

## Original Research Article

# Awareness and utilization of social security schemes among elderly in an urban area of Puducherry district: a cross-sectional study

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## ABSTRACT

**Background:** India's elderly population is projected to reach 20% by 2050, underscoring the need for effective social security mechanisms. However, awareness and utilization of these schemes remain suboptimal in many regions. This study aimed to assess the level of awareness and actual utilization of social security schemes among the elderly in an urban area of Puducherry district.

**Methods:** A community-based cross-sectional study was conducted from October to December 2023 among 260 elderly participants (aged  $\geq 60$  years), were selected using simple random sampling technique. The sample size was calculated using a previous study 42.2% prevalence, 6% precision. Data were collected using a pre validated, semi-structured questionnaire and analysed using SPSS version 21.

**Results:** The mean age of participants was 68 years and 82.6% belonged to below poverty line families. While awareness of at least one scheme was high and the most commonly availed benefit was from the Indira Gandhi National Old Age Pension Scheme. Awareness of transport-related concessions was low (30% for train, 10.4% for bus). Overall, only 40% of eligible participants had utilized at least one social supportive measure. Interestingly, people with lower literacy (49.2%) had utilized the scheme more.

**Conclusions:** The present study highlights a significant gap between awareness and utilization of social security schemes, emphasizing the need for targeted interventions and proactive engagement by frontline health workers to improve access and uptake of social welfare programs among the elderly.

**Keywords:** Elderly, Awareness, Utilisation, Social security schemes, Social supportive measures

## INTRODUCTION

The global population of older adults is rapidly increasing. In 2019, there were approximately 1 billion people aged 60 years and above. This number is projected to rise to 1.4 billion by 2030 and reach 2.1 billion by 2050. This demographic shift is happening at an unprecedented rate, particularly in developing countries, and is expected to accelerate further in the coming decades.<sup>1</sup>

Ageing is not just a demographic trend; it is a critical development issue. Healthy older adults contribute

significantly to families, communities, and economies, making them an invaluable resource to society. Recognizing this, the Government of India introduced a National policy on older person in 1999 aimed at poverty alleviation and promoting the well-being and healthy ageing of the elderly population.<sup>2</sup>

The International Labour Organization (ILO) defines social security as “the protection which society provides for its members through a series of public measures against the economic and social distress that would otherwise result from the stoppage or substantial reduction of earnings due to sickness, maternity,

*employment injury, invalidity, and death; the provision of medical care; and the provision of subsidies for families with children”<sup>3</sup>*

India has witnessed a steadily increasing trend in the proportion of elderly persons within the total population since 1961. At that time, individuals aged 60 years and above accounted for 5.6% of the population. This proportion rose to 10.1% in 2021 and is projected to further increase to 13.1% by 2031. “Elderly in India 2021” report, published in August 2021 by the National Statistical Office (NSO) under India’s Ministry of Statistics and Programme Implementation, there were about 138 million elderly persons in India, comprising of 67 million males and 71 million females.<sup>4</sup>

The Government of India has launched several schemes and national programmes aimed at addressing the health challenges and ensuring income security for the vulnerable segments of the elderly population. The Government of India, on 15th August 1995, introduced the “National Social Assistance Programme” which includes 5 sub schemes namely, Indira Gandhi National Old Age Pension Scheme (IGNOAPS) Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS) and in 2000, the Annapurna Scheme was introduced with the objective of ensuring food security for the elderly.<sup>5,6</sup> This study aimed to assess the awareness and utilization of social security schemes and supportive measures among elderly persons in an urban area of Puducherry district.

## METHODS

The present study was a community based cross sectional study conducted among elderly (aged 60 years and above) residing in the urban area of Puducherry district. The study was conducted over a period of 3 months (October to December 2023). Participants were selected from the areas which fall under two randomly selected Government Health and Wellness centres in Puducherry. The study included elderly individuals aged 60 years and above, who were available at the time of data collection and willing to participate. Individuals who were seriously ill, unable to respond during the interview and who did not provide consent to participate were excluded from the

study. The sample size was calculated using the percentage of utilization of at least one social welfare scheme was 42.2% Goswami et al absolute precision of 6% and 95% confidence interval, the require estimated sample size was 260. The calculation was done using n Master software version 2.0.<sup>7</sup>

A simple random sampling technique was employed for the selection of study participants (household), residing in the urban field practice areas of the two selected Health and Wellness Centres Kalapet and Muthialpet. A pre-validated, semi-structured questionnaire was developed to collect information from one eligible elderly member in each household. The questionnaire included sections on sociodemographic characteristics, awareness, and utilization of social support measures. Face-to-face interviews were conducted after obtaining written informed consent from each participant. The collected data were entered into Microsoft Excel and analyzed using SPSS software version 21.

