



## Analysing socio-economic vulnerabilities of India's ageing population

Saraswati Kerketta

Department of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi, India

### Abstract

The global population aged 60 and above is projected to reach nearly 2.1 billion by 2050 (WHO, 2021). In India, older adults currently constitute over 10% of the population, approximately 104 million individuals, with estimates predicting this figure will rise to 158 million by 2025 and 319 million by 2050. By 2100, this demographic is expected to surpass 550 million, representing over 36% of the national population (India Ageing Report, 2023; World Population Prospects, 2022). This demographic shift brings significant socio-economic and healthcare challenges, including increased vulnerabilities to chronic diseases, financial dependence, social exclusion, and abuse, exacerbated by the COVID-19 pandemic. The paper attempts to explore the socio-economic conditions of elderly population and challenges experienced by them.

The demographic condition of the country exhibits that southern states are ahead of others in terms of demographic transition than the northern counterparts. Hence, the share of ageing population is also higher in the southern states. As per the educational status, illiteracy remains high, with 71.5% of elderly women and 40.9% of men lacking formal education. Economic vulnerabilities are also stark, as only one-fifth of retired elderly receive pensions, and the majority are engaged in informal sectors without post-retirement benefits. Factors like modernization, urbanization, migration of youth population and erosion of traditional values has affected the living arrangements of the older adults and they often become vulnerable to loneliness, isolation and abuse. Approximately 6% of older adults live alone, with elderly women more likely to experience isolation and neglect. Abuse, both emotional and physical, is often perpetrated by close family members, with daughters-in-law and sons being primary abusers. India's ageing population demands urgent policy interventions focusing on healthcare, social security, and economic inclusion. Programs such as Rashtriya Vayoshree Yojana, Pradhan Mantri Vaya Vandana Yojana, and Seniorcare Ageing Growth Engine (SAGE) initiative aim to address these concerns. However, effective implementation, increased awareness, and enhanced support systems are essential to ensure the well-being and dignity of India's elderly population in the decades to come.

**Keywords:** Ageing population, demographic shift, vulnerability

### Introduction

The global population, aged 60 and above, is anticipated to increase significantly, reaching nearly 2.1 billion by 2050 (World Health Organization, 2021)<sup>[10]</sup>. In India, older adults currently constitute over 10% of the total population, representing approximately 104 million individuals. Estimates from the United Nations Population Fund (UNFPA) predict that this figure will rise to 158 million by 2025, positioning India among the fastest-ageing nations globally. By 2050, the elderly population is expected to surge to 319 million, which would comprise 19.5% of the national population. According to projections from the *India Ageing Report 2023*, the elderly demographic is set to represent over 36% of India's total population by 2100, a trend corroborated by the *World Population Prospects 2022*, which predicts this segment will surpass 550 million individuals by the end of the century.

An ageing population is inherently at higher risk for chronic diseases and requires substantial medical, financial, and social support systems. Elderly individuals face multiple vulnerabilities, including mobility restrictions, chronic health conditions, poverty, financial dependence, social exclusion, neglect, and abuse. The COVID-19 pandemic has further exacerbated these challenges, disproportionately impacting older adults. Advanced age emerged as a

significant risk factor for COVID-19-related fatalities (Williamson EJ et. al, 2020)<sup>[9]</sup>. During the pandemic's first wave, mortality rates were markedly higher among seniors, compounded by widespread disruptions in healthcare services for non-communicable diseases, which are predominantly relied upon by elderly populations. This study seeks to examine the socio-economic and health vulnerabilities faced by India's elderly population.

### Demographic Shift

The ageing phenomenon is the most notable experience of this century with remarkable improvement in human longevity complemented by the lowest levels of reproduction. Three dominant demographic processes drive the growing share of older Indians: declining fertility rates due to improved access to contraceptives, increasing age at marriage, particularly among women, and declining infant mortality; increasing longevity because of advances in medicine, public health, nutrition, and sanitation; and large cohorts advancing to older ages (Bloom, Hu et al. 2014). The total fertility rate stood at 5.9 in 1950 and declined to 3.4 in 2000. Currently, the total fertility rate is two as per latest SRS data. Additionally, the life expectancy at birth rose from 35.8 in 1950 to 62.5 in 2000 and is further projected to rise to 75 by 2050.

