Original Article

Awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi

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Abstract

Background: Demographic transition increased the proportion of elderly in India. Elderly persons experience increased economic dependency for their day-to-day existence. The Government of India provides monetary benefit through social welfare schemes. Health outcomes of the elderly improve when they are economically independent. We aimed to assess the awareness and utilization of social welfare schemes among elderly persons in an urban resettlement colony of Delhi. **Materials and Methods:** This was a community-based cross-sectional study conducted from February to May 2018. Two specially recruited interviewers administered the self-developed semi-structured interview schedule. It consisted of sociodemographic data, awareness, and utilization of various schemes. **Results:** A total of 931 [416 (37.4%) males and 515 (55.3%) females] participants completed the interview. Of the total, 809 (86.9%) participants were aware of at least one social welfare scheme. Participants utilizing any of the social welfare schemes were 393 (42.2%). Females utilized the social welfare schemes almost twice as compared to males (AOR = 1.7, 95% CI: 1.1–2.6). Participants aged 75 years and above had four times higher utilization of social welfare schemes compared to 60–64 years age group (AOR = 3.9, 95% CI: 2.4–6.4). **Conclusion:** Although the awareness of social welfare schemes among elderly persons was good, their utilization has scope for significant improvement. Focus is needed on elderly males and among the younger elderly persons.

Keywords: Awareness, elderly, social welfare, urban, utilization

Introduction

A country is defined as "aging" when the proportion of the population aged ≥60 years reaches 7%.[1] India is an aging country with 8.6% of the population aged ≥60 years as per national census 2011.[2] It is projected that the proportion will increase to 19.4% in 2050.[3] It was found that 65% to 75% of elderly were economically dependent for their day-to-day maintenance either partially or fully.[4,5] Social participation and compliance to medications increased among elderly persons when they were economically independent.[6]

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Access this article online

Quick Response Code:

Website: www.jfmpc.com

DOI: 10.4103/jfmpc.jfmpc_28_19

Article 41 of the Indian constitution recommends social welfare to its citizens if they are unemployed, elderly, sick and disabled within the limits of the states' economic capacity and development.[7] Under the National Social Assistance Programme (NSAP), the Government of India is handling the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme, and Annapurna Scheme for below poverty line population.[8,9] The state under its capacity can modify the quantum of monetary benefit. The Government of National Capital Territory of Delhi under the Department of Social Welfare provides financial assistance to old age persons. To be eligible for the assistance, the

How to cite this article: Goswami AK, Ramadass S, Kalaivani M, Nongkynrih B, Kant S, Gupta SK. Awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi. J Family Med Prim Care 2019;8:960-5.

elderly person has to be a resident of National Capital Territory of Delhi for at least 5 years, his/her annual income should not be exceeding rupees 1 lakh per annum, and should be in possession of a "singly operated" bank or post office account.[10] Under the financial assistance to persons with special needs scheme, disabled individuals are remitted 1500 rupees per month. These individuals should be less than 60 years, and at least 40% disabled. The Department of Women and Child Development provides financial assistance to widows, divorced, separated, abandoned, deserted, or destitute women above 18 years of age.[11] Elderly persons who are eligible for IGNOAPS, but remain uncovered by this scheme are provided 10 kg of wheat for free to meet the food security by the Department of Food Supplies and Consumer Affairs.[12]

Independence in the economic conditions of the elderly improves the health-seeking behavior and health outcomes.[13,14] The mere existence of these schemes is not enough; awareness and utilization of these schemes by elderly persons are necessary to attain an acceptable level of social welfare. Hence, the objective was to assess the awareness and utilization of social welfare schemes and to study the association between utilization of these schemes and sociodemographic characteristics in an urban resettlement colony of Delhi.

