# SOCIAL SECURITY FOR INDIA'S ELDERLY: OLD AGE PENSION POLICIES AND THEIR IMPLICATIONS

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## Abstract

*It's critical to observe and exhibit senior people's quality of life to give them the lifestyle they deserve. This essay examines the evolution of the social security and pension programmes offered by the Indian government for the enjoyment and well-being of senior citizens and other elderly persons. A cross-sectional survey of 360 adults 60 years of age and above was carried out at a secondary care facility in a rural part of Delhi. A semi-structured timetable that had been pretested and created in the local language was employed. SPSS software (version 17.0) was used to analyses the data. Any statistical relationship between category variables was examined using the chi-square test. If the p-value for the results was less than 0.05, they were deemed statistically significant. The study population consisted primarily of females (54.2%), Hindus (89.7%), married (60.3%), and unemployed (82.8%) individuals. Of the subjects, 286 (79.4%) were aware of the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), while 193 (53.6%) were aware of the Annapurna scheme. Of the 223 participants who did not meet the poverty level, 179 (80.3%) knew about IGNOAPS, and 112 (50.2%) were making use of it. No correlation was found between*

*awareness and the following variables: family structure, marital status, religion, occupation, or caste (p>0.05). Major obstacles that were mentioned included bureaucratic red tape and corruption. Any social security system or measure should have the following essential components: raising awareness, giving information on how to contact the relevant authority to use the programme, and streamlining administrative processes. About 45% of the eligible subjects in the current study were using pension systems, and 79.4% of the elderly were aware of them. Two of the biggest obstacles to the use of schemes were reportedly bureaucratic red tape and unscrupulous practices.*

**Keywords:** *Social Security, India's Elderly, Old Age Pension Policies, Implications***,** *Indira Gandhi National Old Age Pension Scheme.*

## 1. INTRODUCTION

Communities in India have historically taken care of one another; therefore, the idea of social securities and pension schemes is relatively new. The idea of the modern welfare state also appears in state lexicon as a result of the rapid changes in ideas and attitudes brought about by globalization through a variety of routes. Since most young people in traditional Indian society feel that adhering to traditional values and traditions prevents them from realizing their goals, the society is currently undergoing a transformation. It is nearly an administrative nightmare to provide social security and pensions for the elderly to the more than 138 million senior people in India (Government of India, Elderly in India 2021, 2021), even more than the most populous country in Europe. The Indian government, responsible for overseeing a developing country with over 1.3 billion people, has shown great bravery by implementing numerous new social security programmes and revamping an outdated pension scheme, all in the hopes of providing a decent standard of life for everybody. The goal is the overall well-being of the nation's elderly population, and as developing countries lack many resources, it would be nearly impossible to offer social security and pensions to every individual. Even though social security programmes are new in India and their effects on society are still being completely understood, a tiny hypothesis can be built about what might occur by looking at the manual for those programmes, which will provide a quick overview of all of

these, and using the data that is already available. For the sake of its citizens, India, like the rest of the globe, has embraced social security and pension plans for the elderly. It is believed that a welfare state ought to be cognizant of the political and academic landscape in India. As the needs, cultures, educational systems, economies, and resources of each nation-state vary, so may "the process and mechanism" of realizing dreams and turning them into actions that benefit citizens and the elderly—an ideal concept. However, the dream of social security and pension plans is essential and desirable, as the number of elderly people in the world is growing at the fastest rate.

### 1.1. Comprehending Pensions and Social Security:

According to Oxford University Press, social security is any government programme that gives money to those who have little or no income. The phrase "social security" as it relates to the US social insurance programme for the elderly and disabled is understood differently in America. Since the Indian government hasn't provided a definition for the term "social security," different organizations in India have varying understandings of what it means. In India, the fundamental idea behind social security is that the government will use security acts, regulations, policies, and schemes to guarantee certain mechanisms to support citizens, assist in times of need, and enhance their quality of life. The issue of delivering it is for future study, but India has a considerably better grasp than the majority of other countries. The Mahatma Gandhi National Employment Act (one job for one family in rural areas), Disability Benefits, Food Security (minimum Nutrition for all), Gratuity, Health Insurance and Medical Benefits, Maternity Benefit (Janani Shishu Suraksha Karyakam), and Single Girl Child Benefit are all covered by India's social security schemes. The Indian government has included private employers and players in social security initiatives. Numerous Indian NGOs are excelling in this area as well, giving the poor what they need and helping them receive their rightful social security benefits.