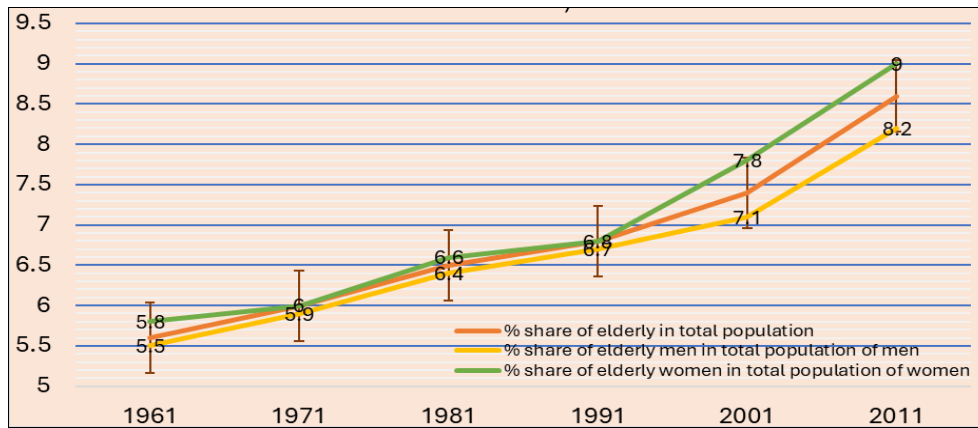


Fig 1: Gender wise share of elderly population in india (1961-2011)

**Profile of Elderly Population in India and socio-economic vulnerabilities**

Over the past five decades, India has under gone a remarkable demographic transition, with the southern states becoming the biggest drivers of ageing (Alam, M. *et al*, 2011) [1]. The elderly population is increasing at a tremendous pace and it is predicted that by 2050 old-age dependency ratio (31.5%) will be much higher than the child dependency ratio (29.8%) due to declining fertility and increasing longevity. The national level statistics masks regional differences in the demographic shift across nation. According to the India Ageing Report, there is significant variation in absolute levels and growth of the elderly population across states. The southern states becoming the biggest drivers of ageing where Kerala has the highest share of the elderly population in India, which stood at 16.5 per cent of the state’s population as of 2021. This is projected to rise to 22.8 per cent by 2036. But a bigger jump of more than seven percentage points is projected for Tamil Nadu, which as of 2021 had the second-highest elderly population in any Indian state. Besides, some northern states such as Himachal Pradesh and Punjab are experiencing the boom of ageing population. Many states have reported a higher share of the elderly population than the national average in 2021 but this gap is expected to widen by 2036.

Table 1: Trends in dependency ratio and life expectancy in India (1950-2050)

	1950	1975	2000	2025	2050
Child dependency ratio	65.6	73.9	59.4	37.5	29.8
Old-age dependency ratio	9.4	10.4	11.7	17.6	31.5
Total dependency ratio4 (CDR + ODR)	75.1	84.3	71.2	55.2	61.2
Life expectancy at birth (in years)	35.8	51	62.5	71	75

Source: Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18

The figures stated above clearly indicate a demographic shift that will impact all aspects of society. While we have identified the future vulnerabilities such as rising dependency ratios, shifting disease burden, and increased number of senior parents to care for, little is known about the magnitude and socio-economic implications of these vulnerabilities.

Feminization of ageing is a common phenomenon across globe. Poverty is inherently gendered in old age when older women are more likely to be widowed, living alone, with no

income and with fewer assets of their own, and fully dependent on family for support. Sex-ratio in India has never been favourable for women. In the beginning of last century the overall sex ratio was 972 females per thousand males and it reached a dip in 1991 (927). The recent census data registered 940 females per thousand males. As per LASI report, the sex-ratio of the elderly population in age 60 and above is 1065. It is predicted that sex-ratio in general will be low in India by 2031, it will increase for the elderly — 951 in general as compared to 1,078 for the elderly due to increase in longevity among elderly females. But because of the incidence of widowhood and higher life expectancy among older women, elderly widowed women are often alone with little support and also experience “greater incidence of morbidities that are functionally restricting (India Ageing Report, 2023).