Materials and Methods

This is a community-based cross-sectional study of 4 months duration from February to May 2018. The resettlement colony had 10 blocks with an approximate total population of 36,500. The demographic and health data are available in a computerized Health Management Information System. Persons aged 60 years and above and residing in the field practice area for at least the last 6 months were included in the study. Eligible participants who could not communicate and/or comprehend the questions were excluded. The required sample size was calculated based on the utilization rate of social welfare schemes of 10.3% in the study by Kohli *et al.*[15] Assuming a relative precision of 20% and accounting for a nonresponse rate of 10%, the required sample size was 940. Through a simple random sampling method, we selected 940 out of 2900 eligible elderly persons. We used a self-developed semi-structured interview schedule in the vernacular language (Hindi). Two nonspecialist graduate interviewers were recruited, and trained by the Principal Investigator in administering the interview schedule. Interviewers were briefed about existing social welfare schemes, and their knowledge was tested before the start of the study. House-to-house visits were made by these interviewers up to a maximum of three visits. The interviewers were supervised by the Principal Investigator in the field. During the house visits, eligibility was reconfirmed and written informed consent was taken. All those who were eligible and gave written informed consent were administered the semi-structured interview schedule. Information about sociodemographic factors, awareness, and utilization of social welfare schemes was collected.

A participant was considered aware of any social welfare scheme if s/he knew the name of the particular scheme launched by the government. If the participant was availing or had availed monetary benefit from any of the social welfare schemes, it was classified as utilizing the social welfare schemes. A participant was considered economically independent if his/her source of personal income or any monetary benefit from the social welfare scheme was perceived to be sufficient to maintain himself/herself. The participant was considered partially dependent if he/she had some personal income or any monetary benefit from the social welfare scheme, but which was not perceived to be sufficient to maintain himself/herself. The participant was classified as economically dependent if there was no personal income or monetary benefit from any social welfare scheme and s/he was totally dependent on other family members. Past occupation before 60 years of life was recorded for the major occupation.

All the filled semi-structured interview schedule forms were checked by the Principal Investigator for completeness and coherence before data entry. Data were entered in Epi Info 7. Participant's demographic and socioeconomic characteristics are described with proportions or means wherever applicable. Crude and multivariable logistic regression models were developed to assess the association between utilization of social welfare schemes and sociodemographic factors. A *P* value less than 0.05 was considered statistically significant. The analyses were carried out using Stata 12.0 (Stata Corp LP, College Station, Texas, USA). The study was approved by the Ethics Committee of All India Institute of Medical Sciences, New Delhi. Written informed consent was obtained from all participants after providing information about the purpose of the study and an information sheet in Hindi. This study was funded by the Intramural Research Grant of All India Institute of Medical Sciences, New Delhi, India.

Results

Of the 940 eligible participants approached, 931 (99%) completed the interview. A total of 348 (37.4%) participants were in the age group of 60–64 years. Mean (SD) age of the participants was 67.5 (6.8) years. There were 515 (55.3%) females, and 416 (44.7%) males [Table 1]. Forty-nine participants (5.3%) had completed secondary school, while 557 (59.8%) participants were illiterate. Currently, married participants were 571 (61.3%), and 837 (89.9%) participants lived in an extended family. In their past occupation, 309 (33.2%) participants were in government or private service. Partially economic dependent participants were 448 (48.1%). Participants who lived with their spouse and children or with son's family were 773 (83.0%).

Of the 931 participants, 809 (86.9%) were aware of at least one social welfare scheme [Figure 1]. Awareness about Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS),

Table 1: Distribution of participants by sociodemographic characteristics (*n*=931)

