

CARE AND WELFARE OF ELDERLY AND PARENTS: SOCIO-LEGAL ASPECTS

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ABSTRACT

Aging is a process whereby elderly people or aged parents steadily become dependent to their younger generation. In the traditional Indian system, elderly parents or senior citizens receiving care were not predominantly viewed as dependents or receivers only, this was because their earlier contribution to care for children, the family welfare, or their help in nation building were very important factors. Their functional and affection activities are heartily remembered and these should always be taken into account to give credit to them. A close reading of ancient religious literature e.g. Manu Smriti and Mahabharata reflects that the care for the aged has been responsibility of the joint family. It is a fact that in this secular world everybody wants peace. But peace isn't to disobey your elderly and ignore expectation of your parents. Indeed, it is certainty in stepping forward for their service and fulfilling their needs, knowing that there is God with you in their living body and blessings. Indian families have placed high value in elder's care and welfare. However, that role of family has been declining due to the process of industrialization, modernization and the trend of nuclear families in India. In these changed circumstances of highly complex society individuals, families and nations are struggling to find out how to provide care for the elderly people and parents as they face several problems in today's modern society. The main aim of this paper is to highlight the legal provisions that bind the son and daughter to care for their parents. This study explores values and expectation of lifelong inter-generational reciprocity. This presentation also suggests natural, expected, morally and religiously proper, and rational ways of doing things for the welfare of elderly in the society.

Keywords: Welfare, Elderly, Parents, Family, Indian, Society, Legal, Provisions

INTRODUCTION

The old age is an integral part of human life. It is the treasure of rich experiences of life. The final phase or stage in the life of a person is ordinarily referred to as the 'old age'. Old age is a result of natural process. It is unavoidable, unwelcomed and problem ridden phase of life. It is interesting that everyone wants to live a long life but not to be old. It is ironical that however undesirable it is, old age has to come. We are all compelled to face the pain and pleasures of life. Old age completes the life pattern. It has its own pleasures though different from the pleasures of the child and youth.

A good deed is never lost. He who sows courtesy reaps friendship and he who plants kindness gathers love. Life is often about being taken care of. The lessons are often about nurturing, care and compassion. Many people do not want to take care of the elderly especially when they are ill. They generally have lots of emotional and physical problems. Elderly required a lot of care. Giving the best possible care to the parents and understanding their changing needs should be the goal of caring for the elderly. Though it is not easy to take care but it is definitely very hard to let someone who loved us slip- away. Most people take care of the elderly, maybe knowing that they have to or that there just is no one else to do it. Caring for the elderly requires a lot of patience, empathy and understanding. It is kindness that makes us take care of the elderly. We learn a lot from taking care and spending time with them. We gain wisdom and knowledge as they have a lot more than any of us. Their experience that life takes them through yields a lot of wisdom. We experience gratitude. It brings a smile on our face and most likely on theirs as well. We get to know about morals, principles and value that we can develop in us. We learn as they teach how to love, to care, to give, to forgive, to accept, or support and face odds in life. We get proper insight into a set of rules and regulation which we can outline for ourselves as we live.

Talking to the elderly and parents gives them peace of mind and sense of security. It helps them by taking away their despair, depression, loneliness and frustration. We can never understand how much it means to them to have someone by their side and care for them; however, their heart glimpses gratitude, eyes speak of love and happiness. Of course, it brings them liveliness.

Taking care and welfare of the elderly improve their self-confidence. It also provides us self-knowledge and our identity. It develops potential and renews self-esteem of our family. It rewards us in many ways. It is said that humanity plays a crucial role in taking care of the elderly. It also enhances our quality of being humane. Most people do care and welfare of elderly and old aged parents as it is the right thing to do. However, caring of elderly should come from our heart and mind. After all, we are all bound to complete the cycle of life and face the old age. We would all want someone to care for us. The Great man of his time, Tia Walkerⁱ rightly said, “To care for those who cared for us is one of the highest honours”

