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CHAPTER - V

POLICIES AND PROGRAMMES FOR THE AGED

V.1 INTRODUCTION

An aged segment in the population has always existed. It is only in the last few decades that the attention of individual nations and the world community has been drawn to the social, economic, political questions raised by the phenomenon of ageing. Prior to this period, while individuals may have lived into advanced stages of their life, their numbers were few. Moreover, although there were individual problems associated with growing old, it was not until the number of older persons and their proportion of the population increased significantly worldwide that ageing became defined as a social problem.¹

By the year 2001, the world's population is expected to reach 6.3 billion and one in every ten persons will be 60 years or older. The "age of global ageing" will have set in. "Squaring the pyramid", a term used to express the transformation of population structures, began in developed countries decades ago and has evolved in developing countries in recent years, almost unnoticed. As the population pyramid takes on the shape of a square or more accurately, the shape of a rectangle, "it signifies a decrease in the number of the young at the base or an increase in the number of the old at the apex. But the narrowing

of the base and widening of the apex have been occurring simultaneously in many countries, thus changing the population pyramid.²

When there were few elderly persons in the society, their position and place in the family and community were recognized and there were few demands placed upon outside agencies to respond to their special needs. Past-values and traditions supported the place of older persons in the family and community. Today there are more elderly people in the world than ever before, and their proportion is growing. Not only due to their increasing numbers and percentages of older persons, but also due to the increasingly complex economic and social changes associated with technological innovations and urbanization, higher rates of mobility, rapid social change and value systems which tend to stress the importance of individual over the responsibilities of the group, a breakdown in traditional approaches to human needs, especially those of the aged, has taken place.

The last two chapters initiated us to an understanding of the family relationships and some of the problems of the elderly respondents and the coping strategies employed by them. However, the increasing number of older persons provokes re-thinking about the individual life cycle, especially the need to plan for a long future through better savings, housing, training, inter-generational co-operation and health services. Policies on ageing are essential if the increasing numbers of older persons are to be assured of their basic

human rights - the right to participate fully in their society and to contribute to its growth and to be protected by it.

An aging population raises critical sociological questions, as well as bringing challenges and opportunities to members of policy community\(^3\). And as we know sociology makes contribution to social policy and social planning not only by providing reliable information and essential data for the formulation of policies but also by evaluating the operation and achievements of these policies.\(^4\) It is important to analyse the programmes and policies that have been formulated for the elderly at the international and the national level so as to improve the quality of their lives.

V.2 THE UNITED NATIONS

Aware of the necessity for well designed policies and programmes for the ageing and the need to call world wide attention to the serious problems relating to this growing portion of the world's population, the UN General Assembly decided to hold a World Assembly on Ageing. It was called into being in response to this unique demographic fact. As put in by W.M. Kerrigan, the Secretary General of the World Assembly on Ageing.\(^5\)

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For the first time in human history this generation has seen the creation of new human age group - the ageing. Until this century and, to be more exact, the second quarter of this century there were far too few people who lived into their 60's to constitute a true age group. It is only now that life expectancy has increased this new age group is identifiable with its own unique problems and responsibilities, and making its own unique social, economic and political impact on societies. And in an era of vast shifts in society, the ageing have become sometimes an agent, sometimes a victim of these cataclysmic changes....

One of the major functions of the World Assembly will be to fix this unique demographic fact in the minds of government decision makers along with the need to include the ageing in the social economic and political equations of society.

Even before 1982, in fact since its inception, the UN has been concerned with the issues of ageing. The question of ageing was first taken up by the United Nations in 1948, when Argentina presented a draft declaration on old-age rights to the General Assembly, which submitted it to the Economic and Social Council. The Council then requested the Secretary General to draft a report on the matter for its consideration, which he did in 1950. The report is entitled "Welfare of the Aged : Old Age Rights".

It was not then evident that the ageing population in both the developed and developing countries would come to constitute such a substantial proportion of human society. Thus, an interval of 20 years lapsed. In 1969, the question was once more taken up and placed on the agenda of the General Assembly, this time at the initiative of Malta.6

In 1973, the General Assembly adopted its resolution 3173 entitled "Questions of the elderly and the aged." The subject had also been considered by specialized agencies in so far as it is within the scope of their activities, notably by the ILO, WHO and UNESCO. It was in 1977, however, that the Economic and Social Council, and the General Assembly dealt with the subject more specifically.7

At its spring session of 1980 the Economic and Social Council considered the topic of the "World Assembly on the Elderly", taking into account earlier resolutions. However, later in the same year, it was decided to change the name of the World Assembly on the Elderly to the World Assembly on Ageing in view of the interrelatedness of the issues of ageing individuals and the ageing of populations.8

V.2.a World Assembly on Ageing

The World Assembly was held at Vienna, Austria in 1982, from 26th July to 6th August. The purpose of the World Assembly was to provide a forum "to launch an international action programme aimed at guaranting economic and social security to older persons, as well as opportunities to contribute to national development. The task of the Assembly was to understand the impact of demographic changes on societies and to translate its understanding into a practical plan of action."9

The logo for this was a **stylized banyan tree within a circle**. It symbolizes longevity, self-reliance, continuing growth and a community meeting place. It was designed by Oscar Berger, an 80 years old artist from US.\(^\text{10}\)

The Assembly examined at great length the question of problems and needs of the ageing and formulated a package of recommendations for the consideration of member countries. One of the underlying themes behind these recommendations was that in tackling the problems of the ageing the need for improving the quality of their life should be constantly kept in mind. The endeavour throughout should be to ensure that those who live longer, lead a life of satisfaction and achievement based inter-alia on -

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\(^{10}\) *World Assembly of Ageing, Vienna, Austria, New York : United Nations, 1981*
continued and active participation in the family and kinship system;

- active involvement in voluntary services to the community, especially in those that benefit the ageing themselves;

- continued upgradation of their knowledge and expertise through formal and informal learning process;

- opportunities for self-expression in arts and crafts;

- participation in community organisations and if inclined, in religious activities, too;

- recreation and travel;

- part time work, and

- participation in political process.

The issues before the World Assembly was grouped under two main topics - Humanitarian and Developmental. The humanitarian issues were related to the specific needs of the ageing and included health, housing and environment, social welfare, income, security, education and the family. The developmental issues, were concerned with the role of the aged in context of society at large, particularly the relationship between the ageing of population and economic and social progress. 11

International Plan of Action 12

At the World Assembly in 1982, the International Plan of Action on Ageing was adopted. It is the first policy instrument on ageing at a global level, and U.N. specialized agencies and bodies, government experts on the elderly and the NGO's participated in drafting it.

The Plan of Action should be considered an integral component of the major international, regional and national strategies and programmes formulated in response to important world problems and needs.

It affirmed that:

The fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the ageing.

The Plan also recognised that:

quality of life is no less important than longevity, and that the ageing should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health security and contentment appreciated as an integral part of the society.

The primary aims of the Plan were to strengthen the capacities of countries to deal effectively with the aging of their population and with the special concerns and needs of their elderly, and to promote an appropriate international response to the issues of ageing through action for the establishment of the new international economic order and increased

international technical co-operation, particularly among the developing countries themselves.

In pursuance of these aims, the following specific objectives were set:

- To further national and international understanding of the economic, social and cultural implications for the processes of development of the ageing of the population;

- To promote national and international understanding of the humanitarian and developmental issues related to ageing;

- To stimulate action oriented policies and programmes aimed at guaranteeing social and economic security for the elderly, as well as providing opportunities for them to contribute to, and share in the benefits of development;

- To present policy alternatives and options consistent with national values and goals and with internationally recognized principles with regard to the aging of the population and the needs of the elderly.

- To encourage the development of appropriate education, training and research to respond to the aging of the worlds population and;

- To foster an international exchange of skills and knowledge in the field of aging.

It was also recognized that all aspects of ageing are interrelated and needed a co-ordinated approach to policies and research on the subject. It
required an integrated approach within the framework of overall economic and social planning. Undue emphasis on specific sectoral problems would constitute a serious obstacle to the integration of ageing policies and programmes into the broader development framework. Although the recommendations set out in the Plan of Action were divided under seven broad headings, it was stressed that there is a higher degree of interdependence among them. The detailed recommendations under each one of them being.

• The terminally ill have to be covered for with a measure of compassion. A proper balance has to be kept between the role of institutions and the role of the family in dealing with this category.

