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Kerala Must Show How an Ageing Population Can Thrive

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Kerala Must Show How an Ageing Population Can Thrive

The Indian Express 2 April 2026 GS1 GS2

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INTERVIEW ANGLE

"Kerala's demographic dividend has become a demographic burden — but is that the right frame? What can India learn from Kerala's ageing crisis that prepares the rest of the country for its own demographic transition, which will arrive around 2040–2050?"

THE CORE ARGUMENT

Kerala is India's most rapidly ageing state — and it is both an obligation and an opportunity. With the highest median age, lowest fertility rate, and largest share of elderly among Indian states, Kerala must develop a **comprehensive model for elderly welfare** that demonstrates ageing can be managed well. The rest of India will face this same transition in 20–30 years.

KERALA'S DEMOGRAPHIC PROFILE

INDICATOR	KERALA	INDIA AVERAGE
Total Fertility Rate	~1.5 (below replacement)	~2.0
Median Age	~32 years	~28 years
Elderly (60+) as % of population	~13–14%	~9%
Male out-migration rate	Among highest in India	—
Literacy rate	94%	77%

Kerala reached below-replacement fertility decades ago — a demographic achievement that is now producing a structural challenge: a shrinking working-age population supporting a growing elderly cohort.

THE REMITTANCE ECONOMY'S HIDDEN VULNERABILITY

Kerala's prosperity was built on **Gulf remittances** — millions of Keralites working in West Asia sending money home. But:

- The West Asia crisis (2025–26) has disrupted employment and remittance flows
- Returning migrants are often middle-aged with limited domestic employment options
- The state's fiscal capacity to fund elderly care is partially remittance-dependent

When the earning generation is abroad and returns aged, the state faces a double burden: reduced productivity at home + growing elderly care needs.

WHAT A KERALA ELDERLY WELFARE MODEL WOULD REQUIRE

1. Healthcare Infrastructure for Chronic Diseases

Elderly populations primarily need chronic disease management (diabetes, hypertension, cancer, dementia) — not acute care. Kerala's health system, excellent for acute care, needs a pivot toward:

- **Geriatric care specialists** — currently a severely under-resourced specialty in India
- **Home-based care protocols** — keeping elderly in communities rather than hospitals
- **Mental health for elderly** — depression, dementia, isolation are Kerala's growing burden

2. Social Security Architecture

- **Thalolam scheme** (Kerala's elderly pension) needs significantly higher outlay
- **Kudumbashree network** can be repurposed for elderly care — its community structure is ideal
- Universal pension floor for elderly above 60 who lack formal sector pensions

3. Technology-Enabled Ageing

- Telemedicine for rural elderly (Kerala's high literacy makes digital adoption easier)
- AI-powered health monitoring wearables — Kerala's IT sector can contribute
- **Age-friendly urban design:** Accessible public transport, buildings, sidewalks

4. Intergenerational Models

Rather than treating elderly as a "burden," Kerala's model should emphasise:

- Elder-led childcare cooperatives (grandparents co-raising grandchildren)
- Mentorship programmes linking retired professionals with young entrepreneurs

- **Silver economy:** Products and services designed for elderly as an economic opportunity

NATIONAL RELEVANCE

India's demographic dividend will peak around 2040. By 2050, India will have one of the world's largest elderly populations (300+ million above 60). Kerala is the canary in the coal mine — what works there can be scaled nationally.

The **National Programme for Health Care of Elderly (NPHCE)** and the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007** provide the legislative architecture but lack adequate funding and implementation.

UPSC MAINS RELEVANCE

GS1 — Society: Ageing population, demographic transition, migration and its social consequences in Kerala.

UPSC RELEVANCE

Four stages — high birth/death → falling death rate → falling birth rate → low birth/death (Kerala is in stage 4)

TFR BELOW REPLACEMENT:

<2.1 means population will eventually decline without immigration

KERALA'S TFR:

~1.5 — significantly below replacement; among lowest in India

KUDUMBASHREE:

Kerala's women's self-help group network; 4.5 million members; community-based poverty reduction

NPHCE:

National Programme for Health Care of Elderly; launched 2010–11; district geriatric units

MAINTENANCE AND WELFARE OF PARENTS ACT, 2007:

Adult children legally obligated to maintain parents; amended 2019 to include in-laws

SILVER ECONOMY:

Economic sector catering to needs of elderly — healthcare, assistive devices, leisure, financial services; globally \$15+ trillion market

THALOLAM:

Kerala's elderly pension scheme for those above 60 with no other income

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