THE SOCIAL ASPECT OF AGEING

The sociologists and political thinkers proudly regarded India as the “grand land of children” especially after the 2011 census, the number of elderly persons is also increasing. Senior citizen population increasing trend is a universal phenomenon. One of the undeniable facts of human life is that the aging process is basically normal. Life is progression from the child to youth and from youth to old. Understanding the “sociology of aging” reveals the fact that age matters, not just to individuals, but also to structure of society. The age composition of a society makes a difference in the social issues and problems that the society and elderly faces respectively in a country. The way in which people of different age groups are looked upon differs with time. In the past old age was not a problem at all. Elderly people were respected, and they were the chief patrons of the family. Father was honoured being head of the family and mother as heart of the family. They held authoritarian position in the family and community and played a significant role in the decision-making process. In India the stable joint family system ensured the old people’s protection and security during their later life. Despite their old age they exercised power because they owned and controlled property and had freedom to dispose it. At the community level also, the elders used to be the leaders in such affairs as political, religious and legal activities. Even in the early years of the 21st century, the tradition of respecting the elderly and the aged parents continues in India though much of their other powers and responsibilities are comparatively lessened.

In some countries, persons who have crossed the age of 60 are regarded as old or aged people or senior citizens and in a nation like America the cut off year is 65. In India the cut off year varies between 55 to 65 in different states and departments. As per Maintenance and Welfare of Parents and Senior Citizens Act, 2007, senior citizen means any person being a citizen of India, who has attained the age of 60 years or above.

The aging has three important facets or dimensions which are as follows:

1. **Physiological or Biological Dimension of Ageing:** Biological aging is the product of biological process. It is a process by which physical and mental changes occur through growth and decline. In the early years of life, “growth” predominates and in the later years “decline” dominates. Physiological changes occur with aging in all organ systems. The cardiac output decreases, blood pressure increases and arteriosclerosis develops. The lungs show impaired gas exchange, a decrease in vital capacity and slower expiratory flow rates. Wrinkles are a classic sign of ageing, although people actually develop wrinkles all throughout life. Older skin is less elastic and thinner and is therefore more prone to developing wrinkles. In old age the short term memory may become less accurate, although they can usually remember events in the distant past with great accuracy. In old age generally people have slower psychomotor responses and reflexes. Besides the external changes the old age affects the functional system inside the body such as deterioration of cardiovascular system, reproductive system, endocrine system, skeletal system, digestive system and nervous system. Often, the first signs of aging involve the musculoskeletal system. Most of the older people retain enough muscle mass and strength for all necessary tasks.
2. **Psychological Dimension or Facet of Ageing:** The aging process has also psychological affects, which are linked to physical changes. For example, the hearing loss that accompanies advancing age can have psychological consequences. As a person grows old changes take place in his mental condition and emotional stability. However, there is some stereotyped belief that old people become dumb and their intelligence also fades is not entirely true. Though speed may decline slightly with age especially in solving mathematical problems and speed in overall problem solving. But other dimensions of intelligence may actually increase with age. Some artistic abilities such as painting have been shown to develop and flourish in later life. Thus, Wechslerⁱⁱ states

that “the psychological capacities may show decline with age, but traits like interpretations and imagination may decline very little over the years”. However, some loss of memory, inability to withstand traumatic experience, or sleep disorders may occur in old age.

3. **Social Dimension of Old Age:** Sociologist views aging as a multidimensional set of processes involving the aging individual as a member of society, the behavior of elderly people as a group or groups and the relationship of aging to society itself. Each of these areas has aspects which can be considered alone but all three are also closely interrelated. Of course, sociology not only takes a large bite of the field of ageing but also one that is difficult to digest. We may add one firm conviction that, profoundly important as are vigor and good health to the aging individual, they mean little or nothing to him unless he has opportunity for meaningful occupation of his energy and time and a significant position in society. The doctor’s own experience with geriatric patients will allow us to take a sympathetic view of this conviction.ⁱⁱⁱ As individuals, men and women age in a particular culture and society which are the principal determinants of or behavior and of the satisfactions we find or do not find in the years they have added to life. Basically social aging is a process by which the society defines a person as old and thereby sets him aside from adult roles and responsibilities. Concept of social aging differs from society to society. It is distinct from biological and psychological aging. Thus, it refers to the stage in the life span of the individual that is regarded as old age by the group. It is difficult to define social aging. However, it is administratively determined for the purpose of social security, retirement from job, for demographic classification and for assignment of social responsibilities.