### 1.2. Needs of the Social Security and Pensions Schemes for Elderly People:

"Those with 60 years of earthly life and above are recognised" as elderly in India. Elderly individuals typically have a decline in health as time goes on, a drop in income if they are employed or semi-retired, a weakening of body as time passes, and the departure of friends and loved ones

for the hereafter. For this group of persons, a variety of simple situations combined to generate many difficulties. These difficulties faced by the elderly were categorised by Tattwamasi and Renu into four main areas: health problems, social isolation, economic deprivation, and crimes against the old. In India, almost 40% of senior citizens take care of their own financial needs on their own without assistance. In India, the lack of sufficient financial support varies by state and region, placing the majority of the old in challenging and stressful circumstances. While traditional family structures offer social security for the elderly, social isolation is also becoming more prevalent. Chronic issues associated with ageing include health insecurity and destitution, and increased immobility as age rises is a known phenomenon. Because elderly abuse and neglect are frequently kept private by family members, friends, and other loved ones, there is a dearth of information on the prevalence of these crimes. Nonetheless, some of them claim that there is an increase in the number of old persons being abused throughout India.

### 1.3. The Government of India's Social Security Schemes and Policies for elderly people:

Similar to other welfare states, the Indian government endeavours to protect the elderly, underprivileged, and vulnerable citizens of the nation through several policies, projects, schemes, and Acts. The issues associated with elderly living are essentially a relatively recent development in India, where the elderly and frail are often cared for by their families or the local community. The government is facing extremely new issues as a result of the unprecedented mass exponential expansion in the elderly population, which may be related to advancements in health care, peace, improved governance, etc. The Ministry of Rural Development, Ministry of Finance, Ministry of Social Justice & Empowerment (which established the "National Council of Senior Citizens"), Indian Railways, Ministry of Labour and Employment, and other ministries and departments in India took the lead in providing care for the elderly.

## 2. LITERATURE REVIEW

Kumar (2019) offers a comprehensive analysis of pension and social security programmes designed specifically for senior citizens in India. By exploring these schemes' historical history and illustrating how they have changed throughout time, the research lays the groundwork.

Examining the situation closely, Kumar highlights how the ageing population is affected by social security as it stands today. The study provides insights into possible areas for growth and improvement in addition to adding to our grasp of the complex nature of current pension policies. Because of its thorough methodology, Kumar's study is a great resource for scholars, practitioners, and policymakers looking for an all-encompassing perspective on social security for the aged in India.

Sharma and Singh's (2020) critical examination of India's old-age pension plans. The study evaluates the policies using a methodical methodology, providing insight into how they affect the socioeconomic circumstances of the senior population. Policymakers and academics alike can benefit from the critical analysis provided by Sharma and Singh, which offers suggestions for change. The research greatly advances the current discussion on how to best optimise pension plans to meet the various needs of India's ageing population.

Patel (2018) focuses on identifying and resolving issues with the senior population's social security program's execution in India. The study offers important insights into the practical aspects of policy implementation by methodically examining impediments and difficulties. Patel's research provides a realistic viewpoint that can assist policymakers in overcoming obstacles by outlining potential opportunities along with challenges. This research holds special value for practitioners and policymakers looking for practical suggestions to enhance the execution of social security programmes for the elderly.

Reddy and Gupta (2021) examines the efficacy of old-age pension systems in India, offering a thorough assessment of their influence on the intended population. The study pinpoints critical success elements and areas in need of development by utilizing rigorous evaluation approaches. With the goal of improving the efficacy and efficiency of old-age pension plans in India, the findings offer insightful information that can guide evidence-based policy decisions. Future programmes and policies will benefit greatly from this research, which will help to ensure that they meet the changing requirements of the aged.

