



LEGAL PROTECTION OF ELDERLY CITIZENS IN INDIA WITH EFFECTIVENESS OF POLICIES AND PROGRAMMES UNDER THE SENIOR CITIZENS ACT

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ABSTRACT

Changes in family dynamics, longer life expectancy, and shifting demographics have all contributed to a greater emphasis on elder care in India. Many policies and programs have been put in place by the Indian Government to address the social, economic, and health related needs of the elderly. To ensure that seniors have access to healthcare, housing, and financial security, the National Policy for Older Persons, 1999 lays out a basic framework. It promotes active and productive ageing and highlights the importance of families, communities, and volunteer groups in helping older adults. The National Council for Older Persons and Inter-Ministerial Committees are just two of the many institutional frameworks put in place to help coordinate and execute policies. Also, programs like NPHCE, (National Programme for Health Care of the Elderly) the Integrated Programme for Older Persons (IPOP), and the Indira Gandhi National Old Age Pension Scheme aim to provide seniors with comprehensive support in areas like healthcare, livelihood, and social integration. The study's primary objective is to determine which activities have the most potential to improve the lives of the elderly. Although these programs reflect the state's robust commitment, their effectiveness is frequently hindered by factors such as insufficient awareness, inconsistent execution, and infrastructural obstacles. The study underscores the necessity for expanded coordination, improved delivery systems, and more community engagement to guarantee that older folks may reside with dignity, security, and well-being within society.

Keywords: Legal ,Protection , Elderly Citizens, Policies , Programmes Senior , Citizens Act

1. INTRODUCTION

It is considered a moral imperative and a path to good karma and blessings in Indian culture to care for and honour the elderly. A natural part of being human is getting older. In Hindu culture, people look up to their elders since they are a wealth of knowledge and advice. Their views and ideas are highly valued, and their spiritual health is considered crucial. Their mental, emotional, and spiritual health are valued, and their intelligence and skill are greatly admired. Recognising that age-related biases may significantly impede cultural engagement among the elderly is crucial. [1]

The National Policy for Older Persons (NPOP) was introduced in 1999 and saw a renewed commitment to the well-being of the old. This method underlines the legally guaranteed rights of the elderly in India. The National Policy for Senior Citizens was developed after the revision of the National Policy for Older Persons in 2011. The objectives of the policy are to improve the quality of life of the elderly in India and to provide a framework for addressing the problems of ageing. India has one-eighth of the world's old population (National Policy for Senior Citizens, March 2011) The thought of traditional retiring will not be liked by most and they will work as long as their bodies allow.[2]

India has a number of laws protecting the rights of elderly people, like the Criminal Procedure Code (Bharatiya Nagarik Suraksha Sanhita (BNSS)), the Domestic Violence Act, 2005 and the Constitution. That said, separate laws need to be enacted. The Parliament passed the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 [MWPSA Act, 2007] in 2007 to deal with the issues of the aged. As to Section 2(h) of the MWPSA Act, 2007, a senior citizen is any Indian citizen who has completed sixty years or more. The principal purpose of this Act is to protect the lives and property of the old and to provide for their upkeep and wellbeing (Bare Act, 2018).

The India Ageing Report 2023 lays out an important agenda to ensure that the aged receive the support they need to live a healthy, dignified and tranquil life. This study uses the latest data available from various sources: the 2017-18 Longitudinal Ageing Survey in India (LASI), Indian Census, Government of India Population Projections (2011-2036) and UN Department of Economic and Social Affairs World Population Prospects 2022. It covers the difficulties, opportunities and institutional responses towards aged care in India.[3]

2. ROLE OF CONSTITUTION AND LEGAL ENACTMENTS IN WELFARE OF ELDERLY

2.1 Article 41 of The Constitution

Older citizens' social security is addressed under Article 41 of the State Policy Directives. The right to labour, education, and public aid in cases of unemployment, illness, old age, disability, and other circumstances is mandated by Article 41 of the Constitution of India, within the limits of its economic capacity and growth.[4]

2.2 Article 47 of The Constitution

The Indian Government is obligated to improve public health, individual living conditions, and nutritional levels according to Article 47 of the country's Constitution.

