THE INDIA FORUM
A JOURNAL-MAGAZINE ON CONTEMPORARY ISSUES

November 24, 2026

Beyond the Demographic Dividend: Preparing for India's Ageing

By: Roni Sikdar

India's population remains young but ageing has begun. Some states are ageing faster than others. As society is changing, the tradition of children caring for the elderly can no longer be assumed to continue. State and society need to start planning for this new demographic transition.

For more than two decades, the demographic discourse on India has revolved around the opportunities offered by its large working-age population. India is now gradually entering a new demographic phase, defined not by rapid expansion but by low fertility, shrinking households, an ageing population and rising mobility. The primary challenge before policymakers today is therefore not simply to reap the benefits of the demographic dividend, but also to prepare for the changing needs of a population in which some regions remain young while others are further along in the ageing transition.

India's Uneven Demographic Transition

Fertility has declined across India, although substantial differences persist between states and population groups. The Sample Registration System (SRS) Statistical Report 2023 shows that the country's Total Fertility Rate (TFR) is 1.9 children per woman, below the replacement level of approximately 2.1. Rural TFR stands at 2.1, while urban areas record 1.5. This marks a decisive shift away from the high-fertility conditions that influenced many of India's family planning and population policies in the post-Independence era.

> While India remains younger than many high-income countries, the direction of change is clear.

Several large states have long crossed the threshold. West Bengal and Tamil Nadu stand at 1.3, Maharashtra at 1.4, and Kerala, Karnataka, Andhra Pradesh and Telangana at 1.5. By contrast, Bihar (2.8), Uttar Pradesh (2.6), Madhya Pradesh (2.4), and Rajasthan (2.3) remain above replacement level (Office of the Registrar General and Census Commissioner 2025).

As smaller families become more prevalent, the challenge is no longer confined to reducing fertility; it also involves preparing institutions for changing household and population needs.

Over time, sustained low fertility changes the size of successive generations entering the workforce, the balance between younger and older populations and the median age of the population. While India remains younger than many high-income countries, the direction of change is clear. According to the National Family Health Survey, the share of population below age 15 has declined from 26.5% in NFHS-5 (2019-21) to 25.5% in NFHS-6 (2023-24), while the proportion aged 60 and above increased from 11.8% to 12.9% (IIPS 2026). These changes are uneven across states and districts, creating a patchwork of demographic realities within the same national framework (Table 1) The coexistence of these different age structures raises the question of how social protection and public services should address populations with increasingly different needs.

Table 1. Changing Age Structure in Select States, NFHS-5 (2019-21) and NFHS-6 (2023-24)

State	Population below age 15 (%)		Population aged 60 and above (%)	
	NFHS-5	NFHS-6	NFHS-5	NFHS-6
Kerala	20.6	20.3	18.6	20.7
Tamil Nadu	21.0	20.2	14.9	16.3
Odisha	24.9	22.3	13.4	15.6
Bihar	36.4	35.6	11.1	11.5
Uttar Pradesh	31.0	29.9	10.0	10.3
Rajasthan	28.3	27.7	10.5	12.1
India	26.5	25.5	11.8	12.9

Source: IIPS (2026), NFHS-6 (2023–24) India and State/UT Fact Sheets.

Yet India's governance systems have not adjusted to this demographic transition. Much of the country's planning for employment, welfare, housing, and public services still prioritises a growing population, one in which each new generation of young people enters schools, the labour market, and moves to cities. That assumption no longer holds in states where fertility has remained low, and the share of older people is rising. A smaller cohort entering adulthood creates different demands for employment, social protection, and public investment, while older adults require greater attention in healthcare, pension schemes, and care arrangements.

Therefore, the government must plan not simply to manage slower population growth, but also to recognise how its changing demographic composition is reshaping the demand for public services and social protection.

Changing Family Structures and Support in Later Life

The consequences of this transition are perhaps most visible within households, where demographic changes shape everyday relationships and responsibilities. Smaller families, longer life expectancy, and migration are reshaping how generations support one another. Multigenerational family ties remain an important feature in Indian society, but they do not necessarily live in the same place or share care responsibilities equally. Family members may remain economically and emotionally connected without necessarily sharing the responsibilities of everyday care. These arrangements do not necessarily indicate a weakening of family ties, but they challenge the assumption that the presence of children or relatives automatically ensures care for older people.

As India grows older, the concern is not just whether or not they have families, but also whether or not the support is available when they need it.

