

# Effectiveness of Geriatric Schemes, Services, and Community-Based Interventions Supporting the Elderly in Suburban Guwahati

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DOI: <https://doi.org/10.52403/ijrr.20260103>

## ABSTRACT

This study examines the availability, accessibility, and perceived effectiveness of social welfare programmes, geriatric services, and community-based interventions supporting the elderly in suburban Guwahati. Using a mixed-method descriptive design and a sample of 34 older adults, the study finds overall low-to-moderate levels of awareness, satisfaction, and utilisation of welfare schemes. Financial assistance programmes-particularly IGNOAPS-are perceived as inadequate, while health-related initiatives such as PM-JAY show relatively higher awareness and effectiveness. Access barriers, administrative inconsistencies, and demographic vulnerabilities like advanced age, low education, low income, and nuclear family structures shape uneven service reach and outcomes. The findings echo national evidence on inadequate pension adequacy, patchy geriatric services, and limited outreach. Strengthening awareness mechanisms, geriatric-friendly infrastructure, and community support emerges as essential for improving elderly well-being.

**Keyword:** Schemes for elderly people, Access, Effectiveness of Geriatric Schemes, Guwahati

## INTRODUCTION

India's ageing population is expanding rapidly, intensifying the need for robust welfare and geriatric care systems, especially in semi-urban settings where service delivery gaps are more pronounced. Suburban Guwahati represents such a transitional context, characterised by shifting family structures, modest socioeconomic backgrounds, and varying levels of institutional support. Although multiple national and state welfare schemes exist-ranging from pensions to health insurance and community-based services-evidence suggests that elderly individuals often encounter challenges in awareness, accessibility, and utilisation. Understanding how these programmes function on the ground is therefore critical for policy improvement. This study investigates the perceived availability, accessibility, and effectiveness of social welfare schemes, geriatric services, and community-based

interventions among elderly residents of suburban Guwahati, with attention to demographic factors that shape service uptake and satisfaction.

## **LITERATURE REVIEW**

Existing literature on ageing in India highlights that older persons face persistent challenges related to economic insecurity, limited awareness of welfare entitlements, and uneven utilisation of social protection schemes. Studies consistently show that despite the expansion of social security measures, gaps remain between policy intent and ground-level outcomes.

Several empirical studies have examined awareness and utilisation of social security schemes among the elderly. Bartwal et al. (2016), in their study from Uttarakhand, found that awareness of old-age pension schemes, widow pensions, and railway concessions was relatively high, while knowledge of other welfare programmes remained limited. Similar patterns were observed by Goswami et al. (2019) in Delhi and Srivastava et al. (2014) in Dehradun, where the majority of elderly respondents were aware of pension schemes but had poor knowledge of additional benefits such as healthcare programmes and legal provisions. Kohli et al. (2017) provide important insights into the barriers to utilisation of elderly welfare schemes in Delhi. Although awareness of pension schemes was moderately high, actual utilisation remained low due to factors such as lack of procedural knowledge, corruption, and cumbersome administrative processes. Their findings highlight that awareness alone does not ensure utilisation unless supported by accessible and elderly-friendly administrative mechanisms. Similar conclusions were reported by Nivedita (2015) in Bengaluru, where utilisation of

schemes was poor even among socially active elderly individuals, primarily due to lack of awareness and physical constraints.

With respect to the impact of pension schemes, Unnikrishnan and Imai (2020), using longitudinal data from the India Human Development Survey, found that the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) contributed to increased household consumption and asset formation, particularly when women were the recipients. However, the study noted limited impact on poverty reduction and highlighted declining effectiveness after programme modifications, largely due to targeting inefficiencies. This suggests that while pensions can improve household welfare, their effectiveness is contingent on programme design and beneficiary characteristics.

Studies also document how elderly beneficiaries utilise pension income. Jothi et al. (2016), in Puducherry, found that pensions were primarily spent on healthcare, food, transportation, and daily living needs, reinforcing the role of pensions in reducing household economic burden and enhancing older persons' autonomy. Direct benefit transfers were found to promote a sense of independence and self-esteem among beneficiaries.

Across studies, lack of awareness, procedural delays, inadequate assistance, and absence of elderly-friendly services emerge as common barriers to scheme utilisation (Kohli et al., 2017). These barriers persist irrespective of literacy levels or socioeconomic status, indicating systemic shortcomings in outreach and delivery mechanisms.

