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# **EMERGING CHALLENGES OF SOCIAL SECURITY IN INDIA FOR ELDERLY CARE – FROM HUMAN CARETAKER TO ALGORITHMIC CARE**

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## **ABSTRACT**

Old age is a crucial phase in life which needs special consideration. The national elder policy defines person of 60 plus years of age group as elderly. The aged people have to depend on others like child and hence it is considered as second childhood. In India traditions, looking after the elder is regarded as a moral duty of the offspring. Today, both men and women endure prejudice owing to old age; nevertheless, women encounter issues and experience aging differently. Though men and women encounter discrimination on account of old age, women deal with ageing issues in different ways. Older persons suffer from depression as they remain neglected by family. In every society there had always been old people and getting old is not a transformation to face social problems. Ageing is a universal biological fact and technological advancement associated with urbanisation, led the population to migrate in search of jobs has led to the deconstruction of traditional joint family system driving the older person exposed to number physical, economic and social problems with inadequate social security measures. It is a global problem for which priority should be given not merely as dependents but for the promotion of productive ageing. Improvements in their independence and quality of life are made possible by the continued use of robots and artificial intelligence. Therefore, this article makes an attempt to analyse the problems of elderly people with the below objectives;

- i. To examine the status of the elderly
- ii. To evaluate the importance of AI Technology for elderly care and considering it as a component in social security for elderly.
- iii. To identify the barriers faced by older persons in utilizing schemes for social security

- iv. To evaluate how well government assistance programs are addressing the changing needs of the elderly people.

## RESEARCH QUESTIONS

1. What are the major problems faced by elderly people?
2. To what extent the legislations ensure social security to elderly persons?
3. Does the availability, accessibility, and affordability of family members restrict the comforts to lead a dignified life?
4. What role can artificial intelligence play in enhancing elderly care?
5. Whether deploying of AI for elderly care leads to potential loss of human connection?
6. Will integration of AI in elderly care affect privacy and data security?

## RESEARCH METHODOLOGY

“Doctrinal research methodology” is adopted in this current study. The study is majorly based on the findings from the "Longitudinal Ageing Study in India (LASI)" wave 2017–2018, India report. This nationwide longitudinal study on aging in India was designed to collect data from Thirty-five Indian “states” and “Union Territories”, except “Sikkim”. The first wave of the study included all Indian adults, as well as “individuals aged 45 and above”, regardless of the upper age limit, and their spouses residing in the same household. Therefore, this research study makes use of the LASI as it answers the research questions adequately as presently, it is the most reliable comprehensive scientific evidence and representative sample of India.

## FINDINGS

Despite the efforts taken by the government by launching social security programmes, there is a need for expansion of programmes with the use of technology with appropriate charges in “policies” and “programmes” to ensure stronger support and care for elderly in India.

**Keywords:** Elderly, Social security, Artificial Intelligence, joint family system, dignified life.

## INTRODUCTION

Population “aging” and “life extension” are important “by-products” of the demographic shift.<sup>1</sup>

Good health, economic security and sufficient social security coverage are indispensable for ageing with dignity. The old age phase of an individual is the most vulnerable as he/she has to face different kinds of problems. During this phase, in addition to devaluation in status and income, physical strength and mental stability diminishes.

The most difficult demographic problem in the social context is ageing, which includes all biological alterations that take place across a lifetime.

Technological advancements, both in the intellectual and physical capacity of machine intelligence, have enabled to exceed human capabilities in specific tasks, for example, it could change our lifestyles, work, teaching method and even in taking care of our elder people. The recent advances in AI it possible to open up new economic prospects by creating opportunities that enable robots to perform physical tasks beyond imagination. Elder care is a crucial area where it could provide potential assistance to the aged people with sophistication.

The Niti Aayog report states:

“The elderly population is anticipated to go up to 319 million by 2050. If the pre-retirement phase is considered, the number of older adults i.e. 45 years and over will climb to 40% of India's population, or 655 million by 2050<sup>2</sup>”.

While there is rising population ageing, the changing family structures coupled with challenges and strengthening of senior care infrastructure should be meted with crucial importance. Ageing is the natural process in human life. But has significant impact on socio-economic status which brings innumerable Economic, physical, psychological etc.

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<sup>1</sup>Saroj Chhabra, Social Security; A Life Line To Elderly Women, In Social Security 171 (P.K. Pandey & Sukantha Sarkar Eds., Aph Publishing Corp. 2013)

<sup>2</sup>“Dr. K. Madan Gopal Et Al., “Senior Care Reforms In India - Reimagining The Senior Care Paradigm: A Position Paper” 2 (Niti Aayog, Govt Of India 2024)”.

## CONCEPT OF OLD AGE

The United Nations characterizes an elderly individual as someone who is '60 years of age' or older. Conventionally, the term "elderly" encompasses those aged 60 and above, with those between 65 and 75 years described to as "early elderly" and individuals above 75 years considered "late elderly".<sup>3</sup>

“Senior Citizen” is defined under “Section 2(h)” of “The Maintenance and Welfare of Parents and Senior Citizen Act, 2007” as follows:

“Any person being a citizen of India, who has attained the age of 60 years or above is senior citizen.”

The “Friendly Societies Act, 1875” in the “United Kingdom” defined “old age” as follows:

“Any age after 50, yet pension schemes mostly used age as 60 or 65 years for eligibility”<sup>4</sup>

In most developed countries, the superannuation age is fixed between 60 and 65 and is said to be the beginning of old age. The changing nature of life span also changes definition of old age wherein the ageing group is may be considered as between 45-50 or 50-55 or 55-60 or above 60.

It is known that there is ‘no widely accepted definition of old age’ because it differs in each nation. The concept of old age is multidimensional which includes chronological, biological, psychological and social age.

## CONCEPT OF SOCIAL SECURITY

An individual experiencing feeling of insecurity may experience psychological setback as a result of being placed in a highly challenging situation due to their incapacity to earn or obtain a respectable wage. In this case, the stability afforded by social security can help them get over this sense of vulnerability and protect their own rights and interests. In the absence of social assurance or social insurance, human beings are unable to live with dignity<sup>5</sup>. The term “social security” has no widely recognized definition. Hence, it is defined in a numerous ways<sup>6</sup>.