2.3 Additional Provisions of the Constitution

Workplace safety, employer responsibility for workers' compensation, maternity benefits, invalidity and old age pensions, and provident funds are all part of labour welfare, which is covered under Entry 24 in List III of Schedule VII of the Indian Constitution. Pensions for the elderly, social security, social insurance, and economic and social planning are themes that appear in both the state list (item 9) and the concurrent list (items 20, 23, and 24). The Hindu Adoptions and Maintenance Act, 1956, and Section 125(1)(d) of the Code of Criminal Procedure, 1973 (which remained in force until 30 June 2024) recognised that financially capable children have a legal responsibility to maintain their

financially dependent parents. Following the enforcement of the *Bharatiya Nagarik Suraksha Sanhita, 2023*, which came into force on *1 July 2024*, this provision is now contained in Section 144(1)(d), which similarly recognises the obligation of financially capable children to maintain their parents who are unable to maintain themselves. The Support and Welfare of Parents and Senior Citizens Act, 2007, which states that children and relatives must provide support and protect the property of elderly people, is the primary statute in India that protects the elderly from legal action. Sluggish tribunal implementation, lack of understanding, and rural oversight often hinder its usefulness, despite its significance; thus, the National Policy on Older Persons requires stronger enforcement.[5]

3. GOVERNMENT PROGRAMMES FOR ELDERLY

1. **Indira Gandhi National Old Age Pension Scheme (IGNOAPS):** Offers pensions for those living within the poverty threshold

2. **National Program for Health Care of the Elderly (NPHCE):** Committed, skilled medical services

3. **Integrated Programme for Senior Citizens (IPSC):** Funding for senior care facilities, childcare services, and mobile healthcare units

4. **Atal VayoAbhyudayYojana (AVYAY):** A comprehensive program encompassing hotline services and residential care facilities

4. EFFECTIVENESS AND CHALLENGES FOR WELFARE OF ELDERLY

- a) **Implementation Gaps:** Tribunals frequently experience congestion or postponements, and several states have not completely executed the directive for senior care facilities in each district.
- b) **Low Awareness:** A significant number of older individuals, especially in rural regions, lack awareness of their entitlements to maintenance.
- c) **Societal Changes:** The proliferation of nuclear families and urbanization results in heightened neglect and abandonment, challenging the legal system.
- d) **Financial Limitations:** Pension disbursements from government programs frequently fall short of addressing escalating healthcare expenses.

5. OBJECTIVES OF THE STUDY

- 1. To study on Relevant Constitutional Provisions based on protection of elderly citizens
- 2. To study on Effectiveness and Challenges

6. RESEARCH METHODOLOGY

This study titled “Protection of Elderly People / Old Age Citizens: Effectiveness of Programmes and Policies under the Senior Citizen Framework in India” employs a descriptive approach, using both doctrinal and empirical approaches for a thorough assessment of the topic. The doctrinal part highlights the need for a detailed review of policy texts and legislative frameworks like the National Policy for Older Persons, 1999 and the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. It examines many government programmes, including the National Programme for Health Care of the Elderly (NPHCE), the Integrated Programme for Older Persons (IPOP) (1992) and pension schemes such as the Indira Gandhi National Old Age Pension Scheme. (August 15, 1995) The papers are meticulously analyzed to comprehend their aims, breadth, institutional frameworks, and anticipated effects for old welfare. The empirical aspect of the study is to evaluate the real efficacy and on-the-ground execution of these programs. Structured surveys and semi-structured interviews are used to collect primary data from people who are 65 and older, as well as from those who receive welfare, those who care for them, and officials who are involved in the program's administration. The study assesses the efficacy of programs such as senior living facilities, daycarecenters, health initiatives, and insurance schemes by employing factors such as awareness, accessibility, utilization, satisfaction, and perceived advantages. Secondary data sources, including reports from entities like HelpAge India, governmental publications, policy analyses, and scholarly literature, are employed to augment and corroborate the findings. This integrated methodological approach allows the study to connect policy intent with actual outcomes, offering a comprehensive picture of the efficacy of programs and policies designed to safeguard older adults in India.[6]

7. RESULT AND DISCUSSION

7.1 National Policy for Older Persons (NPOP), 1999

To further its dedication to the well-being of the elderly, the Indian government released the National Policy on Older Persons in 1999. The Indian elderly population's health, safety, social security, and general well-being were the primary goals of this program. People are considered elderly under the program if they are 60 years old or older. To supplement family care and provide protection to vulnerable seniors, this policy encourages and supports charity and volunteer organisations. Resolution 47/5 of the United Nations General Assembly designated 1999 as the International Year of Older Persons, and this forward-thinking action was in keeping with the Constitution's promises to the elderly. In order to improve the lives of the elderly in the nation, the plan calls for government support in a number of areas, such as healthcare, nutrition, housing, education, welfare, and financial and food security. A primary objective of this policy is to:

- Guarantee the welfare of the elderly to prevent their marginalization, neglect, or disregard in any aspect.
- Incorporate the elderly into family life by using ways to improve intergenerational links, which will encourage families to care for their elderly relatives.
- Encourage folks to adequately prepare for their own and their spouse's retirement.

