CHAPTER X

CONCLUSIONS AND SUGGESTIONS
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10.1 Conclusion

Social Security is both a concept as well as a system. It represents basically a system of protection of individuals who are in need of such protection by the society or State as an agent of the society. Such protection becomes essential in contingencies like retirement, resignation, retrenchment, old age, death and disablement, which are beyond the control of the individual members of the Society. Men are born differently, they think differently and act differently. State as an agent of the society has an important mandate to harmonise such differences through a protective cover to the poor, the weak, the deprived and the disadvantaged.

Since the last century, human civilization has witnessed a silent revolution, unseen and unheard by many. Although its impact is subtle, it is of utmost significance to everyone. The biggest achievement of the last century was greater longevity that has resulted in an increasing ageing population worldwide. A man ages continuously through an irreversible biological process, socially as perceived by the members of the society, economically by retiring from the workforce and chronologically with the passage of time. The survival of an increasing number of people beyond their traditional adult roles causes population ageing. The incredible increase in life expectancy may be termed as one of the greatest triumphs of human civilization. But it has posed one of the toughest challenges to be met by modern society.
India, being a welfare State, has taken upon itself the responsibilities of extending various benefits of Social Security and Social Assistance to its citizens. The social security legislations in India derive their strength and spirit from the Directive Principles of the State Policy as contained in the Constitution of India. Social Security is increasingly seen as an integral part of the development process. It helps to create a more positive attitude not just to structural and technological change but also the challenge of globalization and to its potential benefits in terms of greater efficiency and higher productivity.

The Constitution of India was drafted to uphold and paraphrase the ideals that inspired the struggle for freedom. The paramount and declared goal of the struggle was not mere independence from imperialist rule but the achievement of human freedom in all its majesty. This meant evolving and protecting a social and political order that guaranteed freedom. It also meant creating the material conditions (including the material requisites) that the citizen needed to enjoy the richness of freedom.

The Fundamental Rights in the Indian Constitution guaranteed to every citizen include the right to life, and as the Supreme Court has pointed out, the right to livelihood is inherent in the right to life. The ultimate object of social security is to ensure that every one has the means of livelihood, food, shelter, health, and care. It follows, therefore, that the right to social security is also inherent in the right to life without which a dignified life is impossible. India is constitutionally a socialist state and the principal aim of socialism is to eliminate inequality of income and status and
to provide a decent standard of living to the people. Thus, commitment to provide social security to the needy is inherent in the Indian Constitution, deservedly claiming the status of fundamental right.

The study has revealed the following significant facts in regard to the ageing population. India apart from China has the largest population of the elderly in the world. The major changes are heavily, influenced by the lowering of death rate resulting in longevity. It can be said that almost every citizen has added 20 years of life span. Demographic ageing, a global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a twenty five year period (1986-90 to 2011-16). In the case of females, the increase in expectation of life has been higher-about 11 years during the same period, from 58 years in 1986-90 to 69 year in 2011-16. At age 60 too, the expectation of life shows a steady rise and is a little higher for women. In 1989-93, it was 15 years for males and 16 years for females.

Improved life expectancy has contributed to an increase in the number of persons aged 60+, from only 12 million persons in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical Group on Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+ in 2030 and 326 million in 2050. The percentage of persons 60+ in the total
population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996 Revision), has indicated that 21 percent of the Indian population will be 60+ by 2050. Men outnumber women in India even after age 60 (29 million males, 27 million females 60+ in 1991). This will continue to be the situation in 2016 when there will be an estimated 57 million males and 56 million females 60+.

Incidence of widowhood is much higher among females 60+ than among males of the same age group because it is customary for women to get married to men older by several years; also, they do not remarry and live longer. There were in 1991, 14.8 million widowed females 60+ compared to 4.5 million widowed males. In other words, there were four times as many widowed females as widowed males.¹

The demographic ageing of population has implications at the macro and also at household level. The sheer magnitude of numbers is indicative both of the huge human reserve and also of the scale of endeavours necessary to provide social services and other benefits. Demographic transition has been accompanied by changes in society and economy. These are of a positive nature in some areas and a cause of concern in others.

