India's Elderly: A Conversation With Ourselves

At the top of this, being brutally honest, I don't know how to speak about elderly care without statistics hardening into distance. Numbers have a way of doing that—turning 140 million people into a demographic problem, turning loneliness into a percentage, turning abandonment into policy failure. But perhaps that's the wrong way to begin. Perhaps I should start where the Editorial starts: uncertain, a little lost, staring at a blank page wondering what I can possibly add that hasn't already been said.

Maybe that is how everyone starts when confronting a crisis their own family is living through.

Prime Minister Modi speaks frequently about recovering our wisdom traditions, about rejecting Western prescriptions. And there is something in that anxiety that resonates. We have forgotten something. But not in the way he means. We have forgotten that when the joint family collapsed into nuclear apartments stacked vertically across our cities, something was supposed to replace it. We never built that replacement. Instead, we imported institutional models designed for societies that had a century head start. And now we are living inside the gap.

The thing that troubles me most about this crisis is that it was avoidable. It still is. But the window is closing.

What We Are Losing

Let me speak plainly about what the numbers actually mean when you sit with them for long enough.

In 2001, one in five Indians lived in joint families. A decade later, that had fractured to one in sixteen. This isn't gradual. This is collapse. Nuclear families now comprise over half of all Indian households. Walk through any Indian city—Bangalore, Mumbai, Delhi—and you will see what this looks like physically. Massive apartment complexes have replaced the sprawling homes of earlier generations. Each family is its own island. There is something in that architecture that mirrors something deeper in the society: we have reorganized ourselves for efficiency, for economic mobility, for individual advancement. And we have done it without asking what we were leaving behind.

The elderly are what we left behind.

Nearly one in five elderly women now lives completely alone. Think about that statistic for a moment—not as a percentage, but as a fact about individual human lives. We are speaking about 18.7 percent of women over 60, isolated in a country that spent millennia organizing itself around extended family structures. For many of them, this isolation isn't temporary. 41.9 percent have been living alone for five or more years. This is not separation. This is structural abandonment at scale.

The psychological cost is documented in surveys that feel almost cruel in their precision. Forty-one percent of solo-living elderly report negative mental health impact. Thirty percent experience depression symptoms. Ten percent describe themselves as "always lonely." When you read these percentages laid out like this, you are reading a portrait of what collective failure looks like from the inside.

But isolation is only the beginning. It opens doors to cascading crises that compound each other in ways policy discussions never quite capture.

The Impossible Choices

Seventy percent of elderly remain financially dependent on children or informal work. Only 29 percent receive any pension. This sounds abstract until you understand what the pensions actually provide. The Indira Gandhi National Old Age Pension Scheme—our primary elderly welfare program—pays Rs. 200-500 monthly to those who manage to qualify. The poverty line is estimated at Rs. 30,000-40,000 annually. Do the mathematics. These pensions provide 6-20 percent of subsistence. But even this inadequate amount doesn't reach most who need it. Sixty-eight percent of eligible elderly are excluded through bureaucratic mechanisms. The BPL card requirement filters out the poor who never formally registered with government authorities. And so the system that is supposed to protect the elderly instead protects itself, maintains its targeting mechanisms, preserves its distance from actual human need.

The result is hunger. In India's fastest-growing major economy, 6.4 percent of elderly have reduced meal sizes in the past year. 5.6 percent have gone without eating entirely. You might read these numbers and think they represent a small problem. You would be wrong. When you extrapolate these percentages across 140 million people, you are speaking about roughly 8 million elderly reducing meals, 8 million going hungry. These are not statistical artifacts. These are people making choices between healthcare and food, between medicine and eating, between dignity and survival.

The health system compounds the abandonment. Eighty to ninety percent of elderly carry multiple chronic conditions—hypertension in half of them, diabetes in 43 percent. Yet India has 270 trained geriatricians for 140 million elderly people. That is one geriatrician per 515,000 people. The inadequacy is almost breathtaking. Out-of-pocket health spending consumes 13 percent of consumption expenditure for elderly households. Families face an impossible choice. The majority choose food.