The latest census data shows that the literacy levels have been abysmally low among elderly population with 56.5 per cent did not receive any formal education. Further gender wise disaggregate of illiterate population shows that around three fifth (71.5%) of the females are illiterate compared to only two-fifth (40.9%) of males. Similarly, 65.8 per cent of elderly residing in rural areas are illiterate compared to only 34 per cent in urban areas. The level of literacy also shows that one-fifth of the elderly population have education only up to primary level which includes 25.5 per cent of males and 15.2 per cent of females. Only 11.1 per cent of the elderly received education up to primary level in rural areas whereas the figures for urban areas is 23.2 per cent.

Another important aspect of the profile of elderly population is the living arrangement Traditionally, family has played a key role in ensuring social security of the older adults in India. The joint family system ensured to fulfil the physical, emotional and financial needs of the elderlies. Living arrangement is a fundamental factor that affects health and well-being of any individual and ageing population in particular. About six per cent of the elderly in the age bracket of 60 and above live alone. Larger proportion of women elderly live alone (8.5%) or with their children and others (40.6%) than the elderly men (3% and 13%). More than half of the men live with spouse and children however this share for women is only 28.2 percent for women. Determinants like differentials in life expectancy and their current marital status is also associated with their living arrangements.

**Table 2:** Living arrangements of elderlies in India

Living arrangement	Total	Male	Female
Living alone	2.5	8.5	5.7
With spouse and others	26.0	15.2	20.3
With spouse and children	54.4	28.2	40.6
With children and others	13.2	40.7	27.6
With others only	3.9	7.4	5.7

**Source:** Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18

Older adults face many economic vulnerabilities including financial dependency, debt, financial strain, low-old age pension coverage etc. The overall well-being of older individuals is primarily influenced by their economic stability, complemented by social support systems and health conditions. Among elderly age 60 and above, only one-third reported to be currently working which comprises 50 per cent of men compared with 22 per cent of women. The proportion of older adults who are currently working is higher in rural areas (40%) than urban areas (26%). Majority of the elderly workers are engaged in agricultural and allied activities (65%). Notably, half of the elderly working women in the agricultural sector are employed as agricultural laborers, compared to only one-fourth of elderly men, highlighting gender disparities in land ownership. Additionally, a significant proportion of elderly individuals from marginalized communities remain engaged in the workforce, with nearly half of the Scheduled Tribe population, 40% of the Scheduled Caste population, and 37% of the Other Backward Classes actively employed. Moreover, 17 per cent of the older adults are wage or salaried workers. Most of the workers are engaged in the unorganized sector mainly agriculture and allied activities therefore they do not have the provision of post-retirement benefits. One-fifth (19%) of officially retired elderly age 60 and above are currently receiving a pension. Approximately 19% of officially retired elderly individuals aged 60 and above currently receive a pension. However, the socio-demographic distribution of pensioners varies significantly, with a higher proportion in urban areas (39%) compared to rural areas (11%). As men are more employed compared to women in formal sectors and it is reflected in the gender wise distribution of pensioners. The data shows that 23 per cent of men and only 8 per cent of women were benefited from pension. Differences in educational status are notable in the work status of older adults. Only 4 per cent of older adults with no schooling received pension however this proportion was much higher among older adults with ten or more years of schooling (54%). Besides, the older adults belonging to highest wealth quantiles are three times more covered under pension service than those belonging to poorest quantile.

**Loneliness, isolation and abuse**

Loneliness and social isolation are important social problems among elderly population. The change in the family structure, their work-related engagements, health status has tremendous impact on their social companionship and social network. Table 3 indicates that elderlies are more comfortable in sharing their personal matters with their spouse followed by children and grandchildren. But when they are not having the spouse, they are dependent on their children and grandchildren and their son-in-law or daughter-in-law. The family members are the primary source of communication in terms of personal matters.

**Table 3:** Percentage of older adults age 60 and above sharing most of their personal matters and perpetrators of elder abuse

Spouse/ Relatives/ Friends/ Others	Elderly having spouse		Elderly not having spouse
Spouse	82.2		NA
Children/ Grandchildren	31.8		70.2
Son-in-law/ Daughter-in-law	5.1		19.4
Sibling	3.4		7.3
Friends	3.2		3.2
Others	0.6		2.9
Type of abuse	Male	Female	Total
Verbal	90.41	95.62	93.33
Emotional	52.39	53.08	52.78
Physical	34.55	25.68	29.56
Economic exploitation	36.00	30.71	33.03
Neglect	64.46	66.46	65.58
Perpetrators of abuse			
Son	31.89	34.23	33.21
Daughter-in-law	20.02	46.51	34.91
Grandchildren	2.46	6.13	4.53
Relatives	10.35	14.19	12.51
Spouse	7.56	6.06	6.71
Neighbour	43.8	24.27	32.82
Others	12.87	6.26	9.15

