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Ashma Khan

(1) Department of Extension
Education and Communication
Management, Chaudhary Charan
Singh Haryana Agricultural
University, Hisar, Haryana,
India

(2) Department of Applied
Sciences, Om Sterling Global
University, Hisar, Haryana,
India

Manju Dahiya

Department of Extension
Education and Communication
Management, Chaudhary Charan
Singh Haryana Agricultural
University, Hisar, Haryana,
India

Corresponding Author

Ashma Khan

(1) Department of Extension
Education and Communication
Management, Chaudhary Charan
Singh Haryana Agricultural
University, Hisar, Haryana,
India

(2) Department of Applied
Sciences, Om Sterling Global
University, Hisar, Haryana,
India

Cognizance and utilization of old age pension by geriatrics

Ashma Khan and Manju Dahiya

Abstract

India's old population has been continuously increasing since the turn of the twentieth century. The federal and state governments devise various programmes for the well-being of the elderly. The use of multiple schemes varies depending on awareness and access, which are governed by a variety of criteria like literacy level, gender, economic status, geographic region, and so on. Ageing is the final stage of life. It accompanied by a decrease in energy and body resources and infirmities caused by the degradation and breakdown of one's bodily organs. These ageing-related infirmities have always been present among the elderly. Old age is regarded as a societal issue, and numerous national and international organizations try to improve the lives of the elderly. Even the state and federal governments have taken steps to give some services to the elderly over the age of 60, and many agencies are holding many activities to raise awareness about the plight of the elderly in society. The study concluded that in Nuh, old-age pension funds were mainly used for basic needs (WMS-2.98) followed by family expenses, while in Hisar, the majority of the geriatrics used old-age pension fund for medicines (WMS-2.85) followed by travel. Majority of the geriatrics (70.5%) spent within the range of Rs1001 and above on medicines followed by 47.5 per cent spent within the range of Rs 301-500 on food.

Keywords: pension, awareness, utilization, expenditure, Haryana

1. Introduction

Globally the proportion of elderly has been rising steadily. It had increased from 7.0% in 1950 to 11.0% in 2007 and the global population aged 60 years or above was 962 million in 2017. It is expected to be double again by 2050 when it is projected to reach nearly 2.1 billion (Shukla *et al.*, 2017; Ashma and Dahiya, 2021) ^[4, 6]. Asia has the largest numbers of the world's elderly (53.0%), followed by Europe (25.0%) (Balamurugan & Ramathirtham, 2012) ^[2]. According to the 2011 population census, India has nearly 104 million elderly people, with 53 million women and 51 million men. As regards rural and urban areas, more than 73 million persons i.e. 71 per cent of the elderly population, reside in rural areas while 31 million or 29 per cent of the elderly people are in urban areas. In terms of number or as a percentage of the total population, their size is gradually increasing, with an estimated 8.2 per cent of the overall population in 2011 and an estimated 171.6 million (approximately 12.0 per cent) by 2026. In India's population, the general sex ratio is unfavourable to women (940 per 1000 males, Census: 2011). An immediate effect of population ageing is the increased number of retirees, implying that a growing number of elderly populations have to be supported by the young and economically active. Several developing countries have integrated social security and other welfare programs for old people in their developmental agenda. Furthermore, some welfare assistance is available to those who retired from the government service in the form of pension and contributory provident fund. The rest of the elderly depend on their savings or some kind of assistance from their family. Social security is "the set of institutions, measures, rights and obligations whose primary goal is to provide income security and medical care to individual members of the society." (ILO, 2006). Other countries like word oldest country "Japan" which it praises for adopting a comprehensive welfare policy, universal health care and universal social pension, India does not have universal health care and universal social pension. There are no comprehensive social security schemes as a whole (Rajan and Liebig, 2003). To maintain the respect and dignified life which an elderly deserves, the government of India has made many initiatives but bear the existence of various policies, schemes, and services will not solve the problem of all the distress of an elder.

The Government of India runs voluntary organizations for the care of the elderly, such as Help Age India, Age Care India, and Old Age Homes. In 1978, Help Age India was founded on the

model of England's Help the Aged Society. It is fighting for the cause and care of the elderly all around the country. It is raising awareness among the youth about the needs and significance of the elderly in society. It also organizes activities, competitions, and debates for the elderly. Help Age India also offers training to volunteer organizations. Aged care is a charitable trust that is registered as a secular organization. It is India's largest health-care company, with a strong focus on prevention. India's foremost healthcare company is dedicated to assisting the elderly, physically challenged individuals, and their families. It effectively makes you self-sufficient by delivering exceptional service right to your door. Age Care India provides a prompt checkup service at your home to address any health-related issues. This organization efficiently saves your family from both emotional and financial suffering. The federal and state governments, municipal governments, non-profit organizations, and senior citizen welfare organizations have established homes for the elderly. Old age homes give them housing and all other necessities such as entertainment, physical and mental activity instructors, and a safe environment. Old age homes offer all of the conveniences and comforts that seniors need to prevent loneliness and maintain contact and engagement with others. In India, there are approximately 300 old age homes, most of which are located in urban regions. The government should ensure effective planning of health-care services for the elderly and prepare a feasible design relevant to the country needs for implementing the plan. The problems related to the aging population are inadequate facilities for medical treatment and non-provision of economic and social support. There is a need to make them accessible to every elderly. Old Age Pension is the primary source of income for older persons. The central government launched the National Old age Pension scheme in 1995, and it was targeted at the destitute elderly. This scheme was renamed as Indira Gandhi National Old Age Pension Scheme in 2007. It is the most ambitious and universal old-age pension programme introduced in India since independence. Gram panchayats make the selection of beneficiaries based on targets communicated by the state government. Department of Social Justice Government of Haryana has launched Old Age Samman Allowance Scheme from the year 2017 in place of old-age pension scheme. Total old age Samman Allowance pensioners are 17, 44,542 in Haryana while in village Gorchhi (Hisar) total pensioners are 315 and in village Patan (Hisar) 243, in village Ghasera (Nuh) 550, and Village Shahpur Nangli (Nuh) 146 (pension.socialjusticehry.gov.in.retrived on Oct 21, 2020). Under this social welfare scheme, Government provides financial assistance in the form of monthly pension of Rs. 2000 for all eligible old age citizens (60+ and above) from November 1st, 2018.

