CHAPTER – VII

SUMMARY AND CONCLUSION

According to Census figures, the proportion of older people in the population in India was 5.3% in 1961, and is expected to reach 9.9% in 2021. There is a transformation occurring in household in India, where the traditional extended family make-up of households is moving to a nuclear one. There is also a trend of migration from rural to urban areas, leaving many older people without familial support in rural areas. In addition, according to a World Bank estimate, the number of people living below poverty line ($1.25/day) increased from 420 million in 1981 to 455 million in 2005. However, given the growing population, the share of the population in poverty fell from 60% to 42%. Almost half of India’s poor and one third of India’s population are concentrated in the three states of Uttar Pradesh, Bihar and Madhya Pradesh.

The weakening familial and social support system and the growing numbers of older people resulted in the government of India playing a bigger role in providing a social safety net for destitute older people. In 1995, the Government adopted the National Social Assistant Programme (NSAP), which is made up of three components: the National Old Age Pension Scheme (NOAPS), the National Family Benefit Scheme (NFBS), and the National Maternity (NMBS).

The National Old Age Pension Scheme (NOAPS) is a means tested scheme, meaning that it specifically targets older people in poverty. The NOAPS is a centrally-sponsored programme, where one hundred percent of the assistance is extended to the States/Union Territories to make allocations based on the guidelines and conditions set forth by the Government. Under the NOAPS guidelines, assistance will be provided on fulfillment of the following
criteria: 1) The age of the applicant (male or female) should be 65 years or more; 2) The applicant must be a destitute in the sense of having little or no regular means of subsistence from his / her own sources of income or through financial support from family members or other sources. The amount of the old age pension in 1995 was Rs.75 per month per beneficiary.

Profile of the aged in India

The U.N. has declared 1999 as the International Year of older persons. Aged People's Day (October 1) is celebrated every year, but very little is actually done to alleviate condition of the aged. Fundamental virtues of family life such as caring and sharing, giving and forgiving respect and love are on the decline and so are all moral and spiritual values. This is primarily responsible for the neglect of the aged.

The ageing process itself is often the major cause of problems in old age. The effects of disease and the social problems of growing old are often much more important.

For the world as a whole, the 60 years and above population was 304 million in 1970. This would increase to 581 million by the year AD 2000, increase of 91 per cent. But, for South Asia an increase of 154.5 per cent is predicted. By the year AD 2000; two-third of the aged population will be in the developing world, with quite a high percentage in India.

In India the population of those who are 60 and above constituted 5.66 per cent of the total population in 1951. India had 25 million persons over 60 years in 1961 and 33 million in 1971. The figure rose to 40 million in 1981. In 1991, the figure further increased to 56 million constituting 6.5 per cent of the total population. The population of the aged may become 76 million by AD 2001 forming 7.6 per cent of population of nearly one-seventh of the world elderly. By AD 2020, the number may rise to 124 million which means 11 per
cent of the population will be over 60, and only 25 percent of the population will be under 15.

India currently ranks fourth among the countries of the world in terms of the population of the aged. By the turn of the century, it is likely to be second only to China.

The aged, feel a sense of social isolation because of disjunction from work relationships, demise of relatives and friends and mobility of children to far-off places for jobs. The situation worsens when there is physical incapacity and financial stringency. Financial Problem add to the misery of the aged. Having spent all hard earned money on children's education and marriage, aged are generally demoralised when their offspring refuse to give them shelter. No doubt, economic security is vital for the elderly. However, very often economic security gets undue attention at the expense of psychological, social, occupational and cultural needs. Consequently, the real solution to the problem of elderly is to organise them to fight for their rights to our strategies to solve their problems and, thereby, relieve from their loneliness.

Ageing is more difficult in a rapidly changing materialistic society. Modernisation, urbanisation and consequent mobility play a vital role in the ageing process of an individual. Further by the year 2025, the percentage of population in the age group of 50 to 70 years is likely to reach 25 per cent.

