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Review Article

Role of family-based support in enabling digital health literacy of the elderly in India: a comprehensive review

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ABSTRACT

Digital health literacy (DHL), the ability to locate, understand, evaluate, and apply online health information, is becoming increasingly important for older adults. However, many seniors, particularly those in lower-resource settings, face challenges engaging with digital health tools. Recent evidence emphasises the role of family networks as a crucial factor in enhancing elders' DHL. This review synthesises evidence from both international and Indian contexts to examine how family and social support structures enhance older adults' access to technology, build their confidence, and strengthen their digital health competencies. It identifies key mechanisms that drive these improvements and highlights effective intervention models, such as intergenerational learning programs, which have shown measurable gains in the elderly's digital engagement. Recognising India's unique socio-cultural landscape, the review further examines the contextual factors that influence family involvement in digital health literacy. Based on these insights, a conceptual framework and policy recommendations are proposed to be integrated within national digital health initiatives.

Keywords: Family support, Intergenerational digital learning, Digital health literacy, Elderly health, Digital divide

INTRODUCTION

A significant demographic transformation is occurring worldwide, marked by a notable increase in the population aged 60 and older. What was once primarily a challenge for industrialised nations has now become a pressing issue for developing countries, including India. Currently, India is estimated to have around 153 million citizens aged 60 and above, and this number is projected to rise sharply to approximately 315 million by 2050, more than three times the figure recorded in 2011. This rapid demographic shift coincides with economic and infrastructural developments that are often insufficient to meet the growing needs of the ageing population.[1,2]

As the population ages, the complexities associated with health management among older adults have become increasingly apparent. In response, electronic health (eHealth) technologies have emerged as a promising solution to tackle these challenges. The United Nations recognises technology as a key enabler in advancing global sustainable development goals. Within this context, digital innovations in health monitoring present new opportunities to enhance the quality of life for older individuals while supporting the broader goal of sustainability, improving current conditions without compromising the needs of future generations.[3-5]

However, despite the rapid advancement of information and communication technologies, many older adults who could greatly benefit from eHealth innovations often remain excluded or "digitally disconnected." This digital divide is especially pronounced in developing countries like India, where many elderly individuals live in rural or resource-constrained areas or in multigenerational households. Bridging this technological gap is essential to ensure equitable access to healthcare and to promote healthy ageing in an increasingly digital world.[6-9]

Amidst these disparities, India's ongoing digital healthcare transformation presents both opportunities and challenges for its ageing population, with the expansion of electronic health records, telemedicine consultations, mobile health apps, and other e-health tools across the country. In theory, these technologies could enhance access to and the quality of care; however, in practice, older adults are often left behind. For instance, a rural study found that only 11% of seniors had basic digital literacy, and less than 10% used the Internet to contact health providers. This data reveals a significant gap between the rapidly digitising healthcare systems and the capability of India's elderly population to benefit from them.[6,7,10] Bridging this gap requires a closer examination of digital and health literacy, which are fundamental to enabling older adults to engage effectively with modern healthcare technologies.

In today's rapidly evolving digital landscape, the ability to make informed health decisions relies not only on adequate health literacy but also on a solid level of digital literacy. Digital literacy refers to the skills needed to perform everyday activities in the digital environment. This includes communicating with family, friends, or colleagues; using navigation tools; conducting online banking or shopping; and searching for information online. These activities require a combination of technical, cognitive, physical, and cultural skills, along with a sense of confidence and adaptability when engaging with digital technologies. On the other hand, health literacy involves the ability to access, understand, evaluate, and effectively use health information to make informed choices that impact one's health and well-being. It is recognised as a modifiable determinant that can help reduce socioeconomic inequalities in health outcomes. Building on this foundation, DHL expands the traditional concept of health literacy by incorporating the skills necessary to navigate digital technologies, locate and critically assess online health information, and apply that information meaningfully to support both individual and community health management.[11]