The issues and needs of the geriatric population of India are indigenous, often varying at the state level (Ashma and Dahiya, 2021; Khan and Dahiya, 2021) [4, 6]. A network of social security and pension needs to be worked out at the national level so that no elder in India is deprived of the benefits. It is often evident that the aged specially in rural areas, remain unaware of the schemes run by the government so can not avail benefits from the schemes. In order to make access to really needy geriatric, a detailed survey might be conducted so that Government can provide due help to all the geriatric.

2. Method

The research was carried out in the state of Haryana.

According to ethnicity and ecology, Haryana is separated into five cultural zones: Bagad, Khaddar, Nardak, Ahirwal, and Mewat, Singh (1994) [12]. Two zones, Mewat and Bagad, were chosen at random from among the five zones. Bagad zone is consists of four districts: Sirsa, Hisar, Fatehabad, and Bhiwani, while the Mewat zone also consists of four districts as well (Faridabad, Nuh, Palwal and parts of Gurgaon). Data for the present study was collected from 200 elderly persons, all pensioners aged 65 or older from Mewat and Hisar districts. Nuh blocks from Nuh and Hisar II from Hisar were chosen at random from each district. Ghasera and Shahpur Nangli from Nuh, Patan and Gorchhi from Hisar II block were picked as two villages from each block. An interview schedule was developed and used as a tool for data collection.

3. Results

3.1 Awareness of geriatrics regarding human and property rights

Table 1 depicts that majority of geriatrics (1.72±0.40) were aware of the right to freedom of religion followed by rights to equality (1.46±0.50), right to freedom and right to justice (1.40±0.49), rights against exploitation (1.30±0.46) and right to information (1.04±0.19) in district Nuh whereas in Hisar majority of the geriatrics (1.80±0.40) were aware of right to freedom followed by a right to equality (1.74±0.44), right against exploitation (1.60±0.49), right to justice (1.55±0.50), right to freedom of religion (1.18±0.38) and right to information (1.17±0.37).

Data further revealed that the majority of the geriatrics in district Nuh knew about the right to claim back property from children/relatives (1.70±0.40). Only few (1.20±0.40) geriatrics were aware that son has no legal right in parental house and can stay with their permission only followed by awareness about senior citizen without children can claim their maintenance expenditure from an adult relative who will inherit the property after their death (1.02±0.14) was nil in Nuh. In Hisar, the majority of the geriatrics (1.90±0.30) had awareness about the right to claim back property from children/relatives while (1.65±0.49) per cent geriatrics had awareness about the right that son has no legal right in the parental house and can stay with their permission only whereas only very few (1.06±0.23) per cent geriatrics had an awareness that senior citizen without children can claim maintenance charges from an adult relative who will inherit the property after their death. On the contrary, in Hisar, awareness was comparatively more than Nuh about all these rights except the right to equality, right to freedom of religion and the senior citizen without children can claim maintenance adult relative who will inherit the property after their death. In Hisar, awareness about human and property rights was significantly higher as compared to Nuh.

3.2. Awareness and utilization of various government social schemes or facilities by geriatrics

Awareness and utilization of various social welfare schemes/facilities by geriatrics were indicated in Table 2. Both the districts cent per cent geriatrics (100.0%), had awareness and utilization of the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). Awareness about travel concession was 93.0 per cent, out of which 90.0 per cent had availed this concession in district Nuh. About two-thirds geriatrics (65.0%) had awareness about the Annapurna scheme, and utilization of this scheme was nil. Most of the geriatrics (60.0%) had awareness about the reservation of seats in public

transport out of which 15.0 per cent geriatrics had taken benefit of this facility, 58.0 per cent geriatrics were aware of the National Programme for Health Care for Elderly (NPHC), but utilization of this scheme was poor as only 12.0 per cent were utilizing it. Awareness about Varishtha Pension Bima Yojana was observed in 8.0 per cent of geriatrics, out of which 5.0 per cent of geriatrics were availing the benefits of this scheme. Six per cent of geriatrics were aware of toll-free helpline numbers, but none of them had ever utilized it. Only 5.0 and 4.0 per cent of geriatrics had awareness about higher interest on fixed deposits for senior citizen in banks and post offices, but no one had fixed deposits, so they didn't utilize it. Awareness regarding government old age homes was in 5.0 per cent geriatrics, but none of the geriatrics ever felt the need to avail this facility. Only 2.0 per cent of geriatrics had awareness about Pardhan Mantri Bima Yojana and Pardhan Mantri Vaya Vandana Yojna each, respectively, and utilization of these was also nil. Cent per cent geriatrics (100%) had not heard about Integrated Programme for Older Pensions, Rashtriya Vayoshri Yojna, Tax Rebate, Pardhan Mantri Jeevan Jyoti Bima Yojana, Pardhan Mantri Atul Pension Yojana, Pradhan Mantri Suraksha Bima Yojana and Private old age homes.

