An Ageing India: Counting to Understanding Elderly Needs

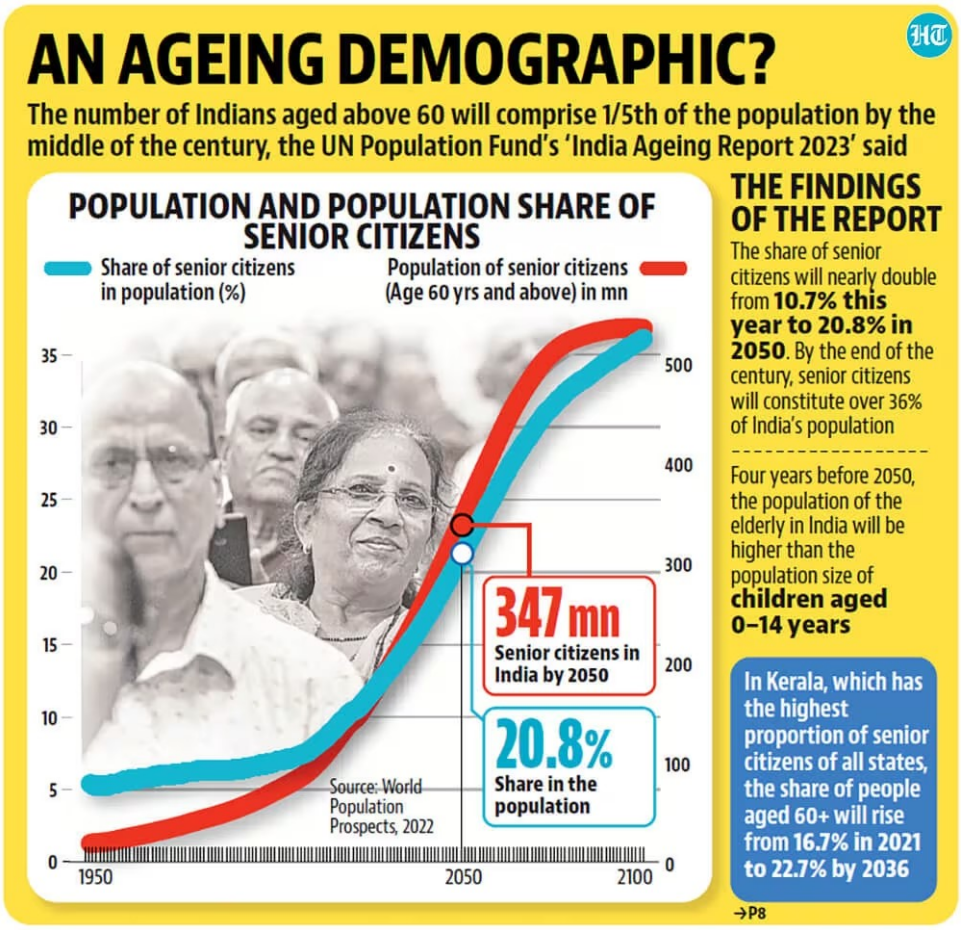
Mains: *GS II - Governance & Social Justice*

Why in News?

NFHS-6 (2026) shows India's elderly population has risen to 12.9%, highlighting the need for better age-specific health and care data to address the challenges of an ageing population.

What is the current status of India's Ageing Transition?

- India is undergoing a demographic transition with a steadily increasing elderly population.
- **Spatial unevenness of Ageing** –
  - Kerala: 20.7% elderly
  - Goa: 17.2%
  - Himachal Pradesh: 16.4%
  - Tamil Nadu: 16.3%
- In contrast, States such as Bihar and Uttar Pradesh remain relatively young.
- Ladakh witnessed a sharp increase in its elderly share, from 8.9% to 14.6% in four years.
- **Implication** – India requires State-specific and region-specific ageing policies, rather than a uniform national approach.



What are the Key Data Gaps?

- **Lack of elderly-specific health data** – NFHS-6 records hypertension and high blood sugar for adults aged 15+.
  - It makes difficult to identify the specific disease burden among senior citizens.
- **Nutrition remains poorly measured** – NFHS does not adequately measure BMI and nutritional status of older adults.
  - Elderly have increased vulnerability to malnutrition and functional decline.
- **Limited information on healthcare expenditure** – Health insurance and financing indicators are largely available at the household level.
  - It provides limited information about the actual financial burden faced by elderly individuals.
- **Elderly not adequately interviewed** – NFHS interviews women up to 49 and men up to 54 years.
- **Gaps in holistic data** – Older people are largely represented

through household information and selected biomedical measurements, leaving gaps regarding:
    - Healthcare-seeking behaviour
    - Treatment adherence
    - Lifestyle factors
    - Employment
    - Functional ability
    - Social support

Why Does Better Data Matter?

- **Effective implementation of AB-PMJAY** – The extension of Ayushman Bharat PM-JAY to all citizens aged 70+ increases the need for reliable information about:
    - Chronic disease prevalence
    - Healthcare utilisation
    - Out-of-pocket expenditure
    - Long-term care requirements
- **Ageing increases demand for -** Geriatric services, chronic disease management, Long-term and home-based care, Rehabilitation, Palliative care.
- States ageing faster need healthcare infrastructure and elderly-care services earlier and at greater scale than relatively younger States.

Longitudinal Ageing Study in India (LASI)

- LASI, conducted by the *International Institute for Population Sciences (IIPS)*, provides comprehensive information on ageing.
- It covers:
  - Health conditions
  - Healthcare utilisation and expenditure
  - Economic circumstances
  - Social networks
  - Functional health
  - Biomarkers
- Its first wave covered 73,000+ adults aged 45+ during 2017–18.
- **Concern** – The first-wave data are now around eight years old, reducing their usefulness for current policy planning.

What are the measures taken by government to address elderly needs?

- **National Social Assistance Programme (NSAP) –** Provides monthly financial aid and old-age pensions to individuals from lower-income, marginalized backgrounds.
  - **Eg.** Indira Gandhi National Old Age Pension Scheme.
- **Ayushman Bharat PM-JAY Expansion** – Extends free health insurance coverage up to rs.5 lakh per year to all senior citizens aged 70 and above.
- **Rashtriya Vayoshri Yojana (RVY)** – Distributes free assisted-living devices (such as wheelchairs, walkers,) to elderly individuals facing age-related physical limitations.
- **SAGE Initiative** – Encourages innovative startups to design customized products, services, and living solutions suited for the elderly.

What could be done?

- **Strengthen existing surveys** – Instead of creating another large survey, improve and update NFHS and LASI.
- **Generate age-disaggregated data** – Report health indicators separately for 60+, 70+, 80+ and other relevant age groups.

- **Regularly update LASI** – More frequent waves would provide policymakers with current evidence on India's rapidly changing age structure.
- **Integrate datasets** – NFHS and LASI should be designed to enable comparability and complementary analysis.
- **Focus on functional health** – Data collection should include disability, mobility, activities of daily living and dependency levels, not merely disease prevalence.
- **Strengthen State-level planning** – Ageing indicators should guide State-specific healthcare infrastructure, insurance and long-term care policies.

What lies ahead?

- India's ageing challenge is not merely about how many elderly people there are, but about how they live, what diseases they face, what care they require.
- Strengthening existing data systems through regular surveys can enable India to shift from a reactive approach to evidence-based elderly healthcare planning.

Reference

The Hindu| An Ageing India: Counting to Understanding Elderly Needs