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RESEARCH ARTICLE

SOLO AGING – AN EMERGING EPIDEMIC: PUBLIC HEALTH PERSPECTIVES AND CHALLENGES

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ABSTRACT

Solo aging—growing old without spousal, familial or caregiver support is emerging as a significant demographic and public health challenge across both high- and low-income countries. While its drivers vary ranging from low fertility, delayed marriage, and longevity in developed nations to migration, widowhood and weakening family systems in developing countries, the consequences are strikingly similar. Solo agers are at increased risk of inaccessibility to healthcare, social isolation, economic distress and restricted legal preparedness. This perspective highlights the multifaceted consequences of solo aging, reveals lacunae in existing social and healthcare systems. It also proposes models inclusive of social and policy-based facts that are focused on the community. It advocates for solo agers as a special at-risk group and proposes strategies from age-sensitive healthcare and expansion of social security to integration of digital health that holds the key to dignity, equity, and resilience in advanced life.

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INTRODUCTION

The global demographic transition has catalyzed the emergence of solo aging—a phenomenon in which older adults age without the support of family or caregivers. Solo agers, often termed "elder orphans," are individuals aged 60 years or above who are unmarried, have lost partner, divorced, widowed, childless or otherwise bereft of consistent familial support networks(1). Traditionally, elder care was anchored in family systems, but rapid urbanization, globalization, migration, and changing societal values have disrupted these structures. In developed nations such as Japan, Germanyand the United States, solo aging is primarily attributed to advanced population aging, sustained sub-replacement fertility rates, postponed or foregone marital unions and extended life expectancy. A substantial proportion of the geriatric population resides independently, often dependent on formalized support systems including state-sponsored pensions, long-term care facilities and comprehensive healthcare infrastructures. Nevertheless, despite the availability of such institutional mechanisms, challenges persist in the form of social isolation, psychosocial morbidity, along with unmet emotional and affective needs. In contrast, developing countries, including India and several low- and middle-income nations, are experiencing an emergent solo aging trend due to disruption of traditional familial structures. In addition, modern societal trends such as childlessness, bereavement, divorce or geographic dislocation due to migration have led to a marked increase in elderly individuals aging in isolation(2). Solo aging thus poses multidimensional challenges spanning healthcare, psychological well-being, financial security and legal preparedness. Addressing this requires urgent, multisectoral public health action.

Global and Indian Epidemiology

Global Scenario: In 2024, the global elderly population (≥60 years) stood at 1.1 billion, projected to reach 1.4 billion by 2030 and 2.1 billion by 2050, constituting 26% of the world's population(3). Life expectancy has risen to 73.3 years and 8.4-years increase since 1995(4). High-income countries report large proportions of solo agers. In the United States, 27% of those ≥60 years (22 million people) live alone. In Japan, nearly 35% of one-person households were aged ≥65 in 2020, projected to rise to 46.5% by 2050(5). Despite robust institutional mechanisms such as pensions, nursing homes or health insurance, psychosocial morbidity and social isolation remain unresolved.

Indian Scenario: India, too, faces rising solo aging, though driven by different dynamics. The NFHS-5 (2021) reported that 10.9% of elderly men and 32.1% of elderly women live alone. The proportion of single-person elderly households rose from 4.7% in 1992–93 to 6.6% in 2017–18. (6)

Gender disparities are striking, with widowed women disproportionately represented among solo agers. Migration of adult children, declining fertility, breakdown of joint family systems and economic modernization remain key structural drivers.

Determinants of Solo Aging: A combination of social, demographic and economic changes has driven the growth of solo aging. Increased longevity, particularly among women means more people spend longer periods in widowhood without spousal support. Shifts in marriage pattern such as delayed unions, voluntary or involuntary childlessness and higher divorce rates, also contribute to this trend (7). Migration plays a significant role as well. Many adult children relocate for education or employment, often to distant cities or countries, which reduces their ability to provide hands-on care for aging parents. In urban areas, the decline of the joint family system, along with limited economic resources and a shortage of senior-friendly housing, further compounds the challenges faced by those aging without family support.

Challenges

Healthcare Access: Solo agers face significant barriers to healthcare. Without informal caregivers, attending medical appointments, adhering to treatment or managing post-discharge care becomes difficult. They are at higher risk of delayed responses to acute medical events. A recent analysis from the Longitudinal Ageing Study in India (LASI, 2017–18) found that older adults living alone frequently delay or avoid care due to immobility, lack of support and distance to facilities. Outpatient and inpatient use dropped sharply when facilities were over 10 km away, disproportionately affecting solo agers and worsening outcomes (8).

