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From Family-Based Care to Formal Elder-Care Systems in India: A Comparative Systematic Review of the Social, Cultural, and Economic Drivers of Palliative and Residential Geriatric Care in Kerala and Rajasthan, 2015–2025..

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Abstract
Ageing of the population has turned out to be one of the most pertinent demographic changes of the twenty-first century, which has added more long-term care services to the demand in most societies. The percentage of individuals over 60 years old in the world is expected to increase at an alarming rate, posing novel challenges to health services and care models (United Nations, 2023; World Health Organisation, 2022). Historically, joint family systems and strong culturally-driven expectations of intergenerational support in India have facilitated the presence of traditional family-based elder care as the main model of elder care. Nevertheless, the process of urbanisation, migration of labour, reduction in household size, and increased weight of chronic diseases are slowly changing the nature of caregiving (Irudaya Rajan & Mishra, 2020). This paper will discuss the rise in the number of palliative care centres and geriatric homes in India between 2015 and 2026. The study merges an international systematic literature review with a content analysis based on the themes of Kerala and Rajasthan, using digital content. The results show that demographic ageing, the lack of family caregiving abilities, and the increasing healthcare demands are promoting hybrid institutional elder care in modern India...
Keywords: population ageing; institutional elder care; palliative care centres; geriatric homes; long-term care; Kerala; Rajasthan; India; ageing policy; elderly healthcare systems.

Introduction

Ageining of population has become one of the most significant demographic challenges of modern times.Increases in life expectancy and decreased fertility rates have drastically changed the number of older persons that have been increasing as proportions in most countries, changing the demand for healthcare, social protection and long-term care services (United Nations, 2023). The world is estimated to have a population of around 2.1 billion individuals aged sixty years and above by 2050, which means that both developed and developing societies are undergoing a rapid demographic transition (World Health Organisation, 2022). The associated demographic transition has created an increasingly strong interest in the systems able to aid aged populations with chronic conditions, impairments, and social support requirements (Beard et al., 2016).

The growth of the ageing population has also led to an increase in demand for organised long-term care systems. Countries have reacted by establishing institutional care options such as nursing homes, assisted living centres and specialised palliative care centres offering medical and psychosocial assistance to the elderly (Colombo et al., 2011). Institutional elder care has thus emerged as a significant part of both current medical facilities, especially in cultures where family-based care-giving systems have deteriorated or become incapable of supporting increased care requests (Prince et al., 2015). The ageing populations that demand long-term medical care and management

of chronic conditions are becoming institutional settings that are well-organised and can be used to provide coordinated care services (Beard et al., 2016).

Unlike most other Western welfare systems, care provided to the elderly in India has traditionally been based on family care-giving systems that are based on cultural requirements of intergenerational responsibility. The joint family setup has long been an assurance that both the elderly parents would be embedded in the family settings where the younger members of the family would support them financially, emotionally, and physically (Lamb, 2018). These family structures have traditionally served as the most important mode of providing elderly people with support in their routine tasks, the treatment of diseases, and social support (Rajan & Mishra, 2020). Therefore, it has been traditionally intrinsic to institutional elder care in India since relatives were supposed to play caregiving roles in homes (Chatterji et al., 2015).

At the same time, the expansion of nuclear families has also changed the patterns of caregiving in Indian society. Smaller families lessen the supply of potential caregivers within families, which causes increased pressure on other working family members who have to balance work and caregiving responsibilities (Bloom et al., 2015). In India, palliative care and geriatric service development have increased steadily over the last twenty years. Palliative care is a comprehensive approach that tries to enhance the quality of life of people with serious or life-limiting diseases by providing them with physical pain, psychological distress, and social needs treatment (Rajagopal & Palat, 2007). Even though historically, palliative care services have been restricted in their availability, palliative care services have received increased status on the policy agenda as ageing populations become increasingly involved in specialised care frameworks, not necessarily as typical hospital care services (World Health Organisation, 2020). This understanding has helped to initiate new institutional care models whose sole aim was to assist the elderly with chronic illness and advanced health conditions.

Regardless of the country-wide demographic trends, there are some regional differences in the rates at which elderly care systems are developing in India. Kerala is one of the fastest ageing areas in the country and has created quite a wide community-based palliative care network with the support of non-governmental organisations and local healthcare projects (Kumar, 2013). The ageing demographic composition of the state has facilitated the growth of the institutional care service with the aim of assisting the ageing individuals with chronic conditions, disability, or loneliness (Rajan & Mishra, 2020). Participation of the community and community health programs has thus greatly contributed to the changing face of elderly care in Kerala.

This paper will fill this gap by discussing the forces influencing the increase in the number of palliative care centres and geriatric homes in India from 2015 to 2026. The study is a synthesis of a systematic review of the international and Indian literature and a thematic analysis of online information about elderly care facilities in Kerala and Rajasthan. The study will combine the evidence by using global scholarship and regional evidence in establishing the demographic, social, cultural, and healthcare determinants of the gradual transformation of elderly care systems in India.

