome, which discourages inclusive policy-making. Elder abuse—emotional, financial, or physical—is often underreported due to stigma and dependency. According to HelpAge India, over 60% of abuse victims never share their experiences, usually out of fear of retaliation or shame [22].

Japan – Institutionalized Inclusion, Emerging Isolation

Japan, with nearly one-third of its population aged 65+, has taken significant steps to prevent elder social exclusion. One of the most effective models is the **“ikoi-no-salon”** community program—local gathering spaces offering tea, games, exercise, and peer support. Research shows regular salon attendance can lower dementia onset by up to 30% and reduce the need for long-term care [8].

Over 86% of Japanese municipalities operate such salons, often coordinated by local volunteers and supported by public subsidies [8]. These salons also serve as monitoring hubs—if a senior stops attending regularly, follow-up visits may be triggered by community health workers or neighbors.

Japan also deploys innovative **“Mimamori” (watchful care)** systems, where postal workers or gas meter readers check in on elderly residents living alone. Some programs use smart home sensors that track daily routines and flag irregularities to family or authorities [23]. These interventions bridge the gap between independence and oversight, especially for elders without close family.

Despite these advances, **social isolation remains a serious issue**. Over 27% of elderly Japanese women and 11% of men live alone. The term **kodokushi**, or “lonely death,” reflects a harsh reality: thousands of seniors die alone each year, often undiscovered for days [24]. High

suicide rates among elderly men further highlight the psychological toll of isolation and perceived uselessness post-retirement [25].

Cultural reluctance to “burden” others compounds the problem. Many Japanese seniors hesitate to ask for help, even when support systems exist. This stoicism, while rooted in dignity, can exacerbate loneliness.

On the brighter side, Japan is expanding **intergenerational programs**. Initiatives where college students live with seniors rent-free in exchange for company, or daycare centers co-located with nursing homes, are gaining popularity. These not only reduce isolation but foster empathy across age groups.

Comparison

India’s model is still rooted in **familial and cultural norms**, while Japan’s response is highly **institutionalized and technology-driven**. India’s approach leaves many elders vulnerable when families fail to support, especially in urban areas. In contrast, Japan’s inclusive infrastructure reaches most elderly—but emotional loneliness remains due to smaller households and high independence.

India could adopt scalable aspects of Japan’s model—particularly **community centers**, **monitoring programs**, and **intergenerational hubs**—to formalize elder engagement. Conversely, Japan could take cues from India’s **cultural traditions of reverence**, leveraging rituals, festivals, and storytelling to reintegrate elders into everyday community life.

Both countries face the challenge of **ageism**—India with neglect and invisibility, Japan with silent disengagement. Overcoming this requires public awareness campaigns, media portrayal of active ageing, and embedding elder voices in policy-making.

Healthcare Access: India vs. Japan

India – Expanding Programs, Uneven Reach

India’s elderly face persistent barriers in accessing affordable, elder-specific healthcare. While **Ayushman Bharat (PM-JAY)** has expanded hospitalization coverage for over 500 million people, it primarily focuses on **inpatient care**, leaving routine outpatient visits, diagnostics, and medicines uncovered — areas where older adults incur most of their costs [28].

The **National Programme for Healthcare of the Elderly (NPHCE)** is a strong policy foundation. It aims to establish geriatric services at district hospitals and community health centers and provide free physiotherapy and screenings [27]. However, as of 2023, only about 180 district hospitals had fully functional geriatric wards — a fraction of the over 700 districts in the country [36]. The program also struggles with personnel shortages, poor inter-state implementation, and lack of elder-friendly infrastructure like ramps, handrails, and seating.

In rural areas, **primary health centers (PHCs)** are often the first point of contact but are inadequately equipped to manage **chronic, degenerative conditions** like arthritis, dementia, or heart disease. Although the government is upgrading PHCs to **Health and Wellness Centres** (HWCs) under Ayushman Bharat to provide chronic care, this transformation is still underway [28].

Telemedicine has emerged as a low-cost, high-reach solution, especially during COVID-19. Platforms like **eSanjeevani** allow elders in remote areas to consult doctors online. While promising, digital illiteracy, patchy internet, and reluctance among older adults to use screens limit its impact [4].

India also lacks a **formal long-term care (LTC) system**. Most care is informal — provided by family, often women — with no state support for caregivers. Some private eldercare companies offer home nursing or assisted living, but these are expensive and inaccessible to most.