POPULATION OF THE ELDERLY PERSONS

The findings of a recent research^{iv} demonstrate that both changes in life expectancy and life span equality are weighted totals of rates of progress in reducing mortality. The findings hold for three different measures of the variability of life spans. The weights evolve over time and indicate the ages at which reductions in mortality increase life expectancy and life span equality - the more progress at the youngest ages, the tighter the relationship. The link between life

expectancy and life span equality is especially strong when life expectancy is less than 70 y. In recent decades, life expectancy and life span equality have occasionally moved in opposite directions due to larger improvements in mortality at older ages or a slowdown in declines in midlife mortality. Saving lives at ages below life expectancy is the key to increasing both life expectancy and life span equality. The strength of the relationship between life expectancy and life span equality is not coincidental but rather a result of progress in saving lives at specific ages- the more lives saved at the youngest ages, the stronger the relationship is.

The rise in human life expectancy over the past two centuries is a remarkable accomplishment of modern civilization.^v This progress was achieved during the demographic transition of societies from regimes of high mortality and fertility to regimes of low mortality and fertility^{vi}. At present, among the world's nations, Japanese women have the highest life expectancy at birth, above 87 y. In 1840, the record was held by Swedish women, with an average life span of 46 years^{vii}. In fact, presently in 2020 the average life expectancy of Indians as per the United Nations World Population Prospects^{viii} is 69.73. This advance in life expectancy across world has been accompanied by an increase in life span equality: In low mortality populations today, most individuals survive to similar ages.^{ix}

LIFE EXPECTANCY DATA IN INDIA

Human development is measured in three dimensions: Health, Education and Living standard. These dimensions further have four sub indicators like life expectancy at birth, mean year of schooling, expected year of schooling and Gross National Income Per capita. Life expectancy is the most fundamental indicator of the condition of life, reflecting not just on health but also stability and human security. It is also an indicator of inequality across societies. It effectively summarizes mortality at all ages, and also as an indicator of the quality of life. Studies have found significant positive correlation between income and life expectancy rates. In addition, life expectancy also reflects human security and stability in societies, the degree of conflict and the condition of health services in a country. The higher the life expectancy the better is the country's prosperity and public health policies of the government.

Table-A^x***India Historical Life Expectancy Data From 1980 To 2020***

YEAR	LIFE EXPECTANCY	GROWTH RATE
2020	69.73	0,330%
2019	69.50	0,330%
2018	69.27	0,430%
2017	68.97	0.440%
2016	68.67	0.440%
2015	68.37	0.440%
2014	68.07	0.440%
2013	67.77	0.670%
2012	67.32	0.670%
2011	66.87	0.660%
2010	66.43	0.680%
2009	65.98	0.680%
2008	65.53	0.630%
2007	65.12	0.730%(Average per yr.)
2001	62.69	0.780%(Average per yr.)
1991	58.15	0.780%(Average per yr.)
1981	53.95	0.900%

*Life Expectancy in 1980 was: 53.47 Yrs

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Statistics given in Table-A shows that life expectancy in India has gone up by 15.78 years, from 53.95 in 1981 to 69.73 years in 2020. Experts attribute this to better immunization and nutrition, coupled with prevention and treatment of infectious diseases.