Joshi and Desai (2017) offers a comprehensive analysis of India's social security systems and examines their effects on the older population. Combining policy research with demographic trends, the study provides a comprehensive picture of the ways in which current systems affect the health and well-being of the elderly. Future policies that cater to the unique requirements of India's ageing population will be shaped in large part by this all-encompassing approach. The perspectives provided by Joshi and Desai greatly advance our knowledge of the effects that social security programmes have on India's senior population and facilitate the creation of policies that are specifically suited to the opportunities and difficulties that the nation presents.

Khan and Verma's (2019) comparative study. The study examines the variety of current programmes, emphasizing differences in their coverage, efficacy, and organizational designs. The authors contribute to a thorough grasp of the social security landscape for the aged by using a comparative approach to provide insightful analysis of the advantages and disadvantages of various projects. For the purpose of identifying best practices and areas for development in social security programmes for India's ageing population, policymakers and practitioners can use this study as a benchmark.

Mehra and Kapoor's (2018) research is to increase social security measures for India's ageing population by offering policy recommendations. By pointing out shortcomings and suggesting practical ways to improve current programmes, the report provides a forward-looking viewpoint. Mehra and Kapoor help build evidence-based policy solutions by adding a sophisticated grasp of the socio-economic backdrop to a policy-oriented approach. Policymakers looking for real-world advice on how to extend and enhance social security programmes to better serve India's ageing population will find great value in their work.

## 3. MATERIALS AND METHODS

A cross-sectional study was carried out on patients 60 years of age and older who were receiving secondary-level care at a hospital in a rural region of Delhi, Pooth Khurd, and who provided written informed consent to take part in the study. The previous survey, which found that 73% of study participants used old age pension plans and that 73.2% of respondents were aware of social security

programmes, was used to determine the sample size. The sample size was determined to be 313 using a 95% confidence range and a 5% absolute error. The study comprised a total of 360 individuals. The investigator filled out a questionnaire during each interview with these subjects. Simple random sampling was used to choose the study individuals.

The sociodemographic profile of the population, knowledge, and use of several social security programs and other government initiatives for the elderly, and challenges encountered in utilizing these programs were among the topics covered by the pretested semi-structured schedule used to gather the data. The selection of factors was based on the variables employed in analogous prior research. Fifty senior subjects who were attending the medicine OPD were pretested at a secondary-level hospital located in a rural district of Delhi. A questionnaire was therefore revised and altered. Additionally, data regarding family support and financial dependence on caregiving were collected.

### 3.1. Statistical analysis

Data analysis was done with SPSS (version 17.0). The findings were displayed using straightforward ratios and averages (+SD). To determine whether the difference in proportions had any statistical significance, the chi-square test was employed. If the p-value was less than 0.05, the findings were deemed statistically significant.

The hospital's Institutional Ethics Committee gave its approval to the study.

## 4. RESULTS AND DISCUSSION

### 4.1. Awareness of Social Security Measures

Approximately 25% of the individuals knew about the IGNOAPS scheme, compared to about 50% who knew about the Annapurna scheme and only 10 (2.8%) subjects knew about the Senior Citizens Act. This indicates that IGNOAPS awareness was higher than awareness of other social security schemes. Gender differences in knowledge of the Senior Citizens Act were statistically significant (p<0.05). The Annapurna plan was better known by participants who were below the poverty line than by those who were above it, with 140 (62.8%) knowing about it compared to 53

(38.7%) who were above it (p0.05). Of the participants surveyed, 294 (81.7%) were aware of the Indira Gandhi National Widow Pension programme. When comparing awareness of the same, females (76.4%) were substantially more aware than males (87.9%) (p<0.05). Those who were widowed, separated, single, or divorced knew less (67.8%) about the same than married people (90.8%) (p<0.05).

We asked the study participants whether they knew of any other government assistance programmes. A little fewer than half were aware that senior citizens might receive bus passes as a type of transportation concession. Of the 360 participants, 41 (11.3%) were not aware of the government's initiatives to assist the elderly.

Just 36 (10.0%) of the participants said they had saved money for their senior years. A statistically substantial (p<0.05) minority of subjects—seven (3.6% of females and 29 (17.6% of males)—reported that they saved for their retirement. Of the participants, 182 (50.6%) reported that they were financially dependent on their family. Those who are dependent on family make up a larger percentage of the non-working (54.0%) than the working (33.9%) (p<0.05). Regarding support from family, 213 (59.2%).