Research Questions

What global demographic, social, and healthcare factors have contributed to the expansion of institutional elderly care systems during the past decade (2015–2026)?

How is the rise of geriatric homes and palliative care centres reshaping elderly care systems in India?

What demographic, social, and economic factors are influencing the emergence of institutional elderly care in Kerala and Rajasthan?

How do regional variations in healthcare infrastructure, migration patterns, and family structures shape different models of elderly care development in these two states?

Research Objectives

The study is guided by the following research objectives:

To identify global demographic, social, and healthcare factors that have contributed to the expansion of institutional elderly care systems between 2015 and 2026 (Beard et al., 2016; United Nations, 2023).

To examine the growing presence and role of geriatric homes and palliative care centres within India's evolving elderly care landscape (World Health Organisation, 2020).

To analyse how demographic ageing, migration, and changing family structures influence the development of institutional elderly care in Kerala and Rajasthan (Irudaya Rajan, 2017).

Literature Review

It is impossible to discuss the transformation of the elderly care systems outside of the framework of the global population ageing, demographic, and social changes. In the last few decades, the reduction in fertility rates and a better healthcare system have largely raised life expectancy in most parts of the world. Consequently, the share of older adults in the population of countries has increased at a high rate, and it has led to new requirements regarding healthcare services, social protection systems, and long-term care arrangements (United Nations, 2023). The World Health Organisation also notes that the number of people aged sixty years and older in the world will more than double by 2015-2050, which underlines the magnitude of demographic transformation both in developed and developing societies (World Health Organisation, 2022).

The United Nations foresees that in India, the number of people aged sixty and over will surpass 320 million people by 2050, which will lead to a dramatic change in the demographic makeup of the nation (United Nations, 2023). The significance of this demographic shift on the healthcare systems and social support networks that provide support to older adults is significant.

In India, the number of chronic diseases that older adults experience, including hypertension, diabetes, cardiovascular disorders, and cancer, is overrepresented among the elderly population and needs continuous medical care and treatment (Chatterji et al., 2015). Studies on ageing in India indicate that these health issues are often associated with functional deficits that limit the independence of elderly people to carry out their daily activities (Rajan & Mishra, 2020).

In line with the emergence of geriatric homes, palliative care has emerged as a significant aspect in the changing healthcare system of India. Palliative care is aimed at enhancing the quality of life of those affected by severe or life-threatening conditions by assisting them in managing the pain, psychological support and organising coherent medical care. The role of palliative care in the international health organisations is gaining more and more appreciation as this service is necessary to provide to the ageing population with chronic illness and advanced health conditions (World Health Organisation, 2020).

Kerala is one of the Indian states, which is a unique example of how community-based healthcare initiatives can define the healthcare palliative care structure development. It has established one of the largest palliative care networks that the state has ever had, with the engagement of civil society and the community health programs. Palliative care programmes that are community-based have been especially significant in offering home-based and institutional care services to people affected with chronic illness and terminal conditions (Kumar, 2013). The result of the interaction between the ageing demographic structure of Kerala and the high quality of healthcare awareness and involvement of the social sector has thus promoted the development of institutional care services aimed at accommodating the needs of the elderly who need specialised medical care.

In contrast, other regions of India demonstrate different trajectories in the development of elderly care systems. States such as Rajasthan illustrate emerging institutional responses to demographic and social change, although the scale and structure of elderly care services remain more limited compared with Kerala. Residential care facilities and charitable old age homes have gradually appeared across several urban centres, often operated by religious organisations, non-governmental groups, or philanthropic institutions seeking to address the needs of elderly individuals lacking family support (Chatterji et al., 2015).

The regional variation between Kerala and Rajasthan highlights the importance of examining elderly care systems through a contextual and comparative perspective. Differences in demographic ageing patterns, healthcare infrastructure, civil society engagement, and policy implementation contribute to distinct institutional landscapes within different parts of India. Understanding these regional differences is therefore essential for identifying the broader social and economic factors shaping the emergence of geriatric homes and palliative care centres within the country.

The present study, therefore, adopts a mixed analytical strategy that integrates a systematic literature review with a thematic analysis of digital content related to elderly care institutions. By combining global academic research with regional evidence from Kerala and Rajasthan, the study seeks to identify the demographic, social, and healthcare factors driving the expansion of institutional elder care in India.

Methodology Adopted

Research Design

This study adopts a mixed qualitative research design combining a **systematic literature review (SLR)** with **digital content thematic analysis** in order to examine the drivers behind the increasing presence of geriatric homes and palliative care centres in India. The research design integrates global scholarly evidence with contemporary digital information on institutional elder care developments in selected Indian states.

Contrary to this, other parts of India show various patterns of developing the system of elder care. Other states like Rajasthan may be an indication of new institutionalised responses to demographic and social change, though the magnitude and form of the elderly services are less organised than in Kerala.