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<sup>3</sup>Hajime Orimo Et Al., Reviewing The Definition Of Elderly, 6(3) Geriatrics & Gerontology Intl, (Jan. 14, 2023) <https://www.researchgate.net/publications/263589932>

<sup>4</sup>Julian Roebuck, “When Does Old Age Begin? The Evolution Of The English Definition”, 12(3) J. Soc. Hist. 420 (Spring 1979), (Jan. 16, 2023) <http://www.jstor.org/3787269>

<sup>5</sup>“Stephen McKay & Karen Rowlingson”, “Social Security In Britain” 2 (Palgrave Macmillan 1999).

<sup>6</sup>*Ibid.*

Social Security as described by Lord William Beveridge is as follows<sup>7</sup>:

“The security of an income to take the place of earnings when they are interrupted by unemployment, sickness or accident, to provide for retirement through age, to provide against loss of support by the death of another person and to meet exceptional expenditure such as those connected with birth, death and marriage. Primarily social security means securing of income up to a minimum, but the provision of an income should be associated with treatment designed to bring the interruption of earnings to an end as soon as possible.”

The ILO provides a definition of “social security” as follows<sup>8</sup>:

“The security that the society furnishes through appropriate organisations against certain risks to which its members are exposed. These risks are essentially contingencies that a person with limited resources cannot adequately manage for on his own, either by aptitude or foresight alone, or even in private collaboration with others.”

Similarly, the ILO defines “social security” under “Social Security (Minimum Standards) Convention, 1952” to mean<sup>9</sup>:

“The result achieved by a comprehensive and successful series of measures for protecting the public (or a large sector of it) from the economic distress, that, in the absence of such measures, would be caused by the stoppage of earning in sickness, unemployment or old age and after death; for making available to that same public medical care as needed; and for subsidizing families bringing up young children.”

The National Commission on Labour in India defines social security as: <sup>10</sup>

“Social security envisages that the members of a community shall be protected by collective action against social risks causing under hardship and privation to individuals whose prime resources can seldom be adequate to meet them.”

## **HUMAN RIGHTS AND OLDER PERSONS**

Human rights are essential rights that are fundamental to every individual. All humans must possess, regardless of age, citizenship, country, race, ethnicity, language, gender, and so on.

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<sup>7</sup>William Beveridge, “Report Of Social Insurance And Allied Service” Para. 300 (1942), Quoted In Dr. Suresh C. Srivastava, “Treatise On Social Security And Labour Law” 5-6 (1985).

<sup>8</sup>Dr. Suresh C. Srivatsava, “Treatise On Social Security And Labour Law” 6 (1985)

<sup>9</sup>Supra

<sup>10</sup>‘Report Of National Commission On Labour’ 162 (Government Of India, 1969).

The rights are interrelated, interdependent and indivisible. In order to live with equality, dignity, and freedom from discrimination, these rights are essential. Human rights are those fundamental entitlements inherent to all individuals, without taking into account the “factors” such as citizenship, residency, status, ethnicity, or gender. These rights are considered universal and inalienable, belonging to humanity as a whole.

“The Virginia Declaration of Rights in 1776” described human rights as “all men are by nature equally free and independent and have certain inherent rights of which, when they enter state of society they cannot, by any compact deprive or divert their posterity.”

## **INTERNATIONAL INSTRUMENTS SAFEGUARDING THE RIGHTS OF ELDERLY INDIVIDUALS**

“The Universal Declaration of Human Rights” states, “all human beings are born free and equal in dignity and rights”<sup>11</sup>.

When people become older, they become more dependent on others which may result in losing their personal autonomy. Therefore, it is very important to treat older people with utmost respect and an equal basis with younger people as rights do not change as people grow older, therefore the rights of elderly are human rights.

### **UN PRINCIPLES AND OLDER PERSONS (1991)**

“The UN principles for the elderly” comprises 18 principles which have been consolidated as “rights under five themes” such as “independence, participation, care, self-fulfilment and dignity”<sup>12</sup>

#### **“General Comment No: 6 of CESCR” on Older Persons**

“The International Covenant on Economic, Social and Cultural Rights, 1966” serves as a relevant ‘human rights framework’ concerning the status of older individuals. Although this convention does not specifically address the “rights” of the elderly, “General Comment No. 6” has broadened its scope to encompass their promotion and protection. This development has facilitated the establishment of a ‘comprehensive framework’ surrounding the “human rights of older persons”<sup>13</sup>.

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<sup>11</sup>“Universal Declaration Of Human Rights”, G.A. Res. 217a (Iii), U.N. Doc. A/Res/217a(Iii) (1948), Preamble.

<sup>12</sup>Krithika B.S., International Legal Protection Of Elderly Rights, (May. 28, 2024) <https://Ebooks.Inflibnet.Ac.In>

<sup>13</sup>*Ibid.*

### **International Labour Organisation**

Being a standard setting agency, ILO has adopted a normative frame work in the arena of social security. Most of the conventions and recommendations of ILO pertaining to ‘social security’ are pertinent to the rights of older individuals concerning ‘social security’ and ‘protection’.<sup>14</sup> Some of the conventions such as, “Convention No.102 concerning Social Security (Minimum Standards)”, “Convention No.128 concerning Invalidity, Old-Age and Survivors Benefits”, “Convention No. 142 concerning Vocation Guidance and Vocational Training in the Development of Human Resources”, “Convention No. 156 concerning Equal Opportunities and Equal Treatment for Men and Women Workers with Family Responsibilities”, “Recommendation No. 122 concerning Employment Policy regarding certain Vulnerable Groups”, including the “Elderly, Recommendation No. 131 concerning Invalidity, Old-Age and Survivors Benefits”, “Recommendation No 162 concerning Older Workers”, “Recommendation No. 166 concerning Termination of Employment”, “Recommendation No. 202 concerning National Floors for Social Protection.”

### **WORLD HEALTH ORGANIZATION**

The ‘WHO’ plays a vital role by periodically providing insights on biological and psychological aspects to the “Committee on Economic, Social and Cultural Rights.” The WHO’s main goal is to provide the best possible physical and mental health standards for the ‘world's senior population’.

In addition to the above, the following documents deals with elderly issues:

- “Proclamation on Ageing, 1991”
- “1992 General Assembly Resolution on 2001 Global Targets on the Ageing”
- “Integration of older Women in Development, 1994”
- “Modalities for the review and appraisal of the Madrid International Plan of Action on Ageing, 2004”

### **Challenges Confronting the Elderly Population**

In India, old age persons were considered as a precious reservoir of human resource as they contribute significantly with their knowledge and experiences to the social, cultural and economic development. Therefore, old age was said to be a period of glory and had never been an issue to be perceived as a burden because there were traditional and informal arrangements

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<sup>14</sup>International Labour Organization, Eleventh, (May. 29,2024) <https://social.un.org>

which provided social security to elderly persons. Deprivation of traditional and informal social security system due to urbanisation, education, changing life styles and inadequacy of social security with increasing population of elders have crushed their quality of life leading to deprivation of basic needs.