• A proper co-ordination between health care and welfare measures should be attempted for that would be more cost-effective as well as more efficient.

• The elderly should be educated in self-care. Also, other family members should be given adequate training and orientation in health and medical care.

• Quite often the ageing themselves know what their health problems are. They should be encouraged to make a self-assessment of their problems so that they are able to undertake elementary preventive and curative measures on their own.

• Participation of the ageing in the development of health care should be encouraged.
• Health services should include a broad range of ambulatory services, such as day care centres, day hospitals, medical and nursing care and domestic services. In case of institutional care, alienation through isolation of the aged from the society should be avoided.

• A proper diagnosis of nutritional requirements of the ageing should be an integral part of health care.

• Steps must be taken to ensure that the ageing, particularly those economically weak, do manage to get proper nutritional diet and adequate intake of protein, minerals and vitamins.

• Home care and institutional care should be viewed as being complementary to each other.

• Emphasis should be placed on life-long health care rather than health care in old age only.

• The prevention of accidents, including accidents caused by inappropriate use of medication, should be given a high priority.

• To provide a sound basis for future action, international exchange and research co-operation in the area of health and medical care of the ageing should be promoted.

**Protection of elderly consumers**

• Measures should be taken to ensure that household products, medicines, hearing aids, dentures, glasses and other prosthetics supplied to the
ageing confirm to required safety standards and that the ageing are not
exploited by unscrupulous suppliers of these items.

**Housing and Environment**

- Housing for the elderly must be viewed as more than mere shelter. In
  addition to the physical, it has psychological and social significance,
  which should be taken into account. To release the aged from dependence
  on others national housing policies should pay due respect to the
  requirements of the ageing.

- Urban rebuilding and development planning and law should pay special
  attention to the problems of the ageing, assisting in securing their social
  integration.

- Attention should be paid to environmental problems and to designing a
  living environment that would take into account the functional capacity
  of the elderly and facilitate mobility and communication through provision
  of adequate means of transport. As far as possible, the housing for the
  ageing should be in an environment in which they can have the
  opportunity to lead a rich, normal and secure life.

- To the extent possible, the ageing should be given an opportunity to
  associate themselves with policy and plan formulation in the housing
  field.

- Adequate measures for prevention of crimes against the elderly should
  be taken so that while living in their houses or moving around in the
  locality, they do not suffer from a fear psychosis.
Family

- Recognizing the family as a fundamental unit of society, efforts should be made to support, protect and strengthen it in agreement with each society's system of cultural values and in responding to the needs of its ageing members. One of the basic objectives that social policies should pursue is the maintenance of family solidarity among generations, with all members of the family participating.

- Public opinion should be built up in favour of a system in which families are encouraged to take care of their elderly members.

- Ways have to be devised by the government and NGO's to ensure continuity of the vital role of the family and the dignity, status and security of the ageing, taking into account all the internal and international events which might influence this status of security. And within a family group, recognizing the predominance of older women, particular consideration should be given to the special needs of this group.

- Older persons should be included in the governmental and other decision making processes in the political, social, cultural and educational areas among others, and children should be encouraged to support their parents.

- Governments and non-governmental bodies should be encouraged to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home.
Health and Nutrition

The Plan of Action emphasises that in this area the endeavour should be to ensure that the ageing enjoy sound physical and mental health and that the incidence of disabilities is reduced to the minimum. Specific recommendations are as follows:

- Health and medical care should aim at alleviating the handicaps of the aging and also at infusing the spirit of self-confidence and self-reliance.

- The care of elderly persons should go beyond disease orientation and should involve their total well-being, taking into account the interdependence of the physical, mental, social, spiritual and environmental factors. Health efforts, in particular primary health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own family and community for as long as possible instead of being excluded and cut off from all activities of society.

- Early diagnosis and appropriate treatment is required, as well as preventive measures, to reduce disabilities and diseases of the aging.

- Particular attention should be given to providing health care to the very old, and to those who are incapacitated in their daily lives.

- Attentive care for the terminally ill, dialogue with them and support for their close relatives at the time of loss and later require special efforts which go beyond normal medical practice. Health practitioners should aspire to provide such care.
A proper balance between the role of institutions and that of the family in providing health care for the elderly - based on recognition of the family and the immediate community as elements in well-balanced system of care - is important.

The trends towards increased costs of social services and health care systems should be offset through closer co-ordination between social welfare and health care services both at the national and community levels.

To maintain the well-being and independence of the elderly through self-care, health promotion, prevention of disease and disability requires new orientation and skills, among the elderly themselves, as well as their families and health and social welfare workers in the local communities.

The population at large should be informed in regard to dealing with the elderly who require care. The elderly themselves should be educated in self-care.

Those who work with the elderly at home or in institutions, should receive training for their tasks, with particular emphasis on participation of the elderly and their families, and collaboration between workers in health and welfare fields at various levels.

The control of the lives of the ageing should not be left solely to health, social service and other caring personnel, since aging people themselves usually know best what is needed and how it should be carried out.
Participation of the aged in the development of health care and the functioning of health services should be encouraged. The elderly should be enabled to lead independent lives in the community for as long as possible.

Health and health allied services should be developed to the fullest extent possible in the community. These services should include a broad range of ambulatory services such as - day-care centres, out-patient clinics, day hospitals, medical and nursing care and domestic services. Emergency services should be always available. Health screening and counselling should be offered through geriatric clinics, neighbourhood health centres or community sites where older persons congregate.

The promotion of health, the prevention of disease and the maintaining of functional capacities among elderly persons should be actively pursued. For this purpose, an assessment of the physical, psychological and social needs of the group is a prevention of disability, early diagnosis and rehabilitation.

Steps must be taken to ensure that the ageing, particularly those economically weak, do manage to get proper nutritional diet with adequate intake of protein, minerals and vitamins.

The health of the ageing is fundamentally conditioned by their previous health and, therefore, life-long health care starting with young age is of paramount importance. This includes preventive health, nutrition, exercise, the avoidance of health harming habits and attention to environmental factors, and this care should be continued.
• The prevention of accidents, including 'incidents' caused by inappropriate use of medication, should be given a high priority.

• To provide a sound basis for future action, international exchange and research co-operation in the area of health and medical care of the ageing should be promoted.

**Social Welfare**

• Social welfare services can be instruments of national policy and should have as their goal the maximizing of the social functioning of the ageing. They should be community based and provide a broad range of preventive, remedial and developmental services for the ageing, to enable them to lead an independent life in their own home and in their community.

• Social welfare services should have as their goal the creation, promotion and maintenance of active and useful roles for the elderly for as long as possible in and for the community.

• Existing formal and informal organization should consider the needs of the ageing and allow for them in their programmes and future planning. The role that co-operatives can play in providing services in this area needs to be recognized and encouraged. Such co-operatives could also benefit from the participation of elderly people as full members or consultants. A partnership should be formed between governments and non-governmental organization designed to ensure a comprehensive, integrated, co-ordinated and multipurpose approach to meeting the social welfare needs of the elderly.
The involvement of young people in providing services and care and in participating in activities for and with the elderly should be encouraged, with a view to promoting inter-generational ties. Also mutual self-help among the active elderly should be stimulated.

Governments should endeavour to reduce or eliminate fiscal or other constraints on informal and voluntary activities, and eliminate or relax regulations which hinder or discourage part-time work, mutual self-help and the use of volunteers alongside professional staff in providing social services or in institutions for the elderly.

Whenever institutionalization is necessary or is inevitable for elderly persons, the utmost effort must be made to ensure a quality of institutional life corresponding to normal conditions in their communities, with full respect for their dignity, beliefs, needs, interests and privacy.

The elderly should be encouraged to establish their own groups and movements, which can in turn provide training and information to organisations of other age groups on issues connected with the welfare of the aged.

**Economic Security and Employment**

Government should take appropriate action to ensure to all older persons an appropriate minimum income, and should develop their economics to benefit all the population. It should develop social security schemes based on the principle of universal coverage for older people. It should ensure that the minimum benefits will be enough to meet the essential needs of
the elderly and guarantee their independence. Efforts should be made to maintain their purchasing power.

- Appropriate measures should be taken to ensure to the maximum extent possible that older workers can continue to work under satisfactory conditions and enjoy security of employment.

- Governments should eliminate discrimination in the labour market and ensure equality of treatment in professional life. Negative stereotypes about older workers exist among some employers. Governments should take steps to educate employers about the capabilities of older workers, which remain quite high in most occupations, they should also enjoy equal access to orientation, training and placement facilities and services.