DEMOGRAPHIC POSITION OF THE AGED IN INDIA

Table-B^{xi}

Percent distribution of persons aged 60 years and above by gender and place of residence in India, 1961-2011 (Percentage share of Elderly Population to Total Population)

Census Year	Total	Gender		Place of Residence	
		Male	Female	Rural	Urban
1961	5.63	5.46	5.80	5.82	4.73
1971	5.97	5.94	5.99	6.21	4.97
1981	6.32	6.23	6.41	6.83	5.36
1991	6.70	6.69	6.71	7.10	5.75
2001	7.44	7.09	7.82	7.74	6.70
2011	8.58	8.20	8.99	8.79	8.11

As per 2011 Census in general, the proportion of population of elderly people in the country is increasing (from 7.44% in 2001 to 8.58% to total population in 2011). This trend, as shown in Table-B above, may continue in the time to come. The increase in the elderly population will impose a greater burden on the already outstretched health services in the country.^{xii}

As per Table- C, it is revealed that according to 2011 census, in general, the proportion of population below 15 years is showing decline (from 34% in 2001 to 29% in 2011).

Table-C^{xiii}***Composition of the Population of India 1911 to 2026***

Year	Age Group Percentage		
	0-14	15-60	60 and above
1911	38.8	60.2	1.0
1921	39.2	59.6	1.2
1931	38.3	60.2	1.5
1951	37.4	57.1	5.5
1961	41.0	53.3	6
1971	41.4	53.4	5
1981	40	54.1	6
1991	38	56	7
2001	34	59	7
2011	29	63	8
2026	23	64	12

INCREASING TREND IN NUMBER OF THE ELDERLY PERSONS IN INDIA

In India the size of the elderly population, i.e. persons above the age of 60 years is fast growing although it constituted only 7.4% of total population at the turn of the new millennium. For a developing country like India, this may pose mounting pressures on various socio-economic fronts including pension outlays, health care expenditures, fiscal discipline, savings levels etc. Again, this segment of population faces multiple medical and psychological problems. There is an emerging need to pay greater attention to aging-related issues and to promote holistic policies and programmes to look after the aging society.

PROBLEMS FACED BY THE ELDERLY PERSONS OR PARENTS

The journey of human life is not always free from hurdles nor is it the bed of roses. Man has to face different types of situations and problems in different stages of his life. The old aged almost find the climax of problems at this stage. At the same time, it is very difficult to make generalization about the problems faced by the aged. Because, the socio-cultural, familial and economic backgrounds of the elderly persons do not always remain the same, their problems also vary. For example, the problems of the old people in cities and villages, in nuclear families and joint families, organized sector and unorganized sector, in upper class, lower class and middle classes, etc are not always the same. Similarly, the problems of those who have just entered into the old age and those who have crossed their 80s are not the same. Despite these variations, there seems to be some problems which are common to most of the elderly people. These common problems faced by the aged are enumerated as follows.

- 1. Economic Problems Faced by the Elderly Persons:** India is a developing country. Here a large number of elderly persons belong to the poor classes and unorganized sector. Hence, loss of employment and consequent economic dependency seems to be a major problem haunting them. Its intensity differs in the organized and unorganized sectors. The ordinary farmers, agricultural labourers, casual labourers, working on the basis of daily wages, domestic servants, workers, engaged in self-employments face intense economic problems during their old age. They could not save anything throughout their working career. So, they face severe economic crisis during their old age. Since, they do not get any pension; they are forced to depend on the earnings of their children for purchasing petty things like soap, tooth powder, some low-price tablets, tobacco, snuff, clothes, footwear etc. Old people in the organized sector seem to be comparatively better economically for the retirees here earn some pension from their former employment. But they also face financial problem due to retirement and reduced income. They think that the pension they are getting is not at all enough to make their both ends meet. The cost of living is going up with rapid speed. The prices of essential commodities are consistently soaring. Due to poverty the elderly persons find it difficult to get nutritious food, good shelter and clothes, much needed medical assistance, etc. Deterioration of their physical health on the one hand and the rising cost

of medicines on the other, further add to their helplessness. Many elderly people of the lower and middle classes are compelled to work even after retirement or at old age for their own survival.