The current paper thus takes a mixed-method approach, which incorporates a systematic literature review and a thematic analysis of online materials on aged care facilities. The study aims at establishing the demographic, social, and healthcare determinants of the growth of institutional elder care in India by synthesising global scholarly findings with the local evidence of Kerala and Rajasthan.

Systematic Literature Review (PRISMA)

The initial step of the study was a systematic search in the literature in which scholarly research published in 2015-26 was included. The review was conducted in accordance with the Preferred Reporting Items in Systematic Reviews and Meta-Analyses (PRISMA) framework that offers universally recognised criteria to identify, screen, and select the relevant research articles (Page et al., 2021).

Literature sources were gathered using the large academic databases such as:

Scopus, PubMed, Web of Science, Google Scholar

The choice of these databases is based on the fact that they include numerous peer-reviewed sources that are associated with the topics of ageing, healthcare systems, and long-term care services.

Search Keywords

The search strategy combined multiple keywords associated with elderly care systems and ageing populations.

Table 1. Search Keywords Used in the Systematic Literature Review

Category	**Keywords**
Ageing	population ageing, elderly population, ageing societies
Care Systems	long-term care, institutional care, elder care institutions
Healthcare	palliative care, geriatric care, hospice care
India Context	elderly care India, geriatric homes India, palliative care India

These search terms were applied in different combinations using Boolean operators such as **AND** and **OR** in order to identify relevant publications across databases.

Inclusion and Exclusion Criteria

To ensure methodological consistency, a set of inclusion and exclusion criteria was applied during the literature selection process.

Table 2. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Publication type	Peer-reviewed journal articles, academic books, policy reports	Opinion articles, editorials
Time period	2015–2026	Studies before 2015
Language	English	Non-English publications
Topic focus	Elderly care, long-term care, geriatric homes, palliative care	Pediatric care, unrelated healthcare fields

After applying these criteria, studies that specifically addressed demographic ageing, healthcare systems, and institutional elder care were retained for further analysis.

PRISMA Study Selection Process

The selection of studies followed the PRISMA screening process. Initially, database searches produced a large pool of potential articles. Duplicate records were removed before screening titles and abstracts for relevance. Full-text articles were then reviewed to determine whether they met the study's inclusion criteria.

Figure 1. ***PRISMA Flow Diagram***

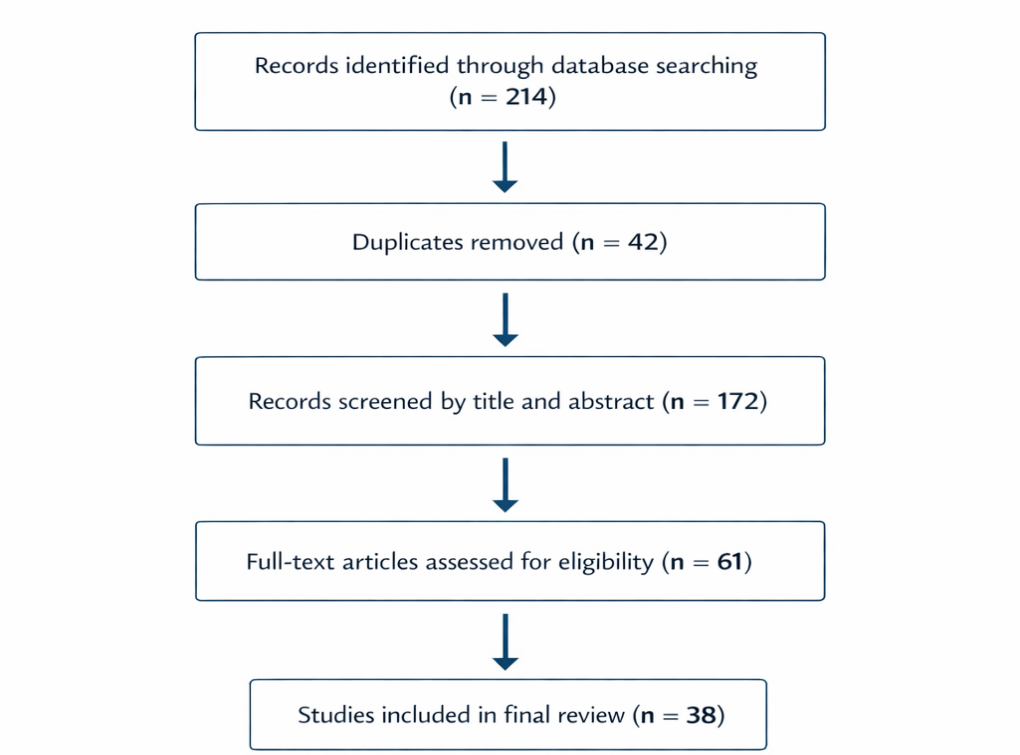


Figure 1 illustrates the PRISMA screening process used to identify relevant studies for the systematic literature review.

Data Extraction

Information from the selected studies was extracted and summarised in order to identify recurring themes related to institutional elderly care. Foundational studies published prior to 2015 were included where necessary to provide historical context for the development of palliative care systems in India.