Elderly suffer from desires, psychological problem of usefulness and abandonment. Elderly people react in different ways to their diminishing role. Those who have not occupied positions previously dwelled little authority or influence perhaps feel it the least, those who occupied positions of authority have considerable difficulty in coping. It should be noted that problems of the old age are highly individualistic in nature.
To worsen matters, the older women will greatly outnumber the older men. Today, with 55 per cent women above 60 years of age being widows. Widowhood remains a major problem with the aged population. Coupled with the tendency of men to marry women younger than them, widowhood for women is much more likely. It also means women losing their rights to the marital home. Apart from physical problems old people have mental problems also. They suffer from mental tension because of ill health of self or their life partners and feel their loneliness very strongly. They are disturbed by the feeling "that they are helpless and not useful to their house and society. Thus, the emotional insecurity of the aged is a serious problem. Mostly they are abandoned by their love ones in the twilight years and reduced to being nobody within the confines of their own homes.

Theories of Ageing

Evolutionary theories

A gene can be expressed at various life-stages. Therefore, natural selection can support lethal and harmful ailments, if their expression occurs after reproduction. Senescence is the product of such selection. In addition, ageing is believed to have evolved because of the increasingly smaller probability of an organism still being alive at older age, due to predation and accidents, both of which may be random and, age-invariant. It is thought that strategies which result in a higher reproductive rate at a young age, but shorter overall lifespan, result in a higher lifetime reproductive success and are therefore favoured by natural selection. Essentially, ageing is, therefore, the result of investing resources rather than maintenance of the body (the "Disposable Soma" theory , in light of the fact that accidents, predation and disease will eventually kill the organism no matter how much energy is devoted to repair of the body. Various other, or more specific, theories of ageing exist, and are not necessarily mutually exclusive.
Reliability theory

Reliability theory suggests that biological systems start their adult life with a high load of initial damage. Reliability theory is a general theory about systems failure. It allows researchers to predict the age-related failure kinetics for a system of given architecture (reliability structure) and given reliability of its components. Reliability theory predicts that even those systems that are entirely composed of non-ageing elements (with a constant failure rate) will nevertheless deteriorate (fail more often) with age, if these systems are redundant in irreplaceable elements. Ageing, therefore, is a direct consequence of systems.

One class of theories of ageing is based on the concept that damage, either due to normal toxic by products of metabolism or inefficient repair/defensive systems, accumulates throughout the entire lifespan and causes ageing.

Free Radicals theory of Ageing

Free radicals and oxidants – such as singlet oxygen that is not a free radical – are commonly called reactive oxygen species (ROS) and are such highly reactive molecules that they can damage all sorts of cellular components. ROS can originate from exogenous sources such as ultraviolet (UV) and ionizing radiations or from several intracellular sources. The idea that free radicals are toxic agents was first suggested by Rebeca Gerschman and colleagues. In 1956, Denham Harman developed the free radical theory of ageing. Since oxidative damage of many types accumulate with age, the free radical theory of ageing simply argues that ageing results from the damage generated by ROS.
DNA Damage Theory

The DNA, due to its central role in life, was bound to be implicated in ageing. One hypothesis then is that damage accumulation to the DNA causes ageing, as first proposed by Physicist Leo Szilard. The theory has changed a bit over the years as news forms of DNA damage and mutation are discovered, and several theories of ageing argue that DNA damage or mutation accumulation causes ageing.

In the next section we provide an overview of the major biological, behavioral and social theoretical perspectives in gerontology. Theory development in the biological and behavioral sciences seems to have been a less difficult process than it has been for social gerontology. In the biology and psychology of ageing there is little disagreement that science is the appropriate paradigm for building knowledge. Admittedly, these disciplines are closer to the "natural sciences" where the discoveries of science have given mankind extraordinary progress in overcoming infectious diseases, combating cancers, ameliorating the devastating symptoms of mental illness, and advancing our knowledge of cognitive processes in later life. Theoretical progress has been more challenging for social gerontology, in part because social phenomena are considerably more complex.

Maintenance is a civil right available to give economic support to the needy persons from those who are liable to protect and maintain their spouse, children, parents, etc. In law, parents are bound to maintain minor children, major children, their parents, husband wife, and vice versa. The quantum of maintenance varies depending on the economic status of the parties.

The various personal laws such as The Hindu Marriage Act, 1955, the Hindu Adoption and Maintenance Act 1955, the Indian Divorce Act 1859, the Parsi Marriage Act 1954, the Shariat Laws, etc., provide for maintenance, also known as alimony or allowance. Civil courts take long time to dispose of cases.
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.

Realising the above, the right to maintenance has been incorporated in Chapter IX of the Criminal Procedure Code (Cr.P.C).