The study has found that a growing number of persons 60+ in the coming decades will belong to the middle and upper income groups, be economically better off with some degree of financial security, have higher professional and educational qualifications, lead an active life in their 60s and even first half of the 70s, they have a

positive frame of mind looking for opportunities for a more active, creative and satisfying life. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in India are very strong and an overwhelming majority lives with their sons or is supported by them. Also, working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs. Industrialization, urbanization, education and exposure to life styles in developed countries are bringing changes in values and life styles. Much higher costs of bringing up and educating children’s and pressures for gratification of their desires affects transfer of share of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care giving. Also, adoption of small family norms by a growing number of people implies availability of fewer care givers specially since in a growing number of families, daughters, too, are fully occupied,
pursuing their educational or work career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-lineal relatives. So also is the situation of widows an overwhelming majority of whom have no independent source of income, do not own assets and are totally dependent.

The characteristics of the aged as per a survey conducted by the national sample survey is relevant to understand the problems of the old who require social protection. Only 4 to 5 percent of the aged live alone. Less than 1 percent were inmates of old age homes. About 11 percent of rural aged and 8 percent of the urban aged lived with the spouse only; about 46-47 percent lived with spouse and other relatives. Among others, 33 to 35 percent lived with their children. About 5 percent of the aged lived with “other relations or non-relation”. About 30 to 31 percent of the aged males in rural and urban areas reported that they were fully dependent on others. The corresponding figures for females in rural and urban areas were 71 and 76 percent, respectively. About 30 to 31 percent of the aged reported that they were not dependent on others. The percentage was much lower for females (11 to12). Only about 5 to 6 percent of the aged reported that they did not have a surviving son or daughter. Almost 88 percent had two or more living children. About 76 percent of the aged, who were economically dependent on others, received support from their children or grand children. About 14 to 15 percent depended on their spouse. Only 6 to7 percent reported they have depended on others. For about 3 percent of them, no response was recorded. About 54 percent of both the rural and the urban aged reported having financial assets, and a majority of them managed as well. About 70
percent of the aged males reported possession of assets, whereas the proportion was much lower among females (39 and 38 percent in rural and urban areas). About 63 percent of the rural aged and 58 percent of the urban aged reported possession of property. A majority of them managed it also. About 52 percent of the rural aged and 54 percent of the urban aged reported that they suffered from a chronic disease. The most frequently reported ailments were "problem of joints", cough, and a high or low blood pressure. The problem of cough was reported by 22 percent of the rural aged and 16 percent of the urban aged; the corresponding figures for blood pressure were 11 and 23 percent, in rural and urban areas respectively. These chronic ailments would raise the need of the aged for medical or health-related expenditure. This situation of the old requires the urgent attention of the policy thinkers or the policy makers of the social security.2

According to 2001 census there are 77 Million elderly population (projected to 177 Mn by 2025), 90% with no Social Security, 30% of older persons live below the poverty line, 33% of older persons live just marginally over the poverty line, 80% of older persons live in rural areas, 73% are illiterate, and can only be engaged in physical labor, and 55% of elderly women are widows.3 Broadly speaking the problem of senior citizens in India are mainly related to (i) Health, (ii) Finance, (iii) Status and his emotional ties with the family members and, (iv) Housing. All these problems are inter-related. Health problems over a period of time generally have

repurcussions on the financial and socio-psychological problems as well. For instance, continued ill health not only entails a drain of financial resources but also affects social relationship with the members of the family who have to look after the ailing aged for a long time. Further, ailing aged is likely to become more irritating and depressed, causing further strain and mental agony to others as well, in the family. Similarly, a financially dependent elder particularly in lower middle class or poor families, usually suffers from malnutrition and continued malnutrition may result in ill health and even chronic diseases. Socio-psychological suffering occurs in the elderly as well as in other members of the family both in case of continued sickness and where family income is inadequate to provide for the day to day needs of the dependent elderly parents.

Despite this, for a long time the subject of population ageing was not accepted as a subject for policy formulation. It was only in the last Five Year Plans this subject has been given certain importance and at the beginning of the Ninth Five Year Plan the National Policy has been prepared and accepted. The first effort to frame the policy was made by the Indian Federation of Ageing. Subsequently the Ministry of Welfare prepared a draft proposal, which was circulated, to all State Governments and their feedback was obtained. The revised draft was circulated for Inter Ministerial discussion before on outline of a policy statement was prepared. At this stage several consultations were made with experts from within and outside including the Experts team of United Nations and the International Federation of Ageing.
Subsequently policy data from many countries was collected and reviewed. At this stage a consultant to draft policy statement was appointed and a committee of experts was convened to review the same. Accordingly the Ministry of Social Justice and Empowerment nominated Dr. A.B. Bose as a consultant and the first draft was prepared for discussion. A Committee was convened in Delhi and the Committee deliberated for 2 days on the draft. All the suggestions made by the Committee under the chairmanship of the honorable minister were incorporated and the final draft was submitted on “National Policy on Older Persons 1999”, to the cabinet for approval and the same was approved.