According to the definition, it is defined as the ability to search for, evaluate, and apply online health information to improve one's well-being.[12-14] DHL is a critical determinant of health equity, as patients lacking these skills cannot fully engage with telemedicine platforms, patient portals, or online health resources. For example, 71% of seniors in India live in rural areas, yet smartphone ownership and Internet usage among rural elders are much lower than among their urban counterparts. Socioeconomic factors, gender, and language further widen these gaps. Studies indicate that India's digital divide follows rural-urban and male-female lines, with lower-income or less-educated elders often lacking even basic access to digital devices. Consequently, many seniors are at risk of exclusion from new health technologies and services that assume digital competence.[6,7,15] Socioeconomic challenges exacerbate these issues. Low literacy and limited education, combined with poverty and unreliable Internet access in rural areas, further hinder digital learning, which is also reflected in a study of rural Karnataka, where they found extremely low eHealth literacy, with only a small fraction of elders demonstrating basic online health skills. These factors make using technology even more challenging for older adults.[7,15]

However, despite these structural and socioeconomic barriers, India's strong collectivist social fabric often serves as a mitigating factor in bridging the digital divide among older adults. In India's collectivist culture, families serve as the primary support network for elderly individuals. Younger relatives often act as "digital intermediaries," introducing seniors to technology and helping them navigate health information online. For example, children or grandchildren might teach their parents how to use a smartphone app, interpret a telemedicine report, or search for symptoms on a health website. This practical and emotional support can significantly increase seniors' participation in digital health. Research shows that older adults living with family members are much more likely to adopt and use information and communication technologies (ICTs) than those living alone. Families also provide encouragement and reassurance, helping to alleviate fears about privacy or making mistakes.[7]

Initiatives that focus on mutual learning between generations highlight the importance of family-like support. Models of "digital reciprocity" pair tech-savvy youth with older learners, benefiting both groups. For example, in Kochi, India, a program paired college students with seniors, where students taught computing skills to the elders while the seniors shared their life experiences with the students. This approach resulted in a two-way gain: seniors improved their digital literacy and confidence, and students developed empathy and gained valuable insights from their elders. Such programs promote inclusion and social connections, reducing the isolation faced by many older adults while building technology skills across generations. These findings suggest that when learning is reciprocal between generations, it not only enhances digital competence but also strengthens family and community bonds.[16]

While the digital divide among older adults in India is well-documented, there is limited research on how family dynamics contribute to this gap. Most existing studies focus on individual skill limitations or infrastructural barriers and often overlook the role of family members and intergenerational interactions in facilitating or hindering digital health literacy (DHL) among older adults. This oversight is significant because emerging evidence suggests that increasing digital health usage among older adults requires support from family networks and primary healthcare providers. Therefore, understanding these relational mechanisms is crucial for developing culturally responsive intervention strategies.[6,7,10,12,17]

With this background in mind, this review aims to synthesize current knowledge regarding the role of family-based support in enhancing DHL among older adults, with specific emphasis on the Indian context. To the best of our knowledge, this is one of the first review articles to explicitly focus on this critical yet underexplored dimension.

FAMILY-BASED DIGITAL HEALTH LITERACY SUPPORT FOR OLDER ADULTS: GLOBAL EVIDENCE, MECHANISMS AND INTERVENTIONS

Studies reveal significant international disparities in DHL among seniors. A scoping review conducted in 2024 found that older adults in high-income countries generally score higher on eHealth literacy scales compared to those in middle-income nations.[12] For instance, older patients in resource-rich environments often feel more comfortable using online health searches and applications, while their counterparts in countries like China and Thailand tend to have considerably lower DHL scores. Key factors influencing these disparities include education level, access to devices, and the frequency of internet use. Notably, social support consistently emerged as an essential factor; older individuals with strong support networks, especially from family, tend to achieve better DHL.[10]

