Growing Old in Kerala: A Comprehensive Review of Elderly Welfare Initiatives

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ABSTRACT

As India's older population is projected to double by 2050, Kerala stands out with an ageing demographic that already represents 16.5% of its residents. This paper provides a comprehensive review of the welfare schemes implemented by Kerala's Social Justice Department to address the needs of its growing elderly population. This study draws on secondary data from government reports, policy documents, and academic literature to evaluate the effectiveness of these initiatives. Key findings highlight successful community-based outreach programs, such as Vathilpadi Sevanam and Vayomithram, which have facilitated improved access to healthcare and social services for seniors. Despite these successes, the paper also identifies significant implementation challenges, including gaps in health insurance coverage and digital literacy among older adults. The study underscores the imperative to innovate and strengthen these welfare programs to ensure a dignified and inclusive ageing process for Kerala's seniors.

Keywords: *elderly welfare, social justice, policy evaluation, healthcare access, welfare schemes*

INTRODUCTION

India's older population is expected to double by 2050, according to the United Nations Population Division. In 2025, 11 percent of Indians belong to the 60+ age bracket, but their share is expected to grow to over 20 percent by 2050. A report by the organization's Population Fund praises the advances in health and medical care that have enabled this, but also underlines the problems that development creates. Although not facing the challenges of population aging as dramatically as some other countries, India will nonetheless see an increase in demand for government support, regulation, and care facilities. Kerala's population is ageing at a rate faster than the rest of the country. The state already possesses the country's largest share of older adults, 16.5 percent in 2021, rising to an estimated 22.8 percent in 2022 and projected to exceed one-fifth of all residents by 2036 (UNFPA, 2023) In absolute terms, Census-based estimates put Kerala's elderly population at roughly 6.5 million in 2021, a figure expected to climb steadily over the coming decade. Kerala's long-standing human-development advantages intensify the policy stakes. With an adult literacy rate of 95.3 percent—among the highest in India—and four consecutive first-place finishes on the NITI Aayog Health Index, the state has historically reaped the dividends of strong social infrastructure (Periodic Labour Force Survey 2023-24; NITI Aayog Health Index 2023). These achievements, however, now translate into an enlarged cohort of long-living seniors who will require sustained health,

social-care, and income-security supports. Concurrently, globalisation, accelerated urban–industrial development, and rising female labour-force participation have eroded India's traditional joint-family arrangements, reduced the availability of informal elder care and increased the proportion of older persons living alone or only with a spouse (Saha & Majumdar, 2023). A study conducted by Sandra and Sathyamurthi (2018) on institutionalised elderly in Kerala revealed that despite receiving basic care and physical security, many elders in old age homes experience a profound sense of emotional neglect and lack of belonging. It also found that while some institutions provided adequate facilities, residents often felt socially isolated, disconnected from community life, and psychologically unfulfilled. The findings challenge the perception that institutionalisation guarantees wellbeing in old age and underscore the importance of addressing the psychosocial dimensions of elderly care, not just physical and material needs. This aligns with broader concerns in Kerala's ageing context, where demographic shifts are outpacing the state's preparedness to ensure dignified ageing both within families and institutions. The resulting care deficit underscores the state's responsibility to guarantee healthy, dignified, and inclusive ageing. Against this backdrop, Kerala's Social Justice Department has rolled out a portfolio of elder-focused welfare programmes. This descriptive paper profiles those flagship initiatives, critically assesses their effectiveness, identifies persistent gaps and implementation challenges, and offers policy innovations to strengthen end-of-life supports for Kerala's rapidly expanding senior population.

MATERIALS & METHODS
This study adopts a descriptive research design relies on secondary data to profile the elderly welfare programmes implemented by the Social Justice Department (SJD), Government of Kerala. Relevant data were collected from official government reports, policy documents, annual reports of the SJD, Kerala State Planning Board publications, and verified online sources such as the official SJD website and national portals. Additionally, published academic articles, evaluation studies, and grey literature were reviewed to assess the structure, objectives, implementation, and effectiveness of the programmes. The collected information was analyzed using qualitative content analysis and organized scheme-wise under thematic categories such as objectives, benefits, target population, and implementation mechanisms. This method enabled a comprehensive understanding of the welfare schemes and identification of implementation gaps and areas for policy improvement.