Overall, the literature review suggests that while elderly welfare schemes in India—particularly pension programmes—have the potential to improve economic security and well-being, their effectiveness is constrained

by limited awareness, administrative inefficiencies, and uneven implementation. These findings underscore the need for studies that simultaneously examine awareness, utilisation, and perceived effectiveness of elderly welfare schemes, especially in region-specific and community-based contexts.

## METHODOLOGY

A mixed-method descriptive design was employed to assess awareness, access, and perceived effectiveness of welfare and geriatric services among elderly residents in suburban areas in and around Guwahati city. Quantitative data were collected through structured questionnaires from 34 elderly respondents selected through purposive sampling. Variables included scheme awareness, accessibility, satisfaction, and service utilisation. Qualitative insights were gathered through brief interviews and

observational field notes to contextualise quantitative trends. Descriptive statistics (means, SDs) were used to analyse quantitative data, while thematic summaries supported qualitative interpretation. The mixed-method approach enabled triangulation of findings to capture both measurable patterns and lived experiences of the elderly participants.

## RESULTS AND DISCUSSION

To achieve this objective, quantitative data were collected using a questionnaire under three themes: Awareness and Access, Effectiveness of Major Schemes and Services and Satisfaction and Effectiveness Perception using a five-point Likert scale. A total of thirty-four respondents were reached in and around Guwahati to collect data on all fifteen statements. The demographic profile is presented below.

### Demographic Profile of the Respondents:

**Table 1: Table Showing Demographic Profile of the Respondents.**

<i>Demographic Variable</i>	<i>Category</i>	<i>Frequency (n)</i>	<i>Per cent (%)</i>
<i>Age (in years)</i>	61 – 65	12	35.4
	66 – 70	14	55.8
	71 -75	2	5.9
	76 – 80	1	2.9
<i>Gender</i>	Male	24	70.6
	Female	10	29.4
<i>Marital Status</i>	Married	28	82.4
	Unmarried	1	2.9
	Widow	5	14.7
<i>Educational Level</i>	Illiterate	9	26.5
	Primary	11	32.4
	Secondary	6	17.6
	Graduate & Above	5	14.7
	Others	3	8.8
<i>Occupation</i>	Business	12	35.3
	Nothing	6	17.6
	Self-employed	8	23.5
	Service	8	23.5
<i>Type of Family</i>	Joint Family	13	38.2
	Nuclear Family	21	61.8
<i>Living Arrangement</i>	Alone	4	11.8

<b>Monthly Household Income (INR)</b>	With Spouse	19	55.9
	With Children	10	29.4
	With Relatives	1	2.9
	Below 10,000	2	5.9
	10,001 – 25,000	16	47.1
<b>Source of Economic Support</b>	25,001 – 50,000	8	23.5
	Above 50,000	8	23.5
	Self	16	47.1
	Family	18	52.9

### Summary of the Demographic Profile

The study included 34 elderly respondents from suburban Guwahati, aged 61–78 years, with most falling in the 62–70 age group. Males (70.6%) and married individuals (82.4%) predominated. Educational levels were low to moderate, with over one-fourth illiterate and one-third having only primary education. Most respondents were engaged in business or informal occupations, while a smaller proportion reported no current work.

Nuclear families were more common than joint families, and most elderly lived with spouses or children, indicating continued reliance on family-based care. Nearly half belonged to the lower-middle-income group, and economic support was almost equally divided between self-dependence and family support. Overall, the profile reflects socio-economic diversity and varying levels of dependency that influence access to welfare and healthcare services.

## Quantitative Data Analysis Result

### A. Awareness and Access

**Table 2: Showing Descriptive Statistics on Awareness & Access of Policies**

Descriptive Statistics					
Awareness Constructs	N	Range	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Std. Error	Statistic
AW1	34	3.00	2.9118	.20841	1.21525
AW2	34	3.00	2.9118	.19054	1.11104
AW3	34	3.00	2.9412	.18854	1.09934
Valid N (listwise)	34				

AW1: I am aware of government welfare schemes for senior citizens in Assam.

AW2: I find it easy to get information about the welfare schemes meant for elderly people.

AW3: I can easily access government offices or centres where I can apply for welfare benefits.