2. **Medical Problems faced by the Aged:** Due to the ever-increasing trend of nuclear families, elder care management is getting more difficult especially for working adult children who find themselves responsible for their parents' well-being. Managing home care for the elderly is a massive challenge as multiple service providers like nursing agencies, physiotherapists and medical suppliers are small in number, unorganized players who extend sub-optimal care. In India, health insurance coverage is mostly limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like India with many practicing physicians having little knowledge of the clinical and functional implications of aging^{xiv}. The stigma of aging is another social barrier to access of health in addition to the health and social conditions the elderly commonly face such as Senile dementia, Psychosis with Cerebral Arteriosclerosis –this is associated with symptoms such as weakness, fatigue, dizziness, headache, depression, memory defect, periods of confusion, lowered efficiency in work, heightened irritability accompanied by suspiciousness, incontinence and widowhood. Such grim health conditions push the old people suffer from (a) Worry about reduction in physical attractiveness, (b) Functional deficiency and decline in physical activities (c) Cruelty of solitude due to isolation and loneliness caused by the loss of contemporaries and loved ones, (d) Inevitability of others' support ~Due to the extreme old age, ill health and diseases, the elderly persons are obliged to take the support of others to carry on their activities. Sometimes, they require the artificial support system such as walking sticks, wheel chair, hearing aids etc.
3. **Familial Problems faced by Elderly or Parents:** Family is considered a refuge, a protective shelter. Home is the bastion of peace, of repose and of orderliness and commitment to values. As John Demos writes, "Here the woman's of the family, and children would pass most of their hours and days – safe from the grinding pressures and dark temptations of the world at large; here too the man of the family would retreat periodically for refreshment, renewal and inner fortification against the dangers he encountered elsewhere.^{xv} Domestic privacy serves both practical and emotional needs

of family members. Traditionally, “True Woman’s” (In the Indian context “Adarsha Grahini”) central of developing the cult of home was matched by “Husband’s father’s role of family’s breadwinner.^{xvi} But these statuses within the family have undergone change in the “Machine Age” and the woman’s role is not confining to the home’s hearth. Her entry into workplace has altered the image of family into an encounter group, an ambitious team stimulated to venture for economic prosperity.^{xvii} Home becomes a bubbling kettle of lively and mutually enhancing activity in this process. One difficulty with economic encounter group approach is that love, unifying force get side-lines when the iron of materialism enters the human soul.

As a result of changes in the traditional value system and norms, the gap between the old people and the younger members of the family is increasing. Even though the old people become weaker physically yet they want tighten their grip over the younger ones in the family. Hence, the younger members instead of developing a sympathetic attitude towards the old, start asserting their rights and power. This may create tension in the family and conflict between the young and the old. Neither one is prepared to understand or cope with the other. This does happen due to what is known as “generation gap” and “communication gap”. Elderly people in the family suffer from various problems such as – abuse of elders by the younger members of the family, ill-treatment and neglect-ion at home. Sometimes, the elders are also made to work hard. They are given the work of washing clothes and cleaning, fetching firewood, and so on and their physical disabilities are never taken into consideration. Quarrels between the elder people and their in-laws are the common cause of problems of elders in the family.

4. **Social Problems faced by the Elderly Persons:** Old age people are facing grave problems in many societies toady. In the olden days, old age was regarded as honourable and the wisdom, experience and suggestions of the elderly people were highly respected and appreciated. Not only inside the family even outside also were they treated in respectable terms. This situation has changed today. With the onset of industrialization, urbanization, mechanization and the recent phenomenon of globalization, vast social changes have taken place in the society. Many of these changes have affected the conditions of the old people and brought about various problems for them. For example, the old people today suffer from social discrimination,

ill-treatment, social and physical abuse, lack of security, etc. Old people are often discriminated in their community and subjected to ill treatment, insult and negligence in public places such as railway stations, bus stops, hospitals, market places, public transports, etc. Elderly persons often suffer from the fear of death especially when they hear the news of death of their friends, colleagues and age-mates. Loss of meaningful social role, power and authority has disheartening effect on the senior citizens. The feeling of not treating his worthiness often haunts the aged powerfully and in the case of some, when it reaches its peak, the tendency to commit suicide suddenly develops. Lack of social security measures, deficiencies and failures of old age homes and elder care institutions make the lives of a few other elderly people, still more miserable.