Characteristics	Number (*n*)	Percentage (%)
Age group (years)		
60-64	348	37.4
65-69	242	26.0
70-74	189	20.3
75 and above	152	16.3
Gender		
Male	416	44.7
Female	515	55.3
Educational level		
Illiterate	557	59.8
Primary	152	16.3
Middle	88	9.5
High school and above	134	14.4
Type of family		
Nuclear family	94	10.1
Extended family	837	89.9
Marital status		
Never married/divorced/widowed/ separated	360	38.7
Currently married	571	61.3
Past occupation		
Homemaker	276	29.7
Government and private services	309	33.2
Business	145	15.6
Laborer and others	201	21.6
Economical dependency status		
Dependent	232	24.9
Partially dependent	448	48.1
Independent	251	27.0
Living arrangement		
Living alone	31	3.3
Living with spouse only	74	8.0
Living with spouse and children or with son's family	773	83.0
Living with daughter's family or distant relative or others	53	5.7

and Railway concession scheme was 97.9%, 66.5% 40.7%, and 21.0%, respectively. Friends or neighbors were a source of knowledge about these schemes for 86.7% of the participants. Participants who had ever applied for any of the social welfare schemes were 558 (59.9%). Participants utilizing any of the social welfare schemes were 393 (42.2%). Among them, 378 (40.6%) were utilizing old age pension scheme. Frequency of getting the old age pension was monthly for 269 (71.2%) participants. The monetary benefit from the social welfare schemes was spent on household expenditure by 194 (49.4%) participants.

Females were slightly more aware of the social welfare schemes than males, and they had a higher utilization rate than males [Table 2]. There was a statistically significant difference in awareness of the participants by the economic dependency status. In the crude model, utilization of social welfare schemes was higher among females; illiterates; primary educational status; economically dependent and partially dependent; past occupation

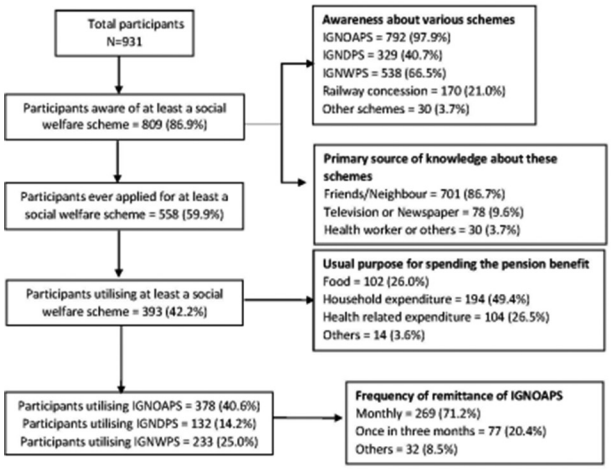

Figure 1: Awareness and utilisation of social welfare schemes

as business, laborers, and homemakers; never married or divorced or widowed [Table 3]. In the multivariable model, as the age increased, utilization of the social welfare scheme also increased. Participants aged 75 years and above had almost four times higher utilization of social welfare schemes compared to 60–64 years age group, and it was statistically significant (AOR = 3.9, 95% CI: 2.4–6.4). Females utilized the social welfare schemes almost twice as compared to males (AOR = 1.7, 95% CI: 1.1–2.6). Participants who were illiterates (AOR = 3.0, 95% CI: 1.9–4.6) and who had completed primary (AOR = 3.4, 95% CI: 1.8–6.4) and middle school (AOR = 2.6, 95% CI: 1.3–5.6) had significantly higher utilization of the social welfare schemes than who had completed high school and above. Never married or divorced or widowed or separated participants had significantly higher utilization of social welfare schemes (AOR = 1.5 95% CI: 1.1–2.4) than who were currently married. Participants who had business (AOR = 5.7, 95% CI: 3.4–9.4), labor work (AOR = 5.5, 95% CI: 3.4–8.9), and homemaker (AOR = 2.4, 95% CI: 1.5–4.0) as their past occupation had significantly higher utilization of social welfare schemes than who did government or private service. Partially economic dependent (AOR = 3.3, 95% CI: 2.3–4.9) participants had almost four times higher utilization of social welfare schemes than economically independent participants.