Dr. Aruna Khatri, a social scientist points out that changing family dynamic have left many elderly people feeling lonely and vulnerable<sup>15</sup>.

### **Problems of old aged persons**

The influence of modernisation and new lifestyles has driven the care for the elderly as a significant problem in India. The changing social structure and the institution of family has resulted in neglect and abuse of elderly. Prior to this transformation, elderly were playing useful role. For example: in traditional agriculture based family, children followed their occupation and the knowledge and experience in their field passed to the next generation. But in the present society, the modern education and technological advancements rendered the knowledge, expertise and experience of elderly outdated.<sup>16</sup>

India is renowned for its long-standing custom of honoring the elderly and, in particular, providing for their needs. Older people were living with their family and were deeply respected. Due to industrialisation, modernisation and globalization, a drastic transformation has taken place in social institutions and economic necessities have dispersed families as there is participation of women in work force at a higher rate. This has led the senior citizens in precarious state by facing the following problems:

### **Health problems**

The first “Longitudinal Aging Study in India (LASI)”, published by the “Union Ministry of Family and Health Welfare” on ‘January 6, 2020’, reveals that “two-thirds of senior citizens in India suffer from chronic conditions such as cardiovascular diseases, hypertension, bone/joint diseases, diabetes mellitus, chronic lung diseases, and neurological or psychiatric disorders.” According to the report, around 70% of India's senior population suffers from at least a single chronic ailment.<sup>17</sup>

The health issues of the ageing are not restricted to a set of diseases caused at time by free radicals, abnormalities of motor function, audio-visual degeneration and also include

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<sup>15</sup>Punita Shaw, Social Security And Senior Citizen, (Jan. 16, 2023) [Http://Sansad.Org.In](http://Sansad.Org.In)

<sup>16</sup>Dr. (Smt.) Shakuntala C. Shettar, “Problems Of Aged In Changing Indian Scenario, Yojana Magazine” (Oct. 2016), (May. 30, 2024) [Https://Yojana.Gov.In>Problems-Of-Aged](https://Yojana.Gov.In>Problems-Of-Aged)

<sup>17</sup>Nanda Lal Et Al., [Https://Www.Downtoearth.Org.In/News/Health](https://Www.Downtoearth.Org.In/News/Health) (Last Visited Jan. 16, 2023)

functional decapitation due to senescent changes in human organs and frailties.<sup>18</sup>

Elderly persons with poor health and frailty have a worse quality of life and well-being, which leads to increased psychological discomfort<sup>19</sup>.

### **Financial insecurity**

Financial needs are serious problems to the elderly persons. Especially when it comes to elderly women who own property or money but are unable to manage their finances independently. They could be well off or not. The elderly must always follow the instructions of the younger generation.<sup>20</sup> One of the things that makes people susceptible as they age is unstable income.<sup>21</sup> According to the report most of the aged persons are economically insecure after they retire from service. Retirement or superannuation not only results in loss of employment but also results in loss of income<sup>22</sup>.

The ability to eat oneself, bathe, dress, move around, use the restroom, and maintain continence are all impacted by income loss combined with rising health care costs.<sup>23</sup>

### **Emotional insecurity**

Older persons are emotionally disturbed as they face family problems with their son and daughter-in-law even with limited interactions<sup>24</sup>. In most of the cases, they are not with their sons or daughters and hence they lack emotional support which is essential in old age.

### **Functional restriction/ disability and burden of care giving**

Disability is the major concern as it increases the burden of care giving (giver). Moreover, vulnerability increases with the increase of declining of functional abilities. Living arrangements are important determinants that affect older people's standard of living<sup>25</sup>. The

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<sup>18</sup>Moneer Alam Et. Al., Elderly Health In India: Dimensions, Differentials And Determinants “(Institute For Social And Economic Changes, Bangalore And The Institute Of Economic Growth, Delhi, In Collaboration With United Nations Population Fund (Unfpa), New Delhi (Jan. 16, 2023) <https://www.researchgate.net/profile/Anup-Karan/publication/275026837>)”.

<sup>19</sup>“International Institute For Population Sciences And United Nations Population Fund, India Ageing Report 2023: *Caring For Our Elders Institutional Responses* (United Nations Population Fund, New Delhi, 2023)” 40.

<sup>20</sup>Saroj Chhabra, “Social Security: A Lifeline To Elderly Women”, In Dr. P.K. Pandey &Dr. Sukantha Sarkar, Eds.,” *Social Security*” 135 (Aph Publishing Corporation, New Delhi, 2013).

<sup>21</sup> Supra Note.19

<sup>22</sup>“International Institute For Population Sciences (Iips), Nphce, Mohfw, Harvard T.H. Chan School Of Public Health (Hsph), And The University Of Southern California (Usc), *Longitudinal Ageing Study In India (Lasi) Wave 1, 2017-2018, India Report* (International Institute For Population Sciences, Mumbai, 2020).”

<sup>23</sup> Supra Note 19

<sup>24</sup> Supra Note 22

<sup>25</sup>*Id.* 481

elderly's living arrangements are altering due to increasing socioeconomic distances and family structures, making caregiving more difficult.<sup>26</sup>. One of the primary requirements and a critical aspect in determining functional capacity is mobility.

Talking about the extent of disability and impairments data shows that 119 of every 1000 population in men and 179 of every 1000 in women show major concern with regard to limiting ADL and increased ailments like physical, mental ailments, hearing impairments, visual difficulties etc. and this is for age category 80 years and above<sup>27</sup>.

And going deeper into the impairment statistics, beyond 60 years of age, physical impairment is the highest with 96 of the 119 men and 83 of 179 women when read with the previous data, followed by visual difficulties wherein 39 of 119 men and 43 of 179 women have shown to suffer with this problem. Mental, hearing impairment and speech impairment follow accordingly<sup>28</sup>.

### **Activities of Daily Life**

As far as Activities of Daily Life (ADL) is concerned, the elderly when poor in health coupled with poor economic status expect care from children and near ones to manage activities of daily life, they experience that they are neglected, deprived and depressed<sup>29</sup>.