- Older workers should enjoy satisfactory working conditions and environments, like all other workers. Working conditions and environments, as well as the scheduling and organization of work should take into account the characteristics of older workers.

- Proper protection for workers, which permits better follow-up for people of advanced age, comes about through a better knowledge of occupational diseases. This necessarily entails training medical staff in occupational medicine.

- The transition from active working life to retirement should be a smooth and gradual transition, not abrupt. Such measures would include pre-retirement courses and lightening the work-load during the last years of the working life by modifying the conditions of work and the like.
• In deciding the working conditions of the older people, internationally adopted standards as set out by the International Labour Organisation should be adopted by all countries.

• Comprehensive information on all aspects of their lives should be made available to the ageing in a clear and understandable form.

**Education**

• Educational programmes featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed.

• Education must be made available without discrimination against the elderly, as a basic human right. Educational policies should reflect the principle of the right to education of the ageing, through the appropriate allocation of resources and in suitable education programmes. The need for continuing adult education at all levels should be recognized and encouraged. Consideration should be given to the idea of university education for the elderly.

• There is also need to educate the general public with regard to the ageing process. Such education must start at an early age in order that ageing should be fully understood as a natural process. The importance of the role of mass media in this respect cannot be overstated.

• A co-ordinated effort by the mass media should be undertaken to highlight the positive aspects of the ageing process and of the ageing themselves.
• In accordance with the concept of life-long education promulgated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), informal, community based and recreation oriented programmes for the aging should be promoted in order to help them develop a sense of self reliance and community participation.

• Governments and international organizations should support programmes aimed at providing the elderly with easier physical access to cultural institutions in order to encourage their greater participation in leisure activities and the creative use of their time.

• Governments and international organizations concerned with the problems of aging should initiate programmes aimed at educating the general public with regard to the aging process and the aging. Such activities should start from early childhood and continue through all levels of the formal school system.

• Where stereotypes of the aging person exists, efforts by the media, educational institutions, governments, non-governmental organizations and the aging themselves should be devoted to overcoming the stereotyping of older persons as always manifesting physical and psychological disabilities, incapable of functioning independently and having neither role nor status in society. These efforts are necessary for achieving an age-integrated society.

In addition to these recommendations for action in seven selected areas of concern to the aged, the International Plan of Action also made certain useful
recommendations regarding data collection, training, education and research. The Plan also emphasized the importance of international and regional co-operation in improving the capabilities and the social status of the aged.

It was specified that the plan of action included proposals for broad guidelines and general principles as to the ways in which the international community, governments, other institutions and society at large could meet the challenge of the progressive ageing of societies and needs of the elderly all over the world. Specific approaches and policies were to be conceived of and phrased in terms of the traditions, cultural values and practices of each country or ethnic community. Programmes of action were then to be adopted according to the priorities and material capacities of each country or community.

As a result of the 1982 World Assembly, the UN established a focal point for co-ordination on issues of ageing. The Ageing Policies and Programmes operates out of the UN office at Vienna - CSDHA and is concerned with watching the activities and plans of a multitude of UN and other international bodies.13

Another key initiatives to come out of this Assembly has been the establishment of 'national mechanism' on ageing. These are co-ordinating committees composed of representatives of appropriate government bodies, non-governmental service, organisations and organisations of and for the elderly themselves. So far 93 such networks have been established.

V.2.b. United Nations Principles for Older Persons\textsuperscript{14}

On 16\textsuperscript{th} Dec. 1991 the UN General Assembly adopted resolution 46/91 containing the UN Principles for older Persons, to add life to the years that have been added to life. Comments were encouraged to incorporate the principles into their national programmes whenever possible.

It lays stress on Independence, Participation, Care, Self-fulfilment and Dignity. The details under each of these are as follows:

**Independence**

Older persons should have access to adequate food, shelter, clothing and health care through the provision of income family and community support and self-help along with access to work and to other income generating opportunities. They should be able to live in environments that are safe and adaptable to personal preferences and changing capacities and should be able to participate in determining when and at what pace withdrawal from the labour force takes place. They should have access to appropriate education and training programmes and should be able to reside at home for as long as possible.

**Participation**

Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being.

They should share their knowledge and skills with younger generations and serve as volunteers in positions appropriate to their interests and capabilities and should be able to form movements or associations of older persons.

**Care**

Older persons should have access to health care so as to maintain the optimum level of physical, mental and emotional well being and to prevent or delay the onset of illness. They should have access to social and legal services to enhance their autonomy, protection and care and should benefit from family and community care and protection in accordance with each society’s system of cultural values. They should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment and should be able to enjoy human rights and fundamental freedom when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs needs and privacy and for the right to make decisions about their care and the quality of their lives.

**Self-fulfilment**

Older persons should be able to pursue opportunities for the full development of their potential. They should have access to the educational, cultural, spiritual and recreational resources of society.

**Dignity**

Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse. They should be treated fairly
regardless of age, gender, racial or ethnic background disability or other status, and be valued independently of their economic contribution.

V.2.c. Draft Global Targets on Ageing for the year 2001

The General Assembly, in resolutions 46/91, 46/94 and 45/106, called for a set of global targets on ageing for the year 2001 to provide a focus for the broad goals of the International Plan of Action on Ageing and to accelerate its implementation.

Its ultimate purpose is to support national responses to the ageing of population as well as to create an environment where the talents of older people find full expression and their care needs are met. It lists a number of options for selection by member states as relevant to their needs and capabilities. It is organized according to the priority areas of the International Plan of Action on Ageing, such as infrastructure health, housing, family, education, social welfare and income security.

The proposed targets are as follows:

• Support countries in setting national targets on ageing.

• Generate support for integrating ageing into national and international development plans and programmes.

• Generate support for community-based programmes of care and participation of older persons.

• Improve cross-national research on ageing including harmonization of terminology and methodology.

• Facilitate closer co-operation among non-governmental organizations on ageing.

• Establish a global network of senior volunteers for social and economic development.

To assist member states in setting national targets on ageing for the year 2001 a guide has been prepared. It is organized according to the priority areas of the International Plan of Action on Ageing. It can be seen under the following headings:

**Basic National Infrastructure Targets**

The success of the action Plan will largely depend on action undertaken by Government which should be to strengthen or establish a national co-ordinating mechanism on ageing and to promote the establishment and effective functioning of organizations of older persons, promote the expansion or establishment of intergenerational policies and programming. Improve or establish standards with enforcement protocols for elderly care providers, including in-home, community based and residential settings. Integrate the issues of ageing into national development plans and strengthen or establish national education, training and research activities on ageing. Ensure that
national data collections include information which is gender and age-specific, produce, disseminate and periodically update a national directory of public and private organizations concerned with ageing and of services and opportunities for and by older persons. Produce and widely disseminate regular reports on the national aging situation and establish mechanism to examine and adjust existing legislation and practices for major omissions, contradictions, and discriminations with regard to older persons.

**Health and Nutrition Targets**

A fundamental principle in the care of the elderly should be to enable them to lead independent lives in the community for as long as possible. Launch a campaign on "Healthy Ageing" for all which should stress on holistic approach to health, with a balance between physical, intellectual, social, emotional, mental and spiritual well-being. Emphasis on avoidance of health-damaging habits and practices.

Establish national indices of health and disability among the aged; ensure that primary health care is available and accessible to the elderly; encourage the establishment of a technical aids supply system; provide adequate nutrition, especially for the elderly at risk, including such groups as refugees, victims of disasters and those in isolation, strengthen or establish a public health programme ensuring accessibility to clear water and adequate sanitation for the elderly.
**Housing and Living Environment Targets**

Provide support for the elderly so they may continue living in their own homes as long as possible or choose alternative accommodation if their home is no longer suitable or desired. Provide barrier-free and community integrated accommodation and public facilities for the elderly in cities, towns and villages; promote community education on personal security in the home and community. Provide and enhance accessibility and mobility for the elderly to work, social and health services and leisure facilities.

**Family Targets**

Promote, enhance and support family care-giving and establish support groups for families with special problems and special care-giving needs, such as those having to deal with demential and physical disabilities and develop and enhance skills whereby men and women may fulfil their roles as family leaders, counsellors, and care givers.

