

Brief Report

Unveiling Barriers to Geriatric Wellbeing in Rural Delhi

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Article Information:

Received: 25 April 2026 | Revised: 27 May 2026 | Accepted: 28 June 2026 | Published: July 27, 2026

Cite this article:

Rita Laishram, Archana Maju, Simrandeep Kaur, Urmila Bardhan and Fareedha Noora (2026). Unveiling Barriers to Geriatric Wellbeing in Rural Delhi. *Public Health Open Journal*. 11(1):783–788. 10.17140/PHOJ-11-783

Abstract

Background: The geriatric population in rural Delhi often faces barriers that hinder effective management of common health problems. This survey aimed to identify personal, healthcare system, and socio-economic barriers.

Methods: A descriptive survey design was employed, encompassing 120 geriatric individuals aged 60 years and above residing in the rural area of Delhi. Data were collected using a structured rating scale, and the findings were analysed using descriptive statistics.

Results: Personal barriers included difficulty reading medicine labels (20.00% always, 45.00% sometimes) and inadequate knowledge of illness and treatment (13.33% always, 49.17% sometimes). Healthcare system barriers included inadequate geriatric-friendly services (25.83% always, 35.00% sometimes) and infrequent healthcare utilization (6.67% always, 53.33% sometimes). Socio-economic barriers were dominated by financial dependency (37.50% always, 33.33% sometimes) and lack of social support (10.83% always, 25.83% sometimes).

Conclusion: Addressing these barriers requires improved health education, accessible geriatric services, and strengthened family and community support.

Keywords: Geriatric population; Barriers; Healthcare system; Socio-economic factors; Rural Delhi.

Introduction

India's geriatric population is expanding at an unprecedented pace, with projections indicating an increase from 149 million in 2022 to nearly 230 million by 2036, representing more than 14% of the total population [1]. This demographic shift poses significant challenges for healthcare systems, particularly in rural areas where resources are scarce and systemic gaps persist [2,3]. Chronic conditions such as hypertension, diabetes, arthritis, and sensory impairments are highly prevalent among older adults, requiring sustained management and accessible services [3,4].

Yet, effective care for the geriatric population is often hindered by multiple barriers. Personal barriers include limited health literacy and difficulty in following medical instructions; healthcare system barriers involve inadequate geriatric-friendly facilities and irregular utilisation; and socioeconomic barriers encompass financial dependency, transport difficulties, and lack of social support [4,5,6,7]. Despite national initiatives such as Ayushman Bharat PM-JAY, inequities in access remain pronounced [8,5,7].

Methodology

This survey conducted in the rural area of Delhi, sought to identify and analyse barriers affecting the effective management of common health problems among the geriatric population, thereby contributing evidence to inform policy and strengthen geriatric health management in rural India. The study adopted a descriptive survey design. Data were collected in February 2026 from a total of 120 individuals aged 60 years and above. Inclusion criteria required participants to be residents aged 60 years and above, communicative in Hindi, and available during the study period, while exclusion criteria ruled out those who were critically ill, bedridden, mentally challenged, or unwilling to provide informed consent. The research was conducted following informed consent, confidentiality measures, and administrative authorisation.

Structured rating scales were administered through interviews to assess personal barriers such as limited health literacy, healthcare system barriers including poor accessibility and inadequate services, and socioeconomic barriers such as financial dependency and transportation difficulties. The tools were validated by experts, translated for clarity, and tested for reliability through inter-observer checks. Data were analysed using Microsoft Excel and descriptive statistics, including frequency and percentage, to determine the prevalence and distribution of barriers.

Results

The results present the frequency and percentage distribution of personal, healthcare system, and socio-economic barriers affecting the effective management of common health problems among the geriatric population. These findings highlight challenges at the personal, healthcare system, and socio-economic levels. The distribution of participants across these categories is presented in the following tables.

The findings revealed that among the personal barriers, difficulty in reading medicine labels and health information and inadequate knowledge regarding illness and treatment were the most commonly reported challenges. Difficulty in understanding health information and poor awareness regarding seeking medical care were also observed among the participants. In contrast, inadequate family support for healthcare visits, lack of emotional support from family or caregivers, and hesitation in disclosing health problems were reported less frequently. Overall, these findings highlight the need for improved health education, counselling, and family support to enhance the effective management of common health problems among the geriatric population (Figure 1).

The findings revealed that inadequate availability of geriatric-friendly health services and infrequent utilisation of healthcare services were the most commonly reported healthcare system barriers affecting the effective management of common health problems. Difficulties in regular medication adherence and dissatisfaction with treatment received were also observed among the participants, whereas inadequate communication with healthcare providers was reported less frequently. Overall, these findings highlight service availability and irregular healthcare utilization as major barriers among the geriatric population in rural areas and emphasize the need to improve the accessibility, continuity, and quality of geriatric healthcare services (Figure 2).