The need for care comes into sharper focus when ageing is examined alongside the functional difficulties that people experience in later life. The Longitudinal Ageing Study in India (LASI) is a nationwide survey conducted by the International Institute for Population Sciences (IIPS), Mumbai under the Ministry of Health and Family Welfare in collaboration with Harvard T.H. Chan School of Public Health and The University of Southern California. Its first wave conducted during 2017-18 collected information on the health, economic and social circumstances of adults aged 45 and above and their spouses across India (IIPS et al. 2020).

Also read: Prospective Changes in the Age Structure of India's Population: The Regional Dimension

The results from LASI Wave 1 show that 52.1% of adults aged 60 and above reported difficulty with at least one activity of daily living (ADL) or instrumental activity of daily living (IADL). These difficulties range from limitations in basic personal activities to challenges with the everyday activities that sustain independent living. Living longer does not always mean living independently in old age. Therefore, the concern for policymakers is not just how many individuals enter older age groups, but also what kinds of assistance, accessible healthcare, and community support they may require.

The results from the LASI Wave 1 show significant interstate variations in reported functional difficulties among persons 60 years of age and older. Karnataka reported the highest share of at least one daily or instrumental difficulty at 64.3%, followed by West Bengal (63.8%) and Tamil Nadu (60.0%). Kerala (43.0%) and Rajasthan (31.9%) reported considerably lower proportions even though they have a different position in the demographic transition. These differences suggest that a higher proportion of older people in a state's

population does not necessarily lead to a higher prevalence of functional limitations. Health conditions, socioeconomic status, and the environment also influence ageing.

> Family size alone cannot be treated as a reliable measure of the support available to older people, especially as migration, employment, and geographical segregation reshape intergenerational relationships.

In addition to functional limitations, the changing size of families raises another critical issue about support in later life. In India, traditionally children have played a central role in helping ageing parents financially, emotionally and practically. Declining fertility means future generations of older people are likely to have fewer children who could share these responsibilities. Table 2 shows that among older adults experiencing at least one functional difficulty, 11.9% had either no living children or only one. The proportion varied across the states, from 17.8% in Karnataka and 17.4% in Tamil Nadu to 4.9% in Bihar. Having fewer children does not necessarily mean less care, just as having several children does not guarantee assistance. However, these differences point to an important policy concern. Family size alone cannot be treated as a reliable measure of the support available to older people, especially as migration, employment, and geographical segregation reshape intergenerational relationships.

The presence of family members only tells part of the story. What matters equally is whether older people actually receive assistance when they struggle with everyday activities. The findings show that 24.8% of older adults nationally experiencing functional difficulties reported receiving assistance. There were significant inter-state differences present, where Karnataka reported assistance for 40.9% compared with 17.1% in Tamil Nadu, 21.5% in West Bengal and 21.6% in Maharashtra. Reported assistance does not establish whether the support was sufficient or whether every difficulty required another person's assistance. They do reveal an important distinction between having family members, experiencing functional limitations and receiving assistance. As India's population ages, policies that assume families will automatically meet older people's needs risk overlooking the variety of situations in which care is organised and provided.

These findings raise concerns about the dependence on families as the main source of assistance in old age. The differences across states (Table 2) show that functional limitations, the number of living children and reported assistance do not always follow the same pattern. These differences imply that the relationship between family circumstances and support is more complex than is generally assumed, but they cannot determine whether care needs are being adequately met. Family care will remain important, but it cannot be the only source of support in later life. Elderly people's well-being would not be entirely dependent on the presence of or circumstances of relatives if community-based services, accessible healthcare, and physical assistance were strengthened.

Table 2. Functional Limitations and Family-Support Circumstances Among Older Adults in Select States, 2017-18

State	Any ADL/IADL difficulty (%)	0-1 living child among those with difficulty (%)	Receiving help (%)
Kerala	43.0	14.5	34.3
Tamil Nadu	60.0	17.4	17.1
Karnataka	64.3	17.8	40.9
Maharashtra	58.7	9.0	21.6
West Bengal	63.8	13.0	21.5
Uttar Pradesh	46.0	11.3	24.3
Bihar	55.7	4.9	25.1
Rajasthan	31.9	12.7	25.1
Madhya Pradesh	49.9	9.6	24.3
India	52.1	11.9	24.8

Source: Author's calculations from the Longitudinal Ageing Study in India (LASI), Wave 1 (2017-18). Weighted estimates for adults aged 60 years and above.