## RESULTS

Out of 260 elderly participants in this study, the majority 70.4% of the participants were in the age group of 60–70 years, followed by 25% of the participants in the age group of 71–80 years. Mean age group of the study participants was 68 years. In this study, 66.9% (174) of the study participants were females and while only 33.1% (86) of the participants were males.

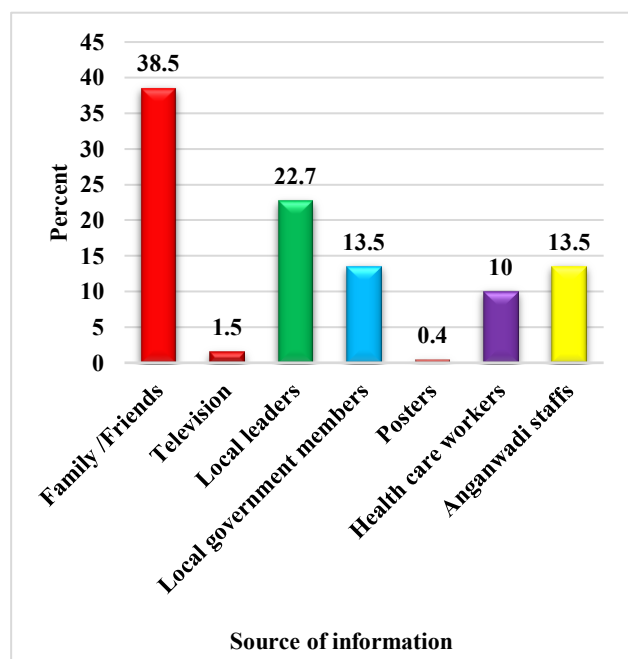
Based on their ration card status, most of the participants around 82.6% were from below poverty line (BPL) families, indicating a predominantly low-income group. As per the BG Prasad scale, the majority around 44.2% belonged to lower-middle class and 23.8% of the participants belonged to middle socioeconomic classes. Among the participants 38% most of them were getting difficult to meet their basic needs. Majority of the participants around 68% were in nuclear family and regarding education 49.2% were illiterate. Based on the economic dependency status, slightly more than half of the participants were independent (56.5%) and 17.7% were fully dependent on others. In terms of living arrangements, most elderly participants were living with family, either with spouse and/or children (37.7%) (Table 1).

**Table 1: Distribution of study participants by sociodemographic details.**

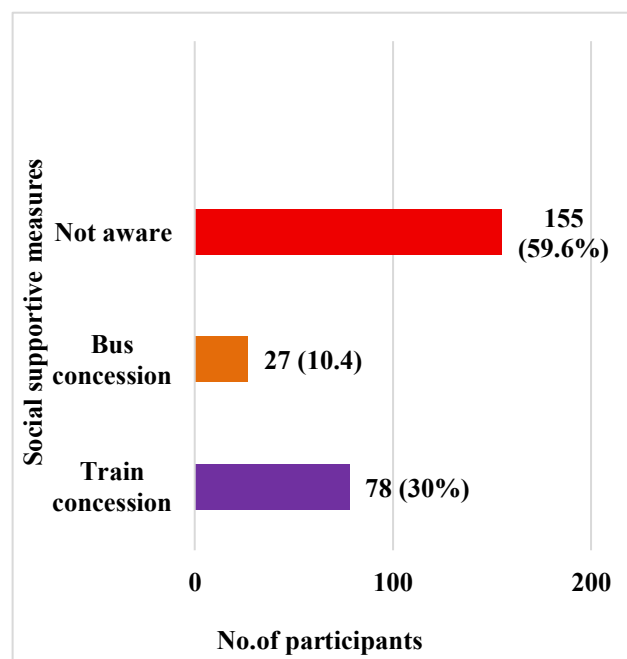
Characteristics	Frequency (n=260)	Percentage (%)
<b>Age group (in years)</b>		
60-70	183	70.4
71-80	65	25.0
>80	12	4.6
<b>Gender</b>		
Male	86	33.1
Female	174	66.9

Continued.