The findings revealed that financial dependency on family members was the most commonly reported socio-economic barrier affecting the effective management of common health problems among the geriatric population. Lack of social support for sharing health concerns, transportation difficulties in accessing healthcare services, difficulty in meeting medical expenses, and skipping follow-up visits due to financial constraints were also reported, although less frequently. Overall, these findings indicate that financial dependency and limited social support remain important socio-economic barriers and highlight the need to strengthen financial assistance, social support

Table 1. Frequency and Percentage Distribution of Personal Barriers Affecting Effective Management (N=120)

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S.NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Difficulty in understanding health information		
	Always	17	14.17%
	Sometimes	36	30.00%
	Never	67	55.83%
2	Inadequate family support for healthcare visits		
	Always	11	9.17%
	Sometimes	24	20.00%
	Never	85	70.83%
3	Poor awareness regarding seeking medical care		
	Always	8	6.67%
	Sometimes	45	37.50%
	Never	67	55.83%
4	Lack of emotional support from family or caregivers		
	Always	5	4.17%
	Sometimes	20	16.67%
	Never	95	79.17%
5	Difficulty in reading medicine labels and health information		
	Always	24	20.00%
	Sometimes	54	45.00%
	Never	42	35.00%
6	Hesitation in disclosing health problems		
	Always	9	7.50%
	Sometimes	37	30.83%
	Never	74	61.67%
7	Inadequate knowledge regarding illness and treatment		
	Always	16	13.33%
	Sometimes	59	49.17%
	Never	45	37.50%

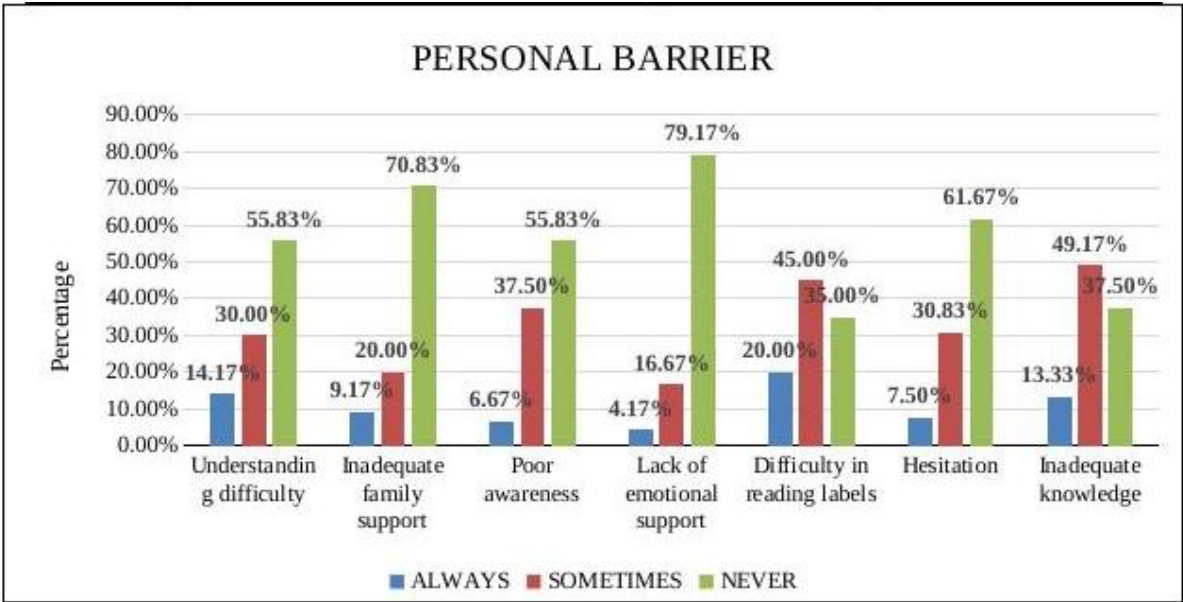


Figure 1. Percentage Distribution of Personal Barriers Affecting the Effective Management