**Source:** Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18

Socio-economic determinants, such as education, gender, living arrangement, place of residence, financial condition, physical and cognitive impairment are associated with abusive behavior both from family members and non-family members (Hardin & Khan-Hudson, 2005; Skirbekk & James, 2014; Samanta *et al.*, 2015; Seth *et al.*, 2019) <sup>[2, 5, 6]</sup>. With the increasing aging population, elder abuse cases are expected to rise (Yan & Tang, 2004; Yon *et al.*, 2017) <sup>[12, 13]</sup>. About, 5% of the elderly in India state that they experienced ill-treatment in the past one year. Amongst those who experience ill-treatment, more than three-fourths experience emotional or verbal abuse, a fifth encounter physical abuse, and a third have been victims of financial exploitation. Caregivers are the primary abusers of the older adults. Among those experience ill-treatment, two-third of the elderly are ill-treated by their own sons (33.21%) or daughters-in-law (34.91%) and a third of them faced abuse in the hands of their neighbours (32.82%). Elderly women are mostly ill-treated by their family members whereas elderly men are mainly abused by non-family members. The erosion of traditional value system, accompanied by increased longevity but with limited functional ability has made the older adults vulnerable to a large extent.

**Discussion and conclusion**

The global south has a long history of colonialism and a period of rapid population growth. Various initiatives at international and national levels have been successful in bringing down the fertility rates to a substantial levels. The two population giants- China and India that contributes more than a third of world population, has a brought down its TFR to 1.2 and 2.0 respectively. With this demographic shift, population ageing is becoming an unprecedented challenge (UN DESA Population Division, 2023). Unlike the developed world, population in developing countries are going to experience ageing before becoming economically wealthier. In India the proportion of elderly population is

expected to increase by one-third at the end of this century. The nation averages mask the variations at sub-national levels. The north-south divide in demographic transition shows that the southern states and few northern states like Himachal Pradesh and Punjab are going to experience the challenge earlier than rest of the country. The southern half of the country will be ageing earlier and the northern part will have a much younger population.

The current status of older adults exhibits the poor socio-economic condition exposing them to age related vulnerabilities. India has always witnesses an imbalance in overall sex-ratio however, the scenario changes in older ages. The life expectancy for females is higher than males and that is also reflected in the sex ratio among older adults. However, feminization of elderly women comes with its own challenges. Less than half of elderly population was educated and the corresponding percentage for elderly women is almost half of that of elderly men. Poor educational attainment limits the employment opportunities. In India more than half of the older adults are employed in informal sector mainly agriculture and allied activities that do not fetch decent income and nor does it provide old age social security in terms of retirement benefits. Old age income insecurity in the backdrop of heavy expenditure on health care often without having health insurance creates a vulnerable situation for older adults. Women having a longer life expectancy and out of the job market are more vulnerable than men. Besides, the traditional family used to be the foundation of psychosocial support and financial security for the older adults. Traditionally, the children were responsible for looking after the parents and extended family system was a norm. But with the progress in the socio-economic conditions, the traditional joint family system is breaking down. Traditional economy like agriculture and allied activities are least preferred by the younger generation with better educational status. They usually tend migrate towards urban areas often leaving their older parents in the villages. The nuclear families have limited time and resource to support their parents. Empty nest syndrome is typically experienced by parents after their children have grown up and leave home. The parents are left with the feeling of sadness, isolation and loneliness and it has a bearing on their physical and mental health. With the increasing life expectancy, there is also an increased post-retirement life-span that may lead to profound sense of loneliness, isolation and rolelessness. Social participation becomes a critical factor for achieving the goal of healthy ageing. Various initiatives are taken at the national level like Rastriya Vayoshree Yojna (RSY) Sampanna Project, Pradhan Mantri Vaya Vandana Yojana (PMVVY), Seniorcare Ageing Growth Engine (SAGE) initiative, Elder Line (Toll free number for elderly) etc. The information through various agencies should be disseminated so that it can benefit the ever-increasing older adults in the country.

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