**Education and Media Targets**

Launch information, education and communication campaigns on ageing to promote positive images of ageing and ageing as a subject of general social relevance in which every one participates, provide key roles for older persons as voluntary or paid resource persons in literacy programmes, public awareness campaigns and education programmes on cultural traditions and heritage, the environment, substance abuse and other areas. To provide literacy education and continuing education for older persons to integrate the subject and activities of ageing into national events and meetings and disseminate and apply the United Nations Principles for older persons.
**Social Welfare Targets**

Enact legislation to ensure equitable access for older persons to social welfare services. Examine and determine the most equitable and efficient mix of public and private incentives which encourage the development and provision of services and opportunities for older persons and to strengthen or establish a community-based continuation of care programmes which should aim at developing supportive partnerships for care between the informal and formal sectors. Recognition should be given to services providers, including informal care-givers of older persons, by providing training, adequate compensation and a positive public image.

**Employment / Income Security Targets**

Institute a national programme to promote productive ageing. This programme will encourage individual and institutionally supported opportunities and access to credit for older persons so they may engage in income producing and/or voluntary service on behalf of themselves, their families and their communities. Such activities will include drawing community based skill banks of older persons, self employment, the development of second careers and part time jobs and establish, strengthen and implement schemes or strategies to provide income security for all older persons at levels appropriate to the national economic and social infrastructure. It should examine options available to older workers for flexible and gradual withdrawal from, and extension of a formal employment in accordance with national and social infrastructures and resources.
V.2.d. Building infrastructure

One of the key initiatives to come out of the 1982 World Assembly has been the establishment of national mechanisms on ageing. These national mechanisms are co-ordinating committees composed of representatives of appropriate government bodies, non-governmental service organizations and organization of and for the elderly themselves. So far 93 such networks have been established. In developing countries these national machineries provide an opportunity to articulate a policy stance and establish institutional frameworks for formulation and implementation.

Further steps have been taken to translate the "plan" part of the Plan of Action into "action".

In 1988 the International Institute on Ageing based in Malta, was founded. Supported by the Maltese Government, United Nations specialized agencies and bodies and other governmental and non-governmental contributors, the Institute defines its mission as fulfilling the training needs of developing countries and acting as a bridge between the developed and developing nations. Consideration is being given to establish similar institutes to serve needs of Latin American and Caribbean nations. The African Society of Gerontology has been established in 1989.16

V.2.e. Resource Mobilisation

The United Nations Trust Fund for Ageing, was established after the 1982 World Assembly, in 1983. It has supported training, income generation, policy formulation and needs assessment programmes around the World. Governments, Non-governmental organizations and other organizations and individuals have contributed to the Fund, which is managed by the Director-General of the United Nations Office in Vienna (UNOV). Governments and organizations can request financial assistance from the Fund through the field offices.

V.2.f. United Nations Development Programme

In the context of new approaches to international fund raising, the Banyan Fund Association: A World Fund for Ageing, was established in 1991. It takes its name from the tropical banyan tree, which drops aerie roots from its branches to form new trunks and ensure longevity, self-reliance and continuing growth. It specializes in promoting self-help initiatives by the elderly, their families and their communities so as to enable the elderly to remain independent and contribute to society. It secures funds from corporations, foundations, charitable bodies and individuals, and allocate them for specific projects and programmes on ageing, especially in the developing countries. It is located in France and incorporated as a non-profit association under French law. Though

17. Ibid, p.3.
autonomous and private, the Banyan Fund is under the patronage of the United Nations.\textsuperscript{18}

V.2.g. International Day and Year of Older Persons

In 1990, the United Nations General Assembly designated 1 October as the International Day for the elderly.

While 1999 will be celebrated as International year of older persons. The overall objective of the year is to promote and implement the United Nations Principles for Older Persons, which were adopted by the General Assembly in 1991. The Principles promote the basic rights of older persons, based on independence, participation, care, self-fulfilment and dignity.\textsuperscript{19}

The theme chosen for the year is “Towards a society for all ages”. This theme has been chosen to reflect the approach of the United Nations in its work on ageing and to promote the philosophy that societies should be inclusive in nature, should embrace all population groups and should share their resources equally.

In defining the issues involved in the construction of such a society, four topics were deemed central to further discussion and debate:

- “the situation of older persons”;
- “Life-long individual development”;

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\textsuperscript{18} The United Nations and Ageing, New York : United Nations, 1992
• "Multigenerational relationships" and

• "Development and the ageing of populations"^20

The official U.N. logo for the year 1999 has been chosen which can be seen on next page. It represents vitality, diversity and interdependence, as well as movement and progression.

Vitality refers to the increased ability of mind and spirit made possible by healthful lifestyles as people age. The combination of vitality and diversity is seen as heralding both "a new age for old age" and the reality of "old age in a new age". The concentric lines draw attention to the independence of the generations, which create a dynamic and reciprocal exchange and caring. This nation reciprocity is reflected in the theme for the year "Towards a society for all ages".\^21

\^20 Ibid, p.7.
The goals for 1999 and beyond are as follows:

(a) Raising awareness, focussing on the society for all ages;

(b) Encouraging looking ahead beyond 1999 and designing long term strategies;

(c) Reaching out to non-traditional partners, such as the development community, the media, the private sector and youth;

(d) Improving networking to support research and data collection on ageing and collaboration among global networks.

Ideas for activities at the national level: core structures

(a) Appoint a 1999 lead agency or focal point

(b) Establish a 1999 committee. Members could include traditional actors - government ministries, organizations of older persons, gerontological institutes etc. and non traditional actors - the media, youth organizations, schools and universities, development agencies, indigenous organization, religious, professional and business entities.

(c) Prepare a 1999 programme, with promotional and developmental elements, as well as outreach to local areas and international contacts.

(d) Establish a secretariat and budget. Retired persons could form or augment a core secretariat.

(e) Establish a fund.22

22. Ibid, pp.2-4.
V.3 INDIAN SCENARIO

The Indian society is undergoing transformation from an agrarian economy to an industrial social order. Infact ageing now has before a complex and challenging proposition for the individual. As Saraswathi, Hakim and Kapadia have stated, the best insurance of the aged, the joint family, is becoming increasingly unpopular, nuclear families being on the increase in most parts of the country. Many other factors have also given rise to the ageing problem in India, like migration of younger members to cities or abroad for employment, a rising cost of living without parallel increase in resources, especially of the older generation, earlier retirement age in many fields, corrosion of values and the emergence of the nuclear family with increasing stress on individuality.23

These transformations have affected our value system, thus affecting the elderly.

Thus the main factors which make the aged more vulnerable can be summarized as follows:

(i) modernization, technological advancement, mobility and changing life styles and values.

(ii) shortage of housing in the cities and rising costs of living.

(iii) migration of the younger generations to better work areas.

(iv) changing priorities that affect the intra-family distribution of income in favour of the younger generation.

(v) changing economic structure.

Along with this because of improvement in medical health services and in nutritional standards, the demographic profile of the aged population has considerably changed in terms of life span and capacity to lead a longer active life. The changing composition of the aged population and the weakening of traditional support system has added to the number of elderly who can be termed as deprived and in need of support.

V.3.a Constitutional and legislative provisions

The constitution of India recognises the duty of the State towards the elderly. According to Article 41

The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education, and to public assistance in cases of unemployment, old age, sickness and disablement and in other cases of undeserved want.

This Article is one of the Directive Principles of State Policy, the provisions of which are not enforceable by a court but the principles therein laid down are nevertheless fundamental in the governance of the country and it shall be the duty of the State to apply these principles in making laws.

This is supplemented by section 125 (1) of the code of Criminal Procedure 1973, section 20(3) of the Hindu Adoption and Maintenance Act, 1956, requiring individuals to maintain their aged or infirm parents, and by Section 125(d) of the Criminal Procedure Code 1973, making it incumbent for a person having sufficient means to maintain his father or mother who is unable to maintain himself or herself.
Further reading of the Indian Constitution shows that although old age is linked with public assistance, there are often Articles and Schedules which support the case of the ageing populations. The relevant provisions in this regard are as follows:

**Article 16 (2)** - Equal opportunity in matters of public employment;

**Article 21** - Protection of life and personal liberty;

**Article 39 (a)** - Right to an adequate means of livelihood;

**Article 39 (b)** - Ownership and control of material resources to subserve common goods;

**Article 39 (c)** - Citizens not being forced by economic necessity to enter a vocation unsuited to their age or strength.

