

Rewriting the Script of Elder Care: Human-Centered Perspectives on the Shift from Charity to Rights-Based Approaches

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ABSTRACT

The aging population in India presents unique challenges and opportunities for transforming elder care. Historically, elder care has been viewed through a charity-based lens, where elderly individuals are considered dependent and passive recipients of care. However, the evolving discourse around aging is now emphasizing a rights-based approach, where older adults are recognized as active agents with inherent rights to autonomy, dignity, and participation in decision-making regarding their care. This paper examines the shift from a charity-driven model to a human-centered, rights-based framework in Indian aged care institutions. Using a case study of an aged care home in Mangalore, this research explores how gender dynamics influence the delivery and experience of care, with a focus on elderly women's changing roles and the impact of this transformation on their autonomy. Through qualitative analysis, including interviews with caregivers, administrators, and residents, the study identifies critical factors facilitating or hindering the successful implementation of rights-based care. Findings suggest that while there is growing recognition of elderly individuals' rights, cultural, economic, and systemic barriers persist, particularly for vulnerable groups. The paper argues that human-centered approaches into policy and practice are essential for achieving sustainable, equitable elder care in India. This work contributes to the broader field of gerontology, offering insights into how shifting paradigms can reshape the landscape of aging and care provision in developing countries.

Keywords: Aging Care, Charity-Based Eldercare, Rights-Based Geriatric Care, Human-Centered Elder Care, Gender Dynamics, and Elder Care Models

Introduction

India is witnessing a significant demographic shift, with its elderly population projected to reach 20% of the total population by 2050 (Choudhury & Rout, 2021). This demographic transition has intensified the need for structured, equitable, and rights-based eldercare systems that address not only physical health but also dignity, autonomy, and social inclusion for older adults. Traditionally, care for the elderly in India has predominantly been family-centered and charity-driven, with religious institutions and voluntary organizations playing a crucial role in providing residential care for destitute seniors (Burholt et al., 2022; Bandyopadhyaya & Singh, 2024). However, rapid urbanization, migration, and changing family structures have increasingly displaced these informal support systems, creating new challenges and exposing gaps in the country's eldercare infrastructure.

Over the past decade, there has been a discernible shift towards rights-based approaches to geriatric care, emphasizing legal entitlements, healthcare accessibility, and protection against elder abuse (Choudhury & Rout, 2021; Singh & Arora, 2024). Despite legislative frameworks such as the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, multiple studies have pointed out limitations in policy implementation, judicial access, and awareness regarding the rights of senior citizens in India (Biswas, 2023; Singh & Arora, 2024). This has reinforced concerns about institutional care settings, where issues of dignity, individualized care, and regulatory oversight remain critical (Burholt et al., 2022).

Further complicating the eldercare landscape is the pronounced gender disparity in both caregiving responsibilities and aging experiences. As observed by Nair et al. (2021), elderly women in India face heightened vulnerabilities, including economic deprivation, chronic illness, and social exclusion. Gendered caregiving practices, largely shouldered by women within families and professional settings, add layers of emotional labor and social expectation (Joseph et al., 2024; Janiso, 2024). This underscores the need for eldercare policies and services that are both gender-sensitive and rights-oriented.

The present literature review synthesizes contemporary research on six interconnected themes relevant to aging care in India: charity-based models of eldercare, the shift to rights-based approaches in geriatric care, gendered perspectives on aging and caregiving, human rights and aging care, eldercare in institutional settings, and legal and policy frameworks. By analyzing recent scholarship, this review seeks to highlight emerging trends, policy gaps, and the socio-cultural dynamics that shape the experiences of India's aging population.

Literature Review

2.1 Charity-Based Models of Elder Care

Charity-based elder care has historically been central to India's approach to aging support, especially in resource-limited settings. Traditional ashrams, religious institutions, and non-profit old age homes have served as vital safety nets. While formal academic studies specifically targeting charity-based care models in contemporary India remain scarce in high-ranking journals, Burholt et al. (2022) provide valuable insights by assessing old age homes in Tamil Nadu, many of which operate under charity-based or religious patronage. Their study found significant variations in dignity-related care provision, suggesting a need for standardized guidelines and accountability in these charity-driven spaces. Furthermore, Bandyopadhyaya and Singh (2024) explore the evolving societal acceptance of old age homes, indicating that while charitable care homes fill a crucial gap, they often lack professional infrastructure and rights-based frameworks.