- Offer safeguarding across many domains such as financial security, healthcare, housing, and good, encompassing defense against abuse and utilization.
- Facilitate and endorse voluntary and nonprofit groups to enhance familial care while acknowledging the necessity for the extension of universally accessible social and community services.[7]

7.2 National Council for Older Persons (NCOP) , (1999)

The National Council for Older Persons (NCOP) was established in 1999 by the Ministry of Social Justice and Empowerment. In 2012, it was reconstituted and renamed the National Council of Senior Citizens (NCSrC) to provide better regional representation and expanded advisory functions.

When it comes to advising the government on policies and initiatives aimed at the elderly, the NCOP is at the head of the pack. This council's principal objectives are to:

- Counsel the Administration on rules and initiatives for the senior population.
- Advocate for the collective perspective of senior citizens to the government.
- Propose measures to render advanced age both fruitful and engaging.
- Offer comments to the government about the execution of the NPOP and special efforts aimed at the senior population.
- Suggest ways to enhance relationships between generations. The government and businesses should work together through a central national agency to solve the unique issues faced by the elderly and to fight for their rights to rebates, discounts, and concessions.[8]

7.3 Program for the Integration of the Central Sector for the Elderly (IPOP), (1992)

The goal of the Integrated Programme for Older Persons (IPOP) has been to promote healthy ageing and improve the lives of the elderly since its inception in 1992. This program ensures that the old have access to basic necessities like food, housing, healthcare, and recreational opportunities. Non-Governmental Organisations (NGOs) can get funding from this program to run and maintain day care facilities, mobile medical units, and retirement homes (up to 90% of the project cost). Enhancing familial support, promoting information regarding concerns affecting older adults, and advocating for lifelong preparation for ageing are some of the ways the program has been adjusted to meet the different needs of the elderly. Here are several distinct efforts that have been unveiled:

- Management of respite care facilities and long-term care residences.
- Awareness initiatives for youngsters, particularly at educational institutions
- Centers offering resources and training in the area that support carers of the elderly
- Establishment of a Agree Bureau for senior citizens to facilitate the formation of groups for the elderly

- Support hotlines and counseling services for senior citizens.

The qualifying requirements for recipients of certain significant schemes funded under the IPOP Scheme are as follows:

- Assisted living facilities for impoverished senior citizens.
- Nursing homes and other long-term care facilities for the chronically ill elderly who need breaks from their regular care.
- Medicare mobile units for low-income seniors living in urban slums, remote areas, and other areas without convenient access to healthcare.

7.4 Committee on the Status of the Elderly in all Ministries

The Inter-Ministerial Committee on Older Persons including twenty-two Ministries/Departments is chaired by the Secretary, Ministry of Social Justice and Empowerment. The committee further coordinates the implementation of the NPOP. The committee reviews the Action Plan on Ageing Concerns on a regular basis so that the relevant Ministries and Departments are able to implement it.[9]

7.5 Scheme for National Old Age Pension (NOAP), (1995)

Central Assistance under NOAP scheme was started in 1995. In 2007, it was renamed to the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) and expanded to all eligible senior citizens living Below the Poverty Line (BPL) The amount of the old age pension varies from state to state according to their payments into the scheme. It has to be implemented by the panchayats and municipalities in the states and union territories. If they met this condition they could seek help: They had to be 65 or older (regardless of their gender). Applicants without a steady source of income, or who cannot rely on family or friends to sustain them. The Indian Government Old Age Pension Scheme (IGNOAPS) is now in operation. Under this system, the government provides a pension of 200 per month to people above the age of 65 years belonging to homes below the poverty line. Each applicant would be entitled to minimum pension of '400/- per month which would be supplemented by matching contribution from the states. On 31st March 2011, 17.1 million persons were in receipt of central aid in the form of pensions.