The Particular Vulnerability of Women

Elderly women carry a different burden entirely. Fifty-five to sixty percent of elderly women are widows—asset-less, economically powerless, dependent on the whims of children or the mercy of charity. Seventy-one percent of elder abuse victims are women. The family system that once

protected women through collective responsibility has transformed into a mechanism of their vulnerability. We have exchanged one form of dependence for another, and called it progress.

This is where the crisis becomes personal. Women who provide full-time elder care work 7.07 hours daily while simultaneously maintaining paid employment. Their rest time has compressed from 2.84 hours to 2.13 hours daily. That is below the minimum recommended sleep for human health. Sixty-two percent of women report increased care work burden. The odds ratio is striking: women with elderly or child care responsibilities face 3.92 times higher work burden compared to men without these obligations. We are asking women to sacrifice their physical health in a system absent public care infrastructure, and we are calling this a family problem rather than a policy failure.

The Arithmetic We Are Avoiding

Why should we care about 2025-2030 specifically? Because some things are not opinions. They are arithmetic. They are binding.

Today, there are 67 working-age people supporting 10.3 elderly. By 2031—six years away—that ratio becomes 66 working-age supporting 12.5 elderly. A 40-percent worsening in a single decade. By 2050, elderly will reach 20 percent of population while the working-age population begins absolute decline. The old-age dependency ratio, the metric demographers use, jumps from 15 elderly per 100 workers today to 20.1 in 2031 to 30-35 in 2050. Do you understand what this means practically? By 2050, roughly one worker will support 2.5 to 3 retirees. This arithmetic doesn't negotiate. It doesn't respond to political will. It simply unfolds.

The policy window is 2025-2030. After 2030, the working-age population begins absolute decline. You cannot finance large-scale public infrastructure from a shrinking tax base. Build it now, and the cost is manageable. Delay until 2035, and the cost quadruples while political feasibility evaporates. This is not an exaggeration. This is what demographers know.

But here is what disturbs me most: the unsustainability is already visible in individual lives. We are not waiting for 2050 to experience this crisis. It is happening now, in real time, in millions of households. The question is not whether we have time to address it. The question is whether we will.

What Is Actually Possible

This is where I must pause and acknowledge something that gives me hope, even as the larger picture darkens.

Kerala's Neighbourhood Network in Palliative Care operates under a completely different logic. It is volunteer-based, integrated with local health systems. Shopkeepers, teachers, neighbors, retired professionals commit two hours weekly to care coordination and health monitoring. It is

an activation of social capital that sounds almost absurdly simple. But it works.

In pilot areas, NNPC achieved 70 percent coverage of patients needing long-term care in just two years. There are now 230+ clinics operating across Kerala with 25,000+ active patients at any given time. The cost structure should make policymakers weep with shame at current policy choices. NNPC costs Rs. 5,000-10,000 per person annually. Institutional elderly care—the retirement homes growing in Bangalore and Mumbai—costs Rs. 50,000-200,000 per month. That is 60 to 120 times more expensive. And who can afford Rs. 200,000 monthly? Perhaps one percent of India's elderly.

Community health worker models, proven in studies from West Bengal and other states, deliver home-based preventive care at Rs. 4,000-6,000 per person per year. They reduce expensive hospitalizations. We have trained 36,785 community health workers since 2023-24. This number could scale to millions. The model exists. The evidence exists. The cost structure is manageable. What exists is the gap between knowing what works and choosing to implement it.

Why hasn't the NNPC model become national policy? Not because the model is flawed. But because it requires state government commitment, functioning social capital, and political will to decentralize implementation. It is harder than centralizing institutional care provision through private companies. And frankly, the private sector has not lobbied for community care models the way it lobbies for permission to build 500-bed hospitals.

The Path That Lies Before Us

And so we arrive at the most uncomfortable question: what should we actually do?

I will resist the urge to present this as three simple solutions, neatly numbered and digestible. But some things must be said clearly, even if they offend the people who need offending.