**Article 41** - Public assistance in old age, sickness, disablement and other cases of undeserved want.

**Article 47** - Raising the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties.

**7th Schedule of the constitution** : Entries (24th) invalidity and old age pension included in the concurrent list of the constitution;

**11th Schedule ( Art. 243 G)** : Entries (24) Family Welfare

**12th Schedule (Art. 243 W)** : Entries (3) Economic and social development; (9) Weaker sections and (10) Urban poverty alleviation.
However, as it can be seen that under the constitutional schedule, the old have been placed along with or near infirmity. Further, the orientation of the Constitution is towards children, workers and youth.\textsuperscript{24}

Moreover, the dilemma is that the subject is in the concurrent list, and therefore the States expect the centre to share a major burden. Confusion persists about the welfare of the aged being a State subject in the Ministry's document. While Article 41 of the Constitution enjoins upon the state to discharge its obligations towards the elderly, it does not mean that it is State subject. Article 12 of the constitution defines State to include the Government and Parliament of India, the Government and Legislative of each of the States and all local and other authorities and this subject is included in the concurrent list.\textsuperscript{25}

\textbf{V.3.b. Governmental Efforts: Plan Policy}

The five year plan documents do not show consistency in recognising the old as a target group needing welfare services. The \textbf{first} and \textbf{second five} year plans covered only the social security measures for industrial workers. The \textbf{third five} year plan recognized the needs of the old without any means of livelihood and support but left in to voluntary organisations and local bodies to provide the assistance; it suggested the setting up of relief and assistance funds. For the first time during the \textbf{Third Five Year Plan} the welfare Board had

\textsuperscript{25} Ibid, pp.6-7.
taken into consideration old age pension and earmarked or specific budget for the "Relief and Assistance Fund" which offers grants and inter alia to older persons. This grant was rooted through local bodies such as municipalities and panchayats and the State governments were asked to meet the cost of administration. However, due to lack of appropriate demographic data on older population, in adequate publicity coupled with administrative problems, the scheme failed to achieve its spelled out objectives.26

The fourth five year plan document (Draft Outline 1996-67, 1970-71) made a provision of Rs.40 million for social assistance schemes for old persons unable to work, the physically handicapped and other categories. This remained unutilised in the first two years. Subsequently, the document was superseded by the fourth plan document 1967-70 to 1974-75 in which the proposal did not find a place.

The fifth five year plan (1974-75 to 1978-79) mentioned that the State should progressively endeavour to evolve a comprehensive social security system concerning the needs of the aged, the handicapped and others in need of social assistance. No outlays, were, however provided in the central plan.

The draft sixth plan (1978-79 to 1982-82) document made no mention of the ageing as a target group needing welfare services. The subsequent sixth plan (1980-81 to 1984-85) which superseded this recognised the aged as a vulnerable group for whom programmes were required so as to meet their

needs. No outlays were separately indicated in the central sector for schemes for the aged, the assumption being that the States could n their plans provide whatever services they felt necessary. As a fall out of the World Assembly on Ageing in 1982, for the first time in 1983-84, the Central government started giving grant-in-aid to voluntary organizations for providing services to the elderly under a general grants-in-aid scheme.

Only after the World Assembly on Ageing (1982) adopted the "Vienna International Plan Action on Ageing", the Government of India realized the seriousness of the problem and the importance of specific welfare measures. Consequently, in the Seventh Five Year Plan (1985-86 to 1989-90) the Government of India, through the Ministry of welfare initiated same social welfare programmes and encouraged the participation of non-governmental organizations.27

However the Seventh Plan (1985-86 to 1989-90) document also did not recognize the ageing as a target group. As in the sixth plan, grants-in-aid were being given to some voluntary organizations under a general grants-in-aid scheme of the central government.

So, it can be seen that only since 1983-84, the Ministry of welfare is providing General Grant in Aid for Assistance to voluntary organizations in the field of Social Welfare for -

- rendering welfare services to the aged; and
- for constructing homes for the aged.28

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For, the first time reference has been made in the **Eighth five** year plan, towards the welfare of the elderly recognizing them as target group. It is quoted.

The coverage of elderly persons without any means of support will be expanded through the schemes of old age pensions of the State Governments. The main thrust of the programmes for the elderly will be non-institutional services which are family and community based. Financial assistance will be given to voluntary agencies to provide not only care but also help improve the incomes of the elderly besides involving them closely in the activities of the community so that they are not marginalised.\(^{29}\)

**The eighth five year plan** laid down the governments policy towards the elderly—

- At the national level, the plan proposed to set-up a national board on senior citizens to deal with policy formulation and guidance for the welfare of the aged.

- In the state sector it proposed to broaden the old-age pension scheme so that the rate of pension has relevance to the cost of living index.

- The Government emphasised the resource constraints in implementing welfare programmes and services for the elderly.

- It proposed to create 'a national elder's fund' with a corpus of Rs.50 million to support innovation projects, special programmes and demonstration projects on an experimental basis.\(^{30}\)

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30. Eighth Five Year Plan, GOI, Planning Commission, p.32-34.
Other thrust areas and recommendations were as follows:-

- Family as a basic unit of care of the aged should be strengthened to prevent destitution.

- Elderly should be encouraged to assist in prevention and treatment of drug abuse.

- Aged should be encouraged to form themselves into voluntary bureaus.

- Continuing education should be available to the elderly irrespective of their age. Their services should be utilised for non-formal education.

- Special housing arrangements for the aged should be made.

- Special arrangements such as special wards and special queues for the aged should be considered in hospitals in addition to ambulance service, physical therapy, mobile health unit, day-care centres, domiciliary care etc.

- Special consumer protection services be provided to the elderly, particularly in marketing techniques, safe use of medication, household chemicals and other products and reasonable rates of medicines, dentures, glasses, prosthetics, etc., should be charged from the elderly.

- A National Policy on aged be formulated

- National Institute of senior citizens should be set up.

- National Day for the elderly be observed every year.

- Foster care and adoption services for the aged be started by the NGOs.\textsuperscript{31}

\textsuperscript{31} Chowdhury, D.P., opp.cit., pp.136-138
The schemes under the eighth five year plan proposed are:

A scheme called welfare of the aged has been launched under this plan, thus marking the entry of the aged in Indian planning, as a separate group, which needs attention. This scheme aims at encouraging voluntary organisations of elderly to provide old age homes, day care centres, medicare and non-institutional services for the aged by assisting through grant-in-aid.

Under the Old Age Home programme, assistance will be available under the scheme for both maintenance and construction. Old Age Homes are expected to be residential units of the aged persons of 60 years and above and are expected to take care of the physical and psychological well-being of its inmates with the help of trained social workers, counsellors and medical staff. Assistance for the building construction and extension of Old Age Homes is also available and the programme for the grant of construction.

In addition to Old Age Homes, the Scheme aims at providing assistance to voluntary organisations for setting up Day Care Centres for the Aged, which should at least have 150 aged persons in its list so that even after drop out and absenteeism, its daily attendance does not fall below 50. They should aim at gainful utilisation of the spare time of the elderly living in the neighbourhood and should appoint a part-time qualified physician for medical check-up and a full-time trained social worker.

Under the Mobile Medicare Service Programme of the scheme, grants are available to voluntary organisations possessing experience and expertise in Medicare Services to the aged. Likewise, programmes can also be taken
under the scheme for setting up or maintaining a Foster Care Unit of 25 aged persons.32

The expenditure on the schemes is to be shared by central government on the one hand and voluntary organisation as well as local bodies on the other. The Eighth Five Year Plan includes a financial target of Rs.93.32 million for these schemes during the plan period.

The Ministry of Welfare is implementing a central scheme of Assistance to voluntary organisations for programmes relating to Aged Since November 1992. Under the scheme, financial assistance is provided to voluntary organisations for setting up and continuance of Day Care Centres, Old Age Homes & Mobile Medicare Services. Under the Scheme, NGOs were assisted to set up 209 old Age Homes, 236 Day Care Centres and 29 mobile Medicare Units during 1994-95 covering 18 States and 3 Union territories.

The strategies envisaged in the ninth plan visualize that the programmes for the elderly will be both developmental and humanitarian. Community and family based welfare services will be developed for the elderly with the assistance of voluntary organizations.33

32. Draft National Policy opp.cit. p.44.
33. Vijaya Kumar, S., opp.cit. p.42.
The focus in the draft report for the ninth five year plan (1997-2002) are as follows :-

• Focus on rehabilitation of this segment of society should be on non-institutional support, as far as possible the elderly should not be shifted from their family, community and environment. However, grant-in-aid for institutional services may have to be continued for a limited period. These grants may be given on a tapering basis.

