



Community-Based Elder Care: Sociological Reflections on Informal Caregiving Roles

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Abstract

Population ageing is reshaping care arrangements globally and intensifying debates about the roles of families, communities, markets, and the state in supporting older adults. Informal caregiving in community settings—largely provided by family members, neighbours, and volunteers—remains the backbone of long-term care, especially in low- and middle-income countries where formal services are limited. Against this backdrop, this paper offers a sociological analysis of community-based elder care, focusing on informal caregiving roles, their gendered nature, and their relationship to broader structures of inequality. Drawing on international evidence and India-focused studies, it first outlines the demographic and policy context of population ageing and the rise of “ageing in place” as a policy ideal. It then examines how informal caregivers sustain everyday life for older adults—providing personal care, emotional support, health navigation, and social mediation—while simultaneously facing substantial physical, emotional, and financial burdens. The paper highlights community-level resources and initiatives such as self-help groups, day care centres, and home-based care models that can mitigate caregiver strain and support elder well-being. It argues that community-based elder care is a site where norms of reciprocity, filial duty, and gendered responsibility are both reproduced and renegotiated. The conclusion calls for policy frameworks that recognise, support, and fairly distribute informal care work, rather than treating families and communities as inexhaustible resources.

Keywords: community-based care; informal caregiving; ageing in place; elder care; gender; India.

1. Introduction

Global population ageing is one of the most significant demographic shifts of the 21st century. By 2030, one in six people worldwide is projected to be aged 60 years or over, rising to one in five by 2050 (WHO, 2025). As longevity increases, so too does the prevalence of chronic conditions, functional limitations, and the need for long-term support in daily life (Rudnicka et al., 2020; United Nations, 2013). In this context, questions of who cares for older adults—and under what conditions—have become central to social policy and sociological inquiry.

Across diverse welfare regimes, informal caregivers—unpaid family members, friends, neighbours, and community volunteers—remain the primary providers of elder care (Kim et al., 2023; OECD, 2024). In countries like India, where institutional and formal long-term care systems are still nascent, families and communities shoulder the bulk of care responsibilities (Murthy, 2016; Ugargol, 2018; Gustafsson et al., 2022). At the same time, rapid urbanisation, migration, and changing family structures are reshaping the availability and organisation of care (UNFPA, 2017; Ugargol & Bailey, 2016; “Role of family in elderly care,” 2025).

This paper examines community-based elder care through a sociological lens, with particular emphasis on informal caregiving roles. Rather than treating care as a purely private matter, it situates caregiving within broader structures of gender, class, and social policy. The analysis is especially attentive to the Indian context but draws on comparative evidence to illuminate wider patterns. The paper addresses three main questions:

1. How is community-based elder care conceptualised in contemporary policy and sociological literature?
2. What kinds of roles do informal caregivers play in sustaining older adults in community settings, and how are these roles shaped by gender, kinship, and social expectations?
3. What are the implications of relying on informal care for caregiver well-being, elder welfare, and social justice, and how might community- and policy-level interventions respond?

2. Conceptualising Community-Based Elder Care and Informal Caregiving

“Community-based elder care” generally refers to a spectrum of services and supports that enable older adults to remain in their homes and neighbourhoods rather than move to institutions. This includes home-based care, day centres, community clinics, self-help groups, and age-friendly local initiatives (WHO, 2016; Global Ageing Network, 2023). Central to most community-based models is the idea of ageing in place, defined as growing older in one’s own home and community with adequate support (Joseph et al., 2023; National Institute on Aging [NIA], 2023).

Informal caregiving is typically defined as unpaid assistance provided to older adults with functional limitations by family members, friends, or others in their social networks (Kim et al., 2023; OECD, 2024). Informal caregivers help with activities of daily living (ADLs), instrumental activities of daily living (IADLs), health appointments, medication management, and emotional support (Kim et al., 2023; Ugargol & Bailey, 2018; WHO, 2016).

From a sociological perspective, informal elder care is not only a set of tasks but also a social relationship embedded in norms of reciprocity, intergenerational obligation, and gendered expectations (Finch & Mason, 1993; Gustafsson et al., 2022). In many collectivist cultures, including India, caregiving is framed as an ethical responsibility and a core dimension of “being a good family member” (Mishra et al., 2023; Gustafsson et al., 2022). These moral discourses can provide meaning and recognition, but they may also obscure power imbalances and the absence of structural support.

3. Demographic and Policy Context of Ageing and Long-Term Care

India illustrates the speed and complexity of demographic ageing in the Global South. The share of the population aged 60 and above is projected to rise from about 8% in 2015 to nearly 20% by 2050 (UNFPA, 2017; India Ageing Report, 2017). This growth is accompanied by rising life expectancy, the expansion of chronic diseases, and increased demand for long-term care (Ugargol & Bailey, 2016; Ajay et al., 2017).

