Ageing at the Margins: Power, Policy, and Precarity in India's Demographic Transition.

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Abstract

India is going through a major demographic change, with the number of elderly people expected to cross 194 million by 2031 (Census of India, 2011; UNFPA, 2023). While longer life expectancy is often seen as a sign of development, the everyday lives of older adults, especially those from poor or marginalized backgrounds, show a different picture. Many struggle with health issues, weak income support, and limited social inclusion. This paper looks at the structural and institutional reasons behind these ageing-related problems in India, using secondary data and a political economy lens.

Drawing from the National Sample Survey (NSS 76th Round, 2018), LASI Wave 1 (2020), and other studies, the paper places old-age challenges in a wider context shaped by economic reforms, changing family systems, and shrinking welfare support. It shows that ageing in India is becoming more uncertain, especially for elderly women, rural residents, and people who worked in the informal sector (Kumar et al., 2022; Bloom et al., 2021).

The paper argues that ageing cannot be understood only through health or welfare discussions. Instead, it must be seen within the political economy of care, where reduced state support, growing privatization of health services, and weakening family bonds create new vulnerabilities. The study concludes by calling for a rights-based, community-focused eldercare model that brings together social protection, public health, and intergenerational support to ensure dignity in old age.

Keywords: Ageing, Political economy, Elderly care, Social protection, Gendered vulnerability.

1. Introduction

India is experiencing a major demographic shift as it moves from a young society to an ageing one. The share of people aged 60 and above is expected to rise from 8.6% in 2011 to over 14% by 2036 (RGI, 2021; UNFPA, 2023). Falling fertility, longer life expectancy, and uneven development all contribute to this shift. These trends create new challenges for public policy, social protection systems, and healthcare (Arokiasamy et al., 2022; James & Kumar, 2022).

Although ageing is often seen as a success of development, the lived experiences of many older adults tell another story. Large numbers of elderly people, especially from rural areas, low-income families, and women-headed households, face deep insecurity. Many have poor access to healthcare, weak financial support, and limited social protection (Singh et al., 2025; Garg et al., 2022). LASI findings show that more than 60% of older adults have at least one chronic illness, and over 40% struggle with basic daily activities (Arokiasamy et al., 2022).

India's political economy of ageing is shaped by neoliberal reforms, informal labour patterns, and shrinking welfare structures (Ugargol et al., 2025; Sonune & Ugargol, 2025). As traditional family care reduces and government support remains patchy, many older people face what scholars describe as a "care crisis" (Gopal et
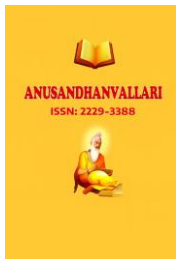
al., 2023). Even major policies, including the National Policy on Older Persons (1999) and the Senior Citizens Act (2007),have not brought significant relief due to weak implementation (Pandey, 2017; Mukhopadhyay, 2025).

Ageing is also a gendered experience. Elderly women, who form the majority of the older population, face disadvantages linked to widowhood, lack of assets, and dependence on informal labour (Kulshreshtha & Sharma, 2024). Their challenges highlight wider inequalities in health, income, and social support.

This paper uses a political economy perspective to explore how state policies, market forces, and social hierarchies shape old-age vulnerability. Using secondary data from LASI, NSS, and Census reports, it aims to map socio-economic and health challenges, examine policy responses, and identify systemic gaps in India's approach to ageing.

2. Literature Review

2.1 Demographic Transitions and the Emerging Ageing Society

India's elderly population is growing rapidly and is expected to cross 190 million by 2031 (RGI, 2021). Lower fertility and improved longevity have created what scholars call a "longevity dividend" (Bloom et al., 2012). However, this benefit is uneven. Many older adults still face deep structural inequalities in income, health, and access to services (Arokiasamy et al., 2022).

LASI and NSS show that ageing varies across regions. Southern and western states have higher elderly populations, while the northern and eastern states lag behind. Rural–urban differences are also clear: rural older people depend more on informal work and family, whereas many urban elderly struggle with isolation and insecure housing (James & Kumar, 2022).