Empirical studies support this idea. Shao et al. conducted a study with older adults in China, finding that those who received assistance from family members or caregivers were more willing to explore new health technologies and reported higher levels of digital confidence. [18] Similarly, interventions that include family members often enhance engagement. For example, a randomised trial of gamified digital mentoring found that elderly participants who learned alongside younger mentors significantly outperformed those who learned alone, acquiring skills more quickly and with greater motivation ($p<0.001$).[19] This evidence aligns with theories such as Bandura's Social Cognitive Theory, which suggests that observing skilled family members and receiving their feedback can improve elders' self-efficacy and reduce anxiety around technology. Technology acceptance models, like the UTAUT, also highlight "social influence", witnessing valued relatives use and endorse a digital tool increases an elder's perception of its usefulness and decreases perceived difficulty.[20] In practice, seniors whose children or grandchildren encourage and assist them are more likely to try telehealth apps, schedule online appointments, or consult health websites.[18]

Research shows that community programs support the trend of improved digital literacy through intergenerational approaches, where seniors are paired with youth mentors. Reviews of these community-based interventions consistently demonstrate improved outcomes. One analysis found that programs combining family or peer support with training resulted in 30–50% higher retention and satisfaction rates compared to traditional adult-only classes.[18,19] The benefits of these programs often include measurable increases in the use of health apps, logins to online patient portals, and improved accuracy in seeking health information. In summary, global research indicates that structured family involvement serves two important roles for older adults learning digital health skills: it acts as a behavioural pathway through encouragement and modelling, and it functions as a social safety net by providing trust and emotional support.[17,18]

Understanding how family support translates into improved DHL requires examining four distinct interconnected mechanisms, as illustrated in Figure 1.[7,17,18,21,]

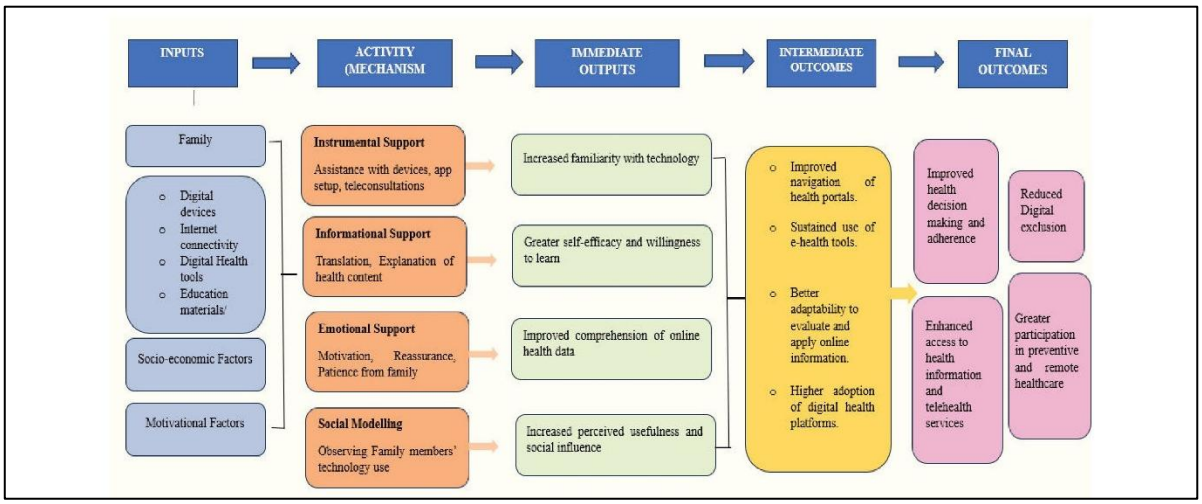

Figure 1: Logic model illustrating mechanisms influencing digital health literacy.