Despite this, India's formal long-term care infrastructure remains limited. The India Ageing Report 2017 highlights the dominance of family-based care and notes that state programmes such as the National Programme for Health Care of the Elderly (NPHCE) and the Integrated Programme for Senior Citizens (IPSC) are still unevenly implemented and predominantly health- or welfare-centred rather than truly integrated long-term care systems (UNFPA, 2017; UNFPA, 2023). A recent policy report on senior care reforms in India emphasises the need to support home and community-based services, including day care centres, home-based nursing, and community-managed caregiving initiatives (NITI Aayog, 2023).

Globally, WHO and the United Nations advocate an integrated continuum of long-term care that combines formal systems with recognition and support for informal caregivers (WHO, 2016; WHO, 2021; WHO, 2025). Yet many low- and middle-income countries still treat families as the default long-term care system, leaving informal caregivers with heavy responsibilities and minimal support (UN, 2013; Global Ageing Network, 2023).

4. Informal Caregiving Roles in Community Settings

4.1 Everyday Care Work

Empirical studies show that informal caregivers perform a wide range of tasks that sustain older adults' ability to remain in their communities. Kim et al. (2023) note that caregivers assist with personal care (bathing, dressing, feeding), household tasks (cooking, cleaning, shopping), health management (medication, hospital visits), and social participation (transport to religious or community events). Similar findings emerge from Indian studies where caregiving covers physical, emotional, and financial support, often over long durations (Murthy, 2016; Ugargol & Bailey, 2016; Ajay et al., 2017).

In community-based contexts, caregivers also act as mediators between older adults and institutions—navigating public services, negotiating with hospitals, and dealing with bureaucracies (Kim et al., 2023; Shrestha, 2024). This “navigation work” is often invisible in policy discussions but crucial to ageing in place.

4.2 Gendered Division of Care

Informal caregiving is markedly gendered. Across many settings, women—daughters, daughters-in-law, wives—form the majority of primary caregivers (Ugargol, 2018; Sigurlaugardottir et al., 2025; Mishra et al., 2023). In India, caregiving is widely seen as an extension of women's domestic roles, and even when men participate, they are more likely to help with discrete tasks rather than ongoing intimate care (Ugargol & Bailey, 2016, 2018; “Role of family in elderly care,” 2025).

This gendered division reflects broader patriarchal structures in which women's labour—especially emotional and domestic labour—is undervalued and taken for granted. Caregiving thus reproduces gender inequalities, limiting women's opportunities in education, employment, and public life (Murthy, 2016; Mishra et al., 2023). At the same time, some caregivers describe care as a source of identity, purpose, and moral recognition, suggesting ambivalence rather than purely negative experiences (Mishra et al., 2023; Kim et al., 2023).

4.3 Intergenerational Expectations and Filial Duty

In collectivist societies such as India, elder care is strongly framed by filial piety and intergenerational reciprocity: children are expected to repay their parents' sacrifices by providing care in old age (UNFPA, 2017; Gustafsson et al., 2022; Mishra et al., 2023). Older adults interviewed in India frequently describe informal care as a fundamental human responsibility and "common sense" (Gustafsson et al., 2022).

These norms reinforce the centrality of informal care but can also create moral pressure on adult children, who may experience guilt or social stigma if they are unable to provide care personally or must rely on paid help or institutions (Ugargol & Bailey, 2018; Shrestha, 2024). Care decisions thus become sites of negotiation between tradition, economic realities, and personal aspirations.

5. Caregiver Burden, Well-Being, and the Ambivalence of Care

A large body of research documents the **burden** experienced by informal caregivers. Elements include physical strain, emotional stress, opportunity costs (lost income and education), and social isolation (Kim et al., 2023; Ajay et al., 2017; Sigurlaugardottir et al., 2025). In a community-based sample of caregivers in India, higher levels of caregiver burden were associated with increased psychological distress and reduced quality of life (Ajay et al., 2017). A 2024 study from Kerala similarly found high levels of burden and mental health problems among caregivers of bedridden older adults (Varghese et al., 2024).

Recent international work underscores that caregiver strain is often gendered, with women reporting higher levels of stress and role overload than men (Sigurlaugardottir et al., 2025; OECD, 2024). Caregivers also face financial pressures, especially where they reduce paid work hours or exit the labour market to care for older relatives (Ugargol & Bailey, 2018; Global Ageing Network, 2023).

Yet research also emphasises the positive aspects of caregiving: feelings of closeness, satisfaction, spiritual growth, and the fulfilment of moral duty (Mishra et al., 2023; Kim et al., 2023). Mishra et al. (2023) show that many Indian family caregivers simultaneously experience burden and reward, viewing care as both demanding and meaningful. Shrestha (2024) describes this as **care ambivalence**—care relationships characterised by both affection and strain.

From a sociological standpoint, this ambivalence reflects the intersection of affective ties, moral norms, and structural conditions. Care is meaningful precisely because it responds to vulnerability and dependence; it becomes burdensome where structural support is weak and the costs fall disproportionately on certain groups.

6. Community-Based Supports and Innovations

6.1 Community Organisations and Day Care Centres

Community-based organisations, religious institutions, and local NGOs play a crucial role in supplementing family care. The India Ageing Report (2017) documents examples of senior citizens' associations, day care centres, and self-help groups that provide social interaction, basic health monitoring, and respite for caregivers (UNFPA, 2017; UNFPA, 2023). Such spaces can reduce isolation among older adults and provide informal peer support for caregivers.