One important feature of the National Policy statement is it provides a broader political context but gives enough freedom to each State and Union Territory to evolve the programme the pattern which will serve different geographical areas, different age groups and the different needs, depending on the social and cultural background of that area.

The National Policy for ageing released by the Ministry of Social Justice and Welfare in 1999 provides an overall context for the legislation as well as planning and programmes. This allows the States and Union Territories to develop programmes according to the needs of special groups. The States in India are not of equal size nor do they have the same rural urban divide or the same socio-economic status. Some States have large urban base like Delhi, Tamil Nadu, and Maharashtra while some have a very large rural component like Bihar, Madhya Pradesh and Rajasthan.
Obviously the programmes for these States are bound to differ so that they can cater to the needs of different groups of different categories. Take the case of Madhya Pradesh or Rajasthan where planning for health services will have to take into account the factors such as reaching out to the door steps of tribal populations living far apart from each other. Similarly the population structure of each State varies. For example in States like Kerala there is a large number of elderly, dependent on their young earners living abroad. Similarly, the population of very old in the State of Andhra Pradesh is higher compared to other States. Therefore the programmes for rural urban divide, young-old, and old-old have to be different in every State.

However, throughout the country special focus has been on women above the age of 80 who may be destitute, and elderly who have become disabled as well as the poor old. For the destitute elderly most of the States have an economic support programme which is the largest component in this sector.

The last two decades have witnessed considerable discussion and debate at the global level on the impact of demographic transition and of changes in society and economy on the situation of older persons. The Recommendations of the First World Assembly on Ageing, Vienna, Austria, 1982, and Political Declaration of the Second World Assembly on Ageing, Madrid, Spain 2002, have given a clear direction to global efforts to alleviate the hardship of the aged. Further, Convention No.102 of the International Labour Organization (ILO) on Social Security and other International Instruments like, Art. 25 of Universal Declaration of Human Rights, which provides the right of everyone to social security, have provided a solid base. Similarly,
International Covenant on Economic, Social and Cultural Rights also focus on social security. Further, the United Nations Principles for Older Persons adopted by the United Nations General Assembly in 1991, the Proclamation of Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1999, and The General Assembly of UNO laid down United Nations principles for older persons in the year 1999 declared as International Year of Older Persons show the importance attached to the welfare of the aged by the UNO. A society for all ages, which was the theme for the 1999 International Year of Older Persons, contained four dimensions: individual lifelong development; multigenerational relationships; the interrelationship between population ageing and development; and the situation of older persons. The International Year helped to advance awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life. Various other Resolutions adopted from time to time, are intended to encourage governments to design their own policies and programmes in this regard.

The major United Nations conferences and summits and special sessions of the General Assembly and review follow-up processes have set goals, objectives and commitments at all levels intended to improve the economic and social conditions of everyone. These provide the context in which the specific contributions and concerns of older persons must be placed. Implementing their provisions would enable older persons to contribute fully and benefit equally from development.
Successful implementation of the Plan of Action requires maintaining support for ageing issues at the highest levels of Governments and throughout the United Nations system. The demographic projections of ageing in all countries make it of paramount importance to continue to include ageing in the development agenda, instead of treating it as an ad hoc issue. In this regard, the Governments, United Nations system agencies and organizations, as well as the non-governmental community, is to ensure that the challenges of population ageing and the concerns of older persons are adequately incorporated into their programmes and projects, especially at the country level.

India being a signatory of these instruments is bound both by the provisions and the corresponding obligations arising under the Covenants. Though so much of development is taking place at international level, the study reveals that unfortunately in India, neither any policies and programmes of the Government nor any legislative measures are effectively helping and taking care of the welfare of the aged people. At family, community and government level, the problems of the ageing get no or very low priority. It is taken for granted that the problem will get solved on its own or that it is a problem of individual families, with communities and governments having nothing to do with it. The family, where the ageing are supposed to get care and comfort, is on the rocks and in any case shrinking. There has for several years been a demand for a Policy Statement by the State towards its senior citizens so that they do not face an identity crisis and know where they stand in the overall national
perspective. The need has been expressed at different forums where ageing issues have been deliberated.