7.6 National Programme for Health Care of Elderly (NPHCE), (2010-2011)

The National Programme for Health treatment of Elderly (NPHCE) (2010-2011) is the realisation of the national and international responsibilities of the government in respect of medical treatment for the elderly as enumerated below: Section 20 of The Maintenance and Welfare of Parents and Senior Citizens Act, 2007; National Policy on Older Persons (NPOP) formulated by the Indian government in 1999; and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Ministry of Health and Family Welfare (MOHFW) has launched the National Programme for Health Care of Elderly (NPHCE) (2010-2011) as one of the new initiatives of the XI Five-Year Plan as a Government supported scheme. Now it is being implemented in 100 districts. The NPHCE ultimately wants to:

- To ensure that an ageing population has access to affordable, high-quality long-term comprehensive care services.
- Redesigning an innovative framework for the elderly
- The provision of a structure that promotes an atmosphere welcoming to people of all ages.
- Promoting Healthy and Active Ageing as a Core Value
- Collaboration with associated organisations, including AYUSH and the Ministry of Social Justice and Empowerment, as well as the National Rural Health Mission

Particular Goals of NPCHE include:

- Identifying health problems in the elderly and providing appropriate communitybased interventions, backed by strong referral networks.
- Using a primary health care approach centred in the community, we will make promotional, preventive, curative, and rehabilitative treatments available to elders.
- To improve the skills of healthcare providers (physicians, nurses, and other medical staff) and family carers in providing quality care to the elderly.
- Primary Approaches to Realising the Goals of the Program
- A concept of primary health care that is rooted in the community and includes home visits by trained medical personnel.
- Equipment, machinery, training, supplemental human resources (CHC), and information and education counselling (IEC) are all part of the PHC/CHC level committed services.
- The District Hospital has designated areas, such as ten-bed wards, additional staff, supplies, machinery, training, and IEC (information, education, and communication) resources.
- Improved tertiary care for the elderly through the expansion of eight regional medical institutes, the introduction of graduate-level Geriatric Medicine programs, and ongoing education and training for healthcare workers at all levels.
- Engaging the target community through the use of Information, Education, and Communication (IEC) through multiple communication channels, including mainstream and traditional media

8. RETIREMENT COMMUNITIES AND DAY CARE CENTRES FOR ELDERLY

Homes for the elderly in India have been built and maintained with funding from Help Age India. Older people who are unable to live on their own, as well as those who have been abandoned or neglected by their children, are provided for in these homes. Rather from feeling like a burden on society, the elderly are able to spend their golden years in one of these senior living communities, which caters to all of their needs. About half of India's 800 senior citizen apartments receive funding and help from

Help Age India. The aged in India can find a place to go for a few hours a day or on designated days of the week to socialise through Help Age India's day care centers, which are an alternative to nursing homes. They find a sense of belonging and relief from their feelings of isolation at these centers. In rural areas, some of the Help Age India-funded institutions also host events that bring in money.[10]

9. INSURANCE POLICIES FOR HELPING ELDERLY

JeevanDhara, JeevanAkshay, Jeevan Suraksha, BimaNivesh, Senior Citizen Unit Plan, Jan Arogya, and a slew of medical insurance programs are just a few examples of the many insurance plans that have been periodically introduced by both public and private insurance companies with the goal of helping the elderly. New JeevanDhara, New JeevanAkshay, New Jeevan Suraksha, and New BimaNivesh are the revamped versions of the previously aired JeevanDhara, JeevanAkshay, Jeevan Suraksha, and BimaNivesh correspondingly.

9.1 Senior Citizens Unit Plan -The Senior Citizens Unit Plan is a program that requires a one-time commitment based on the individual's age, providing medical care benefits for both the individual and their spouse at designated hospitals once reaching 58 years of age. With the special medical insurance coverage that SCUP has arranged with New India Assurance Co. Ltd. (NIAC), the company will pay for all of your medical bills up to a certain limit, including those that you incur while in the hospital. Anyone between the ages of 18 and 54 can join this Scheme. It doesn't matter if the person is an Indian resident or not. Once they reach the age of 58, the person can apply for a ₹2.5 lakh medical insurance policy. The citizen and their spouse are both eligible for this insurance coverage. Subject to the adjustment of any previous claims, both persons are eligible for coverage of ₹5 lakh when they attain the age of 61. Any hospital that takes part in this Scheme can provide the citizen with medical treatment. Upon reaching the age of 54, the Trust will seek all relevant information on the most recent photo, signature, and residence of the member and their spouse. This will be done to create an identification card and logbook for both individuals.

9.2 Health Insurance Program—Anyone between the ages of 5 and 75 can enrol in the Mediclaim Health Insurance Program. Depending on the different slabs of sum insured and age categories, the quantity insured can range from ₹15,000 to ₹300,000, and the premium can vary from ₹175 to ₹5,770 per person per annum.

The restrictions on benefits and premium rates, however, were changed as of November 1, 1999. Depending on age group and different tiers of insured amount, the yearly premiums can be anywhere from '201 to '16,185 per person, and the insured amount can be anything from '15,000 to '500,000. The insurance is now accessible to anyone aged 5 to 80 years. The policy covers compensation for medical expenditures paid by a person for hospitalization or domiciliary care due to any illness, accident, or disease contracted or experienced during the insurance term.