2.2 Health Inequalities and Access to Care

Ageing in India brings a heavy burden of non-communicable diseases such as diabetes, hypertension, and heart disease (Garg et al., 2022). LASI data show that more than 63% of older adults have at least one chronic illness (Arokiasamy et al., 2022). Access to healthcare is often limited by cost, distance, and weak infrastructure.

Schemes like Ayushman Bharat aim to improve affordability, but their impact on elderly hospitalizations is still limited (Garg et al., 2022). Out-of-pocket expenses remain high, especially for the poor and widowed (Pandey, 2017). Elderly women face higher morbidity and lower health service use, reflecting gender inequalities (Kulshreshtha & Sharma, 2024).

2.3 Social Protection and Economic Insecurity

Pension coverage in India is very low. Only about 12% of older adults receive formal pensions, while most depend on irregular support from family or small state pensions like IGNOAPS (Singh et al., 2025). These pensions are often too small and unreliable.

With most of the workforce engaged in informal labour, many elderly people reach old age without savings or retirement benefits (Malik et al., 2022). This leads to long-term financial insecurity, especially among women and agricultural workers.

2.4 Gendered and Intersectional Dimensions of Ageing

Ageing in India differs sharply by gender, caste, and location. Elderly women from scheduled-caste and tribal communities face the highest dependency and lowest education levels (Pandey et al., 2024). Scholars describe two types of ageing: a more secure "third age" seen among middle-class urban elders, and a deprived "fourth age" common among rural and lower-caste elderly women (Tripathi & Samanta, 2024).

2.5 Policy Responses and the Care Deficit

India has introduced several ageing policies, but their impact is limited due to weak funding and poor coordination (James & Kumar, 2022). The elderly often fall through policy gaps because services remain fragmented. Scholars argue that privatization of healthcare and commercial elderly care may worsen inequalities (Singh et al., 2025).

2.6 Synthesis

The literature points to a few key themes: fast demographic change, widespread health inequality, weak social protection, gendered vulnerability, and lack of an integrated policy framework. These insights highlight the need for a structural and political economy analysis of ageing in India.

3. Methodology

3.1 Research Design

This study uses a qualitative research design based on secondary data. It follows the political economy framework to link ageing patterns with broader economic and social structures. Instead of primary data, the study uses national datasets, policy documents, and academic work to understand the challenges faced by older adults.

3.2 Data Sources

The study uses secondary data from Census reports, LASI Wave 1, NSS 76th Round, NFHS-5, major ageing-related policies, and reports from bodies like UNFPA and WHO. Academic literature on ageing, gender, and welfare also forms a major part of the analysis.

3.3 Analytical Framework and Method

The analysis uses thematic content analysis, mixing deductive and inductive coding. Findings from LASI and NSS were compared with policy reviews to ensure accuracy. The political economy approach helped connect ageing with labour markets, welfare policies, and gendered care systems.

3.4 Limitations

Since the study depends fully on secondary data, some groups, like elderly people in remote tribal or informal settlements, are not fully represented. Policy evaluations may also lag behind current realities. These limitations were reduced by using multiple sources.

3.5 Ethical Considerations

As only publicly available data were used, the research maintains full ethical compliance. There is no personal data involved, and academic guidelines were followed throughout.

4. Findings and Analysis

4.1 Demographic and Spatial Dimensions of Ageing

India's elderly population is growing fast and unevenly. Southern states like Kerala and Tamil Nadu have much higher elderly populations than northern states (RGI, 2021). Rural areas have almost 70% of the elderly but far fewer services (MoSPI, 2019). Urban ageing, on the other hand, brings challenges like loneliness and lack of age-friendly spaces.

