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Q7(a)

What are the Private and Public network and support systems operative in Indian society for the aged? Suggest measures to curb down the challenges before care givers of the aged

UPSC Civil Services Mains 2025 · Sociology GS 2 · 20 marks · Perspectives on the study of Indian society

Perspectives on the study of Indian society: Indology (G.S. Ghurye); Structural functionalism (M.N. Srinivas); Marxist sociology (A.R. Desai).

Core demand of the question

- Map private support (family, kin, paid care) and public support (NPS, **IGNOAPS**, pensions, **NPHCE**, **Maintenance and Welfare of Parents and Senior Citizens Act**)
- State caregiver challenges
- **Suggest measures:** time, money, services, gender justice

Revision summary

Private support for the aged is still mainly kin, plus a small paid-care market.

Public support is pensions, **NPHCE** and the 2007 Maintenance Act, all thin relative to need.

Nuclear residence and migration weaken the joint-family guarantee without ending dependence.

Caregivers, mostly women, face time poverty and little respite.

Measures must combine adequate pensions, home services and gender-equal family law.

Introduction

India still tells itself that the **joint family** will keep the aged. Demography, migration and women's labour have already thinned that promise. Support now sits in a **private-public mix**: kin and paid hands on one side; thin pensions and clinics on the other. Caregivers-mostly women-are the hidden institution.

Body

Private networks

The **son's household** remains the normative carer in much of North India; South Indian and matrilineal pockets differ. Siblings, daughters (increasingly after marriage), neighbours, and caste associations fill gaps. **Paid care**-ayahs, nursing homes in metros, unregulated "old age homes"-is a class good. **I. P. Desai** and later family sociologists showed residential nuclearisation with continuing obligation; the aged may live apart and still depend on remittances. Loneliness, property disputes, and elder abuse sit inside this private sphere. The **Maintenance and Welfare of Parents and Senior Citizens Act, 2007** tries to legally compel children-an admission that custom slipped. NRI children and Gulf migrants stretch care across WhatsApp: money without hands.

Public networks

Indira Gandhi National Old Age Pension and state top-ups, widow pensions, **NPS** for the formal few, railway concessions, and the **National Programme for Health Care of the Elderly** are the public kit. Coverage is low relative to need; amounts are often below nutrition. Ayushman and state health schemes help some hospital episodes, not daily ADL care. Public-sector pensions and CGHS cover a minority. For the informal majority, the public network is a **thin cash plus a crowded OPD**. That gap is why private kin remain the real welfare state of old age, with all the gender injustice that implies.

Caregivers

Daughters-in-law and daughters juggle **unpaid geriatric care**, paid work, and children. Migration leaves **skipped-generation** households. Dementia and chronic disease raise skill needs that kin do not have. Male carers exist but are culturally licensed to "help," not to own the roster. Measures: **living pensions**, day-care and home-nursing as public services, respite for carers, gender-equal inheritance actually enforced, crèche-like geriatric centres at panchayat level, and recognition of care time in labour law. Without this, "family values" is a subsidy extracted from women. A public caregiver allowance, like a modest MGNREGA for care, would sociologically name the work.

Flow diagram

Kin and paid ayahs -> Older person
Pensions NPHCE 2007 Act -> Older person
Women caregivers -> Kin and paid ayahs
Pensions day care respite -> Women caregivers

Conclusion

Private kin still do most elder care; public pensions and clinics are thin. Caregivers need money, services and time off, not only a duty lecture. Ageing policy is family policy and gender policy together.

Facts & figures

MWPSC Act 2007

Lets parents claim maintenance from children and provides for old-age homes; enforcement is uneven.

IGNOAPS

National old-age pension for the identified poor; amounts vary by state top-up and are often inadequate.

NPHCE

National Programme for Health Care of the Elderly; geriatric services remain patchy outside a few centres.

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