Mental Health Vulnerabilities: Loneliness and social disconnection strongly affect mental health, being linked to depression, anxiety, cognitive decline and mortality. A meta-analysis by Holt-Lunstad et al. showed social isolation increases all-cause mortality by 29%, comparable to smoking and obesity(9). Loneliness raises dementia risk by 40% and stroke by 32%(10). In India, LASI (2020) data showed that more than 20% of adults aged 60 years and above reported depressive symptoms, with isolation as a major factor(8). Cultural stigma, coupled with a severe shortage of geriatric mental health professionals (fewer than 1 per 100,000 elderly), compounds the problem. Addressing this gap is an urgent priority (11).

Financial and Legal Insecurity: Solo elderly often face financial strain due to lack of familial support in managing pensions, savings, and expenses. Legal preparedness is limited, with few having wills, power of attorney, or advance directives. LASI Wave I (2017–19) showed that older adults without pensions had greater financial stress, linked to poor health outcomes. In India, fewer than 20% of seniors receive a pension and more than 70% depend entirely on family or personal savings(12). Low awareness of legal and financial planning tools increases vulnerability to both economic instability and exploitation.

Public Health Implications: To tackle the challenges of solo aging requires moving away from traditional, family-dependent caregiving models toward holistic, community-based, and system-wide solutions. Health systems must become more responsive to the unique needs of older adults, offering services that address physical, cognitive and psychosocial health. A key step is strengthening primary healthcare to provide geriatric-friendly services and ensuring proactive outreach through trained community health workers who can identify isolated seniors and coordinate their care. Age-friendly urban planning is equally important as cities and towns should include accessible infrastructure, safe public spaces and barrier-free transport options. Public health strategies must also promote healthy aging, mental well-being and legal and health literacy so older adults can make informed decisions. Expanding non-contributory pension programs and developing inclusive health insurance for seniors, especially those living alone is critical to protect against financial and health risks.(13)

Supportive Strategies

Advance Legal and Health Planning: Planning ahead is crucial for solo agers to maintain autonomy and ensure their preferences are respected. This includes legal tools such as living wills, durable powers of attorney for healthcare and the appointment of healthcare proxies. These documents allow individuals to formally state their wishes regarding life-sustaining treatment, end-of-life care and who should make decisions if they become unable to do so. For those without close family, such planning helps avoid unwanted interventions and ensures care remains aligned with personal values. It is an essential part of ethical medical decision-making and continuity of care.(14)

Community-Based Models: Community-centered programs can reduce isolation and improve quality of life for solo agers. Senior clubs, shared housing arrangements and community dining initiatives encourage social connections and active participation in community life (15) In India, non-governmental organizations (NGOs) play a major role in filling service gaps. Help Age India, for example, operates helplines offering emotional support, legal advice, and help for elder abuse victims, while also connecting seniors to healthcare and income-support programs. The Dignity Foundation provides day-care centers, counseling services, and home-based support to help older adults live independently and with dignity. These examples show that scalable, community-driven approaches can work in the Indian context and align with global initiatives like the WHO Age-friendly Cities program (16).

Leveraging Technology: Digital health solutions can significantly enhance independence for solo agers. Telemedicine, mobile health (mHealth) apps, wearable health monitors and AI-powered virtual assistants can help track chronic conditions, support medication management, provide emergency alerts, and facilitate social engagement (17). Studies show such tools can reduce hospitalizations, improve care coordination and enhance quality of life for seniors without caregivers. However, the digital divide remains a challengemany older adults face barriers such as low digital literacy, age-related sensory or cognitive limitations and limited internet access. Addressing this requires targeted training programs, community technology hubs and user-friendly, multilingual interfaces tailored to older learners. Integrating these solutions into national aging and health policies will be essential for inclusive digital healthcare.(18)

The Indian Policy Framework: India's eldercare policies have largely been shaped by initiatives such as the National Programme for Health Care of the Elderly (NPHCE), launched in 2010 to integrate geriatric services into primary and secondary levels of the public health system. Another key law, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, legally obligates adult children to provide financial and emotional support to their parents. However, both frameworks are built on the assumption of intergenerational co-residence and family-based care—an assumption that no longer reflects India's shifting social reality. The rapidly growing population of solo agers (older adults without a spouse, children, or nearby relatives) remains largely absent from policy discussions, despite being particularly vulnerable to isolation, economic insecurity, and unmet healthcare needs. Current policies fall short due to limited awareness, weak legal enforcement and inadequate funding. To bridge this gap, India needs a fundamental policy shift that:

- Recognizes solo agers as a distinct at-risk group in national planning.
- Expands community-based and institutional care models, including assisted housing and day-care centers that operate independently of family support.
- Introduces universal, portable old-age pensions, comprehensive health insurance, and sustainable financing for long-term care.
- Deploys trained geriatric social workers and care coordinators at the local level to identify and support isolated seniors.
- Strengthens legal literacy and accessibility, ensuring that elder protection laws are widely understood and enforceable.