It is a chapter for "order for- maintenance of Wives, Children and Parents". Under Section 125 of the Cr. P.C., "if any person having sufficient means neglects to maintain (a) his wife unable to maintain herself, or (b) his legitimate or illegitimate minor child, whether married or not, unable to maintain itself, or (c) his legitimate or illegitimate child (not being a married ) who has attained majority, where such child is, by reason of any physical or mental abnormality or injury unable to maintain itself, or (d) his father or mother, unable to maintain himself or herself, a magistrate, of the first class, may, upon proof of such neglect or refusal, order such person to make a monthly allowance for the maintenance of his wife or such child, father or mother, at such monthly rate not exceeding five hundred rupees in the whole, as such magistrate thinks fit, and to pay the same to such person as the magistrate may from time to time direct."

According to Rajiv Ahuja, (2003) while the new pension system that is being promoted in the country is appropriate for those who can save for their retirement, there is need for an alternative approach for low-income people who cannot fully provide for their retirement, for which reason a significant proportion of workers may not be able benefit from the new system. In India, old age security is not well developed. About 85 percent of the total workforce is in the unorganised sector with little or no formal old-age income security. The issue of old-age security is gaining importance, and it is now high on the public policy agenda.
R.Kannan (2004) emphasises that the risk facing pension fund managers is longevity risk. People live longer than the average age due to medical advancement. If people live longer than expected, contributions made by them during working life will not be sufficient to meet the outgo during their retired life. Hence a reasonable estimation of average age is very crucial in estimating the contribution rate during accumulation phase and annuity rate during benefit payment phase. Pension arrangement is not only to take care of employees in their old ages, but this is also used as a insurance instrument to protect the families in the unfortunate event of the death of the earning member while in service.

According to B.Chandrashekara and S.S.Sannashiddannanvar, (2007) ageing in India is disproportionately a female phenomena and this gender dimension of ageing is a very significant aspect which needs to the given greater attention. The ageing of population has social, medical and financial implications at the macro as well as at the household level. Population ageing is the process by which older individuals became a proportionally large share of the total population. Biologically, ageing has been defined as a natural and irreversible life process; generally associated with fatigue, decline in functional capacity of the organs of the body, decreased ability to cope with the stress of disease or trauma.

According to S.M.Chellaswamy, (2008) the state commissionerate must be established for the elderly with sub-offices at the district and block levels. Some of the areas that need to be covered by the commissionerate are financial security, protection of life and property, healthcare, shelter and inssuance of identity cards to the senior citizens. The senior citizens should get treatment free of cost at government hospitals and primary health centres, concessions in bus fare.
According to Santhosh Kumar (2009), the nuclear family has become so much a rigid system that even parents are not counted in the immediate family. To create more awareness regarding family values. The policy of government is to reunite the abandoned elderly people with their family. Putting them in old age home is only the last resort.

Objectives

The following are the objectives of the research:

- To study about the income pattern of pensioners
- To study about the expenditure pattern of the pensioners
- To study about the familial support of the pensioners
- To study about the role of NGO's and the social security of the aged.
- To study the social interaction of the aged
- To study about scheme introduced by the government on the aged.

Hypothesis

- There is an income support to the pensioners
- There is a good familial support to the pensioners
- The expenditure pattern is not related to their income.
- All the Pensioners in the study area are benefited by the schemes executed by the government of India.
Research Methodology

In research methodology, the researcher tried to cover selection of study area, selection of sample, tools of data analysis, limitation of study and characterisation scheme.

Selection of the study area

Chennai district is a selected as a sample area where the district is divided into 10 zones. These 10 zones are divided into 155 divisions. Out of the ten zones, zone 7th is selected as the study area.

This zone is comprising of the following areas.

1. Anjugam Ammal nagar
2. Kosapet
3. Pattalam
4. Anbalagan Nagar
5. Perumalpet
6. Kannappar Nagar
7. Dr.Ambedkar Nagar
8. Chetpet
9. Egmore
10. Pudupet
11. Kosimani Nagar
12. Nakeerar Nagar
13. Thousand lights
14. Alagiri Nagar
15. Ameer Mahal
16. Royapettah
17. Teynampet.

The researcher has adopted the zonal approach in the selection of the study area. From these 17 areas only 13 areas are selected for field work. this is because the concentration of pensioners are more in these areas.