These mechanisms align with classic social learning theories. Bandura's theory suggests that self-efficacy, confidence in one's abilities, grows through vicarious learning and positive feedback, which is exactly what supportive family teaching provides. Similarly, models like the Unified Theory of Acceptance and Use of

Technology (UTAUT) emphasise the role of social influence: when important people, such as family members, expect someone to use technology, it increases the likelihood of adoption. Ultimately, family support transforms a digital task from an abstract solo challenge into a shared social activity, making it easier and more enjoyable. [20]

Empirical interventions underscore the importance of family involvement in health education. For instance, an Australian study conducted intergenerational digital health education sessions at community centres. The results indicated significant reductions in technology-related anxiety among seniors and a notable increase in their trust in eHealth platforms after participating alongside younger co-learners. One report highlighted that anxiety decreased by approximately 32%, while self-reported trust in online health resources rose by around 45% after these programs.[20] Although the specific percentages may vary by context, the consistent finding is that when training programs include family members or peers as co-educators, older adults learn more quickly and retain skills for a longer period.

Similarly, pilot programs in East Asia have integrated caregivers into chronic disease telemonitoring initiatives. For example, in South Korea, a telehealth program for elderly diabetes patients trained family caregivers to use the monitoring app. After three months, patients in the family-assisted group demonstrated a better understanding of their condition and exhibited higher medication adherence compared to those who were trained alone.[18] On a broader scale, meta-analyses of telehealth support reveal higher levels of engagement and satisfaction when family members act as mediators.[19]

Cost-effectiveness analyses also favour family-centric models. By leveraging existing family relationships and utilising volunteers, community programs have achieved comparable literacy gains at approximately 30–40% lower costs than fully professional training initiatives.[18,19] This approach is particularly relevant in resource-limited settings, as mobilising families can extend reach without the need for significant new infrastructure. In fact, the World Health Organisation's Global Digital Health Strategy (2020–2025) explicitly encourages countries to enhance community and family channels to achieve equitable access to health resources.[12]

DIGITAL HEALTH LITERACY AMONG INDIA'S ELDERLY: CONTEXT, CHALLENGES AND FAMILY ENABLERS

India's social structure makes family-based DHL initiatives particularly promising. Multigenerational households are common, especially in rural and peri-urban areas, creating built-in networks that facilitate digital learning. For example, the DAHLIA study conducted in rural Mysore found that only 11% of older adults possessed basic digital literacy independently. However, the study noted that social support from family and local health workers could significantly enhance the adoption of digital health technologies.[7] Many elders depend on younger relatives for assistance. Similarly, a survey in Telangana (Patel et al, 2024) reported that only about 20% of ageing adults had "good" DHL, with a median eHEALS score of just 8 out of 40. Those who received family assistance scored significantly higher.[22]

Efforts in India are beginning to leverage this family support. For instance, community health workers have started facilitating intergenerational training camps, where tech-savvy youth teach elders how to use smartphones and health apps. Programs like the Telehealth Companion Model train family members, particularly younger kin, as "telehealth facilitators" to assist older relatives during online consultations. Early reports suggest that these approaches greatly enhance usability and satisfaction, although rigorous evaluations are still necessary. Additionally, government platforms are increasingly designed to account for family support; for example, the national telemedicine portal e-Sanjeevani is built for simple navigation, allowing family members to guide older adults through virtual visits.

It is also important to recognise existing disparities within India. Mobile device penetration varies widely; Northern and Northeastern states often have fewer Internet connections and lower literacy rates, particularly among women. Data indicate that older women in many Indian communities rely on male relatives for phone access and digital assistance. This gendered digital gap highlights the need for family strategies to be culturally sensitive, such as actively including daughters-in-law and daughters in training programs, not just sons. Additionally, youth migration poses challenges: if younger family members move to cities, their elders may lack local support.

The barriers to effective family-supported digital health literacy are varied and interconnected. As illustrated in *Figure 2*, they encompass both structural and social dimensions that influence digital inclusion among older adults.

Migration and isolation

As young people migrate to urban areas for work, elderly individuals in rural regions may be left without close family support, exacerbating the digital divide.