Table 3: Systematic Literature Review Dataset (2015–2024)

Author	Year	Country /Region	Study Focus	Key Findings
UN DESA	2023	Global	Population ageing report	The elderly population will double globally by 2050.
WHO	2022	Global	Ageism and ageing	Age discrimination affects access to care and well-being in older populations.
Pallium India	2022	India	Hospice care programs	Community palliative networks support chronic disease patients.
HelpAge India	2022	India	Elderly care institutions	Growth of residential care homes in Indian cities.
NITI Aayog	2021	India	Elderly healthcare	India must expand its geriatric care infrastructure.
Irudaya Rajan	2021	India	Ageing and migration	Rural elderly populations face increasing care gaps.
Rajan & Mishra	2020	India	Elderly care systems	Family caregiving remains dominant but is weakening in urban India.
WHO	2020	Global	Palliative care integration	Palliative care should be integrated into primary healthcare systems.
Government of India	2020	India	National Programme for Health Care of the Elderly	Policy initiative to improve elderly healthcare services.

Lloyd-Sherlock & Kalache	2020	Global	Ageing policy reforms	Policy reforms are required to support long-term care systems.
Beard et al.	2020	Global	Healthy ageing policy	Age-friendly health systems improve elderly wellbeing.
Irudaya Rajan & Kumar	2020	India	Old age homes	Institutional care facilities are increasing slowly in India.
Khosla	2019	India	Elderly policy	India's ageing population requires policy reforms in healthcare and social protection.
Agarwal et al.	2019	India	Elderly mental health	Social isolation increases depression among the elderly.
Lloyd-Sherlock	2019	Global	Ageing policy	Ageing populations require policy innovation.
WHO India	2019	India	Palliative care	Access to palliative care remains limited across most Indian states.
Irudaya Rajan et al.	2019	India	Elderly migration effects	Migration of children increases elderly vulnerability.
Lamb	2018	Global/India	Cultural perspectives on ageing	Family structures shape elderly wellbeing and caregiving expectations.
Lloyd-Sherlock et al.	2018	Global	Elderly health inequalities	Ageing populations face unequal access to healthcare systems.
Gupta & Sankar	2018	India	Elderly care policies	Indian elderly welfare programs remain limited in coverage.
HelpAge International	2018	Global	Elderly wellbeing	Institutional and community care systems are expanding worldwide.

Kumar & Numpeli	2018	India	Community healthcare	Kerala's health model supports elderly care networks.
Rajan	2017	India	Demographic ageing	India is entering a rapid demographic ageing phase.
Lloyd-Sherlock	2017	Global	Ageing and healthcare	Developing countries face significant long-term care system challenges.
OECD	2017	Global	Long-term care policy	Institutional care systems support ageing societies.
Bhattacharya	2017	India	Family structure change	Nuclear families reduce caregiving capacity.
Chatterji & Kowal	2017	Global	Ageing health research	Health systems must adapt to elderly populations.
Beard et al.	2016	Global	Healthy ageing framework	Ageing populations require integrated long-term care systems.
Sinha et al.	2016	India	Geriatric healthcare	India faces shortages in geriatric healthcare services.
Lloyd-Sherlock	2016	Global	Elderly poverty	Many elderly populations lack social security systems.
Prince et al.	2016	Global	Dementia prevalence	Ageing populations increase dementia prevalence worldwide.
Ghosh	2016	India	Elderly vulnerability	Social isolation among the elderly is increasing in urban India.
Bloom et al.	2015	Global	Economic implications of ageing	Ageing populations influence labour markets and healthcare demand.

Chatterji et al.	2015	India	Ageing population health	Non-communicable diseases dominate the elderly disease burden in India.
Prince et al.	2015	Global	Dementia and ageing	Ageing populations significantly increase long-term care demand globally.
Aboderin & Beard	2015	Global	Ageing policy	Health systems must adapt to rapidly ageing populations.
WHO	2015	Global	World report on ageing and health	Ageing societies require long-term care systems.
Kumar	2013	India (Kerala)	Community palliative care	Kerala has a globally recognised community palliative care model.
Colombo et al.	2011	OECD	Long-term care systems	Institutional care systems expand when family caregiving declines.
Rajagopal & Palat	2007	India	Palliative care development	India's palliative care movement originated in Kerala.

The extracted information allowed the study to identify major patterns related to demographic ageing, social transformation, and healthcare system development.

Digital Content Analysis (Kerala and Rajasthan)

The second phase of the study was an analysis of online material on the elderly care institutions in Kerala and Rajasthan. The states were chosen due to the fact that they illustrate opposite geographical settings in the ageing landscape of India. Kerala is among the ageing populations in the country and has established a large palliative care system, but on the other hand, Rajasthan has a developing institutional ageing care system.

The sources of digital content were:

NGO websites

hospital websites

government health portals

institutional reports

Advertisements for old age homes on the internet.