In Hisar, awareness of geriatrics in all the schemes was observed. Cent Per cent geriatrics (100.0%) had awareness and getting Indira Gandhi National Old Age Pension Scheme (IGNOAPS) followed by 98.0 per cent geriatrics had awareness about travel concession scheme out of which 95.0 per cent geriatrics had availed the benefits of this scheme. Awareness for reservation of seats in public transport was vigilant among 75.0 per cent of geriatrics, out of which 20.0 per cent of geriatrics had utilized it. While 70.0 per cent of geriatrics had awareness about the National Programme for Health Care for Elderly (NPHC), utilization of this scheme was poor as only 5.0 per cent of geriatrics had availed the benefits of this scheme. The majority of geriatrics (65.0%) were aware of government old age homes, but none of the respondents ever felt the need to avail of this facility. Awareness among 35.0 per cent of geriatrics about the Annapurna scheme was also observed, but utilization of this scheme was nil. Toll-free helpline number was known to 27.0 per cent of geriatrics, out of which 5.0 per cent geriatrics had utilized this facility. Only 16.0 per cent of geriatrics had awareness about Varishtha Pension Bima Yojana, out of which 11.0 per cent of geriatrics had availed the benefits of this scheme. Awareness regarding higher interest on fixed deposits for senior citizen in banks and post offices was found in 12.0 and 8.0 per cent geriatrics, respectively, but none of the geriatrics had any fixed deposits in the banks and post offices. Very few (7.0%) geriatrics had awareness about Pardhan Mantri Surksha Bima Yojana followed by Pardhan Mantri Jeevan Jyoti Bima Yojana and private old age homes (6.0% each respectively), Awareness regarding Income Tax rebate, Pardhan Mantri Bima Yojana (5.0% each), 3.0 per cent Pardhan Mantri Atul Pension Yojana and Integrated Programme for Older Pensions and Pardhan Mantri Vaya Vandana Yojna (2.0%) and only 1.0 per cent about Rashtriya Vayoshri Yojana was observed. None of the geriatrics had ever utilized the benefits from any of these schemes.

3.3 Mode and recipients of old-age pension by geriatrics

Fig. 2 indicated that in both the districts (Nuh and Hisar) the mode of receiving pension among cent per cent geriatrics was through direct bank account and in cash. Children were the

main recipients for withdrawing this money (WMS-0.95 in Nuh and WMS-1.17 in Hisar) with the rank I while another person who could receive the pension was spouse (WMS-0.61) with rank II followed by the bank agent (WMS-0.29) secured rank III and self (WMS-0.15) rank IV in Nuh whereas in Hisar recipient of pension was bank agent (WMS-0.88) with rank II, spouse (WMS-0.33) with rank III and self (WMS-0.24) rank IV.

3.4 Gender wise expenditure pattern per month of geriatrics for different needs

Gender wise expenditure pattern per month on different needs of the geriatrics in table 3 depicted that regarding primary needs, most of the female geriatrics (40.0%) spent within the range of Rs. 301-500 followed by 7.0 per cent spent within the range of Rs.100-300 and only 3.0 per cent female geriatrics of Nuh spent within the range of Rs.501 and more on food while 25.0 per cent male geriatric spent within the range of Rs. 301-500 followed by 13.0 per cent male geriatric spent within the range of Rs. 100-300 and 12.0 per cent male geriatrics spent within the range of Rs. 501 and more on food in district Nuh whereas in Hisar same percentage of female geriatrics (40.0%) spent within the range of Rs 100-300 followed by 5.0 per cent female geriatrics spent within the range of Rs. 301-500 and Rs 501 and more each respectively on food while 25.0 per cent male geriatrics spent within the range of Rs 301-500 followed by 20.0 per cent male geriatrics spent within the range of Rs 100-300 and 5.0 per cent male geriatrics spent within the range of Rs 501 and more on food. Majority of male geriatrics (50.0%) spent within the range of Rs 100-300 followed by 48.0 per cent female geriatrics who spent the same amount and only 2.0 per cent female geriatrics spent within the range of Rs 301-500 on clothes in district Nuh whereas in Hisar also majority of the male geriatrics (43.0%) spent within the range of Rs 100-300 followed by 7.0 per cent male geriatrics spent within the range of Rs 301-500 on clothes while 30.0 per cent female geriatrics spent within the range of Rs 100-300 followed by 20.0 per cent female geriatrics who spent between Rs 301-500 on clothes. The expenditure of Rs 500 and more was spent on shelter by the few male and female geriatrics (4.0% and 1.0% each respectively in district Hisar whereas the amount of expenditure on shelter was observed nil in district Nuh.