2.2 The Shift to Rights-Based Approaches in Geriatric Care

The global discourse on elder care has increasingly emphasized rights-based approaches, moving beyond welfare models to advocate for dignity, autonomy, and social participation. Choudhury and Rout (2021) trace this shift in the Indian context, asserting that the right to health for elderly persons remains inconsistently acknowledged within public policy frameworks. Singh and Arora (2024) similarly critique the limitations of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, and highlight the absence of comprehensive rights-based protections in elder care policy. They advocate for a unified legislative and social policy framework, ensuring that elderly persons' dignity and agency are safeguarded, particularly in institutional and home-based settings.

2.3 Gendered Perspectives on Aging and Caregiving

Caregiving for the elderly in India remains deeply gendered, with women assuming a disproportionate share of unpaid care responsibilities. Nair et al. (2021) conducted a narrative review of gender disparities in geriatric care, highlighting that elderly women face higher incidences of frailty, chronic diseases, and depression, often exacerbated by poverty and social exclusion. Joseph et al. (2024) explored the experiences of female professional caregivers in Bengaluru, revealing that caregiving continues to be perceived as women's duty, leading to emotional strain and societal invisibility. Complementing this, Janiso (2024) utilized India's Time Use Survey 2019 to demonstrate a persistent and significant gender gap in unpaid caregiving and domestic labor, calling for policy interventions to address these imbalances.

2.4 Human Rights and Aging Care

Human rights discourses in aging care have become increasingly visible in India, though gaps persist in legal enforcement and policy coherence. Burholt et al. (2022) emphasized the importance of upholding dignity and basic rights within institutional elder care facilities, identifying serious disparities in care quality and resident autonomy. Biswas (2023) reviewed India's legal protections for elderly persons, noting that despite existing frameworks, implementation is weak, particularly regarding healthcare, protection from abuse, and access to dignified living arrangements. Singh and Arora (2024) echoed these concerns, advocating for reforms rooted in international human rights standards and focused on enhancing elder rights awareness, infrastructure, and judicial recourse.

2.5 Eldercare in Institutional Settings: Beyond Family Care

India's traditionally family-centric elder care model is under pressure due to urbanization, migration, and changing social dynamics. Bandyopadhyaya and Singh (2024) investigated shifting perceptions of old age homes in Delhi NCR, finding increasing acceptance alongside persistent fears about dignity loss and social stigma. Their study noted that while many elderly residents appreciate institutional care as an alternative to familial neglect, the absence of personalized attention and rights-based protocols remains a challenge. Burholt et al. (2022) corroborated these findings in Tamil Nadu, documenting variations in care standards

and highlighting the urgent need for regulatory oversight in both private and charity-run elder care institutions.

2.6 Legal and Policy Frameworks on Aging Care in India

India's legal apparatus for elderly welfare, though evolving, faces criticisms of fragmentation and inadequate enforcement. Choudhury and Rout (2021) emphasized the need for constitutional recognition of elder health rights, arguing that international conventions must be localized into binding legislation. Biswas (2023) reviewed the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, identifying gaps in implementation and elder abuse prevention. Singh and Arora (2024) advocated for a national elder rights charter and integrated geriatric care services, pointing to the disconnect between policy intent and ground realities in India's eldercare landscape.

Objectives

1. To examine the transition from charity-based to rights-based approaches in elder care within the Indian context.
2. To explore how gender dynamics influence the provision and experience of care, particularly for elderly women, in institutional elder care settings.
3. To assess the impact of rights-based frameworks on the autonomy, dignity, and decision-making capacity of elderly residents.

3. Scope of the Study

The scope of this research is delineated as follows:

- **Geographical Scope:** The study was conducted in five aged care home located in Mangalore, Karnataka, India. While geographically localized, the findings offer relevant insights applicable to similar urban and semi-urban elder care settings across India.
- **Thematic Scope:** The research covers six interrelated themes:
 1. Charity-based elder care models
 2. Rights-based geriatric care frameworks
 3. Gendered perspectives in caregiving and aging
 4. Human rights considerations in aged care
 5. The transition to institutional elder care beyond family-centered models
 6. Legal and policy frameworks governing elder care in India
- **Participant Scope:** The study engaged 150 participants, including elderly residents, caregivers, healthcare workers, and institutional administrators through purposive sampling.
- **Temporal Scope:** The data collection process spanned a period of three years (2021–2024), allowing for an in-depth longitudinal perspective on trends, changes, and challenges within the institution.
- **Limitations of Scope:** The study is confined to one institutional setting and a qualitative, descriptive methodology. As such, the findings might not fully represent the experiences of elderly individuals in rural or home-based care environments, or in different socio-cultural regions of India.