The digital sources that discussed the palliative care centres, geriatric homes or elderly welfare initiatives within the two states directly were identified using purposive sampling.

Table 4: Digital Content Dataset (Kerala and Rajasthan)

Platform	Organisation / Institution	State	Content Type	Date	Key Insight
NGO Website	Pallium India	Kerala	Program announcement	2024	Pallium India expanded community-based palliative care services supporting elderly patients with chronic illness.
Government Portal	Kerala Health Department	Kerala	Policy update	2024	Kerala continues to strengthen community palliative care programmes integrated with primary healthcare systems.
Hospital Website	Institute of Palliative Medicine (IPM), Kozhikode	Kerala	Service information	2023	IPM provides specialised palliative and geriatric services through community volunteers and trained healthcare workers.
NGO Website	HelpAge India	Kerala	Elderly care program	2023	HelpAge India operates elder care and healthcare outreach programmes supporting elderly populations in Kerala.
NGO Website	Kerala Palliative Care Association	Kerala	Programme report	2023	Kerala's community palliative care network demonstrates strong NGO and public health collaboration.
Hospital Website	Trivandrum Institute of Palliative Sciences	Kerala	Institutional report	2022	The institute provides hospice care and training programmes for healthcare professionals in palliative medicine.

NGO Website	Pain and Palliative Care Society	Kerala	Community programme	2022	Community-based volunteers assist elderly patients with chronic illness and mobility limitations.
Government Portal	National Programme for Health Care of the Elderly (NPHCE)	Kerala	Policy implementation report	2021	Government hospitals in Kerala have introduced geriatric clinics and specialised elderly healthcare services.
NGO Website	Santhigiri Ashram Old Age Home	Kerala	Institutional information	2021	Residential care facilities provide housing and healthcare services for elderly individuals without family support.
Hospital Website	Amrita Institute of Medical Sciences	Kerala	Healthcare services	2020	The hospital provides specialised geriatric care clinics addressing chronic disease among elderly populations.

Kerala Digital Dataset

Rajasthan Digital Dataset

Platform	**Organisation / Institution**	**State**	**Content Type**	**Date**	**Key Insight**
Government Portal	Rajasthan Social Justice and Empowerment Department	Rajasthan	Welfare scheme update	2024	The government operates old age homes and social welfare programmes supporting vulnerable elderly citizens.

NGO Website	HelpAge India	Rajasthan	Elder care initiative	2023	HelpAge India runs mobile healthcare programmes for elderly populations in rural Rajasthan.
NGO Website	Dignity Foundation	Rajasthan	Elder support programme	2023	NGO initiatives provide social and healthcare support for elderly individuals lacking family caregivers.
Government Portal	Rajasthan Senior Citizen Welfare Fund	Rajasthan	Policy report	2022	State welfare schemes provide financial support and residential care facilities for elderly individuals.
NGO Website	Apna Ghar Ashram	Rajasthan	Institutional report	2022	A charitable organisation operates residential facilities for abandoned elderly persons.
Hospital Website	SMS Medical College Hospital, Jaipur	Rajasthan	Healthcare services	2021	Hospital geriatric departments provide medical treatment for elderly patients with chronic diseases.
NGO Website	Narayan Seva Sansthan	Rajasthan	Elder welfare programme	2021	NGO programmes include healthcare support and residential care for elderly individuals with disabilities.
Government Portal	Ministry of Social Justice & Empowerment	Rajasthan	Policy initiative	2020	Government initiatives promote elderly welfare schemes, including old-age homes and healthcare services.

NGO Website	Rajasthan Mahila Kalyan Mandal	Rajasthan	Elder care programme	2019	NGO provides residential and welfare services for elderly individuals lacking family support.
News Portal	The Hindu / Indian Express regional reports	Rajasthan	News coverage	2018	Reports highlight the growing need for institutional elderly care in urban Rajasthan due to migration and nuclear families.

Thematic Coding Analysis

Thematic analysis, a qualitative analytical tool applied to the collected data of the systematic literature review and the digital content dataset to determine patterns and repetitive concepts in written data, was used to analyse the data. The analysis was performed in accordance with the methodological framework suggested by Braun and Clarke (2006), and it implies the systematic steps of coding, categorisation, and the development of themes.

Two sources of evidence were utilised in the analysis. The systematic literature review dataset, which comprised 38-40 academic studies, was reviewed first in order to determine the trends at the global and national level related to ageing populations and the system of long-term care. Second, the dataset of digital contents in terms of institutional and policy sources in Kerala and Rajasthan was analysed to identify the current trends of elderly care provisions and welfare programmes. The combination of these datasets allowed the study to correlate the international academic knowledge with the institutional data on the regional level.

Stage 1: Open Coding

The preliminary step was the open coding, during which the most significant ideas and concepts were identified in the literature and online materials. In this process, line-by-line analysis of textual data was conducted to find out the common problems concerning ageing populations, demand for healthcare treatment, and care facilities among the elderly.