CONCLUSION

Solo aging is a rapidly emerging yet often overlooked public health and social policy challenge affecting both developed and developing countries. In India, it is growing quickly due to demographic shifts, urbanization, and the breakdown of traditional family systems. Yet most current eldercare strategies remain focused on family-based models, leaving those aging alone without adequate support. Addressing this requires a multidimensional, equity-driven approach—one that redefines eldercare beyond the family and integrates solo agers into national aging policies. This means investing in sustainable community care models, affordable assisted living, comprehensive legal protections, and robust geriatric healthcare services. Ultimately, preventing solo agers from becoming invisible in aging policy will demand strong political commitment, cross-sector collaboration, and increased budgetary investment. Without such action, the challenges of solo aging could escalate into a significant social and public health crisis in the coming decades.

REFERENCES

1. Carney MT, Fujiwara J, Emmert BE, Liberman TA, Paris B. Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population. Curr Gerontol Geriatr Res. 2016;2016:4723250.
2. India Ageing Report - 2017 (Final Version).pdf. (cited 2025 Aug 14). Available from: https://india.unfpa.org/sites/default/files/pub-pdf/India%20Ageing%20Report%20-%202017%20%28Final%20Version%29.pdf
3. Ageing and health (Internet). (cited 2025 Aug 20). Available from: https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
4. Global health estimates Life expectancy and healthy life expectancy. (cited 2025 Aug 20). Available from: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy
5. Japan's elderly population living alone to jump 47% by 2050 - research | Reuters. (cited 2025 Aug 14). Available from: https://www.reuters.com/world/asia-pacific/japans-elderly-population-living-alone-jump-47-by-2050-research-2024-04-12/
6. 2019-21 India National Family Health Survey (FR375). (cited 2025 Aug 14). Available from: https://www.dhsprogram.com/pubs/pdf/FR375/FR375.pdf
7. World Population Prospects 2019 Highlights (Internet). (cited 2025 Aug 14). Available from: https://population.un.org/wpp/assets/Files/WPP2019_Highlights.pdf
8. LASI_India_Report_2020_compressed.pdf (Internet). (cited 2025 Aug 14). Available from:https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf
9. Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspect Psychol Sci. 2015 Mar;10(2):227–37.
10. Donovan NJ, Wu Q, Rentz DM, Sperling RA, Marshall GA, Glymour MM. Loneliness, depression and cognitive function in older U.S. adults. Int J Geriatr Psychiatry. 2017 May;32(5):564–73.
11. Valtorta NK, Kanaan M, Gilbody S, Hanratty B. Loneliness, social isolation and risk of cardiovascular disease in the English Longitudinal Study of Ageing. Eur J Prev Cardiol. 2018 Sept;25(13):1387–96.
12. Banerjee K, Sahoo H, Govil D. Financial stress, health and malnourishment among older adults in India. BMC Geriatr. 2023 Dec 15;23(1):861.
13. Kalache A, Gatti A. Active ageing: a policy framework. Adv Gerontol. 2003;11:7–18.
14. ResearchGate. (cited 2025 Aug 14). Senior care reforms in India: Reimagining the Senior care paradigm. Available from: https://www.researchgate.net/ publication/ 370688893_Senior_care_reforms_in_India_Reimagining_the_Senior_care_paradigm
15. Perkins HS. Controlling death: the false promise of advance directives. Ann Intern Med. 2007 July 3;147(1):51–7.
16. Global age-friendly cities: a guide (Internet). (cited 2025 Aug 14). Available from: https://www.who.int/ publications /i/item/9789241547307
17. Peek STM, Wouters EJM, van Hoof J, Luijkx KG, Boeije HR, Vrijhoef HJM. Factors influencing acceptance of technology for aging in place: a systematic review. Int J Med Inform. 2014 Apr;83(4):235–48.
18. Charness N, Boot WR. Chapter 20 - Technology, Gaming, and Social Networking. In: Schaie KW, Willis SL, editors. Handbook of the Psychology of Aging (Eighth Edition). San Diego: Academic Press; 2016 (cited 2025 Aug 20). p. 389–407. Available from: https://www.sciencedirect. com/ science/ article/pii/B9780124114692000200

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