Gender norms

In patriarchal households, elderly women often have less autonomy and may have limited access to technology if male relatives control its use.[21]

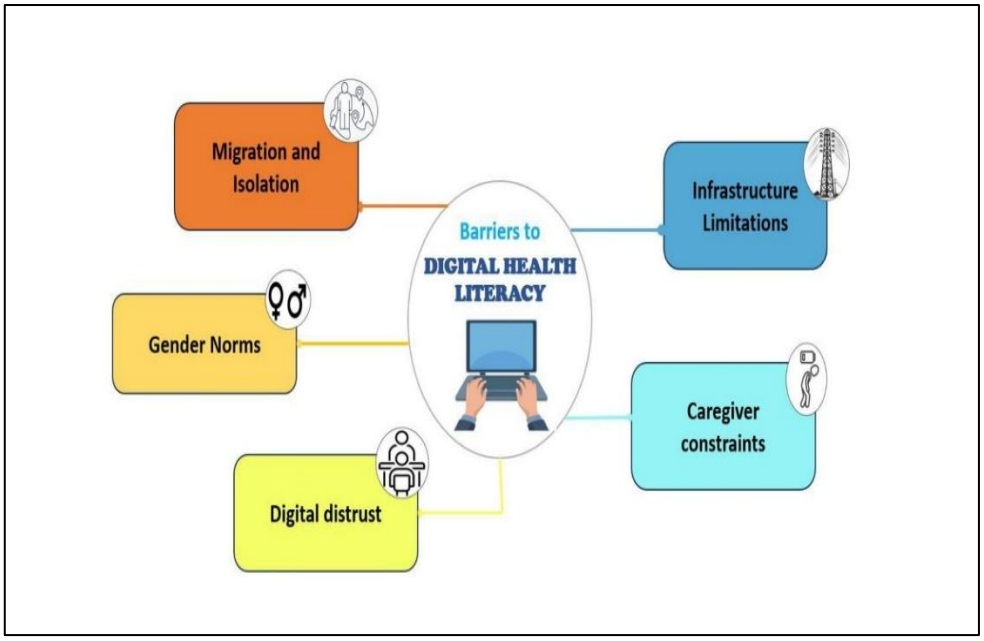

Figure 2: Key socio-cultural and structural barriers limiting family-supported digital health literacy among older adults in India.

Digital distrust

Many senior citizens in India continue to trust face-to-face consultations with doctors and may view online consultations with skepticism, despite encouragement from family members.[22]

Infrastructure limitations

Inconsistent electricity and internet connectivity in remote areas can hinder efforts at telehealth, even when families are willing to help.[7,23]

Caregiver constraints

Family caregivers often balance work and household responsibilities, which can leave them short on time, patience, or the digital skills needed to assist elderly relatives. This overwhelming burden can lead to caregiver burnout.[24]

To address these obstacles, a dual approach is necessary, focusing on improving the competencies of both elders and caregivers. Training programs should involve entire family units, and possibly community volunteers to distribute the workload. Additionally, policies could support digital literacy workshops in rural areas and promote affordable internet access.

FAMILY-BASED FRAMEWORKS AND INITIATIVES IN DIGITAL HEALTH LITERACY

Based on evidence and theory, an integrative model for family-centred DHL includes the following components:

Capability building

This involves joint training for older adults and family caregivers. For example, village workshops can be organised where elders learn basic health-app skills while younger relatives learn pedagogical methods. This approach ensures that both groups progress together.

Emotional reinforcement

Utilizing family bonds is crucial for keeping elders motivated. One effective strategy is to establish family "tech buddies" who meet weekly to practice using various applications. This positive reinforcement can encourage perseverance, as celebrating small successes, such as booking a doctor's appointment online, fosters a sense of accomplishment.