• The productive utilisation of the aged by utilising their talents should be emphasised. In this connection setting up of Voluntary Bureau may be considered for registering talented elderly people who may be given grants-in-aid further, in order to make the elderly feel wanted. Those aged who are 85 plus may be honoured by recognising their contribution at various levels. The establishment of a National Heritage Trust may also be considered which could collect funds from the rich, corporate sector and the like, for providing services to the aged.

• The programme for the welfare of the aged may be taken up at the district level. Further, there may be informal institutional liaison at the Panchayat level, which can act as a focal point.

• Old age pension to the destitute elderly may be given at the rate of Rs. 75 per month by those states and union territories where the assistance is less than this amount. However, where the amount is more then the same may be continued.
• Concession to be given in respect of income tax rebate, railway concession, Indian Airlines concessions etc.

• The working group recommended an allocation of Rs.100 crores for implementation of the activities and programmes suggested in the plan for the welfare of the Aged.34

**Income Benefit Schemes Related to Retirement**

For those who retire from the organised sector (Government and semi government sectors), there are some income security arrangement - Pension, health cum retirement Gratuity, encashment of earned leave, Provident Fund, etc.

(a) Pension

Payment of pensions to government employees goes back to Pensions Act 1871 when it was enacted. It applies to both Union Pensions and State Pensions. The word pension implies periodical payments of money, made by the government to a pensioner, on account of past service considerations or merit.

In order to qualify for any government retirement benefits, a minimum of 10 years Service is essential, except in case of compensation gratuity. If there is an interruption in service, a government servant forfeits his or her past service, except in a number of special cases, including authorised leave of absence and abolition of office.

Protection is given to Pension Fund. It is not liable to attachment under any decree or order of any court in respect of any debt or liability incurred by the member.

However, Pension sanctioning authority may withhold or withdraw pension, or a part there of permanently or for a specified period if the pensioner is convicted of a serious crime or is found guilty of a grave misconduct.35

(B) Employees Provident Fund Scheme

Retirement benefits are available for workers in organised sectors through statutory and administrative measures. Under the Employee’s Provident Fund and Miscellaneous Provisions Act, 1952, three schemes are there -

- The Employees Provident Fund Scheme.

- The Employee’s Family Pension Scheme, applies to members of Provident Fund. It provides family pension to the family of a deceased member, life insurance benefit in the case of death, and a lump-sum payment.

- The Employees’ Deposit linked Insurance Scheme which provides an assurance benefit in case of death of a member while in service.36

Under the employees provident fund scheme the worker and the employee both contribute to this scheme. Apart from other advantages, the intention in establishing it was that it would cultivate among workers a spirit of regular saving. It is an effective old age and survivorship benefit. Employee's contribution to the fund are fixed. The employee's contribution is equal to the contribution payable by the employer. Additional employer contributions to the fund may be up to 10 percent of basic wages. 37

The Payment of Gratuity Act 1972

The payment of gratuity is a retirement benefit in addition to provident fund and family pension benefits, for employees engaged in factories, mines, oil fields, ports, plantations, railways and other establishments. It is payable to an employee on the termination of his or her employment after he or she has rendered continuous service of not less than five years. However, the payment is made on his or her superannuation, retirement or resignation. The value of the gratuity payable to an employee cannot exceed 20 months wages.

Protection is given to the provident fund and amount of gratuity as it is given to pension fund. It is not liable to attachment under any decree or order of any court in respect of any debt or liability incurred by the member. 38

However, lately there has been a concern at the rising cost of living which has eroded their purchasing power and led to a decline in real income. In the recent years the central government has extended some benefits to its

38. Ibid, p. 45.
retired employees by way of computation on basis of pension in a more liberalised manner, upward revision of limit of maximum pension and gratuity, cash payment in lieu of unutilised earned leave subject to fulfilment of certain conditions.

**The Old Age Pension**

The above mentioned scheme are for those in organised sectors. However, for those who are in the unorganised sectors, no retirement benefits are there. The only old age benefit are those extended to poor and destitute under ‘Old Age Pension Schemes’ by the State Governments and Union Territories.

It is a major non-contributory public assistance programme run by the State Government and Union Territories administration for the destitute old and is financed mainly from the non-plan budget. The basic philosophy is that it is the primary responsibility of a family to care for older people and it is only when this fails that the State should come forward to assist the elderly.

The first state to start this scheme was Uttar Pradesh in 1957, followed by Kerala in 1960, Andhra Pradesh in 1961 and Tamil Nadu in 1962, Andhra Pradesh in 1961 and Tamil Nadu in 1962. The table on the next page shows the rate of old age pension in India as in 1990.39

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<tr>
<th>State Number</th>
<th>State / Union Territory</th>
<th>Pension Rate</th>
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<tr>
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<td>2</td>
<td>Arunachal Pradesh</td>
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<td>Lakshadweep</td>
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While most of the states have adopted destitution, which means no source of income, as the criteria, while others have adopted an income approach. Some states have included 'incapacity' or 'infirmity' as another condition for eligibility. The domicile condition ranges from 3 years to 20 years. The age for
eligibility ranges from 55 years to 70 years. The rate of pension ranges from Rs.30 per month to Rs. 100 per month. The coverage under these schemes also differ. The States of Bihar, Goa, Haryana, Himachal Pradesh, Karnataka and Manipur cover more than 10 percent of the aged under these schemes. The other States have much lower coverage. 40

However, pensions are not given as a matter of right and do not have a statutory sanction; these are given in most cases on the basis of a scheme drawn up for the purpose by each State/UT. The financial provision that can be allocated determines the number of beneficiaries.

Other Statues Particularly Affecting Older People

There are some other benefits which devolve on the aged. The legal basis for this is article 41 of the Indian Constitution which affirms that the State is expected to make effective provisions for the elderly within the limits of its economic capacity and development.

(i) The Income Tax concessions

As a legislative measure for the welfare of the elderly, the Income Tax Act 1961, section 88 B was introduced by the Financial Act 1992. It attempts to provide income tax rebate in case of individuals who have reached the age of 65 years - senior citizens. For the financial year 1998-99 for senior citizens, a rebate of Rs. 10,000 is given in Income Tax calculated as per normal deductions.

40. Ibid, p.79.
(ii) LIC schemes

The Life Insurance Corporation of India introduced two schemes for people in order to give financial security after the age of 50 years - Jeevan Akshay and Jeevan Dhara. However, lately they have been discontinued. The new schemes are Jeevan Shree Plan, Jeevan Suraksha Plan and Jeevan Sandhya. These will serve as a supplementary income to the pension.

Jeevan Suraksha plan has been introduced as a new pension plan with effect from 15th August 1996. The Plan is intended to help individuals to provide for retirement income through savings during their working life. This will especially appeal to the self-employed professionals, businessmen and employees who do not enjoy full pension benefits etc.

This Plan provides pension from a chosen retirement date with life cover providing atleast 50 per cent of the target pension to the spouse on his/her death during deferment period. However, the purchaser will have the option to opt out of life cover, provided he is adequately insured i.e. for a sum assured of Rs. 5 lakhs or over or aged above 50 years last birth day. The premiums paid under the policy attract Income Tax rebate.

Similarly Jeevan Shree has a limited and single payment options with maturity period of 8, 10, 15, 20 & 25 years. Guaranteed addition @ 75 percent per year; limited payments help avoid uncertainties of distant future premium paying capabilities.

Further, health insurance schemes such as Mediclaim are also available through General Insurance Corporation of India.
Public Provident Fund

This scheme introduced by the government, provides relief in income tax, wealth tax and highest tax free interest at 12 percent per annum. Subscribers to this fund can make refundable loans and non-refundable withdrawals but the arrangement is ideal for those who want to plan for their old age through saving and beneficial investment of their earnings while they earn.41

Travel Concessions

The Ministry of Railways provide 30 per cent concessions in sleeper class as well as in A.C. class to all persons aged 65 and other similar concessions are given in airlines too to the senior citizens. Some authorities provide separate ticket and reservation counters for the elderly to cause them less of trouble.