4.2 Health and Morbidity Patterns among Older Adults

Chronic illnesses dominate old-age health patterns. LASI shows that 63% of elderly people have at least one chronic illness and many have multiple conditions (Arokiasamy et al., 2022). Elderly women report more sickness but use health services less. Mental health concerns such as depression are rising, but support services are limited.
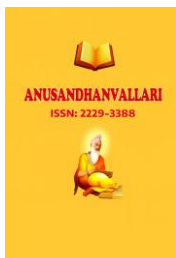
4.3 Economic and Social Insecurity

Most older adults depend on family for financial support. Only a small share receives pensions, and even those amounts are very low (MoSPI, 2019). People who worked in informal jobs enter old age with little or no financial security (Ugargol et al., 2025). Older women are especially vulnerable due to widowhood and lack of independent income.

4.4 Social Protection and Welfare Policy Gaps

Policies exist but are poorly implemented. NPHCE covers only a limited number of hospitals and health centres. Ayushman Bharat leaves out many elderly people. Pension programmes face delays and irregular payments. Overall, welfare support remains fragmented and inconsistent.

4.5 Gendered Dimensions and Feminization of Ageing

Women form the majority of the elderly population but face the most insecurity. Lower education levels, weaker economic status, and cultural restrictions make their situation even harder (Kulshreshtha & Sharma, 2024). Many elderly women continue providing unpaid care but receive little when they themselves need care.

4.6 Structural Interpretation: The Political Economy of Ageing

Ageing in India reflects wider inequalities created by the labour market, welfare system, and gender hierarchies. Economic growth has not been matched by strong social protection. The lack of universal entitlements leaves older adults dependent on families or private services, deepening inequality.

5. Discussion

5.1 Structural Determinants and the Political Economy of Ageing

Ageing in India is shaped by broader political and economic trends: reduced state support, informal labour markets, and breakdown of traditional family support. These forces together create a care deficit where neither families nor the state provide sufficient care.

5.2 The Gendered Burden of Ageing

Elderly women face the combined impact of low lifetime earnings, limited property rights, and widowhood. They often feel socially isolated due to gendered expectations and lack of support. Without gender-sensitive policies, these inequalities will continue.

5.3 The Crisis of Care and Welfare Fragmentation

India's welfare system remains fragmented, with small pensions and limited geriatric care. Private healthcare and old-age homes are growing, but most elderly people cannot afford them. This creates unequal access to care and services.

5.4 Social Citizenship and Moral Economy of Ageing

Many older adults do not experience old age as a right but as dependence on charity, whether from family or the state. Ageing in India therefore becomes a question of justice, asking whether older adults are treated as full citizens.

5.5 Towards a Transformative Framework

Improving the lives of older people requires universal pensions, stronger public health systems, community-based care, and gender-sensitive planning. The aim should be to ensure dignity, security, and participation in later life.

6. Conclusion and Policy Recommendations

6.1 Conclusion

India's ageing experience reflects deeper inequalities in its economic and social systems. The demographic shift is not a crisis on its own, but it becomes one when institutions fail to support the elderly. Economic insecurity, gender disparities, and the breakdown of traditional care systems all contribute to this problem.

Ageing in India must therefore be seen as a matter of rights and social justice, not just a demographic trend. Ensuring dignity and security for older adults requires stronger social protection and a more inclusive approach to welfare.

6.2 Policy Recommendations

1.   **Universal Pension Coverage** – Move towards a universal, inflation-linked pension for all elderly people, especially those from the informal sector.

2.   **Strengthening Primary Healthcare** – Improve geriatric care, expand district-level services, and integrate mental health support.

3.   **Gender-Sensitive Policies** – Protect widows' property rights, support elderly women through community groups, and include gender budgeting.

4.   **Reimagining Care Systems** – Recognize unpaid caregivers, develop community day-care centres, and ensure affordable long-term care.

5.   **Improving Governance and Data** – Create a National Commission on Ageing, regularly update ageing datasets, and align policies with global frameworks like the UN Decade of Healthy Ageing.

6.3 Concluding Reflection

India's ageing story is a mix of progress and challenge. People are living longer, but many are not living better. To turn longevity into well-being, India needs to move from charity-based welfare to rights-based support. Ageing, ultimately, is a test of how society values dignity and justice.

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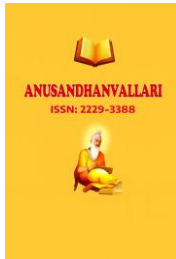
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