### Analysis from Descriptive Statistics

#### 1. Awareness of Government Welfare Schemes for Senior Citizens

The mean awareness score ( $M = 2.91$ ,  $SD = 1.21$ ) indicates generally low and uneven awareness of welfare schemes among the elderly. This is closely linked to educational disadvantage, as over half of the respondents are illiterate or have only primary education, a factor widely identified as a major predictor

of poor scheme awareness (Kumar & Prasad, 2020; Bansod & George, 2018). Income constraints further contribute to this gap, with nearly half of the respondents belonging to low-income households, where immediate survival needs often outweigh engagement with bureaucratic processes (Raj & Kumar, 2021). Gender disparities are also evident, as elderly women and widows report lower awareness, consistent with earlier findings

on restricted mobility and limited access to formal information channels (Sahoo & Mishra, 2019). Thus, the observed variability reflects structural inequalities rather than random differences.

### 2. Ease of Accessing Information About Welfare Schemes

The mean score for ease of accessing information (M = 2.91, SD = 1.11) suggests that information dissemination remains inconsistent. Elderly individuals living alone and those without active occupational engagement face greater informational isolation, as noted in national studies (HelpAge India, 2022). In contrast, respondents who are socially or economically active report relatively better access, highlighting the role of informal social networks in information flow (Gupta & Sankar, 2019). The variation in responses indicates that access to information is strongly shaped by social connectivity and

household support rather than formal outreach mechanisms.

### 3. Ease of Accessing Government Offices or Centres for Benefits

The mean score for physical access to government offices (M = 2.94, SD = 1.09) reflects continued uncertainty and moderate difficulty among respondents. Advanced age, mobility limitations, and inadequate transport infrastructure in suburban areas emerge as key barriers, consistent with previous urban gerontology studies (Chatterjee & Desai, 2020). Income disparities further influence access, as higher-income elderly are better positioned to use private transport, while women—particularly widows—face additional mobility and safety constraints (Sarkar, 2019). Overall, the findings indicate that physical accessibility to welfare services is socially stratified and unevenly experienced.

## B. Effectiveness of Major Schemes and Services

**Table 3: Descriptive Statistics on the Effectiveness of Schemes** N (Statistic) = 34

Codes	Constructs	Range	Mean		Std. Deviation
		Statistic	Statistic	Std. Error	Statistic
FA1	Financial Assistance	2.00	2.6765	.13824	.80606
FA2	Financial Assistance	4.00	3.0588	.16857	.98292
FA3	Financial Assistance	3.00	2.9412	.15764	.91920
FA4	Financial Assistance	3.00	3.1471	.13439	.78363
FA5	Financial Assistance	3.00	2.7647	.13390	.78079
HC1	Healthcare	3.00	3.7941	.12510	.72944
HC2	Healthcare	2.00	3.2647	.14198	.82788
HC3	Healthcare	3.00	2.5294	.14152	.82518
CB1	Community/NGO Services	2.00	2.8235	.12993	.75761
CB2	Community/NGO Services	2.00	3.1176	.12499	.72883
CB3	Community/NGO Services	3.00	3.0294	.13671	.79717
AD1	Assistive Devices	2.00	2.9118	.11460	.66822
LP1	Legal Protection	3.00	2.8529	.11275	.65747
LP2	Legal Protection	3.00	2.7941	.10993	.64099
IG1	Integrated Governance	3.00	2.5000	.12127	.70711
AW1	Awareness & Inclusion	3.00	2.9412	.12625	.73613
AW2	Awareness & Inclusion	3.00	2.8529	.11275	.65747

**Table 4: The codes explained from the Table**

Code	Construct Category	Full Item (Available in Appendix)
FA1	Financial Assistance	IGNOAPS provides adequate assistance
FA2	Financial Assistance	The Assam State Old Age Pension Scheme is helpful
FA3	Financial Assistance	CMOAPS reaches beneficiaries without delay
HC1	Healthcare	PM-JAY covers medical expenses
HC2	Healthcare	Geriatric services at government hospitals are elderly-friendly
CB1	Community-Based/NGO Services	NGO services available in the area
AD1	Assistive Devices	RVY provides assistive devices
AW1	Awareness & Inclusion	AVYAY supports awareness programmes
CB2	Community/NGO	IPOP day-care centres/mobile units are beneficial
LP1	Legal Protection	The MWPSA Act is known and implemented
HC3	Healthcare	NPHCE improves geriatric healthcare
LP2	Legal Protection	Elderline helpline effective
FA4	Financial Assistance	Swahid Kushal Konwar's pension is timely
FA5	Financial Assistance	Indira Miri Widow's Pension is effective
CB3	Community/NGO	Old-age homes/day-care centres are adequate
AW2	Awareness & Inclusion	Aware of national & state policies
IG1	Integrated Governance	Collaboration Govt-NGO is effective