Health Care Concessions 42

With regard to health care, provision was made for retrieved central and state government employees and their dependents through the Central Government Health Service Scheme (CGHS), Medical Reimbursement Scheme (MRS) and Railway Medical Scheme (RMS) Similar types of schemes are available for state government employees.

V.3.c. National Policy for the old framed 43

The Government has formulated a comprehensive national policy for the old (60+) to address to the concerns of the aged and help them spend the last phase of their life with purpose, dignity and peace.

41. The Study opp.cit. p.53.
42. Vijaya Kumar, S., opp.cit. p.40.
43. Hindustan Times, New Delhi, January 05, 1999.
The draft policy is said to be the first of its kind. The 24 page document has outlined a series of specific proposals for the older persons, whose number will cross the 100 million mark by the year 2013.

The policy's central theme is said to be to achieve integration between young and old and develop a social support system, formal as well as informal, to increase the potential of the families to take care of the old.

The policy also focusses on the need to develop the huge human reserve in the older age groups in such a manner so as to benefit the society from their expertise and experience.

Among the specific proposals, the draft talks of broad basing the old age pension scheme. It talks of covering all older persons below the poverty line under old age pension scheme. It stresses the need to revise the quantum of pension at regular intervals to cushion it against inflationary pressures. The policy also endeavours to ensure speedy settlement of all retirement benefits and fix accountability for administrative delays.

The policy also promises to consider tax-relief proposals, keeping in view the problems of the older people which are compounded by the high cost of medical care. It would also include raising the limit for standard deduction and provide an annual rebate for medical treatment, whenever the retired persons do not enjoy a medical cover from their former employers.

Another important thrust area is to encourage the State Governments to enact laws that will make it obligatory for children with adequate means to take care of parents without the wherewithal.
Besides mooting observance of year 2000 as the National Year for older persons, the document has suggested provision of a broad spectrum of basic amenities to this segment, besides a long term approach to promote mutually supporting relationship by changing the syllabi at levels of education.

The main features can be summarised as follows -

- **Year 2000** to be the Year of older persons.
- Expanded old age pensions scheme to include the private sector
- Subsidised health care network with private sector involvement.
- Increased standard tax deduction for senior citizens.
- Legalisation on parents rights to be supported by children.
- Regulatory authority to monitor pension funds.
- Easy access to housing loans.
- Special provisions in Indian penal court for the protection of older people.

V.3.d. The Role of NGOs

The voluntary sector was the first one to respond to the problems of the elderly in India. It has been pointed out that nearly 80 per cent of the NGOs in the field of old age care emerged only after 1949. They provided shelter, food and health care. However, as back as 1840 the 'Friends in need society' started a home in Bangalore. It was followed by another initiative of the District Benevolent society of Bombay in 1847. Later other institutions emerged -
David Sasoon Infirn Asylum in Pune (1865) and Little Sisters of the Poor in Calcutta (1882). However, it is only in recent decades that the NGOS have really come into play and have intensified their activities for old age care.44

The Government of India lays great stress on the role of Non-Governmental organisations for the programmes for the elderly.

The role of NGOS in realm of the care of the aged in India becomes crucial in view of the fact that expansion of activities of the state/government relating to the care of the aged have not been much.

CEWA's directory of 1982 of non-governmental organisation working in the field of the welfare of the aged in India, listed about 380 agencies. While the Handbook of information by the Association of senior citizens, Bombay 1992, lists 865 organization in India that include old age homes, day care centres, pensioners associations, institutions providing medical help, institutes devoted to research and associations of senior citizens.45

Infact the age care services can be categoried under institutional and non-institutional care. Institutional care relates to Old Age Homes, Destitute Homes and Paid Homes. While the non-institutional care relates to Day Care Centres, Volunteer's Help, Free Eye-care Services, Free Health Care Services, Old Age Pension, Income Generative Schemes etc. Some of the organizations that have set up multiservice centres are Action for Social Help Assistance

45. Ibid. p.24.
(ASHA), Centre for the welfare of Aged, Geriatric Society of India, Meals on wheels, Help Age India and so on in different parts of India.46

Help-Age India is a registered national level voluntary organisation. It is a non-profit and a political organisation: It was started 1978. Since its inception in 1978, the society has spread to 21 regional and area offices, located throughout the country.

The aims and objectives are as follows -

• To foster the welfare of the aged in India, especially the needy aged.47
• To raise funds for projects which assist the elderly, irrespective of caste or creed.
• To create in the younger generation and in society a social awareness about the problems of the elderly in India today.

It is involved in service projects for the elderly, fund raising, training, research & development centres. Broadly the service projects are Eye Care camps for cataract operation, Day Care Centre, Old Age Home, sponsorship to the aged destitutes and their rehabilitation by involving them in Income generation schemes and Integrated community welfare projects.

The society runs Mobile Medicare Units on its own in Delhi, Bombay, Calcutta, Banglore which looks after the health and medical needs of the poor elderly slum dwellers.

46. Ibid. pp. 25-26
The AAG (Adopt-a-Gran) Programme aids those older persons who are incapacitated by age and have no family to turn to. Under this some basic needs of such persons are provided.

Under the same sponsorship programme, HelpAge India is extending personalised care and services to 28,000 aged destitute Grans identified by the voluntary agencies.

Its resource mobilisation division utilises various techniques to augment the collection of funds through various methods.

• extensive sale of Help Age India greeting cards through professional marketing

• publishing souvenirs, organising special events - auction of paintings, holding music concerts by renowned artists.

• issuing direct mail appeals to existing and prospective donors for contributions

• Sale of flags, seals and stickers on the International Day of the elderly.

• Placing donation boxes at places of public interest.

• Mobilising funds from donations collected through deductions from salary under other Pay Roll Giving Scheme ‘Amrit Varsha’. 48

Recently the organisation has started providing pre-retirement training to employees of business corporates, with objective of helping them to develop the necessary skills with which to plan their retirement.

The maiden training programme on 'Plan your Retirement' was organised at Agri Machinery Group, Escorts Ltd., Faridabad on June 17, 1997 for employees of the corporate (middle management level).

The various aspects covered in the training programme were social, medical, health, yoga, legal issues and financial planning. The curricular for the course was designed on the basis of discussions with retired people.49

During 1996-97, it has supported 208 projects covering a wide range of programmes throughout the country at a cost of Rs. 7.25 crores.

So it is establishing itself as the leading NGO working nationally for the welfare of older persons. It has been playing an important role in supplementing the Government effort.

So, in view of the near-total absence of social security measures for older people, the initiative taken by the NGO to deal with the problems of the aged is itself a positive feature. They have been engaged in providing a number of services ranging from institutionalized services to other kinds of services like day care centres, eye operation camps etc.

Attempts are being made in a few cases to provide assistance to the old to enhance their status in their families, so that they do not have to leave their families and remain involved in the family and the community in a positive way.

Some NGOs in the field are disseminating knowledge and information in the field of the care of the old. They facilitate exchange of knowledge and help, however feebly, coordination of activities of different NGOs catering to elderly people.  

However, more needs to be done. Measures have to be taken to further strengthen the roots of the NGOs. They should try to enhance their effectiveness by assessing the needs of the old at the micro-level so that programmes can be realistically formulated. Also, measures should be taken to encourage and strengthen grass-root level organizations where voluntary activities have not picked up as yet.

They should have programmes of legal aid for the old to fight against the deprivation of their right to enjoy their savings, pension or property. These organizations should recognise the importance of training in areas of capacity building, management of projects, running income generation projects, counselling etc. The funds should be properly channelised for constructive work. They should practice the values of openness and transparency in all their dealings. Such transparency and proper utilization of funds will help the NGOs raise funds. They should try to make the potential or actual donor a partner in

50. Mandal, M., op.cit. p.32.  
51. Ibid, pp.32-35.
their cause. The donor should feel that he or she can make a difference in this world. Last but not the least, these organizations must play an important role in sensitizing the younger generation towards the needs of older persons, resulting in the strengthening of family relationships.\textsuperscript{52}

V.3.e. Awareness Among the Respondents of the various programmes and policies

The respondents in this study were enquired about their views on various programmes and policies being followed at the national and global level.

It was seen that almost all the respondents were aware of the concessions being given to senior citizens like income tax rebate, concession in railways and airline tickets. To a limited extent they also showed some knowledge of the programmes run by NGOS like free eye care camp, old age homes and free medical checking camp. But their awareness on the government policies in the five year plans was almost negligible. one of the response which highlights this:

Why should the government bother for the old people. After all we spent force. They have better things to do and take care of - the children, the youth, women, minorities. Most of which can cater to their vote bank. Yes, the old age pension scheme that you talk about is a paltry amount for the poor and destitutes.. not for us. I guess they are giving some concession in income tax and for travelling, owing to the globalisation of the problems of elderly.