The table further showed gender-wise expenditure per month on secondary needs. It was found that the majority of female geriatrics (43.0%) spent Rs 1001 and more on medicines/ check-ups followed by 5.0 per cent female geriatrics spent within the range of Rs 100-500 and only 2.0 per cent female geriatrics spent within the range of Rs 501-1000 on medicines/ check-ups while 30.0 per cent male geriatrics spent within the range of Rs 1001 and more followed by 12.0 per cent male geriatrics spent within the range of Rs100-500 and 8.0 per cent male geriatrics spent within the range of Rs 501-1000) on medicines/ check-ups in district Nuh. The data of district Hisar showed that male geriatrics (37.0%) spent within the range of Rs 1000 and more on medicines and check-ups followed by 8.0 per cent male geriatrics spent within the range of Rs 501-1000 and 5.0 per cent male geriatrics spent within the range of Rs 100-500 while female geriatrics (31.0%) spent within the range of Rs 1001 and more on medicines and check-ups followed by 12.0 per cent female geriatrics spent within the range of Rs 501-1000 and only 7.0 per cent female geriatrics spent within the range of Rs100-500 on medicines and check-ups. Very few male (8.0%) and

female geriatrics (4.0%) spent within the range of Rs 50-100 on personal hygiene in district Nuh whereas in Hisar most of the male geriatrics (20.0%) spent within the range of Rs 50-100 on personal hygiene followed by 3.0 per cent male geriatrics spent within the range of Rs 101-150 and 3.0 per cent male geriatrics also spent within the range of Rs 151 and more while 15.0 per cent female geriatrics spent within the range of Rs 50-100 and only 2.0 per cent female geriatrics spent within the range of Rs 101-150. Only 4.0 per cent male geriatrics and 2.0 per cent female geriatrics spent within the range of Rs 100-300 on sanitation in district Hisar.

Regarding tertiary needs, the majority of the male geriatrics (49.0%) spent upto Rs 100 on travel followed by only 1.0 per cent male geriatrics spent within the range of Rs 101-300 on travel while 40.0 per cent female geriatrics spent upto Rs 100 on travel followed by 10.0 per cent female geriatrics spent within the range of Rs 101-300 on travel in district Nuh whereas in Hisar majority of the female geriatrics (46.0%) spent the amount upto Rs 100 on travel followed by 4.0 per cent female geriatrics spent within the range of Rs 101-300 while male geriatrics (30.0%) spent the amount upto Rs 100 on travel followed by 16.0 per cent male geriatrics spent within the range of Rs 101-300 and only 4.0 per cent male geriatrics spent within the range of Rs 301 and more. Half of the male geriatrics (50.0%) spent within the range of Rs 100-300 on social ceremonies/ event as compared to female geriatrics (48.0%), and only 2.0 per cent female geriatrics spent within the range of Rs 301-500 in district Nuh and on the contrary in Hisar district majority of female geriatrics (42.0%) spent within the range of Rs 100-300 male geriatrics on social ceremonies/ event followed by 8.0 per cent female geriatrics spent within the range of Rs 501 and more while 30.0 per cent male geriatrics spent within the range of Rs 100-300 on social ceremonies/ event followed by 14.0 per cent male geriatrics spent within the range of Rs 301-500 and only 6.0 per cent male geriatrics spent within the range of Rs 501 and more. Only 1.0 per cent male and female geriatrics spent within the range of Rs 100-500 on hired caretaker/maid in district Hisar. The majority of the male and female geriatrics (50.0% and 43.0%) spent the amount upto Rs 50 as a help to their daughter/son followed by 4.0 per cent female geriatrics who spent within the range of Rs 101 and more and only 3.0 per cent female geriatrics spent within the range of Rs 51-100 in district Nuh whereas in Hisar 42.0 per cent females and 30.0 per cent male geriatrics spent within the range of Rs 51-100 followed by 20.0 per cent males and 5.0 per cent female geriatrics spent the amount upto Rs 50 and only 3.0 per cent female geriatrics who spent within the range of Rs 101 and more as a help to their daughter/son. Only 6.0 per cent male geriatrics spent within the range of Rs 500-100 on a court case in district Nuh whereas the expenditure on a court case in district Hisar was nil by any of the geriatrics.

In district Nuh only 5.0 per cent male geriatrics spent within the range of Rs 101-200 on entertainment while in Hisar 35.0 per cent male geriatrics spent up to Rs 100 followed by 2.0 per cent male geriatrics spent within the range of Rs 101-200

on entertainment and only 10.0 per cent female geriatrics spent up to Rs 100 on entertainment. The majority of the female (48.0%) and male geriatrics (47.0%) were spent within the range of Rs 51-100 on donation/ Fitra, and 3.0 per cent male and 2.0 per cent female geriatrics spent the amount upto Rs 50 in district Nuh whereas in Hisar 22.0 per cent male and 20.0 per cent female geriatrics spent within the range of Rs 51-100 on donation/ Fitra and 20.0 male and 15.0 per cent female geriatrics who spent the amount up to Rs 50 and 15.0 per cent female and 8.0 per cent male geriatrics who spent within the range of Rs 101 and more. Forty-eight per cent of the male geriatrics spent upto Rs 100 on smoking/ alcohol/ hukka followed by 2.0 per cent male geriatrics spent up to Rs 101 -500 while 6.0 per cent female geriatrics spent within the range of Rs 101-500 and only 2.0 per cent female geriatrics who spent the amount upto Rs 100 in district Nuh whereas 48.0 per cent of male geriatrics spent within the range of Rs 101 -500 on smoking/ alcohol/ hukka followed by 2.0 per cent male geriatrics spent upto Rs 100 in district Hisar while 6.0 per cent female geriatrics also spent within the range of Rs 101 -500 on smoking/ alcohol/ hukka and 8.0 per cent female geriatrics spent the amount upto Rs 100 on smoking/ alcohol/hukka. Few males (8.0%) and female geriatrics (4.0%) spent up to Rs 500 for loan/debt payment in district Nuh, whereas in Hisar, 8.0% females and 2.0% male geriatrics also spent the same amount.