### 1. Financial Assistance Schemes (FA)

Financial assistance schemes show moderate but uneven satisfaction, strongly shaped by education, income, and locality. IGNOAPS records a low mean ( $M = 2.67$ ,  $SD = 0.80$ ), indicating perceived inadequacy, particularly among widows and low-income elderly without family support. The Assam State Old Age Pension ( $M = 3.05$ ,  $SD = 0.98$ ) and CM Old Age Pension ( $M = 2.94$ ,  $SD = 0.91$ ) reveal highly variable experiences, reflecting administrative disparities between semi-urban and remote areas. The Swahid Kushal Konwar Pension ( $M = 3.15$ ,  $SD = 0.78$ ) is viewed more positively but remains inconsistent, while the Indira Miri Widow Pension ( $M = 2.76$ ,  $SD = 0.78$ ) highlights the compounded vulnerability of widowed, low-literate women. Overall, high SD values across schemes indicate structurally unequal pension delivery despite formal availability.

### 2. Healthcare Access and Elderly-Friendly Services (HC)

Healthcare schemes are perceived more positively than financial assistance, though

utilisation varies across demographic groups. Ayushman Bharat (PM-JAY) shows the highest acceptance ( $M = 3.79$ ,  $SD = 0.73$ ), suggesting improved hospital access even among low-literate elderly, particularly when family support is available. Government geriatric services report moderate satisfaction ( $M = 3.26$ ,  $SD = 0.83$ ), with notable differences between urban and suburban facilities. Awareness of NPHCE remains low ( $M = 2.53$ ,  $SD = 0.82$ ), reflecting informational gaps among less educated respondents. IPOP services show moderate reach ( $M = 3.11$ ,  $SD = 0.72$ ), while Elderline 14567 remains underutilised ( $M = 2.79$ ,  $SD = 0.64$ ), especially among women and the oldest-old. High variability across items underscores persistent age-, literacy-, and location-based disparities in healthcare access.

### 3. Assistive Devices and Age-Friendly Initiatives (RVY, AVYAY)

Assistive and inclusion-oriented schemes demonstrate moderate awareness but limited penetration. The Rashtriya Vayoshri Yojana

(M = 2.91, SD = 0.66) benefits a small segment of the elderly, largely those residing near distribution centres or NGO-active areas. Similarly, awareness of the Atal Vayo Abhyuday Yojana remains limited (M = 2.94, SD = 0.73), particularly among the oldest-old and low-literate respondents. Variability across localities suggests selective implementation, with the most vulnerable elderly widows, the very poor, and those with mobility constraints remaining underserved.

#### **4. NGO, Community-Based, and Institutional Social Support**

Perceptions of NGO and community-based support indicate moderate satisfaction but limited coverage. NGO and community services record a mean of 2.82 (SD = 0.75), reflecting sporadic availability concentrated in select areas. Old-age homes and day-care centres show slightly higher access (M = 3.02, SD = 0.79), mainly among the elderly

in semi-urban locations. High variability suggests that elder support remains largely informal and family-dependent, with rural, low-income, and female elderly experiencing reduced access to structured social services.

#### **5. Awareness of Rights, Policies, and Inter-Agency Coordination**

Awareness of legal rights and ageing policies remains low across the sample. Knowledge of the Maintenance and Welfare of Parents and Senior Citizens Act (M = 2.85, SD = 0.65) and national/state ageing policies (M = 2.85, SD = 0.65) is particularly limited among low-literate and widowed elderly. Perceived coordination between government agencies, NGOs, and local bodies records the lowest mean (M = 2.50, SD = 0.71), indicating weak convergence and fragmented service delivery. Overall, policy literacy and collaborative governance are uneven, disadvantaging older, poorer, and rural elderly populations.