OVERVIEW OF EDELRLY WELFARE SCHEMES IN KERALA:

Effectiveness of Elderly Welfare Programmes in Kerala
Kerala's elderly welfare initiatives have achieved notable successes, particularly through community-based outreach and improved health insurance coverage. For instance, the Vathilpadi Sevanam scheme engaging ASHA workers, Kudumbashree volunteers, and other grassroots personnel significantly increased elderly access to government services via doorstep delivery, counteracting the limited digital literacy of older beneficiaries. Meanwhile, mobile health units and palliative care under programmes like Vayomithram have enhanced medicine supply, counselling, and social interaction among older adults, fostering improved self-esteem and companionship.

Scheme Name	Year Launched	Objective	Target Group	Key Benefits/Services	Implementation Mode
Vayomithram	2010	Provide health care and support services to elderly in urban areas	Elderly above 65 years in urban municipalities	Mobile health clinic, palliative care, physiotherapy, help desks, special entertainment programmes, medical camps.	Through NGOs under SJD supervision
Aswasakiranam	2013	Provide financial assistance to caregivers of bedridden elderly patients	Family caregivers of bedridden elderly (non-pensioners)	₹600/month caregiver assistance	Direct benefit transfer (DBT)
Social Security Pension for Elderly	Ongoing (merged under IGNOAPS)	Ensure financial security in old age for economically vulnerable elders	Persons above 60 years below poverty line (BPL)	₹1,600/month pension (as of 2024)	Implemented through Local Self-Governments
Day Care Centres for Elderly	2015	Provide safe spaces, recreation, and care for senior citizens during the day	Elderly individuals, especially those living alone	Recreation, meals, basic health care, community engagement	Run by NGOs or institutions under SJD
State Initiative on Dementia Care	2018	Early detection and care for elderly with dementia	Elderly with cognitive decline/dementia symptoms	Memory screening, family counseling, referral to dementia care	Piloted through hospitals and panchayats
Elderline – 14567 Helpline	2021	Offer a national toll-free helpline for elderly support and services	Elderly persons across Kerala	Information, emotional support, legal help, rescue support	Operated with NISD and SJD collaboration
Vayo Amrutham	2018	To provide Ayurvedic healthcare and palliative support to elderly inmates in government old age homes	Elderly residents in government-run old age homes under SJD	Ayurvedic treatment, palliative care, counseling, services of a Medical Officer and attender; treatment for diabetes, asthma, skin diseases, arthritis, eye and ear conditions	Implemented by Social Justice Department in collaboration with Indian System of Medicine Department
Age-Friendly Panchayat	2013	Convert all panchayats into age-friendly spaces promoting health, participation, and wellbeing	Senior citizens in all panchayats	Initiatives to improve health, social participation, and quality of life; part of decentralised approach to elderly-friendly governance	Implemented through SJD in association with Local Self-Governments
Mandahasam	2018	aims to reduce nutritional, physical and mental problems faced by the elderly people after loosing teeth. Provide free artificial teeth.	BPL senior citizens with full or partial tooth loss	Free dental treatment and artificial teeth through empanelled dental colleges/treatment centres; standards for quality ensured	SJD in collaboration with dental colleges and clinics
Sayamprabha Home	Recent (Post-2013, under expansion)	Provide day care and social engagement facilities to elderly to address isolation and loneliness	Senior citizens above 60 years from local bodies	Day care, yoga, physiotherapy, meditation, counseling, social interaction, health checkups, and food (minimum two meals per day)	Operated by LSGD institutions under guidance of SJD
Vayomadhuram	Recent	Support diabetic elderly by providing free glucometers to monitor sugar levels	BPL senior citizens (60+) with diabetes	Free glucometer distribution (1,000 persons per district); doctor certification required; priority to older applicants	Implemented by SJD through district-level coordination
Grand Care Project	2020 (COVID-19 Response)	Address physical, emotional and mental stress of elderly during pandemic, especially in isolation	Elderly in old age homes and reverse quarantine	Vayokshema Call Centres in every district (6 AM to 10 PM); emotional support and problem resolution; COVID safety monitoring	Monitored by District Senior Citizen Cells under SJD
Second Innings Home	2018	Transform old age homes into model multi-service community age care centres	Inmates of government old age homes	Shelter, food, medical care, legal aid, counselling, public awareness activities, family support, field extension, and social participation	SJD pilot in Kannur Old Age Home, to be expanded
Maintenance and Welfare of Parents and Senior Citizens Act Implementation	2009 onwards (Act from 2007)	Enforce legal responsibility of children to maintain elderly; offer legal grievance redressal	Senior citizens facing neglect or abuse	27 Maintenance Tribunals, 14 Appellate Tribunals, 14 Maintenance Officers, 27 Technical Assistants; awareness camps and fast-track hearings	Governed by G.O.s and Rules of 2009 under SJD; RDOs and Collectors act as Presiding Officers
vayoraksha	2020 (ongoing)	Provide emergency care, rehabilitation, legal support, and protection during crises	BPL senior citizens in distress or crisis situations	Emergency medical aid, surgeries, COVID care, ambulance, assistive devices, rehabilitation, legal aid, food, caregiver services	Fund monitored by District Committee; DSJO financial powers up to ₹25,000; higher amounts with committee/State approval