### **SOCIAL SECURITY LEGISLATIONS IN INDIA:**

Indian Social security legislation provides security against certain contingencies in life. It provides security against loss of earning due to industrial accident and occupational diseases, sickness, maternity benefits and retiral benefits, The following lists include the 'social security laws' in India:

- 'The Employees Compensation Act, 1923'

This legislation offers employees compensation in the event of a personal injury resulting from an accident that occurs while they are working.

- 'The Employees State Insurance Act,1948'

As a social justice measure in times of hardship, this Act is intended to offer six different sorts of benefits to employees, including sickness, maternity, disablement, dependent, medical, and funeral expenditures.

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<sup>26</sup>*Id.*

<sup>27</sup> *Supra* Note 19

<sup>28</sup>*Id.* 44

<sup>29</sup>*Id.* 49

- ‘The Employees Provident Funds and Miscellaneous Provisions Act, 1952’  
This Act offers employees three different kinds of insurance plans namely “retirement benefits”, including the “Employee Provident Funds Plan”, the “Employee Pension Plan”, and the “Employee Deposit Linked Insurance Plan”.
- ‘The Maternity benefit Act, 1961’  
The Act offers benefits to female employees in the event of a pregnancy-related illness, early childbirth, miscarriage, or confinement. Maternity care offers medical benefits in addition to income protection and job stability because it is a crucial component of social security.
- ‘The Payment of Gratuity Act, 1972’  
Since ILO has recognised gratuity also as social security, this Act has been passed to protect the workmen against the loss of income after retirement or superannuation or death, retirement, physical incapacity, disability or otherwise.

## **SOCIAL SECURITY FOR ELDERLY PERSONS**

The government has started a number of programs for the elderly in order to enhance their standard of life in addition to the ‘social security laws’. The following are the programs:

### **PROGRAMMES**

#### **“INTEGRATED PROGRAMME FOR OLDER PERSONS / SENIOR CITIZENS”**

“The Ministry of Social Justice and Empowerment”, located in New Delhi, is responsible for implementing ‘Integrated Programme for Senior Citizens (IPSc),’ a Central Sector Scheme. The program's main objective is to ‘improve’ older people's ‘way of life’ by providing them with access to ‘necessities’ including food, housing, healthcare, and recreation, as well as by promoting an active and productive retirement by supporting local bodies, government agencies, local governmental bodies, and a non-profit group as well as the society at large in strengthening their capabilities.<sup>30</sup>

#### **1. INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME**

The ‘Indian government’ introduced the "National Social Assistance Programme (NSAP)" on August 15, 1995. This completely funded "Centrally Sponsored Scheme"

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<sup>30</sup>Social Welfare And Women Empowerment Department, Government Of Tamil Nadu, *Integrated Programme For Senior Citizens*, (May. 29, 2024) <https://Tnsocialwelfare.Tn.Gov.In/En/Specilisationssenior-Citizen-Welfare/Integrated-Programme-For-Senior-Citizens>.

attempts to give the impoverished a minimal amount of financial assistance. The NSAP is administered under the direction of the "Ministry of Rural Development." Both rural and urban areas are included in this initiative. The National Security Agenda (NSAP) is a significant step toward raising living standards, improving public health, ensuring that citizens have enough money to survive, and providing free and obligatory education for children, among other goals.<sup>31</sup>The goal of NSAP is to give social assistance benefits to low-income households in the event that the breadwinner passes away, becomes pregnant, or ages. This scheme is expanded to include all eligible BPL individuals.

## 2. INDIRA GANDHI NATIONAL WIDOW PENSION SCHEME

The 'Indian Government's Ministry of Rural Development' oversees the implementation of the "Indira Gandhi National Widow Pension Scheme (IGNWPS)." It is a "non-contributory pension plan" intended to provide social security to widows of low-income households in the neighbourhood. Pensions of Rs. 300 a month are available to widows between the ages of "40 and 79". For individuals who are "80 years" of age or older, the pension is Rs. 500 per month. Pension will be stopped if a widow marries again. When the widow ascends poverty line<sup>32</sup>

## 3. ATAL PENSION YOJANA (APY)

An Indian pension plan aims to recruit workers from the unorganized sector. Subscribers to the APY will receive a compulsory pension at age sixty ranging either at 'Rs. 1,000', 'Rs. 2,000', 'Rs. 3,000', 'Rs. 4,000', or 'Rs. 5,000' per month, contingent upon their 'contributions'. Any Indian citizen may enroll in the APY program. The qualifying requirements are as follows: The subscriber should be between the ages of 18 and 40. He or she ought to possess a post office savings account or savings bank account. When someone is no longer employed, a pension gives them a monthly income. The recipients are not qualified to receive government co-contribution under APY since they are covered by statutory social security schemes.<sup>33</sup>

## 4. PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

This plan provides life assurance coverage for death due to any cause and will be

<sup>31</sup>Ministry Of Rural Development, "*Nsap -Indira Gandhi National Old Age Pension Scheme*", (May. 29, 2024) <https://www.myscheme.gov.in/schemes/nsap-ignoaps>

<sup>32</sup>Ministry Of Rural Development, "*Indira Gandhi National Widow Pension Scheme*" (May. 29, 2024) <https://www.myscheme.gov.in/schemes/ignwps>

<sup>33</sup>"Atal Pension Yojana", India.Gov.In National Portal Of India, (May. 21, 2024) ("<https://www.india.gov.in/spotlight/atal-pension-yojana>")

renewable annually. The plan would be made available and run by LIC and other life insurance providers who, after getting the necessary approvals and partnering with banks for this, are ready to supply the goods on comparable terms purpose.<sup>34</sup>

The coverage will last for a year, from June 1 to May 31. In the event of a members death for any cause, Rs. 2 lakh is payable.<sup>35</sup>

## 5. PRADHAN MANTRI SURAKSHA BIMA YOJANA

An accident policy of protection that covers “accidental death and disability” in the case of an accident. Each member pays Rs. 20/-per year. A members insurance coverage will be limited to Rs. 2 lakh if they are protected by PMSBY under multiple accounts and the insurance business unintentionally receives their premiums<sup>36</sup>. The Benefits include: ‘On death, the nominee will receive Rs. 2 lakh for total and permanent impairment of both eyes, loss of use of both hands and feet, or loss of sight in one eye and loss of use of a hand or foot; the subscriber will receive Rs. 2 lakh; and the subscriber will get Rs. 1 lakh for total and irreversible loss of sight in one eye or loss of use of one hand or foot.’<sup>37</sup>