Characteristics	Frequency (n=260)	Percentage (%)
<b>Socioeconomic status</b>		
Below poverty line	215	82.6
Above poverty line	45	17.4
<b>Education status</b>		
Illiterate school	128	49.2
Primary school	58	22.3
Middle school	38	14.6
High school	29	11.2
Graduate	5	1.9
Professional	2	0.8
<b>Economic dependency status</b>		
Dependent	46	17.7
Partially dependent	67	25.8
Independent	147	56.5
<b>Socio economic class (BG Prasad scale)</b>		
I upper class	7	2.7
II upper middle class	31	11.9
III middle class	62	23.8
IV lower middle	115	44.2
V lower class	45	17.3
<b>Family types</b>		
Nuclear family	177	68
Joint family	39	15
Three generation family	44	17
<b>Living arrangement</b>		
Living alone	63	24.2
Living with spouse only	81	31.2
Living with spouse and children or with son's family	98	37.7
Living with daughter's family or distant relative or others	18	6.9

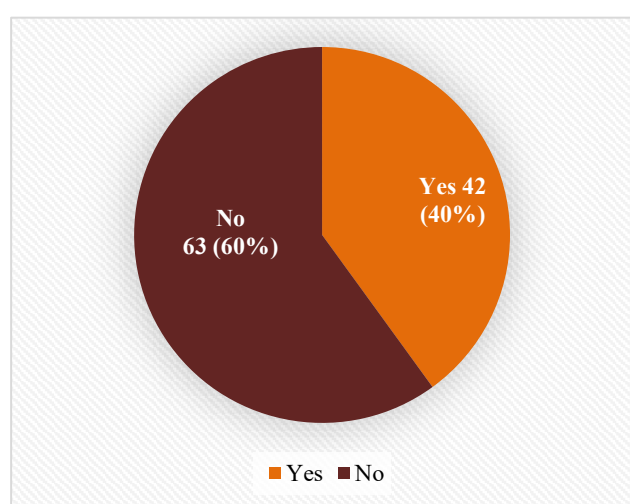


**Figure 1: Sources of information about the social security scheme among study participants.**



**Figure 2: Awareness of social supportive measures among the study participants (n=105).**

The awareness about any one of the social security schemes was good and it was found that 46% of the study participants were aware of Indira Gandhi National Widow Pension Scheme (IGNWPS). Majority of the study participants were getting benefits from Indira Gandhi National Old Age Pension Scheme (IGNOAPS), since the UT of Puducherry people become eligible for IGNOAPS scheme after 55 years of age. Among the participants, 38.5% came to know about the scheme from family and friend followed by 22.7% through local leaders (Figure 1). Figure 2 shows, about 30% of the participants were aware of the train ticket concession and only 10.4% knew about the bus concession. A majority, around 59.6% of the participants were not aware of these benefits. Out of the 105 participants, 40% had utilized at least one of the social supportive measures (Figure 3).



**Figure 3: Utilization of social supportive measures among the study participants (n=105).**

## DISCUSSION

The present study was conducted in urban area of Puducherry district, in that the majority of participants 70.4% belonged to the age group of 60–70 years, with a mean age of 68 years. Similarly the study by Goswami et al conducted in an urban resettlement colony in Delhi, where 37.4% of participants were in the 60–64 years group, and the mean age was 67.5 years.<sup>7</sup> In contrast to the current study, the study done by Nivedita et al conducted in Bengaluru found only 48.5% were in the age group of 60–69 years.<sup>2</sup>

The gender distribution in our study revealed a higher proportion of females (66.9%) compared to males (33.1%). Goswami et al, reported a more balanced distribution with females comprising 55.3% and males 44.7%. This difference could be attributed to regional variations in life expectancy or differences in sampling methods or due to cultural factors such as women being more likely to stay at home and be available during data collection. In terms of literacy, 49.2% of the participants in our study were illiterate. This is somewhat lower than

the 59.8% illiteracy rate reported by Goswami et al indicating slightly better educational attainment in Puducherry compared to the urban resettlement area in Delhi and in contrast, the illiteracy was higher in Bengaluru study, where 81.9% of participants were illiterate.<sup>2</sup> A majority of participants in current study and study by Nivedita et al belonged to below poverty line (BPL) families, but the percentage was slightly higher in Bengaluru (92%) than in Puducherry (82.6%).<sup>2</sup> It might be due to the BPL classification is not uniform across India.

Karnataka and Puducherry use different criteria and scoring methods based on socio economic context and state policies. While comparing the economic dependency, our study found that 56.5% were economically independent, while 25.8% were partially dependent and 17.7% fully dependent. In contrast, Goswami et al reported that 48.1% were partially dependent, suggesting a relatively higher level of economic reliance in the urban Delhi population. This could be due to regional differences, such as Delhi having more income-generating avenues that may include elderly individuals in informal or part-time work, thereby influencing their dependency status.