**Table 1: Study participants' knowledge of social support strategies (n=319)**

| Support measures | Number | Percentage (%) |
|---|---|---|
| Bus travel concession | 162 | 45 |
| Train travel concession | 58 | 16.1 |
| Air travel concession | 8 | 2.2 |
| High interest rates by banks | 37 | 10.2 |
| Income tax benefits | 35 | 9.7 |
| NPHCE | 19 | 5.3 |

While 147 (40.8%) of the subjects said that their family members do not take good care of them, the majority of the subjects said that their family members do. There was a noteworthy variation in responses between the sexes, with 110 (66.7%) of the males and 103 (52.8%) of the females reporting that their families provide them with good care (p<0.05).  Comparably, compared to 123 (55.2%) individuals who were below the poverty line, 90 (65.7%) subjects who were above it said that their family members take good care of them (p0.05).  When comparing the percentage of

individuals who agreed that they were content with their lives between the OBC category (27.5%) and the general category (13.1%), the difference was statistically significant ($p<0.05$). Remarkably, just 2 (0.6%) of the participants had health insurance that covered their health security.

sources of data regarding different social security programmes and senior citizen initiatives. According to 130 (36.1%) respondents, "local leaders" was the most often cited source of information. As indicated by 112 (31.1%) individuals, family and friends were the next most prevalent sources of information. Of the 23 respondents (6.4%), television was cited as the third most common source. Of the 360 participants, 48 (13.3%) were unable to recall their information source or did not have one.

**Table 2: sources of knowledge among research participants (n=312) regarding social security policies and programmes**

| Sources of information | Number | Percentage |
|---|---|---|
| Local leaders | 130 | 36.1 |
| Family/friends | 112 | 31.1 |
| Television | 23 | 6.4 |
| Panchayat (local government members) | 20 | 5.6 |
| Radio | 18 | 5.0 |
| Hoardings | 5 | 1.4 |
| Posters | 4 | 1.1 |

In response to questions about what extra benefits they expected from the government, 76 (21.1%) of the study participants said they expected more medical benefits, 183 (50.7%) more financial support, 46 (12.7%) housing facilities, 34 (9.4%) more transport facilities, 21 (5.8%) employment opportunities, 8 (2.2%) more political participation, and 4 (1.1%) a larger role in local governance (panchayat), as indicated.

### 4.2.Subjects below Poverty Line

The analysis that follows was limited to participants who qualified for social security programmes like IGNOAPS and Annapurna scheme and were below the poverty line. Of the 223 participants

who were living in poverty, 179 (80.3%) knew about IGNOAPS, however only 112 (50.2%) were making use of the programme. Of the individuals, 140 (62.8%) were aware of the Annapurna scheme, but only 23 (10.3%) were using it as indicated. They were questioned regarding the difficulties they had using social security programmes. The subjects were offered corruption and difficulty in knowing as choices.
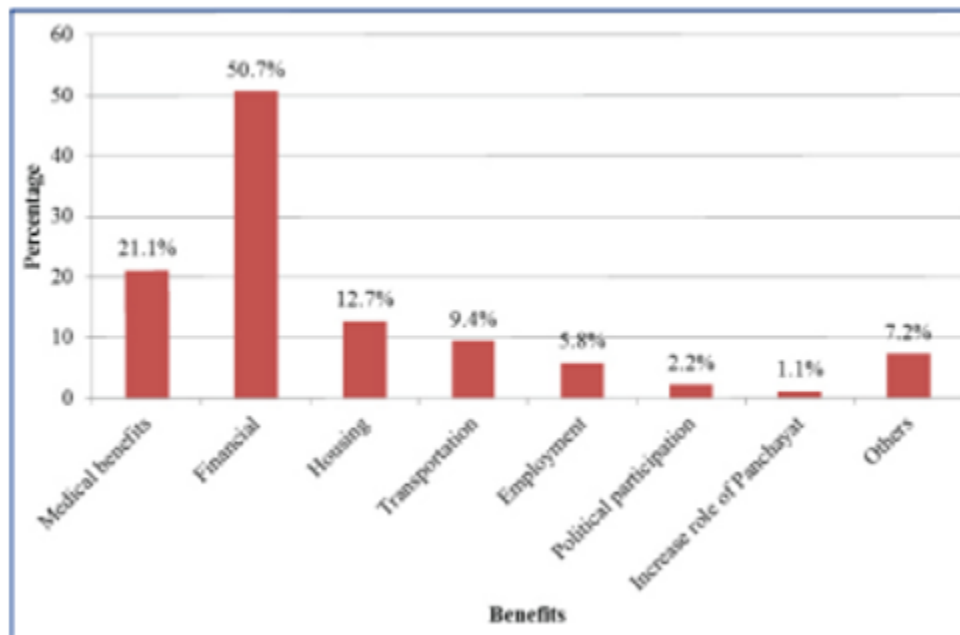