## 6. THE ANNAPURNA SCHEME

The "National Social Assistance Program" was launched on “August 15, 1995”. By ensuring food security, the Annapurna Scheme seeks to meet the requirements of ‘Senior Citizens’. The Annapurna Scheme beneficiary is entitled to “food grains” of ten kilograms free of cost each month. In 2000–2001, the ‘Ministry of Rural Development’ launched the initiative. Its goal is to meet the “nutritional needs of senior citizens” who meet the requirements but have not yet benefited from the ‘National Old Age Pension Scheme’. The scheme is in the ‘Central Sector’.<sup>38</sup>

To avail this scheme, the applicant must be at least 65 years old, be in severe poverty, and not have a consistent source of income from his own sources. An applicant cannot be a pensioner under the State or National Old Age Pension Plans. The food grains were offered for a fair price of Rs. 9.80 per kilogram. However, food grains are being given to BPL families at CIP prices (Rs. 4.90 per kg) as of 1.11.2000<sup>39</sup>.

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<sup>34</sup>“Rules For Pradhan Mantri Jeevan Jyoti Bima Yojana”, (May. 29, 2024) “([https://www.indiapost.gov.in/financial/dop\\_pdfs/files/Rules%20pmjjby.pdf](https://www.indiapost.gov.in/financial/dop_pdfs/files/Rules%20pmjjby.pdf))”

<sup>35</sup> Ibid

<sup>36</sup>“Pradhan Mantri Suraksha Bima Yojana”, (May. 24, 2024)” <https://www.myscheme.gov.in/schemes/pmsby>”

<sup>37</sup> Ibid

<sup>38</sup>Annapurna Scheme, (May. 29, 2024) “<https://www.geeksforgeeks.org/annapurna-scheme/>”

<sup>39</sup> Ibid.

Though the appropriate governments have launched social security schemes for healthcare and economic support of elderly, the data collected by LASI reveals:

“Many eligible elders are not aware of the schemes or even if they are aware do not receive the benefits of such schemes for various reasons”<sup>40</sup>. In case of Annapurna scheme, the level of awareness is extremely low across all states<sup>41</sup>. Only 12% are aware about the scheme<sup>42</sup>. LASI also reports that Across India, amongst the interviewed elderly, most widows are unaware of the existence of the IGWPS<sup>43</sup>.

The report also discloses the following explanation for older people's non-utilization of the programs:

“the reasons for utilizing the social security schemes were also explored in the survey, with reasons of no need, not eligible or not applicable, do not have the proper documents, do not applied, process of getting benefits is cumbersome, and other reasons. More than a 35% of elderly men report that the process of getting benefit is cumbersome. However, a quarter of the elderly men (26%) have not applied for an old age pension. For IGWTS, 10% of the elderly widows said that they do not need this pension, and 45% of elderly widows are not eligible for it.”

With regard to the utilization of ‘social security’ schemes “LASI” has been reported as follows: “About 29% of rural senior citizens from below poverty line get benefits from IGNOAPS. Amongst the elderly widows belonging to BPL households, a quarter of them (24%) receive the widow pension. The percentage of the elderly receiving this benefits are lower in urban areas than in rural areas of the elderly who live alone and belong to BPL households, 27% receive IGWPS and 32% receive IGNOAPS.”<sup>44</sup>

## **NATIONAL PROGRAMME ON HEALTH CARE OF THE ELDERLY**

Between 2010 and 2011, "Ministry of Health & Family Welfare" introduced the “National Programme for the Health Care of Elderly (NPHCE)” to address the numerous ‘health-related concerns’ that older adults encounter. ‘Section 20’ of the "Maintenance and Welfare of Parents

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<sup>40</sup>“International Institute For Population Sciences (Iips), Nphce, Mohfw, Harvard T.H. Chan School Of Public Health (Hsph), And The University Of Southern California (Usc), *Longitudinal Ageing Study In India (Lasi) Wave 1, 2017-2018, India Report 527* (International Institute For Population Sciences, Mumbai, 2020).”

<sup>41</sup>*Id.* 530

<sup>42</sup>*Id.* 528

<sup>43</sup>*Id.*

<sup>44</sup>*Id.* 531

and Senior Citizens Act, 2007" (which addresses senior citizen medical care provisions) and the 1999 "National Policy on Older Persons (NPOP)" adopted by the Government of India - both express the national and global commitments made by the government, which has resulted in the "National Programme for the Health Care for the Elderly (NPHCE)" of India. Providing specialized medical facilities at different levels of 'primary', 'secondary', and 'supplemental care' to elderly individuals (over 60) is the main objective of the State-oriented program.<sup>45</sup> LASI has reported that "only 12% of the elderly are aware of the 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007'"<sup>46</sup>.

The program's district and sub-district level component and the tertiary level component are where senior health care services are provided. The 'package of services' offered to the elderly is offered at all levels, including the 'Sub-Center', 'Primary Health Center', 'Community Health Center', 'District Hospital', and 'Regional Geriatric Center'. National Center for Ageing was established with a special focus on caring for the 75+ age group.<sup>47</sup>

## 1. PRADHAN MANTRI JAN AROGYA YOJANA

The 'Pradhan Mantri Jan Arogya Yojana (PM-JAY)' is covered by the 'Ayushman Bharat scheme.' The 'PM-JAY' or 'Pradhan Mantri Jan Arogya Yojana', is 'Ayushman Bharat's' second component. On "23<sup>rd</sup> September, 2018", this program was introduced in Ranchi, Jharkhand. The biggest worldwide health assurance program, "PM-JAY" was known as the 'National Health Protection Scheme (NHPS)'. The government fully funds PM-JAY, which was introduced in 2008 and is implemented at a cost shared by the federal and state governments.<sup>48</sup>

Under the "PM-JAY scheme", beneficiaries can receive medical treatments at the hospital, or point of service, free of cost, and up to 'Rs. 5 lakhs per family per year' are covered for "secondary and tertiary care hospitalization" in India's "public and private institutions". Reducing the enormous medical bills that push around 6 crore Indians into poverty annually is the aim of PM-JAY. It covers the cost of prescription drugs and

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<sup>45</sup>Ministry Of Health & Family Welfare, National Programme For Health Care Of The Elderly (Nphce), (May. 30, 2024) <https://Main.Mohfw.Gov.In/?Q=Major-Programmes/Non-Communicable-Diseases/Non-Communicable-Diseases-1>

<sup>46</sup>"International Institute For Population Sciences (Iips), Nphce, Mohfw, Harvard T.H. Chan School Of Public Health (Hsph), And The University Of Southern California (Usc), *Longitudinal Ageing Study In India (Lasi) Wave 1, 2017-2018, India Report 545* (International Institute For Population Sciences, Mumbai, 2020)."