3.5 Utilization pattern of old-age pension by geriatrics

Fig. 3 indicated that in Nuh old age pension funds were mainly used for basic needs (WMS-2.98) with rank I followed by family expenses (WMS-2.94) rank II, help to children and travel (WMS-2.89) rank III, smoking (WMS-2.62) rank IV, medicines (WMS-2.25) rank V, donation (WMS-2.05) rank VI, social events /ceremonies (WMS-1.90) rank VII, deposit in personal saving schemes (WMS-1.50) rank VIII, buy farm inputs (WMS-1.09) rank IX, court case(WMS-1.06) rank XI, entertainment (WMS-1.05) and loan payment (WMS-1.05) rank XI and alcohol (WMS-1.02) rank XII while in Hisar, majority of the geriatrics used old age pension fund for medicines (WMS-2.85) with rank I followed by travel (WMS-2.80) rank II, smoking (WMS-2.77) rank III, social events (WMS-2.55) rank IV, help to children (WMS-2.30) rank V, donation (WMS-2.29) rank VI, basic needs (WMS-2.25) rank VII, alcohol (WMS-1.85) rank VIII, entertainment (WMS-1.72) rank IX, family expenses (WMS-1.40) rank X, buy farm inputs (WMS-1.20) rank XI, deposit in personal saving schemes (WMS-1.05) rank XII, loan payment and court case (WMS-1.00) rank XIII. Thus it can be concluded that the utilization pattern of old age pension by the geriatrics showed that high expenses were made on basic needs, family expenses and on medicines in district Nuh whereas on the contrary in district Hisar the high expenses were made on medicines, travel and smoking. On the rest of aspects, the expenses made ranged from medium to low level.

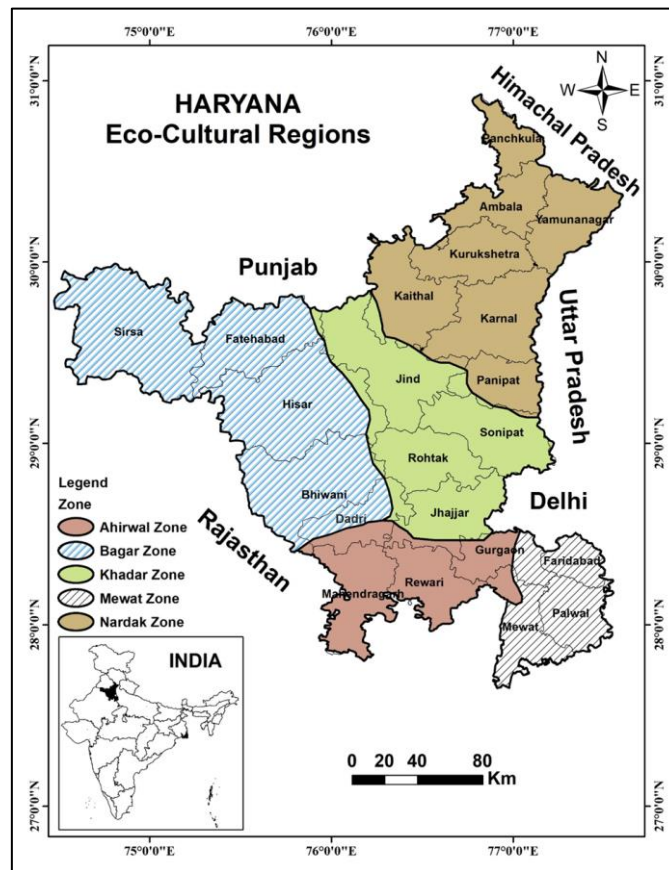


Fig 1: Map showing selection of respondents.

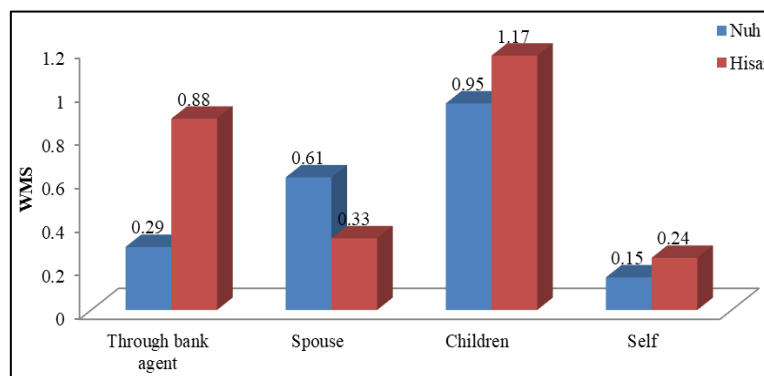


Fig 2: Mode and recipients of old-age pension by geriatrics.

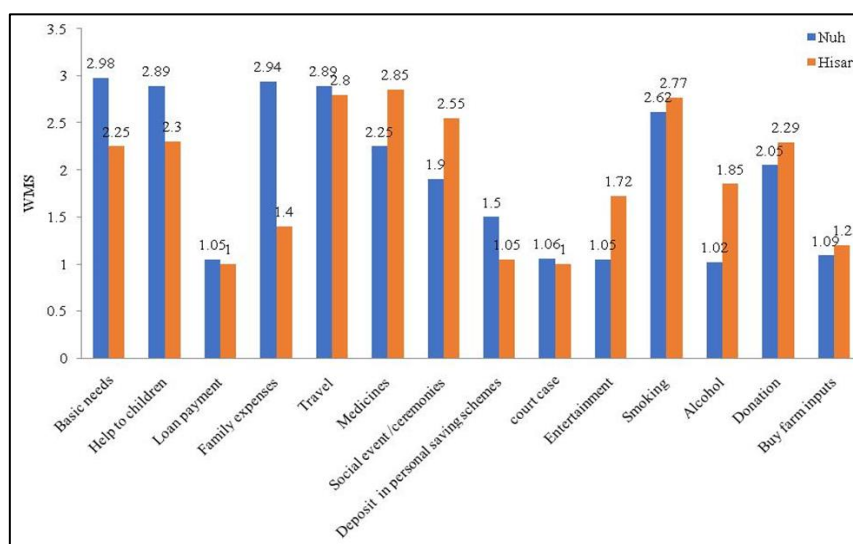


Fig 3: Utilization pattern of old-age pension by geriatrics.