**Figure 1: further advantages that the government anticipates from demographic research**
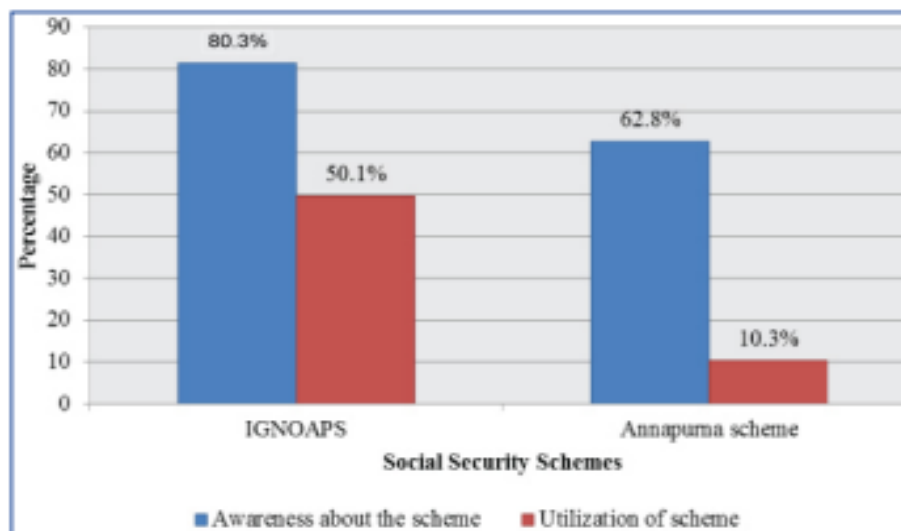
**Figure 2:  Study participants' knowledge of and use of social security programmes among those who qualify for them**

Regarding who and where to contact, time-consuming administrative procedures, further issues, and no issues encountered, the responses were 11.2%, 20.6%, 38.1%, 20.1%, and 10%, in that order. 55.2% of respondents said they are financially dependent on their family. When asked about their main sources of income, 79.4% of respondents said they were dependent on their kids, and 31.8% said they frequently had to borrow money from family members to cover their bills.

Forty-eight percent of the participants expressed dissatisfaction with the care they receive from their family members. Just 24 people (10.8%) said they were content with their lifestyles, compared to 199 people (89.2%) who said they weren't.

Most subjects who did not meet the poverty line (87.4%) felt that insufficient action had been made by the government to ensure the welfare of the elderly. The following responses were provided when asked what more benefits they require from the government: employment opportunities (7.6%), housing (13.9%), transportation (10.3%), medical (18.8%), financial (57.4%), and involvement in local politics (1.3%).

The current study involved 360 senior citizens who visited a secondary-level hospital to seek medical attention. The majority of the study population was made up of participants in the 60–80 year age range. Hindus were found to make up the majority of the studied population compared to Muslims and Christians, which is indicative of the religiously-based demographic structure at the national level. The percentage of illiterate subjects was around half. This profile resembled the elderly profile that Dhanasekaran G. described in his study, which was conducted in a Tamil Nadu rural area.