9.3 Group Medical Insurance Scheme -The organization Mediclaim insurance is accessible to any organization, association, organization, or business entity comprising over 100 individuals, contingent upon the existence of a central administrative hub. The coverage provides compensation for hospitalization and/or domiciliary hospitalization expenditures solely for illnesses or injuries incurred by the covered individual. Under this strategy, Mediclaim is the basic policy. Anyone between the ages

of 5 and 80 can apply for this policy. The premiums change according on different age groups and tiers of the insured amount, which ranges from fifteen thousand to five hundred thousand dollars.

10. Jan Arogya—The vast majority of individuals who cannot pay the sky-high prices of medical treatment are the primary target of this program. There is a yearly cap of £5,000 per person for coverage. Any sickness, injury, or disease contracted during the insurance term is compensated for by the policy, as are medical expenditures associated with hospitalisation or domiciliary hospitalisation. [11]

11. Discussion

A number of social programs, administrative frameworks, and legislative initiatives in India are all working together to ensure the safety and well-being of the country's ageing population. Recognising the needs of the elderly and outlining a comprehensive plan to address their financial security, healthcare, housing, and social participation, the National Policy for Older Persons, 1999 marked a watershed moment in this movement. An important part of the plan is encouraging community support networks and volunteer organisations to get involved, with an emphasis on family-centered care. Important services, including as senior living facilities, day care centers, and mobile medical units, are provided by initiatives like the Integrated Programme for Older Persons (IPOP). Projects like these aim to help the elderly, particularly those without financial resources or family to rely on, live better lives. In a similar vein, pension schemes such as the Indira Gandhi National Old Age Pension Scheme provide essential financial assistance to low-income seniors, enabling them to meet their daily needs. Nonetheless, the sufficiency of this financial assistance is questionable, as the pension sum frequently fails to meet escalating living and healthcare expenses. Healthcare continues to be a significant issue for the aging demographic. A number of social programs, administrative frameworks, and legislative initiatives in India are all working together to ensure the safety and well-being of the country's ageing population. The program prioritizes preventative, promotive, and rehabilitative treatment, demonstrating a comprehensive approach to geriatric health. Notwithstanding these initiatives, inequities in healthcare access, especially in rural and isolated regions, persistently undermine the programme's efficacy. Institutional systems, like the National Council for Older Persons and Inter-Ministerial Committees, enhance cooperation and policy execution. Nonetheless, obstacles stemming from bureaucratic inefficiency, insufficient accountability, and inadequate monitoring methods frequently impede their efficacy. Furthermore, the understanding of various schemes and advantages among senior folks is limited, resulting in decreased usage of these programs. An additional significant factor is the contribution of non-governmental groups, such as HelpAge India, in enhancing governmental initiatives through services like senior citizen homes, counseling centers, and awareness programs. These groups facilitate the closure of service delivery gaps and offer emotional and social assistance to older folks. Although India has established a thorough framework for aged care, the efficacy of these policies and programs mostly relies on their execution, accessibility, and flexibility to evolving socioeconomic circumstances. An integrated and inclusive strategy is necessary to tackle the rising difficulties confronting elderly persons.

12. CONCLUSION

The safeguarding and wellbeing of the elderly in India have been enhanced by many policies and programs designed to ensure their dignity, security, and well-being. The National Policy for Older

Persons, 1999 establishes a comprehensive framework that covers the many requirements of senior individuals, encompassing financial stability, healthcare, housing, and social inclusion. Complementary initiatives, like the Integrated Programme for Older Persons, pension systems, and the NPHCE, augment the support framework for senior citizens. Notwithstanding these attempts, the study indicates that the efficacy of these programs is frequently constrained by difficulties like insufficient money, lack of knowledge, administrative inefficiencies, and regional inequalities in implementation. Financial support from pension systems is frequently inadequate, and healthcare services are disproportionately allocated, especially in rural regions. Institutional processes, although being well-structured, require more coordination and oversight to guarantee effective service delivery. Nongovernmental groups play a crucial role in addressing disparities and offering supplementary assistance to older folks. Nonetheless, enhanced coordination among government institutions, civil society, and communities is essential to establish a more inclusive and responsive system. In conclusion, although India has achieved significant advancements in formulating policies and programs for the welfare of older residents, there is an urgent necessity to emphasize effective implementation, heightened awareness, and ongoing policy assessment. Enhancing these domains would facilitate the ability of aged adults to maintain a life characterized by dignity, autonomy, and safety within a changing social landscape.

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