Despite these challenges, India has excelled in specific domains: for instance, **cataract surgeries** under the National Programme for Control of Blindness have restored sight to millions of elders, vastly improving their independence [37]. Community health workers (ASHAs) are increasingly trained to monitor elder health indicators and follow up on medication adherence.

Japan – Universal Coverage and Long-Term Care Integration

Japan's healthcare access is among the most **comprehensive and elder-centric** in the world. All citizens, regardless of employment status, are covered under public health insurance schemes. For seniors aged 75+, co-payments are reduced to 10% for most services [29].

Preventive care is deeply embedded. Municipalities offer annual **free screenings** for chronic diseases, bone density, and cancer. Vaccinations (e.g., for flu, pneumonia, shingles) are routinely administered to those over 65 [31]. Assistive devices such as walkers, grab bars, and hearing aids are subsidized under health or LTC insurance, significantly enhancing quality of life.

The hallmark of Japan's approach is its **Long-Term Care Insurance (LTCI)** system. Introduced in 2000, LTCI provides care to seniors based on assessed need rather than income or family support. Services include:

- Home help for bathing and meals
- Day-care and dementia cafés
- Short-stay respite care
- Institutional nursing care [30]

LTCI has "socialized" eldercare — shifting the responsibility from family (especially women) to society. As a result, **female labor force participation** has improved, and caregivers experience less burnout.

Japan is now implementing the **Community-Based Integrated Care System**, aiming for seamless coordination between hospitals, clinics, LTC services, pharmacies, and neighborhood groups. By 2025, each locality is expected to offer one-stop eldercare that supports **aging in place**, minimizing the need for institutionalization [31].

The system does face challenges. Costs are rising with the growing "oldest-old" (80+), and rural depopulation is creating **"medical deserts"** where doctors and services are scarce. To combat this, Japan has introduced **mobile clinics**, video consultations, and even **AI-based diagnostic tools** to support eldercare in underserved regions.

Workforce shortages in caregiving are partially addressed by **importing trained workers** from Southeast Asia under special visa programs and investing in **robotic care assistants** (e.g., Paro the seal robot, exoskeletons for lifting patients).

Comparison

India's eldercare landscape is **nascent and uneven**, while Japan's is **systematic, equitable, and technologically advanced**. India provides pockets of excellence (like cataract care, or Ayushman Bharat's insurance expansion), but lacks **nationwide consistency, geriatrics specialization**, and LTC infrastructure.

Japan's model shows the power of **institutional coordination and foresight**. By separating medical and social care funding, and supporting **aging at home**, Japan reduces hospitalization rates and empowers families.

India's telemedicine and community health worker model holds potential, especially if digital access and elder education improve. Meanwhile, Japan could adapt **India's model of large, intergenerational community living** as an antidote to isolation — blending technological care with more human contact.

Both countries need to expand their mental health offerings for seniors. Depression, anxiety, and dementia are growing concerns but remain underdiagnosed and under-treated — especially in India, where geriatric psychiatry is underdeveloped and stigmatized.

Economic Security: India vs. Japan

India – Low Coverage, High Dependence on Family

India's approach to economic security in old age remains incomplete. Just 8% of elders receive a formal pension, mostly retired civil servants or organized sector workers [7]. The majority of India's workforce—over 90%—is employed informally and thus excluded from contributory schemes.

To address this, the **National Social Assistance Programme (NSAP)** provides non-contributory pensions, like the **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**, which grants ₹200–₹500 per month to elders below the poverty line [32]. This amount, unchanged since the mid-2000s, covers barely 10–15% of basic monthly needs, and varies by state top-ups.

Despite clear policy frameworks, administrative bottlenecks, lack of documentation (like birth certificates or Aadhaar issues), and irregular payments reduce coverage. Surveys show many eligible elders never enroll or receive benefits [7].

To encourage retirement savings among current workers, the **Atal Pension Yojana (APY)** offers small monthly pensions in return for lifetime contributions. While promising, it will only benefit future cohorts — today's elderly remain underserved.

India also lacks adequate **safety nets for caregivers**. Most family caregivers receive no compensation, tax incentives, or leave protections. This leaves elders — especially single women — at greater risk when care breaks down.

Elderly **employment continues out of necessity**. Nearly one-third of older adults in India work past 60, not by choice but due to poverty. They often work in low-paying, insecure, or physically strenuous jobs like vending, security, or agriculture [26].

Meanwhile, **older women** are at particular risk. Having spent their lives in unpaid domestic labor, they enter old age without assets, income, or eligibility for pensions. Widowhood dramatically increases vulnerability: many women lose access to bank accounts, property, or even their homes [18].