A sizable segment of the older population knew about IGNOAPS. Only 80.3% of the individuals knew about it, and there was no correlation between caste, age, or family type. The Annapurna scheme, which was known to 53.6% of the subjects, was less well-known than IGNOAPS. Those that were BPL had a far higher level of awareness. These results were in line with the findings of the investigation, which was carried out in the Dehradun district. In that survey, 74.6% of the

elderly were found to be aware of IGNOAPS. The Senior Citizens Act was unknown to only 10 (2.8%) of the interviewees, and more men than women were aware of it. About 45% of the participants were aware of the bus trip discount, while relatively few were aware of other policies including the National Programme for Healthcare of the Elderly and interest rates. This is less than the numbers that from their Mangalore, India, study. The study's subjects' greater literacy rate and rural-urban disparities could be the causes.

One significant conclusion was that just 59% of respondents said their family members took good care of them, even though 72.2% of the subjects reported living in joint households. In this regard, there were gender differences, with a notably greater proportion of men receiving good care from their families than of women. In a similar vein, families took good care of more literate subjects than illiterate ones. This illustrates how education affects a household's social support network in addition to its means of subsistence and style of living. Another study that looked at gender differences in social support among the elderly found that men were more likely than women to be heard and involved in household decision-making.

Local authorities were the primary information providers, followed by friends and family. Therefore, local authorities must to do more to dismantle obstacles wherever they can and to educate the elderly in their communities about social security programmes. Imagining senior activity centers, where they may congregate and exchange information, may prove to be an added benefit.

Corrupt practices (11.2%) and laborious administrative processes (38.1%) were the two main obstacles mentioned. This is in line with the results of another study that was previously noted, in which the primary obstacles were bribery, procedural delays, and a lack of mentors. To streamline the process and cut down on the amount of time applicants must visit offices to submit and follow up on their applications, creative information technology-based solutions should be implemented. If proven accurate, corruption accusations should be met with severe punitive measures that deprive elders of their rights and erode their faith in the system.

The majority of participants requested more financial assistance from the government. The tiny pension payment, which is insufficient to meet even the most basic demands of an individual, maybe the cause. Another study conducted in Bengaluru by Nivedita BM et al. also revealed insufficiency of money, with 79% of respondents indicating that the amount is insufficient to cover necessities. The government was also anticipated to provide medical benefits, given the high expense of treating chronic illnesses, particularly in settings where the majority of participants are low-income. The government has launched a distinct programme called NPHCE to support geriatric health care facilities and the competency of treating medical professionals; nevertheless, the programme is still in its early stages and lacks many of the infrastructure that is needed. In India, elderly people are currently at risk for both non-communicable and communicable diseases, or dual medical issues. Currently, tertiary care hospitals in urban regions provide the majority of geriatric outpatient department services. Many times, those with low incomes cannot afford this tertiary care. Because of this, those who have illnesses that need for tertiary care frequently don't get the attention they need or end up with enormous medical expenses, which makes poverty worse. The government needs to take further action to help pay for the medical costs of the ageing population.

Analysis of BPL subjects eligible for the Annapurna scheme and IGNOAPS revealed that while 80.3% of them were aware of the programme, only 50.2% of them were using it. This is similar to the previously reported study, where 45.4% of the participants used IGNOAPS. The Annapurna scheme was also known to 62.8% of people, but just 10.3% of them were using it. This demonstrates the discrepancy between scheme awareness and actual use. Mass media advertisements on radio, television, newspapers, and other platforms can contribute to raising awareness. The main obstacles included bureaucratic red tape, a lack of clarity regarding who to contact and where, and corruption. Political influence, corruption, and inconsistent beneficiary identification are well-known issues that have been previously highlighted and raise major concerns about the scheme's execution.

## 5.  CONCLUSION

The current study identifies key areas of concern for the older population receiving social security in rural Delhi. Approximately 45% of the eligible individuals were using pension schemes, and 79.4% of the elderly were aware of them. There was little knowledge about additional social security procedures. Corruption, laborious administrative processes, and the challenge of figuring out who to contact and where to look for information about social security programmes were the main obstacles. It is advised that local authorities make an attempt to inform the elderly about these actions. Future policies for elderly should take their hopes for greater medical benefits and financial security into consideration. Any social security programme or initiative should include raising awareness, giving information on how to contact the relevant authority to use the programme, and simplifying administrative processes.

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