Multiple studies highlight the success of the Vayomithram mobile clinics and palliative services. As of 2023–24, nearly 290,000 seniors utilized mobile clinics, free medicines, helplines, and mental health activities through over 95 units in municipalities. Municipality-level programs in Thripunithura and Kochi demonstrate effective rollout of mobile clinics and geriatric camps, contributing to improved healthcare access in urban areas However, a cross-sectional study on social health insurance (CHIS) revealed that although about 57 % of the elderly held coverage, only 38 % of hospitalizations were actually compensated under the scheme and insured elders still faced high out of pocket costs, undermining financial protection goals.

Kerala's palliative care network, particularly its community-based approach has outperformed national averages, with improved emotional well-being and quality of life among bedridden elderly (Newsclick, 2022). However, schemes like Aswasakiranam, intended to support caregivers, have been marred by delayed disbursements and insufficient financial support (The Hindu, 2024). The recently launched MEDISEP for retirees has seen wide enrolment and effective cashless treatment, marking an improvement in access to secondary care. Pension schemes offering ₹1,600 per month have enhanced financial stability, yet irregular disbursements and bureaucratic inefficiencies hinder their full impact.

A study conducted by Thomas (2024) in Thalayazham Panchayath, Kerala, highlighted that over 70% of elderly respondents rely solely on social security pensions, and 88% remain financially dependent on their children, indicating severe vulnerabilities in economic independence and healthcare access. The study also revealed poor insurance coverage and limited social engagement, with more than half of the elderly uninvolved in any community groups—underscoring the growing psychosocial isolation among seniors. Recommendations include strengthening local governance structures, digital inclusion of the elderly, and leveraging public–private partnerships to enhance service delivery and financial protection. The study positions Kerala as a model with potential for replication, while also highlighting the urgent need for reforms to match the pace of demographic transformation.

A comprehensive study by the Centre for Socio-economic and Environmental Studies (CSES, 2015) evaluated the implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 in Kerala, focusing on the performance of Maintenance Tribunals and Appellate Tribunals. Covering ten Maintenance Tribunals and four Appellate Tribunals across the state, the study found that although the establishment of Tribunals provided a legal avenue for senior citizens to claim maintenance, their effectiveness was undermined by multiple systemic issues. Only 25% of applications were disposed within the mandated 90-day period. Procedural delays, inadequate staffing, lack of training for presiding officers, and limited use of conciliation mechanisms were key challenges. The study also highlighted the emotional and physical strain faced by elderly litigants due to repeated postponements and long waiting hours. Moreover, the lack of follow-up on enforcement of Tribunal orders severely affected the credibility and impact of the system. The report recommended better administrative support, training, awareness generation, improved conciliation processes, and structural reforms to ensure speedier and more humane justice delivery to senior citizens.