**Summary**

Until the middle of the present century, this portion of India's population did not receive much attention. However, the situation is changing owing to changes in kinship and family organization in the wake of urbanization, industrialization and modernization.

The joint family system, which used to provide a form of social security, is disintegrating. Even in the villages where approximately three-fourths of India's population live and where the process of change has been slow, changes have been taking place which are not favourable to the elderly. However, despite the increased vulnerability of the aged, it is fortunate that this problem has not assumed serious proportions; nonetheless, it requires attention.

Since 1951, the population aged 60 years or more has grown steadily (table 1) The projected populations for the decades 1981-1991 and 1991-2001 also show an increasing trend in the growth of the elderly sector of the population. When the percentage decadal variation of the general population is compared with the population 60 or more years of age, it is found that the elderly population has grown faster than the general population, mainly be-
cause of increases in the expectation of life. According to the Expert Committee on Population Projections, the decadal per cent increase in the elderly population for the period 1991-2001 would be 38.5 per cent - more than double the rate of increase in the general population.

In 1961, the elderly population comprised 5.6 per cent of the total, increasing to 6.2 per cent in 1981. It is likely to increase to 7.7 per cent in 2001, according to the Expert Committee. The total increase in this portion of the population during the period 1961-1981 was around 10 per cent, i.e. about 0.5 per cent per year. The Expert Committee has estimated that during the period 1981-2001, the increase would be around 1.2 per cent per year (table 2).

Table 6.3 explains about respondents preference of stay. The table is classifying the age of respondent by 60 – 70 years, 70 – 80 years, 80+ years. There are totally 140 respondents in the Age group of 60 – 70 years with the total percentage of 58.33 percent ; there are totally 80 respondents with 33.33 percent in the age group of 70 – 80 years and finally there are 20 respondents in the age group of 80+ with 8.33 percent.

In the age group of 60 – 70 years 41.43 percent of respondents are staying with sons and 46.43 percent are staying with daughters. In the age group of 70 – 80 years 38.75 percent are staying with there sons and 28.75 percent are staying with daughters. In the age group of 80+ years 25 percent of the respondents are staying with sons and 60 percent are staying with daughters.

In the age group of 60 – 70 years 12.14 percent are staying with other dependents. In the age group of 70 – 80 years 32.50 per cent age staying with other dependents. In the age group of 80+ years 15 per cent are staying with other dependents. Distrust, disintegrate, greedy nature in the family is forcing the aged to opt other dependents.
Table 6.4 indicate about the distribution of subjects among the pensioners. There are totally 240 pensioners out of which 46.67 percent are male and 53.33 percent are Female. In the age group of 60-65 years 46.60 percent are male and 53.40 per cent are Female. In the age group of 66-70 years 47.27 percent are male and 52.73 percent are Female. In the age group of 71-75 years 47.05 percent are male and 52.94 percent are Female. In the age group of 76-80 years 46.67 percent are male and 53.33 percent are Female and in the age group of 80+ years 44.44 percent are male and 55.56 per cent are female respectively. The suffering of male respondents are more horrible than female respondents.

Table 6.5 indicate about the Marital status of the Respondents. There are totally 240 respondent. Out of which 38.33 percent of the Respondents are married; 5.42 Respondents are unmarried. 27.92 percent of the Respondent are widow; 18.33 percent of the Respondent are widower and 10.00 per cent of the Respondent are separated with their families. The respondents are not willing to reveal the reasons behind not marrying In a separation category economic independence and ideological disputes are attributed as the major reasons.

Table 6.6 describes about of the Educational status of the respondents. 33.33 percent male and 66.67 percent of female respondents studied +2 61.29 male and 38.71 percent female respondents are undergraduates degree. 33.33 percent male and 66.67 percent female respondents are professional diploma holders and 45.09 percent male and 54.91 percent female respondents are professionally qualified. The respondents later phase of life is unnoticeable of their educational standards.

Table 6.7 explains about the age wise Health status of the 240 pensioners. The age group of pensioners is classified into 60-65 years, 66.70 years, 71-75 years, 76-80 years and 80+ years respectively. 29.17 percent are having normally good health, 27.92 percent are having fairly good health,
33.33 percent are not having so good health and finally 9.58 percent are attributed with Bad Health suffering with some major ailment.