Discussion

In this resettlement colony of Delhi, 86.9% of the elderly persons were aware of at least one social welfare scheme; among them, 42.2% were utilizing at least one social welfare scheme. Among the community-based studies conducted in India, awareness of social welfare schemes ranges from 49.5% to 97.3%.[16-20] Utilization of social welfare schemes by elderly persons ranges from 10.3% to 66.6%.[15-18,21] In a community-based cross-sectional study by Vidhate *et al.* in a rural area of Bangalore, Karnataka, it was found that as the age of the participants increased their awareness of social welfare schemes also increased.[21] Our study had similar findings. A major source of awareness about these schemes in our study was friends or neighbors. Nivedita *et al.* also found that friends or relatives

Table 2: Distribution of awareness and utilization of social welfare schemes by sociodemographic factors

Characteristics	Total (*n*=931)	Awareness of at least one scheme *n*=809 (%)	*P**	Utilizing at least one scheme *n*=393 (%)	*P**
Age group (years)					
60-64	348	290 (83.3)	0.08	85 (29.3)	<0.001
65-69	242	214 (88.4)		112 (52.3)	
70-74	189	171 (90.5)		111 (64.9)	
75 and above	152	134 (88.2)		85 (63.4)	
Gender					
Male	416	359 (86.3)	0.63	143 (39.8)	<0.001
Female	515	450 (87.4)		250 (55.5)	
Educational level					
Illiterate	557	482 (86.5)	0.58	258 (53.5)	<0.001
Primary	152	136 (89.5)		77 (56.6)	
Middle	88	78 (88.6)		28 (35.9)	
High school and above	134	113 (84.3)		30 (26.5)	
Type of family					
Nuclear family	94	82 (87.2)	0.92	38 (46.3)	0.71
Extended family	837	727 (86.8)		355 (48.8)	
Marital status					
Divorced/widowed/separated	356	320 (89.9)	0.03	196 (61.3)	<0.001
Currently married/never married	575	489 (85.0)		197 (40.3)	
Past occupation					
Homemaker	276	231 (83.7)	<0.001	119 (51.5)	<0.001
Government and private services	309	253 (81.9)		80 (31.6)	
Business	145	138 (95.2)		79 (57.2)	
Laborer and others	201	187 (93.0)		115 (61.5)	
Economical dependency status					
Dependent	232	190 (81.9)	0.01	28 (14.7)	<0.001
Partially dependent	448	405 (90.4)		277 (68.4)	
Independent	251	214 (85.3)		88 (41.1)	
Living arrangement					
Living alone	31	28 (90.3)	0.71	17 (60.7)	0.19
Living with spouse only	74	66 (89.2)		25 (37.9)	
Living with spouse and children or with son's family	773	671 (86.8)		326 (48.6)	
Living with daughter's family or distant relative or others	53	44 (83.0)		25 (56.8)	

*Chi-square test

were the major sources of awareness in their community-based cross-sectional study conducted in a rural area of Bangalore, Karnataka among 210 elderly participants.[18] Females were more aware of the social welfare schemes in our study. A study by Bartwal *et al.* also found that females were more aware.[16] Joseph *et al.* found that males were more aware of the social welfare schemes than females in their community-based cross-sectional study conducted among 206 elderly persons in an urban area of Mangalore, Karnataka.[22]

Among the social welfare schemes, awareness and utilization rate were highest for IGNOAPS in our study. Similar findings were reported by Bartwal *et al.* and Nivedita *et al.*[16,18] Monetary benefit from these social welfare schemes were mostly utilized for household expenditure in our study. Nivedita *et al.* also reported that the purpose of utilization was basic needs. Jothi *et al.* reported that the pension amount of the IGNOAPS was used mostly for health needs such as medicines and visiting doctor.[23] This study was conducted among elderly persons availing IGNOAPS in an urban area of Puducherry. Jothi *et al.* also found that the remittance frequency of IGNOAPS was monthly in their study that was similar to our study.