<sup>47</sup>*Id.* 531

<sup>48</sup>National Health Authority, About Pradhan Mantri Jan Arogya Yojana (Pm—Jay), (May. 30, 2024) <https://Nha.Gov.In/Pm-Jay>

diagnostic tests for a maximum of three days prior to hospitalization and fifteen days following hospitalization. Since the benefits are given on a family floater basis, one or more family members may be eligible to receive INR 5,00,000.<sup>49</sup>

## **2. HEALTH WELLNESS CENTRES**

Establishing Health and Wellness Centers and Pradhan Mantri are the two interconnected components of Ayushman Bharat's continuum of care concept. These facilities will also offer “free basic drugs” and “diagnostic services” as part of "Comprehensive Primary Health Care (CPHC)," which brings healthcare closer to patients' homes and treats non-transmissible illnesses and mother and child health. Health and Wellness Centers aim to fulfill the basic healthcare needs of its clients by offering a ‘greater range of services’ to the local community, hence increasing equity, accessibility, and universality in the community.<sup>50</sup>

## **3. PROGRAMME FOR PREVENTION & CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES & STROKE**

Pradhan Mantri and the creation of Health and Wellness Centers are the two interrelated parts of Ayushman Bharat's continuum of care model. These facilities will also offer “free basic drugs and diagnostic services” as part of “Comprehensive Primary Health Care” (CPHC), which brings healthcare closer to patients' homes and targets non-communicable illnesses and the health of mothers and children. By providing a wider range of services to meet the basic healthcare needs of the ‘local population’, ‘health’ and ‘wellness centers’ seek to enhance equality, easy access, and universality in the community.<sup>51</sup>

## **4. PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS**

The initiative was first introduced in ‘2007’ as a test by the ‘Ministry of Health and Family Welfare, Government of India’. It was later expanded to 20 States/UTs and 192 districts. The goals of the program are as follows. Proper identification, diagnosis, and treatment of ear problems that result in deafness and hearing loss, as well as providing medical rehabilitation for individuals, are necessary to prevent preventable hearing loss brought on by disease or trauma across all age groups.<sup>52</sup>

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<sup>49</sup>Ibid

<sup>50</sup>Ayushman Arogya Mandir, Arogya Paramam Dhanam, Ministry Of Health & Family Welfare, Government Of India, (May.30, 2024) “<https://Ab-Hwc.Nhp.Gov.In/Home/Aboutus>”

<sup>51</sup>National Health Mission, “*National Programme For Prevention And Control Of Cancer, Diabetes, Cardiovascular Diseases And Stroke (Npcdcs)*”, Ministry Of Health And Family Welfare, Government Of India, (May. 30, 2024) “<https://Nhm.Gov.In/Index1.Php?Lang=1&Level=2&Sublinkid=1048&Lid=604>”

<sup>52</sup>National Health Mission, “*National Programme For Prevention And Control Of Deafness (Nppcd)*”, (May. 30,

## 5. NATIONAL ORAL HEALTH PROGRAMME

In order to improve 'oral health', the 'Indian government' launched the "National Oral Health Programme (NOHP)". This initiative aims to lower morbidity from oral diseases, improve oral health determinants, integrate preventive and oral wellness services into the 'general health care system', and encourage the use of "public-private partnerships" (PPPs) as a means of achieving these goals. PIPs have made funds available through the State to create a dental unit. The states would receive this dental facility from the NOHP, along with the necessary commodity support, dental chair, and experienced labour.<sup>53</sup>

## 6. NATIONAL TOBACCO CONTROL PROGRAMME

The "National Tobacco Control Programme (NTCP)" was introduced by the 'Indian government' in "2007–2008". The program's goals were to:

- (i) "Increase public awareness of the harmful effects of tobacco use;
- (ii) reduce the production and supply of tobacco products;
- (iii) ensure that the provisions of "the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) are effectively implemented;
- (iv) help people stop smoking; and
- (v) make it easier for methods of tobacco prevention and control to be adopted."<sup>54</sup>

## 7. NATIONAL PROGRAMME FOR "PALLIATIVE CARE" (NPPC)

A comprehensive multidisciplinary strategy that involves the family and makes use of community resources is necessary for effective palliative care. 'Palliative care' is included in the "Mission Flexipool" of the 'National Health Missions'. An expert group on the topic was convened by the Government of India's "Ministry of Health and Family Welfare" in November 2012, the group submitted a report titled "Proposal of Strategies for Palliative Care in India."<sup>55</sup>

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2024) "<https://Nhm.Gov.In/Index1.Php?Lang=1&Level=2&Sublinkid=1051&Lid=606> "

<sup>53</sup>National Health Mission, Ministry Of Health & Family Welfare, Government Of India, *National Oral Health Programme (Nohp)*, (May. 20, 2024)

"<https://Nhm.Gov.In/Index1.Php?Lang=1&Level=2&Sublinkid=1044&Lid=608>"

<sup>54</sup>National Health Mission, Ministry Of Health & Family Welfare, Government Of India, *National Tobacco Control Programme (Ntcp)*, (May. 30, 2024)

"<https://Nhm.Gov.In/Index1.Php?Lang=1&Level=2&Sublinkid=1052&Lid=607> "

<sup>55</sup>National Health Mission, Ministry Of Health & Family Welfare, Government Of India, *National Programme For Palliative Care (Nppc)*, (May. 30, 2024)

"<https://Nhm.Gov.In/Index1.Php?Lang=1&Level=2&Sublinkid=1047&Lid=609>"

The program's goal is to provide those in need with affordable, first-rate pain management and palliative care, seeing it as a 'vital' part of healthcare at all levels and in line with community requirements.<sup>56</sup>

#### **8. NATIONAL PROGRAMME FOR PREVENTION & MANAGEMENT OF BURN INJURIES**

On May 17, 2013, the "Empowered Finance Committee (EFC)" approved the 'pilot project proposal'. On February 6, 2014, the 'Cabinet Committee for Economic Affairs (CCEA)' approved the plan. To develop, monitor, and ultimately assess need-based burn injury programs, it is necessary to lower the incidence, death, sickness and disability brought on by burn injuries; raise awareness among public and vulnerable populations, provide a sufficient infrastructure and network for burn care, rehabilitation, and behavior modification treatments; evaluating behavioral, social, and other aspects of burn injuries using research to create, track, and eventually evaluate programs tailored to the needs of burn injury.