Microfinance and NGO-led savings groups (like **Self-Help Groups** in India) offer some elders small credit lines or community support, but these are far from universal.

Japan – Universal Pensions, Sustainability Challenges

Japan's pension system achieves **near-universal coverage** through its **two-tier system**: the **National Pension (Kokumin Nenkin)** and the **Employees' Pension Insurance (Kosei Nenkin)** [29]. Contributions are mandatory and tracked throughout one's career, and benefits are structured to provide a basic income plus earnings-based supplements.

Elders who haven't paid into the system long enough receive partial benefits. Those with no support can apply for **welfare assistance**, which includes cash support, rent aid, and medical subsidies.

Still, adequacy is a growing issue. The average monthly pension for a single retiree is around ¥65,000 (~$500), barely enough to live on in urban Japan [19]. Older women face especially high poverty rates, with nearly 50% living below the relative poverty line. This is due to interrupted careers, part-time work, and longer lifespans.

To encourage **economic participation post-retirement**, Japan has established over 1,300 **Silver Human Resource Centers (SHRCs)**. These government-backed programs match healthy seniors with part-time community jobs—like gardening, tutoring, or clerical work. About 700,000 elders participate annually, earning supplemental income while staying active [33].

Moreover, Japan's elderly often rely on **personal assets**, including home ownership and savings. Over 85% of elders own their homes, reducing housing insecurity. But with rising care costs, the liquidation of assets (reverse mortgages, inheritance reductions) is becoming common.

Fiscal sustainability is a key issue. Japan's **dependency ratio** (workers to retirees) is among the highest globally. In response, the government has:

- Gradually raised the pension eligibility age from 60 to 65
- Introduced “macroeconomic indexing” to control benefit growth
- Promoted private savings and corporate pension plans [34]

Yet, public anxiety remains. A 2019 government report suggesting that couples would need an extra ¥20 million (~$180,000) in retirement savings triggered backlash and was later withdrawn [34].

Comparative Insights

India’s economic security model is marked by **low coverage, minimal adequacy, and dependence on informal systems**. Japan’s model, though **universal and structurally sound**, is challenged by **fiscal sustainability and gender disparities**.

India urgently needs to:

- Increase **non-contributory pension amounts**
- Expand coverage to all elders, regardless of income documentation
- Integrate **financial literacy and micro-insurance** into elder services
- Address **widow poverty** through targeted housing and cash support

Japan must focus on:

- Adjusting pension systems to better support **single, low-income elders**
- Encouraging **late-career work transitions** without penalizing pensions
- Incentivizing private retirement savings for younger generations

Both nations face the imperative to **reduce elder poverty among women**, recognize unpaid care work, and modernize income support systems for a rapidly ageing society.

Comparison

India's pension system is **narrow in coverage and low in adequacy**, relying heavily on family for elder support. Japan's system is **universal but fiscally strained**, and struggles with ensuring sufficiency for low-income elders.

India needs to **expand social pensions**, increase awareness, and explore **universal old-age basic income** models. Japan, in contrast, must adapt to high dependency ratios through **later retirement, flexible work, and possible private pension supplementation**.

Both countries face **gendered economic insecurity** in old age, with older women disproportionately poor due to caregiving roles, widowhood, and pension gaps.

Conclusion

Elderly well-being cannot be siloed into healthcare, finance, or social engagement alone. It demands a **holistic, rights-based approach** that integrates inclusion, care, and economic dignity across policy domains. This comparative study reveals that both India and Japan face distinct but converging challenges in their ageing trajectories.

Japan demonstrates how foresight and structure can deliver near-universal access and coordinated care, yet even the best systems struggle with **emotional isolation, fiscal pressure, and social fragmentation**. India, meanwhile, is grappling with **early-stage policy development**, hampered by fragmentation and inequity, but also holds demographic potential and cultural frameworks that—if modernized—can provide scalable, community-driven models.

Looking ahead, both countries must:

- Recognize the **diverse needs within elder groups** (gender, rural/urban, singlehood)
- Prepare for **age-tech integration** that is inclusive, not alienating
- Involve elders in **policy co-creation**, not just as beneficiaries
- Address **climate change and disaster resilience** with older adults in mind

A society's maturity is not judged by how it treats its strongest, but how it supports its most vulnerable. As the world grays, India and Japan have the opportunity—and responsibility—to shape a global ethic of ageing that upholds dignity, agency, and equity for all.

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