Table 5. Open Coding Results

Initial Code	**Evidence from SLR**	**Evidence from Digital Sources**
Population ageing	Global ageing reports and demographic projections	Government elderly welfare policies
Chronic disease burden	Studies on non-communicable diseases among the elderly	Hospital geriatric clinics
Migration of adult children	Studies on rural-urban migration and ageing	NGO reports on abandoned elderly

Nuclear family structures	Literature on changing household composition	Institutional residential care facilities
Social isolation among the elderly	Research on elderly vulnerability	Old age homes and social welfare institutions
Expansion of palliative care	Global healthcare policy literature	Kerala palliative care networks
Institutional elderly care growth	Long-term care system research	Residential homes and geriatric services

These codes represented the first stage of identifying the **structural factors associated with institutional elder care development**.

Stage 2: Axial Coding

The second step was the analysis after the open coding with the help of the axial coding, during which similar codes were clustered into general analytical categories. This move enabled the study to transform detached observations on how demographic, social, and healthcare influences interact to shape the systems of elderly care.

Table 6. Axial Coding Categories

Category	**Description**	**Supporting Evidence**
Demographic Drivers	Growth of ageing populations and increasing life expectancy	Global ageing reports and demographic studies
Social Transformation	Migration, nuclear family structures, and reduced family caregiving capacity	Studies on household change and migration
Healthcare Demand	Rising burden of chronic diseases requiring long-term care	Geriatric healthcare literature and hospital programmes
Institutional Responses	Development of palliative care networks, geriatric clinics, and residential homes	NGO programmes, hospitals, and government schemes

These classification examples demonstrate how institutional measures in terms of healthcare systems are carried out as a result of structural demographic and social pressures.

Stage 3: Theme Development

The axial categories were then synthesised in the last stage of analysis into larger analytical themes of how the institutional systems of elderly care emerged in India. The overall analysis of the literature review and digital data gave rise to four significant themes.

Theme 1: Demographic Ageing as a Structural Pressure

Theme 2: Transformation of Family-Based Care Systems

Theme 3: Rising Healthcare Complexity and Chronic Disease Burden

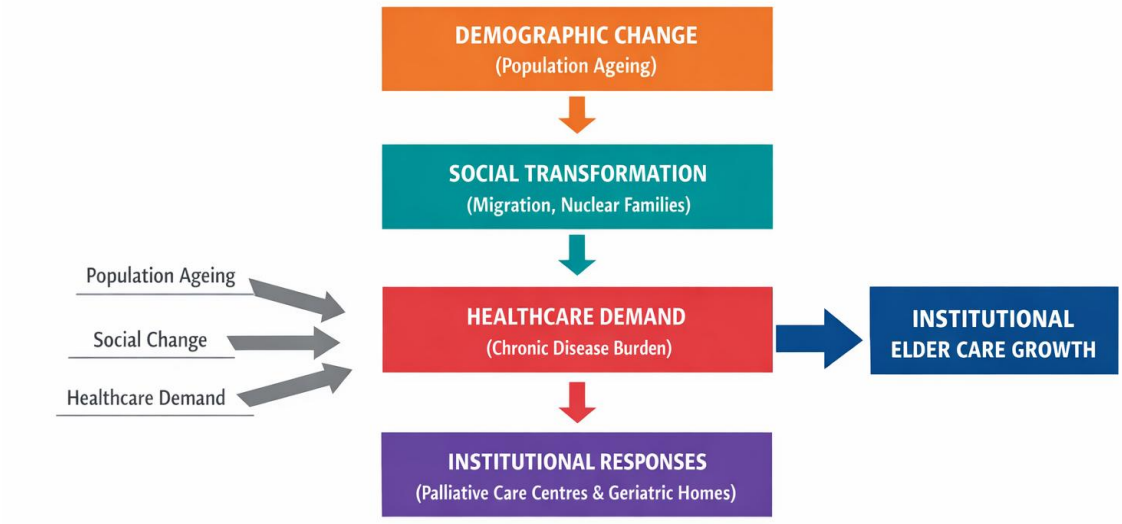
Theme 4: Expansion of Institutional Elder Care Infrastructure

Figure 2. ***Thematic analysis framework illustrating the development of analytical themes from coded data.***

Analytical Framework

The thematic coding analysis indicates that there is no one factor that accounts for the emergence of institutional elderly care in India, but the products of the demographic, social, and healthcare pressures. Ageing of the population generates ongoing requirements for care services, whereas social changes decrease the ability of families to offer support on a long-term basis.

Figure 3. ***Conceptual framework explaining the drivers of institutional elderly care expansion in India.***



Findings

In this section, the results of the synthesis of the systematic literature review (SLR) and the digital content dataset of Kerala and Rajasthan will be given. This analysis incorporates the international scholarly data and the local

institutional trends to determine the structural forces that influence the development of the institutional elderly care system in India.