Further, the study also revealed that the State alone cannot provide all the services needed by older persons. India has a rich tradition of philanthropic and voluntary activities for mitigating the sufferings of disadvantaged and marginalized people. The old, particularly the poor, frail, disabled and homeless over the centuries have been beneficiaries of various initiatives, though not adequate, supported by voluntarism and/or state provisions. Indeed, the voluntary sector was the first to respond to the problems of the elderly in India.

Despite the NGO/voluntary sector coming forward to meet the growing needs of older persons, further steps need to be taken to create mechanisms for the proper and adequate delivery of services. There is an urgent need to expand provisions, strengthen capacities, balance geographical distribution, critically evaluate the functioning of different programmes, involve the community in taking care of the aged, and sensitize and concretize the populace to the issues of ageing. Equally, there is need to set up an apex/nodal agency to coordinate and synergize the different activities and programmes, as also network the various actors. Given the increasing costs of service provision, there is need to encourage resource sharing and promote voluntarism if society has to adequately respond to the diverse and multiple needs of our growing aged population.

The study has established that among various problems faced by the elderly in India a great anxiety in old age relates to financial insecurity. When the issue is seen
in the context of fact that one-third of the population is below the poverty line and about one-third are above it but belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to be fragile. Some level of income security in old age is a goal, which should be given very high priority. Policy instruments to cover different income segments must be developed. Pension is a much sought after income security scheme. But the study examined the procedural difficulties faced by the pension beneficiaries in getting the old age pension and in which way pension has benefited the needy old persons in India.

India does not have a specific central law for the welfare of the aged people. But they are benefited along with other persons under different general laws. The Constitution of India in its Directive Principles recognizes the care of elderly. In the Constitution of India, entry 24 in List III of Schedule VII deals with inter alia, "invalidity and old age pension" entry No. 9 of the State List and entries 20, 23 and 24 of Concurrent List III relate to old age pension, social security and social insurance, and economic and social planning. Constitution deals with the State’s role in providing social security to the aged. Article 41 imposes an obligation on the State it “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 case of unemployment, old age, sickness and disablement and in other cases of undeserved want".4

4 See supra, Chapter III Constitution & Social Security.
The right of parents without any means to be supported by their children having sufficient means has been recognized by Section 125 of the Criminal Procedure Code. The Hindu Adoptions and Maintenance Act 1956, too secure this right to parents. The study has found that despite the benevolent provisions being there in these statutes, it has been experienced that the legal response is limited in its application. The slow and dilatory court machinery is a great dampener on enforcing the rights of the aged to seek proper maintenance from their children. Even if a competent civil court passes a judgement and decree, execution takes months and even years due to cumbersome legal procedures. Even before the maintenance is realized the decree holder may die of starvation. Parents to go to Court against the children seldom use the provisions of Cr.PC and HAMA. Most litigants under Section 125 of Cr.P.C are spouses, that is, wives. A Critical analysis of these statutory provisions shows that they are inadequate to address the problems of the aged.

However, the State of Himachal Pradesh has enacted Himachal Pradesh Maintenance of Parents and Dependants Act 2001, which is a progressive legislation enabling the elderly and other dependants to claim maintenance. In addition to making it obligatory for errant wards not taking care of their aged parents, the Act provides simple procedure by authorizing the sub-divisional officer (civil) for fixing maintenance and District Judge as the appellate authority so that the decision can be taken and cases disposed of promptly bringing justice and relief to older persons without loss of time. This Act is significant because it is the first specific law enacted in India to protect the interest of the aged people.
However, there is no such specific legislation at the national level. Fortunately, a comprehensive Bill called The Senior Citizens (Maintenance, Protection and Welfare) Bill 2006, is introduced in the Parliament and awaiting its approval. An analysis of the provisions of the Bill has revealed several lacunae. The Bill provides for several facilities to the aged like free medical treatment, free travel by public transport, free pilgrimages, interest free loans, etc. The Bill imposes an obligation on children to care for their parents and grandparents. If they fail in discharging this obligation they are liable to be punished with imprisonment up to ten years. This punishment prescribed is too harsh. Further, the Bill provides for monthly financial assistance. There is also a provision for central assistance to States for carrying out the purposes of the Bill. The provision for proceeding against the children by their aged parents before a magistrate is impracticable and counterproductive. Instead a Tribunal would fit in the scheme of the statute.