First: the pension system must change immediately. Eliminate the BPL targeting mechanism that currently excludes 68 percent of eligible elderly. Make the Indira Gandhi National Old Age Pension Scheme universal—all citizens 60 and above, regardless of means. The cost? Rs. 70,000-100,000 crore annually for comprehensive coverage. This represents 0.2-0.3 percent of GDP. Now, India currently spends 0.02 percent of GDP on elderly pensions. Nepal, a nation far less economically developed than India, spends 1.4 percent of GDP on universal pensions. We do not say we cannot afford it. We choose not to afford it. The barrier is political will.

Second: use the Kerala NNPC model as a blueprint and pilot community care networks in high-elderly states. Cost: Rs. 15,000-25,000 crore annually to cover 30-50 million elderly. This combines government funding with volunteer labor to create a sustainable public-private model. The political case is straightforward: job creation in the care sector, visible elderly welfare in electorally important states, community trust-building in regions already experiencing crisis.

Third: deploy 50,000 trained community health workers for home-based elderly care. Cost: Rs. 20,000-30,000 crore spread over five years. Benefit: preventive care that reduces expensive hospitalizations, improved health outcomes, economic opportunity in underserved areas.

Total cost for a comprehensive system by 2035? Approximately Rs. 150,000-200,000 crore spread over ten years. As a percentage of GDP, annually: 0.2-0.3 percent. As a proportion of India's total government expenditure, it is manageable if prioritized. The objection will come: "We cannot afford this." The objection is false. We afford far more on subsidies for fuel, fertilizer, and private sector incentives. The barrier is not economics. It is political choice.

The Choice

But here is where I must speak to something deeper than policy.

India does not face an inevitable elderly care crisis. It faces a choice. And choices, unlike demographic transitions, are human acts. They belong to us.

If we delay, here is what arrives: By 2035, elderly crisis becomes the dominant social fact in Indian public policy. We will be managing crisis—hospital overcrowding, family breakdown, elderly homelessness—rather than building prevention. By 2050, with one worker supporting 2.5-3 retirees and the working-age population in absolute decline, the system collapses. What unfolds is an intergenerational catastrophe that will occupy policymakers, divide families, and fragment social cohesion for decades.

Prime Minister Modi speaks often of recovering our wisdom traditions. He is correct that we have much to recover. But that recovery is hollow if we do not act to protect the very people who embody and transmit that wisdom. Our elderly are not problems to be solved through policy papers. They are people we once organized our entire civilization to protect. That organization has broken. We must build something new to replace it.

The crisis is not inevitable. Our response is a choice. Let us choose wisely, quickly, and in time. Not because I say so, but because the window permits no other timeline. The arithmetic is binding. The choice belongs to us.

Some Words for Those Who Come After

To those who will read this and feel the weight of what I am describing: do not despair. Do not treat this as inevitable decline. Treat it as a call to action. The Kerala model exists. Community health workers can be trained. Pensions can be universalized. We have done harder things.

To policymakers: do not protect your bureaucracy. Protect the elderly. The mechanisms will adapt to purpose. The purpose must not adapt to mechanism.

To those of us with elderly parents, grandparents, aunts, uncles: do not treat this as someone else's problem. Vote for politicians who make elderly care a priority. Push for the policies outlined here. Demand the choice that we have the power to demand.

To ourselves: we are the generation that will determine what India looks like in 2050. The elderly living today are what our choices created. The elderly living in 2050 will be what our current choices create. The choice is ours. The responsibility is ours. The window is closing.

At this point, I could try to end with certainty, but that would be dishonest. I do not have certainty. What I have instead is the conviction that this need not happen. That we know what to do. That the barrier is not knowledge but will. And will, unlike arithmetic, belongs to us. It is the one thing in this entire crisis that is not binding. It is the one thing we can still change.

So I write this not as an analyst presenting data, not as a policymaker with solutions, but as one voice asking: what India do we want to build? One that protects its elderly and supports its women caregivers? Or one that abandons millions to poverty, isolation, and dependence?

The pages wait for our answer. The pages always do.