Table 1: Awareness of geriatrics regarding human and property rights

n=200

Sr. N.	Rights	Awareness		
		Nuh	Hisar	Z-Value
1.	Human rights	Mean ± SD	Mean ± SD	
	Right to equality	1.46 ±0.50	1.74±0.44	0.32
	Right to freedom	1.40 ±0.49	1.80±0.40	6.29*
	Right against exploitation	1.30±0.46	1.60±0.49	4.45*
	Right to freedom of religion	1.72±0.40	1.18±0.38	4.43*
	Right to information	1.04±0.19	1.17±0.37	3.05*
	Right to justice	1.40±0.49	1.55±0.50	2.28*
2.	Property rights			
	a) Son has no legal right in the parental house, can stay with permission only	1.20±0.40	1.65±0.49	7.19*
	b) Right to claim back property from children/ relatives	1.70±0.46	1.90±0.30	3.63*
	c) Senior citizen without children can claim maintenance from an adult relative who will inherit the property after their death	1.02±0.14	1.06±0.23	1.44

*Significance at 0.05%

Table 2: Awareness and utilization of various government social schemes/facilities by geriatrics

n=200

Sr. No.	Scheme	Nuh (n=100)		Hisar (n=100)	
		Awareness	Utilization	Awareness	Utilization
1.	Indira Gandhi National old-age pension scheme (IGNOAPS)/ National old age Samman allowance	100	100	100	100
2.	Integrated Programme for Older Person (IPOP)	-	-	2.00	-
3.	RashtriyaVayoshriYojna (RVY)	-	-	1.00	-
4.	Annapurna scheme	65.0	-	35.0	-
5.	National Programme for Health Care of Elderly (NPHC)	58.0	12.0	70.0	5.0
6.	Income tax rebate	-	-	5.00	-
7.	Travel concession	93.0	90.0	98.0	95.0
8.	Reserved seats in public transport	60.0	15.0	75.0	20.0
9.	LIC Senior Citizen Pension Scheme				
	A) LIC Varishtha Pension BimaYojna (VPBY)	8.00	5.00	16.0	11.0
	B) Pardhan Mantri Vaya Vandana Yojna (PMVVY)	2.00	-	2.00	-
	C) Pardhan Mantri Bima Yojana	2.00	-	5.00	-
	1) Pardhan Mantri Jeevan Jyoti Bima Yojana	-	-	6.00	-
	2) Pardhan Mantri Atul Pension Yojana	-	-	3.00	-
	3) Pardhan Mantri Surksha Bima Yojana	-	-	7.00	-
10.	Higher interest on fixed deposits for senior citizen in banks	5.00	-	12.0	-
11.	Higher interest on post office savings	4.00	-	8.00	-
12.	Toll-free helpline number	6.00	-	27.0	5.00
13.	Govt. old age homes	5.00	-	65.0	-
14.	Private old age homes	-	-	6.00	-

* Multi responses, frequency and percentage, are the same.

Table 3: Gender wise expenditure pattern per month of geriatrics for different needs

n=200

Needs	Expenditure (in Rs)	Nuh(n=100)			Hisar(n=100)		
		Male F	Female F	Total F	Male F	Female F	Total F
Primary needs							
1. Food	100-300	13.0	7.00	20.0	20.0	40.0	60.0
	301-500	25.0	40.0	65.0	25.0	5.00	30.0
	501and more	12.0	3.00	15.0	5.00	5.00	10.0
2. Cloth	100-300	50.0	48.0	98.0	43.0	30.0	73.0
	301-500	-	2.00	2.00	7.00	20.0	27.0
3. Shelter	500 and more	-	-	-	4.00	1.00	5.00
Secondary needs							
1. Medicines/ check-ups	100-500	12.0	5.00	17.0	5.00	7.00	12.0
	501-1000	8.00	2.00	10.0	8.00	12.0	20.0
	1001and more	30.0	43.0	73.0	37.0	31.0	68.0
2. Personal hygiene	50-100	8.00	4.00	12.0	20.0	15.0	35.0
	101-150	-	-	-	3.00	2.00	5.00
	151and more	-	-	-	3.00	-	3.00
3. Sanitation	100-300	-	-	-	4.00	2.00	6.00
Tertiary needs							