Lastly to sum up, modern societies are following an ostrich-like policy in this regard. The Western solution to the problem has been old age homes, pensions, social security and health care. No doubt these are important steps, but these programmes are caught up in the conceptual groove that the old have lived their lives and at best they need some material comforts. In any case the old are marginal, backyard people and come in the category of waste. This attitude is exactly what development has to avoid. Development that does not develop the sensitivities and quality of human beings is a potential monster, a Hiroshima. The management and care of the old illustrates this point very well. A concern for non-productive people, sparing a
thought for those who have been consigned as waste, would resolve most doubts about development. Development in the last analysis should mean enhancing the capacity of people to establish a just society.

Only a sound social security system can protect such rights by assuring regular income during the post-retirement years. But developing such a system for the Indian populace is a herculean task, as a majority of them do not currently enjoy any type of old-age income security. Neither the government nor the public sector alone can formulate it; the private sector cannot develop it in isolation either. Joint approaches and strategies will be required to design and build up a robust old-age income security system. The prerequisites for building such a system are the effective economic environment, availability of financial instruments and a satisfactory regulatory model. These factors will help win the confidence of investors that is required for the smooth transition to very long-term instruments. It is high time that the Indian policy makers assess the impact of the forthcoming age wave. The process of pension sector reforms should be accelerated, suitable steps should be undertaken to build the required healthcare facilities and a suitable social security system should also be designed. If change is not effected, the family support system as well as the state-sponsored facilities may crash in the near future, thereby jeopardizing the well-being of elderly Indians. It may cause the emergence of a gigantic number of destitute sick and elderly people in the streets and public places.

In the light of the above study and conclusions drawn from it, the following suggestions are made to provide an effective social security to the aged people and to
ensure effective legal protection and implementation of social security measures in India.

10.2 Suggestions

(1) Social Security to be made as Fundamental Right: there is an urgent need to make social security a fundamental right by inserting a new provision in the Constitution as follows:

**Article 21 B** “Every senior Citizen has a right to social security and social Insurance”.

(2) Amendment to Art 15(3): Article, 15(3) shall be amended with the insertion of the word “aged people” as follows:

**Article 15 (3)** “Nothing in this article shall prevent the state from making any special provision for Women, Children and aged people”.

(3) Amendment to Art 51A: Fundamental Duties chapter of the Constitution should be amended to incorporate a new fundamental duty to take care of the aged parents as follows:

**Article 51A (K)** “It shall be the duty of every citizen of India to take care of the aged parents and grand parents”.

(4) Amendment to the provisions of the Senior Citizens Maintenance, Protection and Welfare) Bill, 2006

(a) Amendment to Section 10

**Existing provision in the Bill**, Section 10 (1) “In case of non-compliance of the provisions of section 4 by any person, a Magistrate of the first class may, upon
proof of such neglect or refusal by such person, order such person to make a monthly allowance or lump sum payment thereof for such period as may be prescribed for the maintenance of his father or mother or both, as the case may be and to pay the same to such senior citizen as the Magistrate may from time to direct”.

Proposed Amendment to Section 10:

“In case of non-compliance of the provisions of section 4 by any person, a Tribunal may, upon proof of such neglect or refusal by such person, order such person to make a monthly allowance or lump sum payment thereof for such period as may be prescribed for the maintenance of his father or mother or both, as the case may be and to pay the same to such senior citizen as the Tribunal may from time to direct. The presiding officer who shall not be lower in rank of the Sub-Divisional Officer (Civil) or Executive Magistrate.

(b) Amendment to Section 11

Existing Provision in the Bill:

Section 11 “If any person who is ordered to pay maintenance allowance under section 10 of this Act, fails without sufficient reasons to comply with the order or willfully refuses to maintain and take care of his parents or grand parents, as the case may be, shall be liable to imprisonment for a term which shall not be less than five years but may extend to ten years and also with fine which may extend to ten lakh rupees”.

Proposed Amendment to Section 11

Section 11 "If any person who is ordered to pay maintenance allowance under section 10 of this Act, fails without sufficient reasons to comply with the order or willfully refuses to maintain and take care of his parents or grand parents, as the case may be, a charge may be created on the property in his ownership or income in respect of sum payable as maintenance and also fine as may be levied."