6. Methodology

This study adopts a qualitative approach using a case study of an aged care home in Mangalore, India, to explore the transition from a charity-based to a rights-based elder care model. Data was collected through semi-structured interviews with caregivers, administrators, and residents of the facility. Thematic analysis was employed to identify key themes related to autonomy, dignity, and gendered experiences in elder care.

6.1 Participants

The study involved 150 participants, including elderly residents, caregivers, and 17 administrators from the aged care home. Participants were selected using purposive sampling to represent a range of experiences in elder care.

6.2 Data Collection

In-depth interviews were conducted over a period of 3 years. The interview questions focused on experiences of aging, care provision, gendered roles, and the shift from charity-based to rights-based models of care. Data was analyzed thematically to identify common patterns and insights related to the research questions.

7. Findings of the Study

7.1 Objective 1: *To examine the transition from charity-based to rights-based approaches in elder care within the Indian context.*

- The institution originally operated on a charity-based model, where elder care was viewed as an act of charity rather than a right.

- Over time, exposure to international frameworks and advocacy by rights organizations influenced gradual shifts toward recognizing elder care as a fundamental right.

- However, practical implementation of rights-based care remains inconsistent due to financial, administrative, and socio-cultural barriers.

7.2 Objective 2: *To explore how gender dynamics influence the provision and experience of care, particularly for elderly women.*

- Elderly women comprised 70% of the residents and faced unique vulnerabilities, including limited financial independence, past trauma, and gendered expectations.

- Gender stereotypes persisted in caregiving roles, with women caregivers expected to provide more emotional support and physical care compared to their male counterparts.

- Elderly women often expressed having had fewer choices throughout their lives, extending into their aged care experience.

7.3 Objective 3: *To assess the impact of rights-based frameworks on the autonomy, dignity, and decision-making capacity of elderly residents.*

- Introduction of resident councils and grievance redressal mechanisms improved participation in decision-making but remained superficial in practice.

- Some residents gained agency over personal routines and end-of-life care preferences.

- Many remained unaware of their legal rights under the Maintenance and Welfare of Parents and Senior Citizens Act (2007).

7.4 Impact of Rights-Based Approaches on Autonomy and Dignity

The findings indicate that the implementation of rights-based frameworks has enhanced the sense of autonomy and dignity among elderly residents. Participants reported a greater sense of empowerment in decision-making about their care, particularly in choosing daily routines and activities. However, gendered power dynamics influenced how autonomy was enacted, with women often facing more challenges in asserting their rights compared to their male counterparts (Yadav & Kumar, 2019).

7.5 Gendered Experiences of Aging

Women in the aged care home were found to experience care differently than men, often feeling marginalized in institutional settings. Many elderly women expressed that they were not as involved in decisions regarding the allocation of resources or caregiving policies. Cultural norms regarding gender roles often meant that women were expected to be caregivers rather than recipients of care, complicating their experience of aging (Kirkwood, 2020).

7.6 Barriers to Full Implementation of Rights-Based Care

Despite the shift towards rights-based approaches, systemic barriers were identified, including limited resources, economic constraints, and cultural resistance to fully embracing autonomy for elderly women. Caregivers and administrators noted that while there was a desire to implement rights-based practices, financial and infrastructural limitations made it difficult to provide care that fully respects the autonomy and dignity of elderly residents (Pillai, 2017).

7.7 Increased Autonomy

Rights-based approaches have empowered residents to make more decisions regarding their daily activities, creating a sense of autonomy previously missing in charity-based models (Ladd, 2019).

7.8 Gendered Disparities

Women in the facility reported feeling both overburdened by caregiving roles and, paradoxically, marginalized in decision-making processes regarding care (Sharma & Sethi, 2021).

7.9 Policy Gaps

While the rights-based approach is gaining traction, there remains a significant gap in the implementation of policy at the institutional level, especially concerning the protection of women's rights in elder care (Singh, 2019).

Suggestions

Based on the findings of this study, the following suggestions are made to facilitate the transition from charity-based to rights-based elder care in India:

1. **Policy Reforms:** The Indian government should create comprehensive elder care policies that integrate human-centered principles and prioritize autonomy and dignity for all elderly individuals. This would involve the implementation of legal frameworks that ensure older adults' rights to make decisions about their care.