The Prevention Programme (IEC), Treatment, Rehabilitation, Training, Monitoring, Assessment, and Research are some of the components of this program.<sup>57</sup>

#### **9. NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS**

The NPPCF is responsible for preventing and controlling cases of fluorosis in the country. The Program's objectives are as follows: to 'collect', 'assess', and 'make use' of the "fluorosis baseline survey data" from the "Ministry of Drinking Water and Sanitations" in order to initiate the project that would improve the ability to detect, treat, and avert fluorosis cases.<sup>58</sup>

#### **10. NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME**

The "National Iodine Deficiency Disorders Control Programme (NIDDCP)" was established in August 1992 to treat a broad range of "Iodine Deficiency Disorders", such as 'psychological and physical retardation', 'deafness', 'mutism', 'cretinism', 'stillbirths', and 'abortions'. Following the Central Council of Health's recommendation, the government decided in 1984 to "iodate all edible salt in the nation" by "1992". The plan began to be implemented gradually in April 1986. Currently, '65 lakh metric tons of iodized salt' are produced 'annually' in our nation.

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<sup>56</sup>Ibid

<sup>57</sup>Ibid

<sup>58</sup>"National Health Mission, Ministry Of Health & Family Welfare, Government Of India, *National Programme For Prevention & Control Of Fluorosis (Nppcf)*, (May. 20, 2024)"  
"<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1050&lid=610>"

The ‘National Iodine Deficiency Disorders Control Programme (NIDDCP)’ is being implemented by the “Department of Health & Family Welfare” as the ‘nodal agency’.<sup>59</sup>

## **CHALLENGES IN ADDRESSING SOCIAL SECURITY OF OLDER PEOPLE**

### **OLD AGE PENSION**

The financial security and related matters are important concern to old age people. The pension scheme for retirees applicable to government services. The ‘majority of retirees’ particularly are not covered by pension scheme. Therefore, most of the elderly people dependent on their savings as well as children for their daily needs. Though the social security pension scheme is extended to senior citizens but the amount is not adequate so as to cope with the spindling inflation.

### **ACCESS AND AVAILABILITY TO HEALTH CARE**

Factors such as economic, social, psychological capacity determines the health status. A decrease in financial capability, skewed beliefs of one's own psychological and physiological well-being, and the socioeconomic importance of health, among other factors, are all reflected in bad health.<sup>60</sup>

The necessity of the time is to improve senior citizens' access to high-quality, reasonably priced healthcare services by meeting their requirements. As a result, the ‘health care system’ ought to adapt in the best possible way to the expanding health demands of the elderly. Further older people have the tendency of ignoring symptoms of diseases and their family also ignores it on the ground that that those characteristics are typical of aging. Therefore, a periodic comprehensive review of health status of older people is needed.

In regard to the prevalence of extreme morbidities, data reveals that more over 30% of senior women and 28% of men have at least one serious ailment and such condition is seen to gradually increase among both sexes and the same is increasingly high among the age category of 60 years – 69 years, in both ‘men and well as women’<sup>61</sup>.

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<sup>59</sup>Directorate General Of Health Services, *National Iodine Deficiency Disorders Control Programme (Niddcp)*, (May. 30, 2024) “[https://dghs.gov.in/content/1348\\_3\\_nationaliodinedeficiency.aspx](https://dghs.gov.in/content/1348_3_nationaliodinedeficiency.aspx)”

<sup>60</sup>“International Institute For Population Sciences And United Nations Population Fund, *India Ageing Report 2023: Caring For Our Elders Institutional Responses* 40 (United Nations Population Fund, New Delhi, 2023).”

<sup>61</sup>*Id.* 41

Meanwhile, their nutritional status is also getting affected with extreme or acute conditions wherein, About 27.1% of senior citizens are underweight, compared to 16.8% who are overweight and 5.6% who are obese. Here, the stats are such that with increase in age, their weight is decreasing taking them to dire conditions of underweight, which further leads to various other complications<sup>62</sup>.

## **EDUCATION**

Quality of life could be improved through education. Elderly people have no barriers for learning and courses may be offered to meet their needs and expectations to support the ‘well-being’ and ‘quality of life’.

## **APPROPRIATE HOUSING FACILITIES**

The old age people have physical disabilities as well as diminishing energy. But the facility available at their home are inappropriate and unsuitable to the requirements (for example: the elderly whose only means of mobility is a wheelchair. This is applicable to not only in their home but also in public places. This is a main challenge to provide comfort to the elderly as with the increasing longevity and with instance of dementia and other geriatric diseases the old adults need better access to infrastructure.

## **INFRA STRUCTURE TO RESPOND EMERGENCY SITUATION**

One of the major anxiety of old age people particularly who are living alone is that availability and accessibility of emergency facility for hospitalisation. The elderly care services should respond to the emergency care services effectively to make their lives free from fear.

## **COMPANIONSHIP**

Lack of mobility of elderly results in loneliness and inturn they are isolated from the family and society. The isolation can result in developing depression and other kind of mental disorders to them. Therefore, a strong companion is needed to involve them in socialisation.

## **INADEQUATE COVERAGE OF SOCIAL SECURITY**

Social security is important because it offers protection from issues that older people may encounter. Workers in the organized sector are entitled to “social security benefits” such

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<sup>62</sup>*Id.*

‘pensions’, ‘gratuities’, and ‘provident funds’, whereas individuals in the unorganized sector are only eligible to receive government-sponsored programs as social security from their employers. The study has reported as follows:<sup>63</sup>

The absence of an effective and comprehensive ‘social security system’, ‘low old-age pension coverage’, ‘a high proportion of employment in the unorganized sector’, ‘early retirement from official employment’, and ‘growing health-care costs’ make elderly households in India financially vulnerable to economic downturns.