Structural integration

This entails incorporating family roles into healthcare programs. National initiatives, such as the Ayushman Bharat Digital Mission (ABDM), could explicitly include family liaisons or require caregiver IDs when registering older patients. Health centres might organize family-inclusive telehealth days, and local panchayats could set up "digital help desks" staffed by youth from the community.[25]

This framework aligns with the World Health Organisation's recommendations to leverage community and family networks for digital inclusion.[12] By systematically designing programs around families, we can ensure that technology solutions resonate with the socio-cultural realities of elders' lives. Building on this

integrative framework, several Indian programs, both government-led and community-based, are piloting family-inclusive models that demonstrate how theory can be translated into practice.

Telehealth companion model

In some primary health centres, a family member (often a younger relative) is trained as a "telehealth facilitator." This individual assists the elder during video consultations by helping them log in and relaying information. Early reports from these pilot programs indicate a significant increase in patient satisfaction when a family companion is present

Gram panchayat digital training

In certain states, rural councils have initiated intergenerational tech camps. Local volunteers, often youth from the community, conduct tutorials on smartphones and health apps in village halls, inviting both elders and their families. These sessions specifically teach family members how to help elders navigate apps like e-Sanjeevani.[26]

Family-friendly platforms

Government apps such as mSwasthya (providing health information) and e-Sanjeevani are being designed with user-friendly interfaces and multilingual support. This allows literate family members to guide their elders more effectively. The languages and icons used in these apps are chosen with elder usability in mind.

While these initiatives show promise, they are still in the pilot stage. Challenges remain in scaling and evaluating their effectiveness. Comprehensive, long-term studies are rare, and few have investigated whether family-assisted learning leads to sustained improvements in DHL over the years.

POLICY IMPLICATIONS AND FUTURE DIRECTIONS

To effectively support families in the digital health sector for DHL, the following strategies were recommended:

Policy inclusion

National digital health strategies should explicitly recognise caregivers. Public health campaigns can acknowledge the role of families in promoting technology use among seniors. Incentives, such as free data packages, could be provided to households where elderly individuals engage in registered digital health courses.

Design innovation

Developers should focus on creating age-friendly designs for health apps, incorporating larger text, voice commands, and intuitive navigation. It is important to anticipate that a family member may assist seniors either in person or remotely. Additionally, interfaces could feature a “family mode” that links accounts across different generations.

Community ecosystem building

Health workers, NGOs, and local governance bodies (like panchayats) should collaborate effectively. For example, ASHA workers can be trained to involve family members during health education visits. Local NGOs could organise informal meet-ups, such as “tech and tea” sessions, for seniors and their caregivers to foster community engagement.

Globally, India can learn from initiatives like the ITU’s “Ageing in a Digital World program” and the WHO’s digital health alliances, which emphasise the importance of family involvement. By integrating these frameworks into India’s programs, such as the Ayushman Bharat Digital Mission (ABDM), we can promote equitable and inclusive access to digital health resources.[27,28]

CRITICAL GAPS AND RESEARCH NEEDS

Despite the growing interest in intergenerational DHL programs, significant gaps still exist. Few studies have rigorously evaluated these programs in low- and middle-income settings. Additionally, women, elderly individuals, and impoverished elders are often underrepresented in the data. There is also a lack of standardized long-term measures to assess DHL outcomes. Importantly, the perspectives of caregivers, specifically their learning experiences and stress, are rarely captured. Future research should employ mixed methods, including surveys, usage analytics, and ethnography, to investigate how family dynamics influence DHL and to develop improved interventions.

CONCLUSION

Family-based support is not just a convenience; it is a crucial socio-cultural mechanism for bridging the digital divide among older adults. Worldwide evidence shows that when families are involved, older adults gain confidence, skills, and sustained engagement with digital health technologies. In India’s multi-generational households, this approach is particularly effective: utilizing existing kinship networks can enhance accessibility and acceptance of health technologies for seniors. To ensure that digital health revolutions are truly inclusive, policymakers and practitioners must formally integrate family support into education, design, and outreach initiatives, treating families as partners in the journey toward creating a healthier and more digitally empowered ageing population.

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