1. Travel	Upto 100	49.0	40.0	89.0	30.0	46.0	76.0
	101-300	1.00	10.0	11.0	16.0	4.00	20.0
	301and more	-	-	-	4.00	-	4.00
2. Social ceremonies/event	100-300	50.0	48.0	98.0	30.0	42.0	72.0
	301-500	-	2.00	2.00	14.0	-	14.0
	501 and more	-	-	-	6.00	8.00	14.0
3. Expenditure on hired caretaker/Maid	100-500	-	-	-	1.00	1.00	2.00
4. Help to daughter/son	Upto 50	50.0	43.0	93.0	20.0	5.00	25.0
	51-100	-	3.00	3.00	30.0	42.0	72.0
	101and more	-	4.00	4.00	-	3.00	3.00
5. Court case	500-1000	6.00	-	6.00	-	-	-
6. Entertainment	Upto 100	-	-	-	35.0	10.0	45.0
	101-200	5.00	-	5.00	2.00	-	2.00
7. Donation, Fitra	Upto 50	3.00	2.00	5.00	20.0	15.0	35.0
	51 -100	47.0	48.0	95.0	22.0	20.0	42.0
	101 and more	-	-	-	8.00	15.0	23.0
8. Smoking, Alcohol, Hukka etc.	Upto 100	48.0	2.00	50.0	2.00	8.00	10.0
	101 -500	2.00	6.00	8.00	48.0	6.00	54.0
9. Loan /Debt paying	Upto 500	8.00	4.00	12.0	2.00	8.00	10.0

*Multi responses, Frequency and percentages are the same.

4. Discussion

The majority of geriatrics (1.72 ± 0.40) had an awareness of right to freedom of religion followed by rights to equality (1.40 ± 0.50), right to freedom and right to justice (1.40 ± 0.49), rights against exploitation (1.30 ± 0.46) and right to information (1.05 ± 0.19) in district Nuh whereas in Hisar majority of the geriatrics (1.80 ± 0.40) had awareness about right to freedom followed by right to equality (1.70 ± 0.44), right against exploitation (1.60 ± 0.49), right to justice (1.55 ± 0.50), right to freedom of religion (1.18 ± 0.38) and right to information (1.17 ± 0.37).

Further, results revealed that most geriatrics in district Nuh knew about the right to claim back property from children/relatives (1.70 ± 0.40). Only a few (1.20 ± 0.40) geriatrics were aware that son has no legal right in the parental house and can stay with their permission only and awareness about senior citizen without children can claim their maintenance expenditure from an adult relative who will inherit the property after their death was nil in Nuh. In Hisar, the majority of the geriatrics (1.90 ± 0.30) had awareness about the right to claim back property from children/relatives while (1.65 ± 0.49) per cent geriatrics had an understanding that son has no legal right in the parental house and can stay with their permission only whereas only very few (1.06 ± 0.23) per cent geriatrics had the awareness that senior citizen without children can claim maintenance charges from an adult relative who will inherit the property after their death. On the contrary, in Hisar, awareness was comparatively more than Nuh about all these rights except right to equality (0.32), right to freedom of religion (4.45), and the senior citizen without children can claim maintenance adult relatives will inherit the property after their death. The possible reasons may be that the geriatrics family's educational status in district Hisar was high compared to district Nuh.

Regarding awareness, cent per cent of geriatrics had awareness and utilized Indira Gandhi National Old Age Pension Scheme (IGNOAPS) in both the districts. In Nuh, awareness about the scheme on travel concession was among 93.0 per cent geriatrics, out of which 90.0 per cent had availed this concession. More than half of the geriatrics (60.0%) also had awareness about reserved seats in public transport out of which 15.0 per cent geriatrics had taken benefit of this facility, 58.0 per cent geriatrics had awareness about National Programme for Health Care for Elderly (NPHC), but

utilization of this scheme was poor as only 12.0 per cent had utilized it. About two-thirds of geriatrics (65.0%) geriatrics had awareness about the Annapurna scheme, and utilization of this scheme was nil. Only 5.0 and 4.0 per cent of geriatrics had awareness about higher interest on fixed deposits in banks and post offices, but no one had fixed deposits, so they did not utilize it.

Similar findings were observed by Kulkarni *et al.* (2014) [7] and Bartwal *et al.* (2016) [3] who also found that awareness regarding geriatric welfare services was very high i.e. 97.3 percent for Indira Gandhi National Old Age Pension Schemes (IGNOAPS), very few geriatrics (15.2%) had awareness of railway fare concessions, 11.8 percent for higher interest on deposits in banks and post office while 8.6 percent had knowledge about rebate in income tax and only 2.7 per cent had not heard about any geriatric welfare scheme. Though awareness was high, utilization of these services was poor as only (19.7%) were availing old-age pension. Only 4.3 per cent elderly females were availing Indira Gandhi National Widow Pension Scheme (IGNWPS), very few elderly 2.9 percent had availed railway concessions, 0.4 per cent had higher interest on deposits, and 0.2 percent availed rebate in income tax. The study revealed that in both Nuh and Hisar's districts, a cent per cent of geriatrics received old age pension in cash. The contrary study of Lal (2015) [8] indicated that most pensioners were receiving the pensions every month on the due date, and Gram Sabha was the prime method adopted by villages for disbursement of pensions followed by public meetings and direct way. The reason was that the government now transfers the pension amount to the beneficiaries through their bank account. Children were the primary source of withdrawing cash for geriatrics (WMS-0.95 in Nuh and WMS-1.17 in Hisar) with the rank I while another person who could receive the pension was spouse (WMS-0.61) with rank II in Nuh whereas in Hisar pension receiving mode was through bank agent (WMS-0.88) with rank II. In Nuh, the bank agent (WMS-0.29) secured rank III, spouse (WMS-0.33) with rank III in Hisar. The possible reasons may be most geriatrics did not visit bank due to ill health, lack of transport facilities and long-distance of bank.