Of the vast determinants of health, financial independence is proportional to seeking health care and the overall health of the elderly.[24] Social welfare schemes may help in achieving economic independence among elderly persons. Knowledge of social welfare schemes and their utilization by their clients shall assist family physicians in making informed decisions on treatment costs. India faces major bottlenecks such as inadequate health financing, health infrastructure, skilled human resources, and deformed primary health care to achieve universal health coverage.[25,26] Elderly-specific challenges are increased burden of noncommunicable diseases, injuries, inadequate finances, and lack of intersectoral coordination. Medi *et al.* conducted a study among elderly diabetic individuals and found that the reason for

Table 3: Crude and multivariable logistic regression models of a factor associated with utilization of social welfare schemes

Covariates	Bivariate model			Multivariable model		
	COR	95% CI	*P*	AOR	95% CI	*P*
Age (years)						
60-64		Reference			Reference	
65-69	2.7	1.9-3.8	<0.001	2.5	1.6-3.8	<0.001
70-74	4.4	3.0-6.4	<0.001	5.0	3.1-7.9	<0.001
75 and above	3.9	2.6-5.9	<0.001	3.9	2.4-6.4	<0.001
Gender						
Male		Reference			Reference	
Female	1.8	1.4-2.4	<0.001	1.7	1.1-2.6	0.036
Educational level						
High school and above		Reference			Reference	
Middle	1.6	0.9-3.0	0.119	2.6	1.3-5.6	0.010
Primary	3.6	2.1-6.0	<0.001	3.4	1.8-6.4	<0.001
Illiterate	3.0	1.9-4.6	<0.001	2.3	1.3-4.1	0.006
Type of family						
Extended Family		Reference			Reference	
Single member and Nuclear Family	1.1	0.7-1.7	0.711	1.5	0.8-2.8	0.242
Marital status						
Currently married/never married		Reference			Reference	
Divorced/widowed/separated	2.4	1.8-3.1	<0.001	1.6	1.1-2.4	0.016
Past occupation						
Government and private service		Reference			Reference	
Business	3.4	2.3-5.2	<0.001	5.7	3.4-9.4	<0.001
Laborers and others	3.8	2.6-5.6	<0.001	5.5	3.4-8.9	<0.001
Homemaker	2.2	1.5-3.1	<0.001	2.4	1.5-4.0	0.001
Economical dependency status						
Independent		Reference			Reference	
Partially dependent	3.0	2.2-4.1	<0.001	3.3	2.3-4.9	<0.001
Dependent	0.3	0.2-0.4	<0.001	0.2	0.1-0.4	<0.001
Living arrangement						
Living with spouse and children or with son's family		Reference			Reference	
Living with daughter's family or distant relative or others	1.2	0.7-2.1	0.477	1.4	0.7-3.0	0.341
Living with spouse only	0.7	0.4-1.2	0.163	1.4	0.7-2.9	0.329
Living alone	1.7	0.8-3.4	0.166	1.8	0.6-4.7	0.257

nonadherence to medication was lack of finance.[27] An inquiry from their patients on the use of social welfare schemes shall help the family physicians to better understand the reason for default and noncompliance to their advice. The relationship between family physicians, and their patients and their families is built over a period of time and is based on trust and confidence. Primary health care approach by the family physicians may incorporate the social welfare benefits by the Government of India to the elderly persons. By that family physicians could provide a comprehensive, low-cost, effective, and appropriate care for elderly persons.[28]

Strengths of the study were its community-based study design and good response rate. Data collected by specially trained interviewers increased the reliability of information. Being a cross-sectional study, the temporality of the findings could not be established and the findings are generalizable only to elderly persons of urban areas.

Conclusion

Awareness of social welfare schemes among elderly persons in this resettlement colony of Delhi was 86.9%. Among the total participants, 42.2% were utilizing at least one of the social welfare schemes. The monetary benefit helped them in their household and health-related expenditure. Higher utilization of these schemes among the illiterate and economically dependent individuals indicates the reach of these social welfare schemes to the needy. Utilization needs to be improved among elderly males, and those below 75 years of age.

Financial support and sponsorship

Intramural Research Grant of AIIMS, New Delhi.

Conflicts of interest

There are no conflicts of interest.

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