Policy documents in India now emphasise expanding at least one care home and one multi-service day centre per district, alongside minimum standards and regulatory frameworks (NITI Aayog, 2023). These centres, when embedded in local communities and accessible to low-income groups, can act as nodes in a wider web of community-based elder care, rather than substitutes for family care.

6.2 Home-Based and Community-Managed Care Models

Globally and in India, there is growing interest in home-based and community-managed care models, often delivered by trained community health workers, volunteers, or cooperative arrangements (WHO, 2016; NITI Aayog, 2023; Global Ageing Network, 2023). These models aim to support ageing in place by providing basic nursing, rehabilitation, and social support in the home.

Examples include community-based palliative care initiatives in parts of India, neighbourhood-level volunteers visiting older adults, and local self-government bodies offering home help services (UNFPA, 2017; Ajay et al., 2017). While coverage remains patchy, such innovations demonstrate that community structures can be mobilised to share the load of care beyond the immediate family.

6.3 Digital and Mutual-Help Networks

The spread of mobile phones and digital platforms has opened up new possibilities for mutual-help networks. Informal WhatsApp groups, resident welfare associations, and online platforms can be used to coordinate support for older neighbours—organising food deliveries, medical appointments, or check-in calls, particularly during crises such as the COVID-19 pandemic (Global Ageing Network, 2023).

However, access to digital tools is stratified by class, gender, and literacy. Without attention to these inequalities, digital solutions risk reinforcing exclusion rather than enhancing community care.

7. Sociological Reflections: State, Market, Family, and Community

Community-based elder care is often celebrated in policy discourse as cost-effective, culturally appropriate, and humane. While these claims have some merit, sociological analysis raises critical questions about who benefits and who bears the costs.

First, the heavy reliance on informal caregiving in community settings tends to mask the withdrawal or absence of state responsibility for long-term care (Murthy, 2016; WHO, 2016; UN, 2013). Families and communities become “shock absorbers” for demographic ageing, absorbing costs that are not recognised in GDP or social protection systems.

Second, as markets for paid care services emerge—home nurses, domestic workers, private care agencies—there is a risk of care stratification. Middle- and upper-class families may outsource parts of caregiving, while lower-income households rely solely on unpaid family labour, often under precarious conditions (Global Ageing Network, 2023; OECD, 2024). Paid care workers, frequently women from disadvantaged backgrounds, may themselves experience low wages, limited protections, and high stress.

Third, community-based care is embedded in power-laden social relations. Caste, class, and gender shape who is seen as deserving of care and whose labour counts as care work. Older adults from marginalised groups may have weaker access to supportive networks and face discrimination in community institutions (UNFPA, 2017; “Role of family in elderly care,” 2025).

At the same time, communities are not simply sites of oppression; they also provide resources for resistance and solidarity. Self-help groups, senior citizens’ associations, and caregivers’ collectives can challenge stigma, advocate for better services, and reframe care as a shared social responsibility (UNFPA, 2017; Mishra et al., 2023).

8. Conclusion and Policy Implications

Community-based elder care, sustained largely by informal caregivers, remains central to how societies manage population ageing. Informal caregivers provide essential support that allows older adults to age in place, maintain social connections, and avoid premature or unwanted institutionalisation (Kim et al., 2023; NIA, 2023; Shrestha, 2024). In India and similar contexts, where formal long-term care systems are limited, their contributions are indispensable (Murthy, 2016; UNFPA, 2017; Ugargol, 2018).

Yet this dependence on informal care raises important questions of justice, recognition, and sustainability. Caregiver burden—emotional, physical, and economic—is widely documented, and is often concentrated among women and low-income households (Ajay et al., 2017; Sigurlaugardottir et al., 2025; Mishra et al., 2023). Without supportive policies and community resources, community-based care can deepen existing inequalities.

From a sociological perspective, three broad directions are crucial:

1. Recognition and support of informal caregivers

- Introduce or strengthen caregiver allowances, respite services, and flexible work arrangements.
- Provide training and psychosocial support to caregivers through community health systems and NGOs (WHO, 2016; NITI Aayog, 2023; OECD, 2024).

2. Investment in community-based services

- Expand accessible day care centres, home-based care services, and community outreach programmes, especially in low-income and rural areas (UNFPA, 2017; NITI Aayog, 2023).
- Ensure these services are integrated with primary health care and social protection schemes, not treated as isolated projects.

3. Reframing care as a shared social responsibility

- Move beyond the assumption that families—especially women—will absorb all care needs, and recognise elder care as a core concern of social policy.
- Encourage cross-sector collaborations between the state, civil society, and communities that distribute care responsibilities more fairly and sustainably (WHO, 2021; Global Ageing Network, 2023).

Ultimately, community-based elder care is not a low-cost substitute for formal systems, but a complex social field where love, obligation, and inequality intersect. Sociological reflections on informal caregiving remind us that supporting older adults with dignity requires not only strong families and communities, but also robust public institutions and a commitment to valuing care work in all its forms.

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