\textsuperscript{52} Ibid, pp.36-37.
However, almost 80 percent of the respondents were aware that the United Nations has declared 'Year 1999' as the International Year of the elderly - through the newspapers and magazines. It is through newspaper only that they come to know of the 'Day for the elderly'.

Yes I get to know that today is 'our' day when suddenly newspapers write a lot on the programmes being run and a lot of articles and in one corner of the first or second page they mention 'Day of the elderly' being celebrated. These days they also have cards for all occasions. Atleast, we have emerged as a group - to be taken care of ......

But overall, their awareness regarding all the programmes and policies was not much. May be because most of the programmes are aimed at the poor and destitute elderly and not to the salaried middle class aged. They were aware of what is being given to them in concrete like the concessions in income tax and travelling.

V.3.f. An Appraisal of Governmental efforts

The Indian approach to caring for the deprived section of the society has been guided by religious sentiments and philanthropic ideals. This approach has predominantly moulded its policies and programmes for the vulnerable sections of society including the elderly. We can see that no concerted plan with any new approach was drawn until the appointment in 1991 by the government of a working group for the eight five year plan. It is from this plan onwards that a section on the welfare of elderly population has been added.

In 1983 - 84, the government of Indian decided for the first time to give grants to voluntary organizations for services to the aged, for health care, income
generation, subsistence training, and old age homes. The Eighth Five Year Plan enunciated a two-pronged approach: encouraging the young to save for their old age, and economic support to the aged.

In November 1992, the Ministry of welfare started a scheme called welfare of the Aged which provides financial assistance to voluntary organizations for running programmes like old age homes, day care centres, mobile medicare service for older persons.53

However the priority for the welfare of the aged has been low amongst the various welfare schemes being implemented by government and voluntary agencies. The funds allocated by the government for the implementation of the programmes meant for the welfare of the aged are too scanty to obtain any tangible results.54

The reasons for the low priority in the plan appears to be based on following premises:

• That there is no real problem of care of the elderly in India. The family and other kin members take care of the elderly and in residual cases voluntary organisations should organise institutional or non-institutional care, depending on the need;

• That welfare of the elderly is a non-developmental expenditure and hence funds for such programme should come from the non-plan budget;

53. Ibid, p.25.
That investments on children, women and even the physically handicapped will develop their potential for growth and contribute to the nation's future, an objective unlikely to be met in the case of the ageing.

Higher priority is accorded to the development of economic sectors and to general social services which will lead to the development of the young human resource rather than to meet the welfare needs of the elderly. In India, the budget distinguishes between developmental and non-developmental expenditure and classifies allocations for the care of the elderly in the latter category which severely restricts their capacity for expansion, an non-developmental expenditure is relatively inelastic. To some extent, such ignoring of the needs of the elderly is because they are not recognised as a resource; their role is perceived more as recipients of benefits rather than as contributors to national development.55 They are generally considered a spent force who have out lived their utility for the growth of society.

In actual practice, the ageing tend to be by passed as they are unable to compete with other categories. It is necessary to recognise them as target group and identify specific schemes for them with adequate financial allocations.

Apart from the general programmes, special programmes should be developed in all sectors of development - health, education, employment, housing etc., to take care of their special needs. A number of the needs of the ageing can be met if the social services show a little sensitivity to their differential

requirements in some cases. Each sectoral plan and programmes of each department must, therefore, make a conscious attempt to see that the ageing are not by passed by policies and services from which they too, should derive benefits.

It is also necessary to ensure co-ordination, both horizontally and vertically, between the programmes and services of different departments as the needs of the elderly are multidimensional and require inter-departmental co-ordination.

The Government lays stress on the role of voluntary organisations to come forward with programmes and help the elderly. However, the resources support provided is not enough. Even at the Central Government level only a few organisations are being provided with grants-in-aid for specific welfare activities for the elderly. The Government should extend financial assistance and also broad official support to these institutions.

It is generally said that those employed in the organised sector have the security schemes like pension, provident fund etc. However, on account of inflation and mounting health care expenses, these might be insufficient to meet the costs of treatment. Therefore, alternative system of social security irrespective of their source of retirement (organised or unorganised sector) should be thought of.  

The national policies for the welfare of the aged have not been very effective because of the absence of a responsible accounting and delivering system at the grass root level. There is a need for establishing a pressure group which can highlight the issues which have remained at the back seat till now.

It is important to bear in mind, while framing policies and programmes for the ageing, that they are not a homogeneous group. Heterogeneity of the older population and the different needs and resources that this heterogeneity implies, must be acknowledged in policy and debates. There are differences not only in resources, needs and interests between older and younger individuals within a nation or community but also among segments of the elderly population itself. So, their differential requirements and priorities in terms of residence (rural/urban), sex (male/female) employment (organised/unorganised), education etc. should be reflected in the policy framework. Communities must be encouraged to develop better means of identifying the needs of their older members as needs of the older populations in various communities even within the same state may be quite different given their diverse size and composition. Providing services in the absence of needs assessment and subsequent evaluation of programmes success is not a sustainable strategy.

Geriatric clinics and wards should be set up in all hospitals, to provide treatment at subsidised rates. Preventive health care through proper diet,

57. Bose, A.B., opp.cit. p....  
59. Ibid, pp. 5-6.  
nutrition, periodic check-ups etc. should be emphasised, in the hospitals and primary health care centres.

The role of family has been emphasized time and again, when referring to the problems of the elderly. The International Plan of Action on Ageing places high priority on the development of policies that will both strengthen and complement family supports for older people.

As the family is recognized as a fundamental unit of society, efforts should be made to support, protect and strengthen it in agreement with each society’s system of cultural values and in responding to the needs of its ageing members. Appropriate support from the wider community, available when and where it is needed, can make a crucial difference to the willingness and ability of families to continue to care for elderly relatives.61

However, it would be a mistake to view the family as operating in isolation from and without the support of the community and government institutions. One concern arises, however, as the provision of outside assistance increases - that the provision of too much outside assistance will prove counter productive, weakening roles and responsibilities better maintained by the family. Thus, an important task is to find a good balance between family and government assistance, that is, to help the family continue to be responsible to the needs of its elderly members but to provide outside support and care when required.62

Considerable focus has to be laid on improving the caregiving relationships by proper schemes of support and encouragement of caregiving

- tax concessions, incentives, social recognition etc.63 The ability of the family to cope with their needs whether physical or financial or psycho-social, should be strengthened through supportive social services. Policies and programmes should facilitate this as extensively as possible. Care of the elderly in old age home should be the exception rather than the rule.

At the same time considering the resource constraints of the country, measures have to be designed accordingly. For this a proper co-operation should exist between the voluntary organisations, governmental departments and the family members of the elderly persons.

The NGOs should be actively involved in the social sector planning right from inception. Family and community based programmes of age care should be encouraged. There should be an integrated approach to the formulation and development of projects. There should be proper networking of action groups engaged, particularly, in the service of the aged in various fields.

The national policy that has been formulated recently is a welcome step. But proposals like making it obligatory for children to care for their parents who lack the wherewithal are questionable. After all how many would bother to take their children to court if the latter faltered on this law. Moreover the old need more than mere financial support. They need help with such basics as shopping, paying their bills, medical & legal advice and even just someone to talk to. Therefore a sustained public campaign is necessary to sensitise the people

and the community to care for the ageing; to see them as an integral part of society.\textsuperscript{64} Conditions should be created for age-integrated society rather than the one which is age-segregative. The guiding principles of the policy should be survival, protection, participation and promotion of a composite culture of social care and share.\textsuperscript{65} There is a need to utilise the elderly human resource effectively and reduce their dependency upon others to help them to organise their own needs. Moreover, sociological research must continue to develop needed information about the older population including information about its changing demographic characteristics, its social and economic resources and the requirements for healthy ageing. Sociological researchers can offer insights into opportunities and barriers to enhanced quality of life among the elderly.\textsuperscript{66}

\textsuperscript{64} The Hindustan Times, New Delhi, 5th January 1999.
\textsuperscript{66} Mutchler, J.E., opp.cit. pp. 3-6