Table 6.8 indicate about the social interaction and familial accountability in the selected sample study. 34.17 percent of the respondents are consulted on family decisions, 21.25 percent of the respondents are often considers opinion and advice. 15.83 percent of the respondent feel that spouse alone dominate decisions 13.75 percent of the respondent are not consulted for advice, 8.75 percent of the respondents family never considers and finally 6.25 percent of the respondent are living alone separated with their ideological bondages.

Table-6.9 explains about the family helps / does not help in need of the pensioners. 35.42 percent of the pensioners are getting help from their families. Remaining 64.58 are not receiving help in necessaries and emergencies. 14.17 per cent of the respondents are helped by the living spouse. In this category both are abandoned from the family. 17.91 per cent of the respondents are occasionally receiving help. 28.33 per cent of the respondents are neglected without receiving any help. And the remaining 40.17 percent of the respondents are living alone respectively. It is interesting note that the help rendered by religious groups and self help groups is note worthy.

Table 6.10 describes about the pensioners family takes / does not take for medical check up. Out of which 26.25 percent of the pensioners dear one takes for medical checkup. 20.0 percent of the pensioners family some time takes for medical check up. 27.91 percent of the pensioners family members does not take for medical checkup; 21.67 percent of the pensioners members family finds it to be a waste of time does not like to go to hospital and 4.17 percent of the pensioners have no family they are living alone. The major reasons attributed not taking to medical checkups is the pressure in Nuclear families and in-law suffocations.
Table 6.11 explains about the care providers for the elderly respondents. 23.75 percent respondents are taking care themselves. 23.75 percent of the respondents are taking care by their spouse. 26.25 percent of the respondents are taking care by their son / daughter in law 13.33 percent of the respondents are taking care by daughter / son-in-law.13 percent of the respondents are taking care by their grand children and 7.5 percent of the respondents are taking care by other people's dearer to them. The major reasons why the aged are sent to self help groups and the aged homes are because the dependents either are busy with their daily schedule or there is a trough in the family in the name of in – laws.

Table 6.12 indicates about the feeling of insecurity by the pensioners in aged homes and house holds. 30.83 percent of the respondents are feeling insecure in the aged homes. 22.50 percent of the female respondents are feeling insecure in the aged homes. Lack of infrastructure and the value based attachment to the family is the basic reason for this category. 25.88 percent of the male respondent and 20.83 percent of the female respondent are feeling insecure in the household.

Total 6.13 describes about the retired dependents pension and other sources of income and savings. 27.5 percent of the Gazetted officers; 25 percent of the non gazetted officers; 20 percent of the teachers; 22.5 percent of the Railway employees; 17.5 percent of Bank officers; 20 percent of Private company workers are satisfied with pensions respectively.

15 percent of gazetted officers; 20 percent of non gazetted officers; 22.5 percent of teachers; 20 percent of railway employees, 25 percent of bank officers and 17.5 percent of private company workers are satisfied with other sources of income respectively.

17.5 percent of gazetted officers; 10 percent of non- gazetted officers; 15 percent of teachers; 17.5 percent of railway employees; 17.5 percent of
bank officers and 7.5 percent of private company workers are satisfied with their savings respectively.

Respondents desperate with their saving and income support are feeling worthlessness in their lives.

Table 6.14 explains about the perception of experiencing worthlessness. 19.58 percent respondents are having money constraints. 25.83 percent, of the respondents are disregarded; 11.26 percent of the respondents are experiencing worthlessness in some times. 9.58 percent of the Respondents are living alone their lives; 24 percent of the respondents are family takes good care of them. 15.83 percent of the respondents are not feeling worthless.

Table 6.15 explains about the prevalence of diseases among 240 pensioners 6.25 percent of the pensioners are having Gastritis problem. 8.33 percent of the pensioners are having heart disease. 7.92 percent pensioners are having respiratory problem. 5.0 Percent of the pensioners are having percent tuberculosis 5.42 percentage of the pensioners are having bronchial Asthma. 8.75 percent of the pensioners are having disorders of joints and bones problem. 7.08 percent pensioners having diseases of kidney urinary problem. 7.92 percent of the pensioners are having Gynecological disorders, 5.83 percent of the pensioners are having Neurological disorders problems. 7.92 percent of the pensioners are having psychiatry disorders problem. 6.25 percent of the pensioners are having cataract problem. 17.08 percent pensioners are having diabetic problems. 6.25 percent of the pensioners are having locomotor disorder problems. 5.42 percent pensioners are having disability problem. 4.58 percent pensioners are having cancer and other related tumours. Homely sufferings, unmatched expenditure are the burning woes of the respondents.