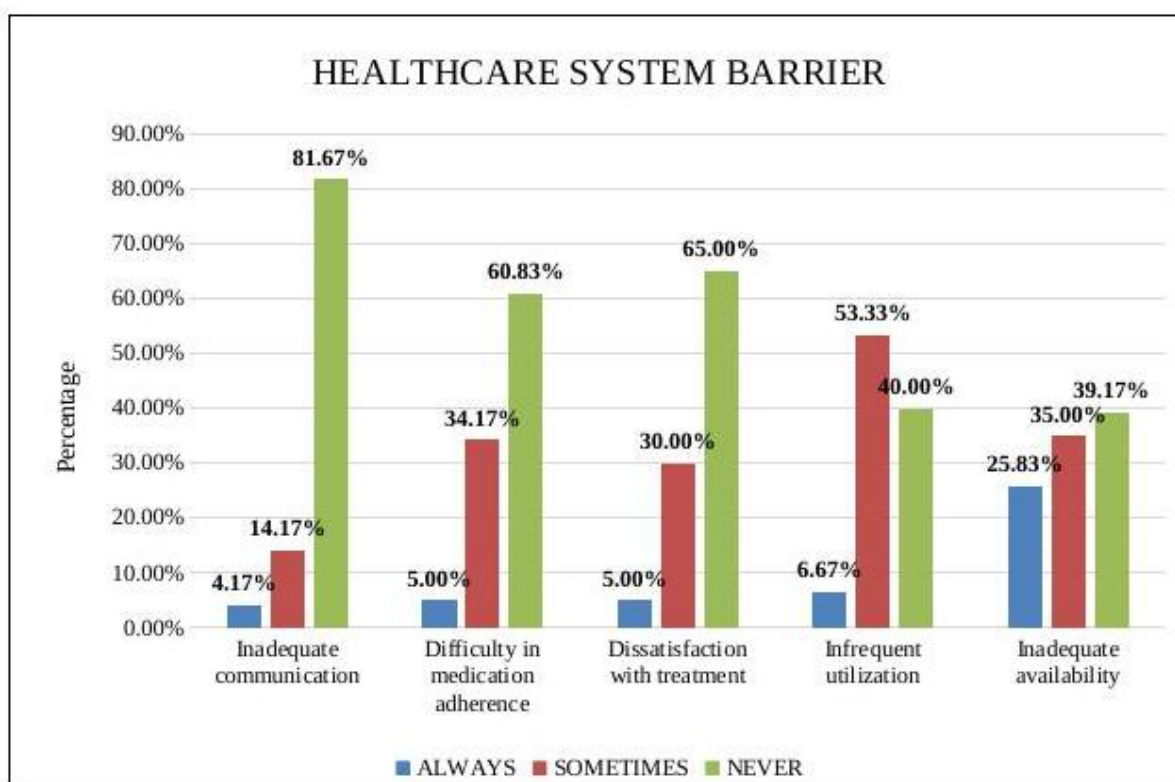
systems, and access to affordable healthcare services for older adults in rural areas (Figure 3).

Discussion

The present study identified key barriers to effective healthcare management among older adults, including poor understanding of health information, diffi-

Table 2. Frequency and Percentage Distribution of Healthcare System Barriers Affecting Effective Management (N=120)

S.NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Inadequate communication with healthcare providers		
	Always	5	4.17%
	Sometimes	17	14.17%
	Never	98	81.67%
2	Difficulty in regular medication adherence		
	Always	6	5.00%
	Sometimes	41	34.17%
	Never	73	60.83%
3	Dissatisfaction with treatment received		
	Always	6	5.00%
	Sometimes	36	30.00%
	Never	78	65.00%
4	Infrequent utilization of healthcare services		
	Always	8	6.67%
	Sometimes	64	53.33%
	Never	48	40.00%
5	Inadequate availability of geriatric-friendly health services		
	Always	31	25.83%
	Sometimes	42	35.00%
	Never	47	39.17%