In our study all participants were aware of one of the social security schemes and all getting benefit from IGNOAPS and 46% were aware of IGNWPS. In the present study, awareness of travel-related social support measures was relatively low, only about 30% of participants were aware of the train ticket concession and just 10.4% knew about the bus concession. In contrast, the study by Kohli et al reported a higher level of awareness, where 45% of participants were aware of the bus travel concession, and 16.1% knew about the train concession.<sup>8</sup> Although awareness of travel concessions remains suboptimal in both studies, the levels were notably higher in the Delhi-based study compared to the current findings from Puducherry, highlighting the need for improved Information, Education, and Communication (IEC) strategies. Similarly, the study by Srivastava et al conducted in rural Dehradun, showed slightly better awareness, with around 35% of elderly participants knowing about the train ticket concession. This suggests that while awareness of travel-related benefits is generally low among the elderly, regional variations exist and must be addressed through targeted interventions.<sup>9</sup>

In the current study, 40.4% of the elderly were aware of transport concessions, while 59.6% were not aware. In comparison, the study by Bharathy et al, done in Chengalpattu, Tamil Nadu showed very low awareness, with only 16.7% knowing about it and 83.3% not aware.<sup>10</sup> This shows that although many elderly people in both places are still unaware of these benefits, awareness was better in Puducherry than Tamil Nadu. In our study, out of 105 participants, 40 % of the participants were utilised one of the social supportive measures. But in another

study done by Srivastava et al found only 27.8% used railway ticket discounts, and just 10.1% saved money in banks or post offices to get higher interest. This shows that more elderly people in my study are using social support services compared to the study done by Srivastava et al.<sup>9</sup>

The limitation of our study is that it was conducted only in an urban area with a limited sample size. Therefore, the findings may not be generalizable to the entire elderly population.

## CONCLUSION

This study shows that many elderly people in Puducherry was aware of some government support schemes like IGNOAPS and all of them are getting benefit from that, but the overall use of other social supportive measure's is still low. Only 40% of participants had utilised at least one social supportive measure. Awareness about travel concessions was poor, even among those with higher education. The main reasons for low utilisation of social supportive measure may be due to lack of clear information, confusion about the process and not enough awareness in the community. To improve this, the government and local authorities need to spread awareness through Information, Education and Communication (IEC) activities with the help of Health care workers like ANM, ASHA and Anganwadi workers

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## REFERENCES

- World Health Organization. Ageing. Available at: <https://www.who.int/health-topics/ageing>. Accessed on 31<sup>st</sup> May 2025.
- Nivedita BM. Utilization of Social Security Schemes among Elderly in Kannamangala, Bengaluru. 2015;3(7):1.
- Sachdev R, Garg K, Shwetam S, Srivastava AR, Srivastava A. Awareness of Indian government initiated social security schemes utilization among villagers of Kanpur rural region: An evaluative cross-sectional study. J Fam Med Prim Care. 2022;11(6):2456-60.
- Elderly in India 2021.pdf. Available at: [https://mospi.gov.in/sites/default/files/publication\\_reports/Elderly%20in%20India%202021.pdf](https://mospi.gov.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf). Accessed on 31<sup>st</sup> May 2025.
- My Scheme - One-stop search and discovery platform of the Government schemes. NSAP - Indira Gandhi National Old Age Pension Scheme. Available at: <https://myscheme.gov.in>. Accessed on 31<sup>st</sup> May 2025.
- Guidelines for Annapurna scheme. Available at: [https://www.nitforstates.gov.in/public-assets/Policy/policy\\_files/SNC487Q000217.pdf](https://www.nitforstates.gov.in/public-assets/Policy/policy_files/SNC487Q000217.pdf). Accessed on 10<sup>th</sup> June 2025.
- 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 Fam Med Prim Care. 2019;8(3):9605.
- Kohli C, Gupta K, Banerjee B, Ingle GK. Social Security Measures for Elderly Population in Delhi, India: Awareness, Utilization and Barriers. J Clin Diagn Res JCDR. 2017;11(5):LC10-4.
- Srivastava AK, Kandpal SD. Awareness and utilization of social security scheme and other government benefits by the elderly—A study in rural area of district Dehradun. Ind J Commu Health. 2014;26(4):379-84.
- Ramadass D, Sivaprakasam S, Venkatesan M. Prevalence of economic violence among the geriatric population and their knowledge and utilization of social security schemes in Chengalpattu district, Tamil Nadu. J Fam Med Prim Care. 2024;13(11):5014-8.

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