Institutional Elderly Care Trends Worldwide

The inclusive literature review shows that the development of institutional elderly care systems is closely related to global demographic ageing. Research analysing population changes has continued to show that there has been a great rise in the percentage of people aged sixty years and above, both in the developed and developing nations (United Nations, 2023). The positive changes in life expectancy combined with decreasing fertility rates have also been a cause of a demographic transition in which the older age group is increasingly comprising the national populations (World Health Organisation, 2022).

Transformation in the Indian Elderly Care.

Although the global trends in ageing offer a significant setting, it can be stated that the results of the systematic literature review reveal that India has unique barriers associated with the provision of elderly care. According to the demographic forecasts, the elderly population of India is rising at an alarming rate, with the ageing population of sixty years and above anticipated to surpass 320 million by the mid-century (United Nations, 2023). This change in demographics is taking place in a social context in which the traditional system of care has always been a family-based care arrangement, and this transition between the traditional and institutional forms of care is rather complicated.

Institutional Elder Care Development in Kerala

The digital content analysis showed that Kerala is one of the most developed institutional old age care settings in India. Various online sources emphasise the huge system of palliative care services that are available in the state. Organisations like Pallium India and the Institute of Palliative Medicine in Kozhikode have been at the centre of the proliferation of community-based palliative care programmes that have been offering medical and social support to the elderly with chronic illnesses. Such programmes tend to be based on liaisons between healthcare providers, volunteers and local community organisations.

The model of palliative care in Kerala has received international attention due to the focus on the community and decentralised health care provision. Studies have revealed that local volunteers and civil society organisations are important in assisting the elderly by providing the services of home-based care and outreach programmes (Kumar, 2013).

Emerging Institutional Care Systems in Rajasthan

Unlike Kerala, the digital content analysis shows that Rajasthan is a developing institutional elderly care setting. A number of online sources have indicated the importance of government welfare programmes and charity organisations in supporting the old-age population. Specifically, the Rajasthan Social Justice and Empowerment Department has welfare programs and residential care centres, which help vulnerable seniors.

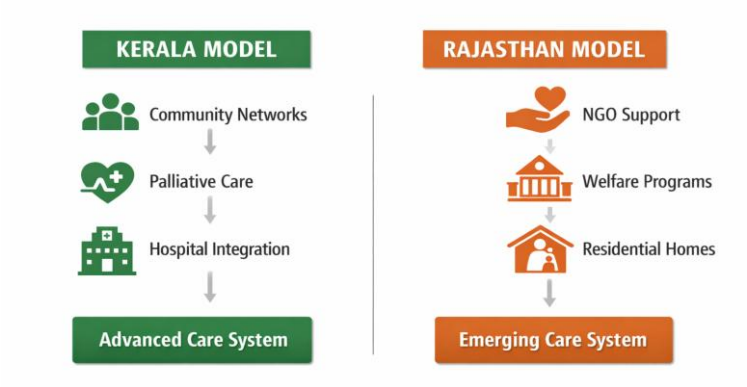
In Rajasthan, there has also been an initiation of geriatric healthcare services in hospitals and other medical institutions in the state. The SMS Medical College Hospital in Jaipur is one of the facilities that offer treatment of chronic diseases in elderly patients.

Comparative Analysis of Kerala and Rajasthan

On the comparison of the two states, the significant differences in the way the institutional elderly care system evolves can be identified. Kerala exhibits a rather developed model of care that includes a high level of palliative care networks, widespread involvement of the civil society, and the combination of healthcare facilities and community organisations. Rajasthan, on the other hand, is still in the early stages of elderly care, and there is increased dependence on charitable organisations and government welfare programmes to assist the elderly population.

These disparities are a manifestation of more general differences in the demographic distributions and the healthcare facilities of the two states. The percentage of aged populations in Kerala is one of the greatest in India, and this factor has promoted the creation of specialised healthcare services that will meet the demands of ageing communities (Rajan & Mishra, 2020). In comparison, Rajasthan is undergoing a slow institutionalisation of care facilities due to the new demands on the traditional caregiving systems by demographic, ageing, and social change.

Figre 4. ***Comparative institutional elderly care models in Kerala and Rajasthan.***



Discussion

The findings of this study highlight how demographic ageing, social transformation, and healthcare demands are collectively reshaping elderly care systems in India. By combining evidence from the systematic literature review and the digital content analysis of Kerala and Rajasthan, the study reveals that institutional elderly care is emerging as a structural response to broader demographic and socio-economic changes.

One of the most significant insights emerging from the analysis is the role of demographic ageing as a foundational driver of institutional elderly care expansion. Global demographic trends indicate that populations across many countries are ageing rapidly due to declining fertility and improvements in life expectancy (United Nations, 2023). This demographic transition has important implications for healthcare systems, as older populations require greater levels of medical care, social support, and long-term assistance (Beard et al., 2016).