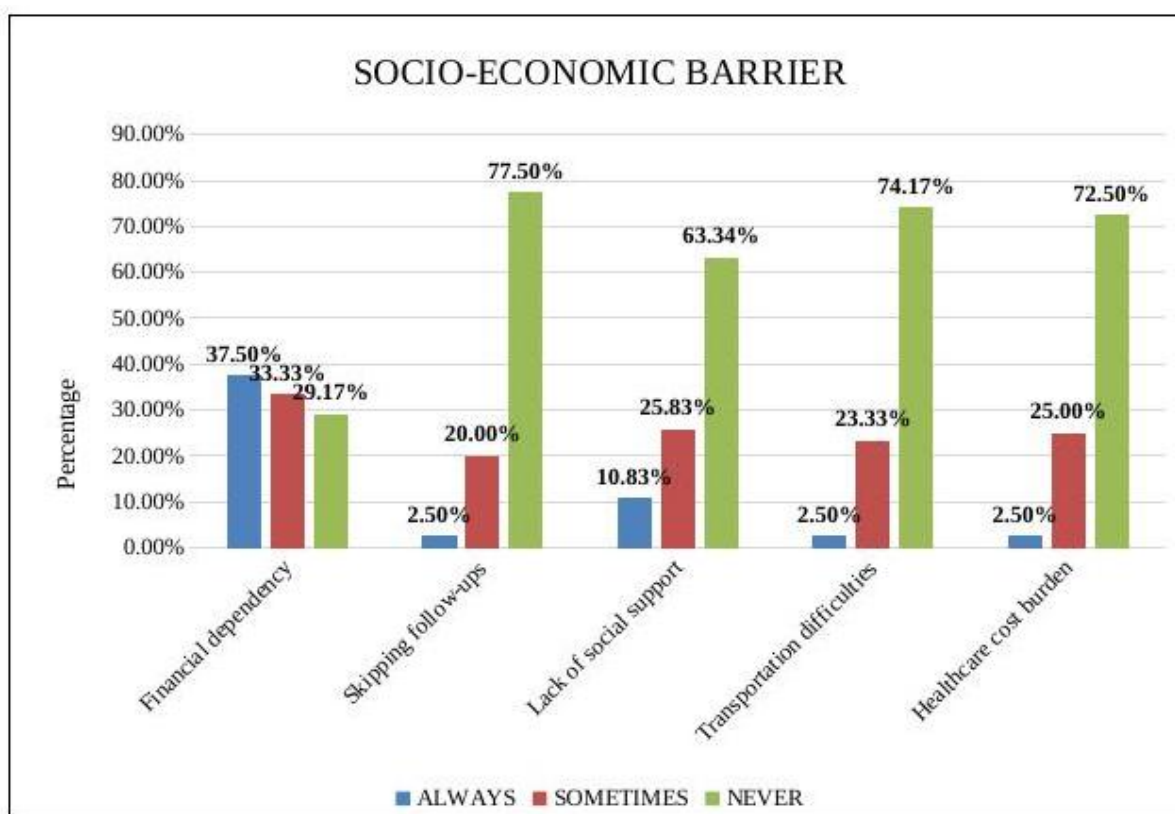
**Figure 2.** Percentage Distribution of Healthcare System Barriers Affecting the Effective Management

culty reading medication labels, poor medication adherence, and suboptimal healthcare utilization. These findings are consistent with Das et al, who reported that poor health literacy and inadequate awareness negatively affect healthcare access and treatment adherence among older adults in India [9]. Financial de-

pendency was another major barrier, with many participants relying on family members for healthcare expenses. This finding agrees with Banerjee and Lal et al, who reported that financial constraints and out-of-pocket healthcare expenditure reduce healthcare-seeking behaviour among rural older adults [5,7]. Al-

Table 3. Frequency and Percentage Distribution of Socio-Economic Barriers Affecting Effective Management (N=120)

S.NO	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Financial dependency on family members		
	Always	45	37.50%
	Sometimes	40	33.33%
	Never	35	29.17%
2	Skipping follow-up visits due to financial constraints		
	Always	3	2.50%
	Sometimes	24	20.00%
	Never	93	77.50%
3	Lack of social support for sharing health concerns		
	Always	13	10.83%
	Sometimes	31	25.83%
	Never	76	63.34%
4	Transportation difficulties in accessing healthcare services		
	Always	3	2.50%
	Sometimes	28	23.33%
	Never	89	74.17%
5	Difficulty in meeting medical expenses		
	Always	3	2.50%
	Sometimes	30	25.00%
	Never	87	72.50%

**Figure 3.** Percentage Distribution of Socio-Economic Barriers Affecting the Effective Management

though all participants lived within 2 km of a healthcare facility, many reported inadequate geriatric-friendly services and underutilization of healthcare facilities. Similar findings by Das et al indicate that physical accessibility alone does not ensure healthcare utilization,

as service quality, affordability, communication, and geriatric-friendly care also influence healthcare-seeking behaviour [5,7,9]. Overall, the findings suggest that poor health literacy, financial dependency, and inadequate geriatric-friendly services remain ma-

for barriers to optimal healthcare among older adults in India. Strengthening primary healthcare, improving health literacy, expanding geriatric-friendly services, and reducing financial barriers may enhance healthcare utilization and health outcomes [2,3,8].

Limitations

This study was confined to 120 members of the geriatric population residing in rural area of Delhi, relying solely on their expressed views and verbal accounts, making the findings entirely dependent on participants' self-reported experiences and perceptions.

CONCLUSION

This study demonstrates that personal, healthcare system, and socio-economic barriers substantially hinder the effective management of common health problems among the geriatric population in rural Delhi. Addressing these barriers requires improved health literacy, accessible geriatric-friendly services, and stronger family and community support. Integrating routine screening, counselling, and community-based outreach into primary healthcare is essential to ensure equitable, continuous, and quality healthcare for India's ageing rural population.

CONFLICTS OF INTEREST

The author(s) declare no potential conflicts of interest with respect to research, authorship, and/or publication of this article.

FUNDING

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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