### **ARTIFICIAL INTELLIGENCE IN ELDERLY CARE**

Technology extends its help in the following ways to keep elders safe as solution for assisted living and nursing facilities:

#### **Independent Lifestyle**

The elders can start wearing a ‘watch-like device’ on the document arm, which can notify users of potential health risks like as ‘dehydration or urinary tract infections’ when it detects falls, ‘changes in wandering behavior’, or a ‘change in the frequency or duration’ of toilet trips. Particularly AI based fall deduction technologies (AI surveillance system) when installed, continuously monitors by reducing hospital trips by 80%<sup>64</sup>because regular visits can be expensive<sup>65</sup>.

AI technology makes it possible to recognize and treat pain in senior dementia patients who are unable to express themselves. When determining the level of discomfort in order to receive therapy, it can eliminate subjective bias. The camera on a smartphone analyzes pain to reveal the micromuscles involved in a person's fall.<sup>66</sup>

AI algorithms have the ability to distinguish deviations from typical behavioral patterns and send out timely emergency alerts via wearable technology in order to track vital signs and

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<sup>63</sup>International Institute For Population Sciences (Iips), Nphce, Mohfw, Harvard T.H. Chan School Of Public Health (Hsph), And The University Of Southern California (Usc), *Longitudinal Ageing Study In India (Lasi) Wave 1, 2017-2018, India Report* (International Institute For Population Sciences, Mumbai, 2020) 79.

<sup>64</sup>Corbyn Z, “The Future Of Elder Care Is Here-And Its Artificial Intelligence”, *Guardian Australia* (Jun. 3, 2021), (May. 30, 2024) “<https://www.theguardian.com/us-news/2021/jun/03/elder-care-artificial-intelligence-software>”

<sup>65</sup>Haleem A, Javaid M, Singh Rp, Suman R, “Telemedicine For Healthcare: Capabilities, Features, Barriers, And Applications”, (May. 30, 2024) <https://www.sciencedirect.com/science/article/pii/S2666351121000383>

<sup>66</sup>Williams M, “Ai Can Provide Aged Care Greater Choice And Control, Australian Ageing Agenda”, (May. 30, 2024) “<https://www.australianageingagenda.com.au/contributors/ai-can-provide-aged-care-greater-choice-and-control/>”

encourage autonomous, better lifestyles.<sup>67</sup>

### **Mental Health**

For elderly persons, loneliness is a serious problem since it can promote despair, cognitive decline, and frailty.<sup>68</sup> Thus, using AI to establish a “circle of friends” is not possible<sup>69</sup>. This will help older people's mental health and fight social isolation.

### **Robotics in rehabilitation**

The emotional support for elderly is provided by robots which have been designed to promote cognitive stimulation. Robots have a significant part in enhancing quality of life by engaging the elderly in conversation, play games and offer mental stimulation. Since their appearance has been influenced by the elderly population, even dementia-stricken elderly were provided with companion pet robotic machines that are the proper dimensions, mass, and form for successful results. This has been discovered in many studies that the companion animal robot stimulates the brains of older people with dementia.<sup>70</sup>

### **AI – a component of social security**

The argument here is in including AI Technology as a part of Social Security requirements that the aged population is entitled to so as to overcome their mobility issues, and as a supporting factor considering their age-related health ailments. Nevertheless, at this juncture, the Technological advancements are to be analysed so as to understand how and in what ways the ageing population is facing problems.

Social security is to provide security against contingencies in life. AI enabled personalised assistance is also a social security measure as it is an innovative solution to give a confidence to older people that their life will be eroded due to ageing and empower to lead autonomous life for an extended period. Robots are equipped with sensors and actuators. So that they can potentially provide physical assistance providing assistance with household duties, hygiene at home, and accessibility. Furthermore, it can provide personalised treatment plans and provide

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<sup>67</sup>Zhaoe M, Gao J, Li M, Wang K, “Relationship Between Loneliness And Frailty Among Older Adults In Nursing Homes: The Mediating Role Of Activity Engagement”, (May. 30, 2024) “<https://www.sciencedirect.com/science/article/abs/pii/S152586101830639x>”

<sup>68</sup>Supra Note. 65

<sup>69</sup>Padhan S, Mohapatra A, Ramasamy Sk, Agrawal S, “Artificial Intelligence (Ai) And Robotics In Elderly Healthcare: Enabling Independence And Quality Of Life”, (Last Visited May 30, 2024).

<sup>70</sup> Ibid

recommendation to cater to the wants of elderly care in the healthcare systems.<sup>71</sup>

## CONCLUSION AND SUGGESTIONS

There is a need for emergent attention to support the elderly for a greater level of integrated elderly care comprising physical infrastructure, health care, adequate social security. First of all elderly should be given primary care with health programmes that should be designed in such a way similar to that of maternal and child care and all out attempt should be made for the improvement of physical, mental and social wellbeing of elderly. Incorporating AI can enhance the quality of elderly care. It can alleviate the burden of human caregivers by enabling them even to focus on emotional support. Hence it is the need of the hour to have programmes to lessen the burden of caretaker and their discomfort. By employing AI there will be stress relief for the caregivers.

While harnessing the power of AI in elderly care, the ethical consideration should be addressed in terms of privacy for collecting and utilising data on personal help. Data sharing for data analytics from various sources should be evaluated cautiously by maintaining information security against the cyber attack. Though AI and Robotic system cannot replace the human caretakers, but still it is potential in monitoring, predicting and assisting for responsive care. Therefore integration of AI in elderly care will not lead to loss of human connections because it is to lessen the burden of human caretakers. There is a need for the government to formulate effective and comprehensive regulations and guidelines to incorporate AI in ensuring privacy, data security and ethical considerations. The elderly care requires more than just loss for the basic existence and physical health and therefore a comprehensive social security programmes should be devised by combining economic security, healthcare and application of AI would bring a holistic approach towards elderly care.

## SUGGESTIONS

### ADJUSTMENTS WITHIN THE FAMILY

Adjustments within the family the younger generation must remain respectful to the elders. Proper family environment needs to be maintained by sharing the bonds of love between younger and older generation to bring the harmony amongst family member

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<sup>71</sup>*Id.*

**ECONOMIC INDEPENDENCY OF ELDERS:**

Every person should plan in their younger age in such a way to have steady cash flow during the old age. Further, it is suggested that the amount which is provided as pension should be enhanced by the government.

**AWARENESS**

Government should spread awareness among elderly persons through advertisements, organising seminars, exhibitions on the issues of the elderly as well as entitlement to the welfare schemes. Further people need to be sensitized towards the elderly and their issues.