The study further showed that in both the districts, majority of the geriatrics (47.5%) spent within the range of Rs 301-500 on food whereas majority of the geriatrics (85.5%) spent on clothes upto Rs 100-300, only 2.5 per cent made expenditure

on shelter within the range of Rs 500 and more, 70.5 per cent spent within the range of Rs1001 and above on medicines, 23.5 per cent spent on personal hygiene within the range of Rs. 50-100, only 3.0 per cent made expenditure on sanitation within the range of Rs 100-300, 82.5 per cent spent within the range of Rs. up to 100 on travel, 85.0 per cent spent within the range of Rs 100-300 on social ceremonies/ events, 59.0 per cent spent within the range of Rs upto 50 as a help to daughter/ son, only 6.0 per cent spent within the range of Rs 500-1000 on court case, 68.5 per cent made expenditure within the range of Rs 51-100 on donation/ fitra, 53.0 per cent spent on smoking, alcohol, hukka etc. Rs up to 100 and 11.0 per cent spent Rs up to 500 on loan/ debt paying. Similar findings were observed by Shyam and Anbalagan (2018) ^[11] who revealed that nearly 85.0 per cent of the elderly who had the habit of chewing betel-nut spent within the range of Rs.100-200 every month for chewing betel-nut, more than three-fourths spent up to Rs.300 every month to drink alcohol, more than two-thirds (70.8%) spent up to Rs.200 every month to chew pan. 46.3 per cent spent up to Rs.100 per month to use snuff.

Regarding utilization of old-age pension funds, in Nuh old-age pension funds were mainly used for basic needs (WMS-2.98) with I followed by family expenses (WMS-2.94) rank II, help to children and travel (WMS-2.89) rank III, smoking (WMS-2.62) rank IV, medicines (WMS-2.25) rank V, donation (WMS-2.05) rank VI, social event /ceremonies (WMS-1.90) rank VII, deposit in personal saving schemes (WMS-1.50) rank VIII, buy farm inputs (WMS-1.09) rank IX, court case(WMS-1.06) rank XI, entertainment (WMS-1.05) and loan payment (WMS-1.05) rank XI and alcohol (WMS-1.02) rank XII. While in Hisar, the majority of the geriatrics used old-age pension fund for medicines (WMS-2.85) with rank first followed by travel (WMS-2.80) rank II, smoking (WMS-2.77) rank III, social event (WMS-2.55) rank IV, help to children (WMS-2.30) rank V, donation (WMS-2.29) rank VI, basic needs (WMS-2.25) rank VII, Alcohol (WMS-1.85) rank VIII, entertainment (WMS-1.72) rank IX, family expenses (WMS-1.40) rank X, buy farm inputs (WMS-1.20) rank XI, deposit in personal saving schemes (WMS-1.05) rank XII, loan payment and court case (WMS-1.00) rank XIII. Previous findings of *Jothi et al.* (2016) ^[5], *Sarkar et al.* (2015) ^[10] and *Mashibinal and Gangashetty* (2017) ^[9] reported that 42.0 per cent of pension holders used their pension for basic needs followed by 29.0 per cent for debt returns, 15.0 per cent for health care, 12.0 per cent for transport and only 1.0 per cent used it for life insurance. Fifty per cent of beneficiaries used pension themselves, 37.0 per cent of beneficiaries gave it to their children and 5.0 per cent to their grandchildren. The findings further showed post pension impact of the geriatrics, after old age pension geriatrics got an adequate quantity of different food groups with mean scores and standard deviation (30.7 ±27.5 and 41.5±31.8) in both the districts while a majority of the geriatrics post pension received an adequate quantity of different health facilities with mean score and standard deviation (42.5± 36.5 and 58.2±38.3) and significant. The geriatrics from Nuh had an insufficient quantity of clothes and non-significant at 0.05% level of significance while in Hisar geriatrics had an adequate quantity of different clothes with mean score and standard deviation (42.0± 27.4) and significant at 0.05% level of importance whereas geriatrics had a sufficient amount of shelter/sanitation/ water facilities with mean scores and standard deviation (51.7 ±49.5 and 35.2±44.3) and adequate recreational facilities and other

amenities with mean score and standard deviation (15.0±17.9 and 24.1±11.8) and significant at 0.05% level of significance. The reasons may be the neglect of meat and meat products, fruits, vegetables, ghee, milk, and milk product in the diet by the geriatrics and due to lack of awareness about nutritional importance of consumption of different food groups, they had either cut off or reduced the quantity of some food stuffs in the diet due to chewing and swallowing problems, indigestion, gas trouble etc. restriction on diet by doctors and unavailability of fresh fruits and vegetables in villages.

5. Conclusion

In Hisar, awareness was comparatively more than Nuh about all these rights except the right to equality, right to freedom of religion and the senior citizen without children can claim maintenance from an adult relative who will inherit the property after their death. Cent per cent geriatrics were aware and utilizing Indira Gandhi National Old Age Pension Scheme (IGNOAPS) in both districts, followed by travel concession and National Programme for Health Care of Elderly (NPHC). All the geriatrics received an old-age pension in cash, and children were the primary recipients of withdrawing this money. In both the majority of the district of the geriatrics (70.5%) spent within the range of Rs1001 and above on medicines followed by 47.5 per cent spent within the range of Rs 301-500 on food. In Nuh, old-age pension funds were mainly used for basic needs (WMS-2.98) followed by family expenses, while in Hisar, most geriatrics used old-age pension fund for medicines (WMS-2.85) followed by travel.

6. Declaration of Competing Interest

The authors declare that there is no conflict of interests.

7. Acknowledgement

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