Table No.6.16 narrates about the category wise income pattern of the respondents. The respondents are helped by government, pensions; relatives self help groups, charitable trusts for their financial obligations. Income pattern
is calculated for over 10 years. There is a growing trend of income pattern from all the sources. Respondents are taken care by their own pensions followed by self help groups.

The pathetic conditions of the respondents can not be notified by either a graph or a table. It is observed by the scholar that most of the respondents income is taken out partly either by the relatives or by the self help groups. Most of the hard earned pensions are given for the medical checkups and none of them are happy with the living style.

The process of urbanization and industrialization is changing the lifestyles, family ethics and bondages. The increasing number of the aged who often become unlinerable due to ageing process is conspicuous. In case the aged people with dependents to get married are found the lifestyle can be statistically picturised in either a graph or a table. Rising prices and medical

Correlation matrix is explained in table 6.17 correlation is calculated for aged health care with assets, pensions, father/mother, social bondage and fear of god correlation values are standing are one correlation values of assets and pension is 0.99; assets and father and mother is 0.86, Assets and social bondage is 0.78; Assets and fear of god is 0.76 Parents or aged in the study area are taken care mainly because of the standing of assets and pension drawn every month, value judgments, and morality are in no place in comparison assets.

Table 6.18 explains about the Psychological history of the 240 pensioners. 33.33 percent pensioners have optimistic over the years to come 40.84 percent pensioners have pessimistic and 25.83 percent pensioners have indifferent view. Indifferent behaviour is not explained by the respondents.

Table 6.19 indicates about the social interaction of the 240 respondents. 17.5 percent of the respondents are participating in fairs and festivals. 15.0 percent of the respondents are conversion with right friends. 11.67 percent of
the respondents are listening to transistor/ viewing cinema. 26.67 percent of the respondents are taking part in religious activities and 29.17 percent of the respondents are leading their lives by discourses (religious).
Conclusions

- Largely, the higher age for retirement is associated with the higher expectation of life 'at birth' as well as 'at specific ages'. India being democratic without any discrimination between race, religion and sex cannot discriminate in the age of retirement of men and women. Nonetheless, as the demographic revolution raises the expectation of life, it will be necessary to revise the mandatory provisions of the 'age of retirement in time phases It will also be imperative and desirable to open avenues for employment or re-employment of the 'aged' and the 'retirees' in future.

- It is imperative that the government servants should be attuned to prepare themselves for retirement, 5 years ahead of actual event, through re-orientation courses in different departments about pension rules and procedures and they should be given courses for rehabilitation in the new way of life, so that the pensioners life can become meaningful, enjoyable and generate complementary coherence with the younger-age people-both in the family and that community.

- The causes of delays in sanctioning pension should be nipped in bud at the earliest; to this end governmental system demands proper overhauling, reorientation, and stream lining. (The recent announcements of February 11, 1976 and June, September and Nov. 76 as also of Feb. 1, 77 and of 1978 will greatly remove the rusting process)

- The 'aged' are societal beings, only a very small proportion of them like to live outside their own familiar habitat groups/colonies; they therefore do not prefer to change from the familiar place and do not want to go in institutional facilities. In the matter of appropriateness of housing for the aged persons, major issues
confronted
arc that of ill health, disability, organisation of community services
in the context of their physical limitations to meet their needs/
desires. Both for housing and adaptation of facilities and services to
the changing demands of the 'aged' invisible subsidies from the
community need to flow—if the 'aged* have to continue to function
as members of the society, without loss of dignity. The environment
which can support the 'aged' should be 'age-oriented' rather than
"age- segregated."

- It is urgent and socially desirable and just to bring up the
  pension levels in relation to the present pay scales of the retirees'
  last post held/at the time of retirement and provide a suitable
  neutralisation every year or in every two years in relation to rise in
  consumer price indices; this measure will remove and mitigate the
  past, present and future injustice to the civil pensioners.