### **C. Satisfaction and Effectiveness Perception**

**Table 5: Descriptive Statistics on the satisfaction of the Schemes**

Descriptive Statistics					
	N	Range	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Std. Error	Statistic
SE1	34	3.00	2.0294	.13003	.75820
SE2	34	3.00	2.0882	.12213	.71213
SE3	34	3.00	2.1176	.10137	.59108
SE4	34	3.00	2.5000	.14161	.82572
SE5	34	3.00	2.6765	.15639	.91189
SE6	34	3.00	2.7353	.15402	.89811
Valid N (listwise)	34				

#### **Codes with Explanation of the Statements**

SE1: Benefits received are sufficient for daily living needs

SE2: Process of receiving welfare benefits is transparent & corruption-free

SE3: Staff/officials treat the elderly respectfully & provide guidance

SE4: Health & social welfare programs improved my quality of life

SE5: Satisfaction with NGO/community support for the elderly

SE6: Overall, welfare schemes are effective in improving elderly lives

## **Data Analysis**

Overall satisfaction and perceived effectiveness of welfare schemes among the elderly in suburban Guwahati remain low to moderate, shaped by demographic vulnerabilities such as low education, modest incomes, and dependence on family support. The lowest satisfaction is observed for financial adequacy (SE1:  $M = 2.03$ ,  $SD = 0.75$ ), indicating that welfare benefits are widely perceived as insufficient, particularly among widowed, low-income, and less-educated respondents. Perceptions of transparency (SE2:  $M = 2.09$ ,  $SD = 0.71$ ) and staff responsiveness (SE3:  $M = 2.12$ ,  $SD = 0.59$ ) are similarly weak, reflecting administrative barriers faced by older and less literate elderly. Perceived quality-of-life improvement (SE4:  $M = 2.50$ ,  $SD = 0.83$ ) and NGO/community support (SE5:  $M = 2.68$ ,  $SD = 0.91$ ) show slightly higher but uneven satisfaction, with benefits concentrated in areas having active NGOs or better service access. Overall perceived effectiveness (SE6:  $M = 2.74$ ,  $SD = 0.89$ ) indicates partial impact, constrained by irregular delivery and accessibility gaps. Awareness and access indicators also reflect uncertainty, with mean scores around neutrality (awareness = 2.91; information access = 2.91; office accessibility = 2.94). Scheme-wise analysis shows lower adequacy for IGNOAPS ( $M \approx 2.68$ ) and comparatively better perceptions of state pensions ( $M \approx 3.06$ ). Health schemes perform relatively better, particularly PM-JAY ( $M \approx 3.79$ ) and public geriatric services ( $M \approx 3.26$ ), though access varies widely. Moderate standard deviations across items indicate uneven experiences shaped by age, education, income, and living arrangements. Overall, the findings suggest that while welfare and health schemes are formally available, their

effectiveness is limited by demographic disadvantages and administrative constraints, resulting in unequal outcomes among the elderly population.

## **DISCUSSION**

The findings of the present study are broadly consistent with national evidence indicating uneven awareness, limited utilisation, and variable effectiveness of elderly welfare schemes in India. Data from large-scale national sources such as the Longitudinal Ageing Study in India (LASI) and the India Ageing Report 2023 reveal substantial inter-state disparities in pension coverage and access to health services, with northeastern and peripheral regions showing particularly inconsistent reach of schemes such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) (UNFPA & IIPS, 2023). The relatively low perceived adequacy of pensions reported by respondents in this study reflects wider national concerns that current benefit amounts remain modest and insufficient to meet rising living and healthcare costs, especially among poor, rural, and illiterate elderly populations (NITI Aayog, 2024). Empirical evidence from Unnikrishnan and Imai (2020) provides important context for interpreting these findings. Using longitudinal data from the India Human Development Survey, the authors demonstrated that IGNOAPS participation led to improvements in household consumption and asset formation, suggesting that pensions help relax short-term budget constraints. However, the scheme showed no statistically significant impact on poverty reduction, and its effectiveness weakened after the 2007 programme redesign due to targeting inefficiencies. Notably, welfare gains were concentrated in households where

women were the pension recipients, highlighting the importance of gender-sensitive programme delivery. These results resonate with the present study's findings, which suggest that while pensions provide some economic relief, their broader poverty-alleviating potential remains limited.

Healthcare-related findings from this study also align with national patterns. Although schemes such as Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY) enjoy relatively high visibility, national assessments caution that effective access for older adults depends heavily on local health infrastructure, transport availability, and geriatric preparedness of facilities (UNFPA & IIPS, 2023; NITI Aayog, 2024). The comparatively higher perception scores for PM-JAY observed in this study, alongside weaker perceptions of geriatric-specific services under the National Programme for Health Care of the Elderly (NPHCE), indicate that insurance coverage alone does not guarantee elderly-friendly healthcare. Shortages of trained geriatric personnel, limited outreach, and fragmented service delivery continue to constrain programme effectiveness.