When Family Support Is Not Enough

Furthermore, migration complicates the organisation of care in later life. Younger members of the family increasingly leave their home for work or education, whereas their parents may choose to stay in familiar surroundings where they have their social relationships. Financial support can continue across distances, but everyday assistance with reduced mobility, during illness, or medical emergencies is

much harder to provide remotely. This creates a widening gap between where younger members of the family live and where care is actually needed. For older people who live alone or with their ageing spouses, access to reliable local services may become as important as support from their children.

These changes also expose the limitations of welfare systems organised around households' arrangements and residence that are no longer stable. Elderly people may struggle to navigate the paperwork, eligibility requirements, and administrative arrangements needed to access pensions, healthcare, and social assistance, especially when younger members of the family live elsewhere.

More portable welfare benefits, flexible documentation procedures and decentralised service delivery could help public institutions respond to households whose members live and work across different places. Therefore, expanding current programmes alone is not enough to address a shifting demographic structure. Public services must also become easier to access with stronger cooperation among health facilities, local governments and social assistance. For those who have limited mobility or little family support, doorstep assistance and community-level outreach could make a substantial difference. The challenge is to ensure that public institutions respond to people's changing circumstances rather than expecting households to absorb every consequence of the demographic transition.

Preparing Public Institutions for an Ageing India

India does not have to start from scratch to develop its response to ageing. The National Programme for Health Care of the Elderly (NPHCE), the National Social Assistance Programme (NSAP) and Ayushman Bharat already provide institutional support that can be strengthened. However, these schemes address different needs. Healthcare coverage, income security and everyday care are not interchangeable, and access to one does not always ensure the others.

An effective response would link geriatric services to primary healthcare, improve access to social pensions and develop community-based support for those who need help with daily activities. More focus is also required on the mostly unpaid work of family caregivers, especially women whose burden is likely to increase as the population ages. The focus should be to support families in providing care without making older people's well-being entirely dependent on the availability or circumstances of their relatives.

> Any national response to demographic change must also take account of the fact that Indian states are moving through this transition at different speeds.

Any national response to demographic change must also take account of the fact that Indian states are moving through this transition at different speeds. States with persistently low fertility and a growing older population will need to focus more on long-term care, social security and geriatric healthcare. States with relatively large younger populations must continue to prioritise education, employment and opportunities for a growing workforce. These priorities are not mutually exclusive, but the urgency with which each is needed varies across regions. A uniform policy approach risks obscuring critical structural variations, particularly when public investment is still guided by population size rather than by a changing age composition. India must therefore implement planning frameworks that address both demographic demands while anticipating structural pressures over the coming decades.

India's demographic debate has so far focused on the opportunities that come with having a large working-age population for decades. That opportunity is still significant, but it is no longer sufficient to determine the demographic future of the nation. The relationship between families, labour markets and public institutions is progressively changing due to slower population growth, declining fertility and longer lives. The challenge is not to reverse these changes but to prepare for the consequences while they remain manageable.

India's next demographic achievement will depend not simply on how effectively it uses its working age population but also on whether it can build a society in which longer lives come with security, dignity and meaningful support. The demographic dividend was an opportunity to invest in the future; demographic maturity will evaluate whether those developmental strategies effectively serve people across their life cycle.

Roni Sikdar is a Research Officer (Data Analytics) with the National Family Health Survey (NFHS-6) at the International Institute for Population Sciences, Mumbai.

References:

International Institute for Population Sciences (IIPS). 2026. *National Family Health Survey (NFHS-6), 2023-24: India and State/UT Fact Sheets*. Mumbai: IIPS. https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20%28NFHS-6%29%202023-2024%20Fact%20Sheets.pdf

International Institute for Population Sciences (IIPS), National Programme for Health Care of Elderly (NPHCE), MoHFW, Harvard T. H. Chan School of Public Health (HSPH), and University of Southern California (USC). 2020. *Longitudinal Ageing Study in India (LASI) Wave 1, 2017-18: India Report*. Mumbai: International Institute for Population Sciences. https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf

Office of the Registrar General and Census Commissioner, India. 2025. *Sample Registration System Statistical Report 2023*. New Delhi: Ministry of Home Affairs, Government of India. https://censusindia.gov.in/nada/index.php/catalog/46172/download/50420/SRS_STAT_2023.pdf