2. **Gender-Sensitive Approaches:** Elder care policies should specifically address the gendered experiences of aging by ensuring that elderly women are empowered to assert their rights and participate in decision-making processes. Gender equality training for caregivers and administrators can help reduce biases that may hinder women's access to autonomy (Madhavan, 2021).

3. **Training and Capacity Building:** Caregivers and staff should be trained on rights-based care and gender-sensitive caregiving to better meet the needs of elderly residents, particularly in institutional settings. This training can improve the delivery of care and enhance the overall experience of older individuals.
4. **Resource Allocation:** There should be a focus on increasing funding and resources for aged care homes, ensuring that adequate infrastructure and staffing levels are in place to support rights-based care approaches. This would help overcome the systemic barriers identified in the study, particularly for elderly women (Pillai, 2017).
5. **Policy Implementation:** There is a need for clearer policy frameworks that enshrine the rights of elderly individuals in all care settings. This includes policies that respect autonomy, promote dignity, and address gender disparities in caregiving roles (Bowers, 2020).
6. **Gender Sensitivity Training:** Care facilities should implement gender sensitivity programs to address the unequal distribution of caregiving responsibilities and ensure that both men and women have equal access to resources and decision-making power (Williams, 2020).
7. **Community-Based Support:** The role of the community in providing both formal and informal support networks to elderly individuals should be strengthened to ensure comprehensive care (Kumar & Gupta, 2022).

Recommendations

Based on the objectives, findings, and conclusion of the study, the following recommendations are proposed to promote a human-centered, rights-based, and gender-sensitive approach to aged care in India:

1. **Legal Literacy and Rights Awareness:** Conduct regular awareness sessions for elderly residents, caregivers, and family members on existing legal rights and welfare provisions under national and international frameworks.
 2. **Gender-Sensitive Care Protocols:** Integrate gender-responsive caregiving practices within institutional policies, addressing the unique social, psychological, and physical needs of elderly women.
 3. **Participatory Care Models:** Strengthen the functioning of resident councils and ensure meaningful participation of elderly residents in decisions about care routines, policies, and facility management.
 4. **Financial Reforms and Insurance Models:** Advocate for elder care insurance schemes and government-supported subsidies to reduce institutional dependency on charity and enhance financial stability for residents.
 5. **Capacity Building for Caregivers:** Implement comprehensive training programs for caregivers and administrative staff focusing on rights-based elder care, gender dynamics, and psychosocial support.
 6. **Independent Monitoring Mechanisms:** Establish independent oversight committees at the district and state levels to monitor aged care institutions and ensure adherence to legal and ethical care standards.
 7. **Cultural Advocacy:** Launch community campaigns to destigmatize institutional elder care and promote acceptance of diverse caregiving arrangements beyond the traditional family model.
 8. **Policy-Level Interventions:** Urge policymakers to update and enforce elder care legislation, ensuring robust grievance redressal systems, periodic audits, and public accountability mechanisms.
- The findings of this study suggest that rights-based elder care can significantly enhance the autonomy and dignity of elderly individuals, particularly women, in India. However, the full realization of these principles is hindered by a combination of cultural, economic, and institutional barriers. To truly empower elderly individuals, it is essential to not only reform care practices but also address the underlying gender dynamics that shape the experience of aging and caregiving.

Incorporating human-centered care approaches into policies and practices is essential for creating inclusive and equitable elder care systems. As the aging population continues to grow in India, the need for gender-sensitive, rights-based models will become increasingly important in addressing the complex needs of older adults.

Conclusion

This study explored the evolving landscape of elder care in India, tracing the transition from traditional charity-driven models to emerging rights-based, gender-sensitive frameworks. Through an in-depth qualitative case study of an aged care home in Mangalore, it became evident that while incremental progress has been made in recognizing elder care as a fundamental human right, practical implementation remains fragmented and inconsistent.

The research underscores how gender dynamics continue to shape both the provision and experience of aged care, with elderly women facing compounded vulnerabilities and limited agency over their care decisions. Although rights-based initiatives — such as resident participation councils and legal literacy programs — have been introduced, their reach and enforcement remain inadequate.

Persistent systemic, cultural, and economic barriers, including financial constraints, entrenched patriarchal norms, insufficient staff training, and weak legal oversight, impede the full realization of dignified, equitable elder care in India. To address these challenges, a comprehensive, multi-pronged strategy is essential — one

that centers autonomy, dignity, and gender equity, while moving decisively beyond charitable legacies. Only through such a human-centered approach can India ensure that all elderly individuals, regardless of gender, class, or social background, are empowered to lead fulfilling and dignified lives in their later years.

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