The findings also echo earlier research on the structural vulnerabilities of India's ageing population. Alam and Karan (2011) emphasised that population ageing disproportionately affects socioeconomically disadvantaged groups, particularly women, widows, and those with low educational attainment. Their study highlighted that social pensions in India, though central to old-age support, are often irregular and insufficient, providing only partial protection against economic and health-related risks. Socioeconomic factors such as gender, living arrangements, and income security were found to significantly shape both health outcomes and access to welfare benefits-

patterns that are evident in the present study as well.

Overall, the discussion reinforces a consistent theme in Indian gerontological research: elderly welfare schemes are widely present in policy frameworks but uneven in practice. Gaps between awareness, enrolment, and meaningful utilisation persist due to modest benefit levels, administrative barriers, and weak last-mile delivery. These findings underscore the need for strengthened grassroots outreach, improved targeting, and better integration of pension, healthcare, and social support services to ensure that welfare schemes translate into tangible and equitable improvements in the well-being of older adults.

## **Findings**

1. Financial Assistance Schemes: Pension schemes are moderately available but largely inadequate; low pension amounts, low awareness, and demographic disadvantages limit their real impact.
2. Healthcare Access: Healthcare services exist but are not consistently elderly-friendly; awareness of geriatric programs is low, and access is especially difficult for women and the oldest-old in peripheral areas.
3. NGO and Community-Based Services: NGO and community eldercare services are weak, unevenly distributed, and largely inaccessible to the elderly aged 75+ and those with no formal education.
4. Assistive Devices (RVY): Assistive device distribution under RVY is poorly penetrated, with limited awareness, infrequent camps, and unequal access across suburban wards.
5. Legal and Policy Awareness: Awareness of senior citizens' legal rights and policies is low, particularly among

uneducated elderly and women, limiting rights-based utilisation.

6. Elderline (14567): Elderline services remain underutilised due to low awareness and technological barriers, especially among widowed, oldest-old, and non-phone users.
7. System Coordination: Coordination between government departments, NGOs, and local bodies is weak, resulting in fragmented service delivery and poor scheme convergence.
8. Overall Effectiveness and Satisfaction: Overall satisfaction with welfare schemes is low; benefits are perceived as insufficient, inconsistent, and having a limited impact on quality of life.

## CONCLUSION

The study reveals that although multiple welfare and geriatric services are formally available in suburban Guwahati, their reach and effectiveness remain uneven. Pension schemes, particularly IGNOAPS, are widely regarded as insufficient, while administrative challenges and informational barriers further restrict access for vulnerable groups. Health-related schemes like PM-JAY show relatively stronger visibility and perceived benefit, yet broader geriatric services under NPHCE and community-based interventions remain inconsistent. Demographic factors—advanced age, low education, low income, and weak family support—play a critical role in shaping access and satisfaction. The findings reflect national trends and underscore the need for targeted outreach, improved beneficiary communication, geriatric-friendly infrastructure, and stronger NGO–NGO–government collaboration. Strengthening these areas is essential for enhancing the well-being and social security of the elderly in suburban Guwahati.

## Limitations and Scope for Future Research

The study is limited by its small sample size ( $n = 34$ ) and focus on suburban Guwahati, which restricts the generalisability of findings. The cross-sectional design captures perceptions at a single point in time and does not reflect changes across policy cycles or the ageing process. Reliance on self-reported data may introduce recall bias, particularly among respondents with low literacy. Future research should use larger and more diverse samples, adopt longitudinal or mixed-method approaches, and include comparative urban–rural analyses to better understand administrative barriers, gendered experiences, and coordination of elderly welfare services.

### *Declaration by Authors*

**Acknowledgement:** We the authors acknowledge the contributions of each one. The first author is the PhD scholar who have selected the topic, collected data personally, conducted literature review and the second author has guided the scholar in the research process including the data analysis etc. We are thankful to the respondents and the old age homes who have participated in the research during data collection.

**Source of Funding:** None. The research is self-funded by the authors.

**Conflict of Interest:** No conflicts of interest declared.

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How to cite this article: Pari Borkakati, Amalesh Adhikary. Effectiveness of geriatric schemes, services, and community-based interventions supporting the elderly in Suburban Guwahati. *International Journal of Research and Review*. 2026; 13(1): 22-32.  
DOI: <https://doi.org/10.52403/ijrr.20260103>

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