- Decline in human organism commences in the old age when dampening
  occurs in : power of responses, motor and sensory functioning, energy
  and resistance strength, perception of vision and hearing, nervous
  system, endocrine glands and metabolism, and memory, adaptability
  and learning ability. The 'aged' are the vulnerable sector of the
  population and therefore they require a variety of preventive and social
  measures throughout the life, in which nutritional care has to assure
  appropriate balanced food and diet, through continuous researches in
  the field of 'gerontology.'

- Though quite many government services are directed for child care,
  maternal health, infectious and communicable diseases, the aged group
does not get the attention ; therefore, the 'aged* need a series of services
augmented by the government. In this regard it is important to note that
such services are being attended, in a sizable way, in the advanced countries,

- Psychiatrists view that lack of facilities to the 'aged' to share and speak on the realities of approaching death and dying often affects the mental health since very few arc fit to counsel them appropriately at a proper time. To mitigate the tribulations of the type of the 'aged*', the help of the kith and kin, friends and the society itself (including government) have to launched

- 'Committed Pension' should be paid within a reasonable lime of one month from the date of absolute right earned on the date of medical fitness report sent. In case of delayed payment, market rate of interest be paid to the pensioners. Again, with the rise in expectations of life and inflation moving upwards, it is relevant 10 revive the full pension after 10 years or to recast the commu-sparctation formula with the expert advice of proper actuarial assessment.

- A statutory authority under Constitution, similar to that of the "Commissioner of Scheduled Castes and Tribes, be created for the under privileged pensioners for purposes of seeking 'help and guidance' from the Commissioners' office in regard to :

  (i)  Drafting of Will, ;

  (ii) Preparing of income-tax, wealth-tax, gift-tax returns ;

  (iii) advising on investment problems to escape from being prey of bogus investment advisers and for the need to open joint/survivors accounts ;

  (iv) maintaining an up to date National Register of Pensioners; and
(v) administering a Pensioners' Welfare Fund to be funded by the Govt. and private donations.

- At present the Pension Act 1871 (amended in 1974) is more than 100 years old as a legacy of British Pension Law of 1871. Nonetheless it is true that the Rules under the Act were Jibera-listed from time to time. However, considering the demographic, economic and social changes that have taken "place it is imperative to establish parity, equity and social justice for the retirees. These transformations were recognised in the British Law and a number of times the changes were made including the enactments latest being

- 1972 'Act, but the Indian Law has remained static'. Therefore enactment of a new Pension Act is urgent which may be potent enough to assimilate the changes that have occurred and those that will occur, so as to keep the pensioners 'above want' in relation to rise in standard of living and national income as also to the changes in prices.

- Innovative pension reform* have taken place in three countries (namely, Germany, Sweden and Belgium) with the aim of maintaining living standard during retirement. Arising out of the criteria proposed, one is to adopt an adequacy of income standard for social security, and old-age benefits which would provide 'inflation protected' benefits equal to at least 55 per cent of the individuals or family's pre-retirement average earnings, during the best ten of the last fifteen years, prior to retirement,

- Actuarial status, for valuing 'over time' the pension elements be given, in order to remit /disburse the real value of the 'pension amount'.

- Constant Purchasing Power Bonds in the form of a financial asset has been recommended by James Tobin and Milton Friedman (eminent American Economists) to be sold by the Government to the
pensioners/retirees to protect their 'savings, being affected adversely-
consequent to inflationary situation (a). These 'bonds, should be
adjusted, at the time of cashing with a view to neutralise inflation, over
the intervening period.

• Educational benefits (e.g., subsidised school fees, related to the capacity
to pay) should not cease, following retirement; in fact, the amount be
increased since the income is also reduced with retirement. Again, as
most people marry late, therefore, they have school or college going
children, and their woes need to be mitigated so that the expenses do not
become a nightmare.

• There is no additional income support the respondent in the study area.

• Familial support has became a day dream to most of the respondents

• Expenditure is alarmingly increasing because of the pressure of
inflation.

• Majority of the pensioners (96 percent) are not aware of the social
security network programmes or any government programme.

• Role of NGO's is minimal, excluding the efforts and care taken by
Oasis and Sneha organizations.

• Ageing is grave problem, unnoticed by the philosopher, planner, and
policy maker. It should be provided with special legislation in Indian
Economy. The coverage of social security network has to be widened.