A descriptive study found that the Sayamprabha home project provides opportunity for social interaction, activities to satisfy their social, emotional and physical needs, and the project is very effective that has changed the idea of aging upside down, but the project facing difficulties in getting established in Grampanchayats and Block Panchayats due to lack of funding and lack of supervisors to monitor functioning of pakalveedu (Renitta Manuel,2018)

Kerala has been a frontrunner in implementing welfare schemes for the elderly, facilitated through the Social Justice Department and various local self-governments. The Vayomithram project, old age pension schemes, and day care centres have expanded coverage to a large segment of the senior population. However, disparities persist. While urban elderly often have better access to such programmes due to proximity to institutions and information networks, rural beneficiaries—especially those in remote areas—face logistical and infrastructural barriers. A 2021 evaluation by the Kerala State Planning Board found

that while old age pensions reached over 35 lakh beneficiaries, issues in timely disbursal and uneven distribution across districts remained a concern. Additionally, lack of digital literacy among elders limits their access to online application procedures, which are increasingly being mandated.

Welfare schemes have positively influenced the financial security of many elderly, particularly those without stable family support. Pensions and social assistance help meet basic needs and reduce dependency. Studies (Mini & Sathyamurthi, 2018) suggest that participation in community-based initiatives like day care centres under Vayomithram has improved psychological well-being, reduced feelings of isolation, and provided access to regular health check-ups. Health interventions, such as mobile clinics and geriatric care support, have enhanced health outcomes, although availability is still inconsistent. Social integration through Kudumbashree-affiliated elder collectives and senior citizen forums has shown potential in fostering engagement and purpose among the elderly.

Despite its progressive stance, Kerala faces multiple challenges in effectively implementing elderly welfare programmes. Bureaucratic delays, understaffed service centres, and rigid eligibility criteria often limit the impact of otherwise well-designed schemes. Many elders are unaware of the full range of services available to them, due to poor outreach and lack of proactive information dissemination. Funding constraints and lack of trained geriatric care personnel also hamper quality service delivery, especially in rural and coastal belts. Moreover, programmatic evaluation is often missing or irregular, making it difficult to assess and redesign schemes based on empirical feedback.

To ensure a robust elderly welfare system, governments must enhance existing welfare schemes by expanding pension coverage, increasing healthcare subsidies, and implementing universal social security for all seniors, regardless of their employment history. Additionally, new initiatives should address emerging needs, such as mental health programs for the elderly, mobile healthcare units for remote populations, and digital literacy training to reduce technological exclusion. Strengthening coordination between different welfare programs is equally critical—this can be achieved through a centralized elderly welfare database, improved inter-departmental collaboration, and single-window service centers to streamline assistance.

A financially sustainable approach is essential for long-term elderly welfare. Public-private partnerships (PPPs) can mobilize private sector investments in elderly care homes and day centers, supported by tax incentives for corporate contributions. Innovative financing mechanisms, such as social impact bonds, elderly welfare trust funds, and micro-pension schemes, can diversify funding sources. Furthermore, optimizing resource allocation through AI-driven analytics can help prioritize preventive care and direct funds to high-need populations, ensuring maximum impact.

Local communities play a vital role in elderly welfare. Age-friendly communities should be promoted through accessible infrastructure, senior citizen clubs, and safe public spaces. Encouraging volunteerism and civic engagement—such as "Adopt a Grandparent" programs and elderly mentorship initiatives—can foster intergenerational bonds and reduce social isolation. Finally, integrating elderly welfare into local governance structures—by including senior representatives in municipal planning and making elderly care a key performance metric—will ensure that policies are responsive to grassroots needs.

CONCLUSION
In light of the profound demographic shifts anticipated in Kerala's elderly population, the welfare initiatives implemented by the Social Justice Department represent a critical response to the growing needs of seniors in the state. The successes observed

through programs such as Vathilpadi Sevanam and Vayomithram reflect a commendable effort to enhance healthcare access, promote social inclusion, and address the unique challenges faced by older adults. These community-driven approaches have not only improved service delivery but have also fostered a sense of dignity and support among the elderly. However, despite these notable achievements, there remain significant gaps in the implementation and reach of these welfare schemes. Issues such as limited health insurance coverage, digital literacy, and the accessibility of services must be addressed to ensure comprehensive support for all seniors. The integration of informal care mechanisms and strengthened collaboration with local communities could further enhance the effectiveness of the existing programs. Moving forward, it is essential for policymakers to prioritize innovations that bridge these gaps, ensuring that Kerala's elderly population receives the care and support necessary for dignified ageing. By sustaining a commitment to improving elder welfare, Kerala can serve as a model for other states grappling with similar demographic challenges, ultimately fostering a society that values and protects its older citizens.

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

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