The findings from the Indian context demonstrate that demographic ageing is occurring alongside significant social transformation. Historically, elderly care in India has been organised primarily through family-based caregiving systems, particularly within joint family structures where multiple generations live together (Lamb, 2018). These arrangements have traditionally ensured that elderly individuals receive financial assistance, emotional support, and daily care from younger family members (Rajan & Mishra, 2020). However, the study's findings indicate that the structural conditions supporting these arrangements are gradually changing.

Migration patterns represent one of the most important social forces affecting elderly care in contemporary India. Economic development and urbanisation have encouraged younger generations to move to cities in search of employment and educational opportunities (Bloom et al., 2015). As a result, elderly parents often remain in rural or semi-urban communities while their adult children relocate to distant urban centres. This geographical separation reduces the availability of family caregivers and contributes to increased social isolation among elderly populations (Irudaya Rajan, 2017). The literature examined in this study indicates that migration has therefore become a major factor influencing the development of institutional elderly care services.

Healthcare needs associated with ageing populations also play a central role in shaping institutional care systems. Older adults are more likely to experience chronic illnesses such as cardiovascular disease, diabetes, cancer, and neurodegenerative disorders that require ongoing medical treatment and monitoring (Chatterji et al., 2015). These health conditions frequently involve long-term management rather than short-term treatment, increasing the importance of specialised care services capable of addressing complex medical and psychological needs. The literature on ageing health systems emphasises that palliative care and geriatric medicine are essential components of healthcare systems designed to support ageing populations (World Health Organisation, 2020).

The regional analysis of Kerala and Rajasthan provides valuable insights into how institutional elderly care systems develop under different social and demographic conditions. Kerala represents one of the most advanced examples of institutional elderly care in India, particularly through its community-based palliative care model. The state has developed an extensive network of palliative care programmes supported by healthcare professionals, volunteers, and civil society organisations (Kumar, 2013).

This present study reveals that the combination of demographic ageing, social transformation and healthcare needs is increasingly defining the elderly care systems in India. A synthesis of the systematic literature review and the

digital analysis of Kerala and Rajasthan reveals that institutional elderly care is becoming a structural response to the wider demographic and socio-economic transformations (Moon et al., 2019).

The comparative study of the regional old age care systems in Kerala and Rajasthan offers an important insight into the development of the institutional system of old age care in varying social and demographic situations. Kerala is one of the best examples of institutional geriatric care in India, especially with its community-based palliative care scheme. It has also ensured the development of a wide network of palliative care programmes through healthcare professionals, volunteers and civil societies (Kumar, 2013). The focus of these programmes is on home-based care, community involvement and multidisciplinary healthcare services that will help in enhancing the quality of life of elderly people with chronic illnesses.

The Kerala palliative care network development process can show that community participation and community health programs can empower the institutional care systems. Local volunteers are mostly involved in the process of helping healthcare professionals identify the elderly patients who need care services and the provision of home-based support services.

The variations between Kerala and Rajasthan also show how regional issues may affect the formation of the elder care systems. Advanced palliative care networks have been built through higher levels of literacy in Kerala, well-developed practices on the infrastructure of the public health and a long history of community healthcare programmes. Rajasthan, in turn, has a higher number of problems with healthcare access, population distribution in rural areas, and resource limitations. These structural variations determine the way institutional care services are created and function in various regional settings.

Conclusion

This paper has explored the factors that drive the growth of palliative care centres and geriatric homes in India in the period between 2015 and 2026, with the combination of systematic literature review and systematic thematic analysis of digital institutional sources in Kerala and Rajasthan. The results indicate that institutional care of the elderly is growing in India in close association with the overall demographic, social and health care changes in the ageing societies. The share of older adults in the national population is only growing with the growing life expectancy and decreased fertility rates, generating new strains on the healthcare systems and the organisation of long-term care (United Nations, 2023). Those demographic shifts are also followed by the growing number of chronic diseases in older people, which further exacerbates the need to have specialised healthcare services that would offer long-term medical and social assistance (Beard et al., 2016).

The discussion also depicts the way social change is transforming the traditional patterns of caregiving in Indian society. Traditionally, the family-based care that was offered in the form of joint households was the main system that supported older people. Nevertheless, the speed of urbanisation, changing demographics where younger members of the family are migrating, and the growing popularity of the nuclear family structure are slowly decreasing the ability of families to offer constant caregiving services (Irudaya Rajan, 2017). These changes in society have helped to increase the significance of institutional care services that are capable of meeting the medical and social needs of the elderly populations who have limited support from their families.

The regional analysis of Kerala and Rajasthan is valuable in understanding the development of the institutional system of elderly care in various socio-economic situations. The example of Kerala illustrates a rather developed model that is characterised by a high level of community involvement, a vast network of palliative care, and the integration of the healthcare institutions and the civil society organisations. Rajasthan, on the other hand, demonstrates an institutional environment that is emerging slowly, in which the elderly care services are being established slowly by a mix of government welfare programmes and charitable philanthropy activities. These variations depict that demographic differences, healthcare infrastructure and policy implementation impact the evolution of elderly care systems in different areas..

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