General Suggestions

(1) Reclaiming of Property: If any senior citizen has already transferred his property, both moveable and immoveable, or funds in favour of his children he should be given a right to get back it if he is abandoned or neglected by them.

(2) Exemption from Income Tax: Any person, who takes care of his Parents above the age of 60, should be given a certain percentage of income tax rebates. This will operate as an incentive to such persons to take care of their elders.

(3) Separate Ministry for Social Security: Now different Ministries are running different programmes like EPF & ESIC under Ministry of Labour, Medical care by Ministry of Health, Food security by Agricultural Ministry, IRDP etc. Programmes by Ministry of Rural Development, and old-age benefits in the informal sector by Ministry of Social Justice and empowerment. The Budgetary allocations for various programmes under various Ministries, multiplicity of agencies and duplicity of benefits has become a major concern for the policy makers, therefore creation of Ministry of Social Security would be of an immense
help to the needy where policy formulations, implementation and control analysis of social security would become easier.

(4) **National Social Security Commission of India**: The Central Government should constitute a commission i.e. “National Social Security Commission of India”, with Prime Minister of India as its Chairman, and Social Security Minister of (Cabinet Rank) as Vice-Chairman. The Commission shall consist of persons who have experience in areas like economics, psychology, law, medicine etc. The Commission shall be concerned chiefly with taking policy decisions relating to elders.

(5) **National Research Centre on Ageing**: The Central Government should constitute a National Research Centre on Ageing to conduct research on various problems of the aged people and provide sufficient and adequate data and information for the purpose of framing policies and programmes for the aged from time to time to the Government. For instance, China has China Research Centre on Ageing, Japan has Japan Ageing Research Centre and the United States of America has the National Institute of Ageing.

(6) **Senior Citizen Security Allowance to parents**: Children should be collectively responsible for taking care of their parents. This responsibility is discharged by the children collectively by making a payment of a maintenance and health allowance sufficient to meet the requirements of the parents and commensurate with the income of the children. The allowance shall be paid whether or not the parents live with any of the children and property accumulating with the
payment of such allowance shall be treated as the self earned property of the senior citizen which may be bequeathed at his will and pleasure.

(7) **Senior Citizen Annuity cum Health Scheme**: Life Insurance Corporation of India should introduce a Senior Citizen Annuity cum Health Scheme to which the children may contribute and such contributions shall qualify for 100% tax rebate during the period of contribution and the corresponding annuity shall qualify for the maintenance allowance payable.

(8) **Special Courts**: In the case of claiming maintenance from their children, the aged people shall be allowed to seek free legal aid from the State and private agencies. These matters relating to maintenance shall be taken up by separate courts (like family courts, Lok adalats) with utmost care and on priority basis. The procedure in courts shall be relaxed in old aged maintenance matters so as to provide speedy disposal of cases.

(9) **Identity card**: The Government of India should issue an identity card for elderly as part of the social security system. This will make it easy for them to claim various benefits and to seek necessary protection.

(10) **Constitution of a Separate Fund for Maintenance**: A separate fund should be created by the Centre and States for providing maintenance and looking after the other needs of the senior citizens. There should also be some budgetary allocation by the Centre, State or both, towards the said fund. Efforts must be made to encourage contributions to this fund by corporations, societies, institutions as well as individual citizens, NRI's with resources. Further, all contributions made to this
fund may be given the benefit of Income Tax exemption. Funds must be dispersed to the aged people through nationalized banks from the said fund.

(11) **Course on Geriatric:** Should be introduced as a compulsory subject of study at plus two levels. This will create an awareness and understanding in children about the problems and status of aged people.

(12) **Geriatric Specialist:** Similarly in hospital, one can find specialists for children, mothers, as well as specialists like a cardiologist, ophthalmologist, ENT specialist and gynecologist, etc. But there is no provision of a specialist to treat geriatric cases. The Medical Council of India should seriously think of having specially trained personnel to treat geriatric disorders in hospitals.

(13) **National Heritage Trust:** Govt. of India should establish a “National Heritage Trust”. This trust should honour persons who are above the age of 75 and who have made an outstanding contribution to the country and who will be remembered as a part of Indian national heritage.

It is respectfully submitted that if the above suggestions are faithfully implemented, it will help to solve the problem of social security for the aged and also ensure more effective and efficient implementation of old age policies and programmes of the Government. Thus, a dignified life for the aged becomes a reality.