INTERGENERATIONAL RECIPROCITY

Robert & Bengtson^{xviii} explain intergenerational reciprocity or solidarity on the basis of six elements:

1. Pattern of interaction between family members
2. Positive sentiments held about the member and degree of reciprocity
3. Agreement of values and attitude and belief among family members
4. Help and exchange of resources
5. Fulfilment of familial obligation, role and responsibility
6. Geographical proximity of family member

On the fulfilment of these conditions, generations experience solidarity. Intergenerational reciprocity within family includes whole range of domestic, affective and financial service between them.

After 1990s the shift in the emphasis of the researches had been observed and since then the belief was that in relationships both solidarity and conflict are integral and that such type of relationship exists and were termed ambivalence type of relationship where both love differences, and hate experiences co-exist.

In the study of intergenerational support, it was found that intergenerational support is less common in urban areas than rural locations. Intergenerational gap was more pronounced in urban families between older and younger generation than in the rural families.^{xix} In context of education, researchers found that younger generation carries negative attitudes towards older generation. These negative attitudes are further strengthened among young generation because they have higher level of education, thus negative attitudes towards the older generation increase with increasing education levels. However, further researchers^{xx} contend that Education and modernization reduce the intergenerational problem within the rural family.

In India, at any age, the family provides the individual the emotional, social, and economic support. The ability of the aged persons to cope with the changes in health, income, social activities, etc. at the older ages depends to a great extent on the support the person gets from his/her family members. This support, it may be said, is more culturally based rather than development dependent. For instance, in India, the cultural values emphasize that there should be healthy intergenerational reciprocity of the behavioral manners, beliefs and attitudes among the family members and the younger members should be blessed with love, empathy, and kindness. Likewise, the elderly members of the family must be given "honor, sympathy, and preference" Hence, socio-cultural factors relating to the problems of the aged are equally significant. Cultural peculiarities and rural or urban background of the old people, for example, have a close bearing on this problem.

In the rural areas, the elderly person enjoys higher social status and is generally able to work productively for a longer period. He is much cared and respected at home. But in the urban industrial and modern society, on the contrary, some elderly people are treated as though they are the ones who have outlived their usefulness. This attitude of modern urban society may contribute to the incidence of old age psychoses. In the rapidly changing socio-cultural environment in the society, to bridge the generational gap one should make compromises and finally adjust with it.

CONSTITUTIONAL PROVISIONS AND LAWS FOR WELFARE OF SENIOR CITIZENS AND PARENTS

Well-being of older persons has been mandated in the Constitution of India. **Constitution of India, entry 24 in list III of schedule VII** deals with the “Welfare of Labour, including conditions of work, provident funds, liability for workmen’s compensation, invalidity and **old age pension** and maternity benefits. Further, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to **old age pension**, social security and social insurance, and economic and social planning.

Article 41 of Directive Principles of State Policy has particular relevance to **Old Age Social Security**. According to this Article, “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 case of unemployment, **Old age**, sickness and disablement and in other cases of undeserved want”

Article 46: Promotion of educational and economic interests of and other weaker sections:

The State shall promote with special care the educational and economic interests of the weaker sections of the people.....and shall protect them from social injustice and all forms of exploitation.

However, these provisions are included in the Chapter IV i.e., Directive Principles of the Indian Constitution. The Directive Principles, as stated in Article 37, are not enforceable by any court of law. But Directive Principles impose positive obligations on the state, i.e., what it should do.

The Directive Principles are fundamental in the governance of the country and the state has been placed under an obligation to apply them in making laws.

Violation of the rights of senior citizens can be challenged mainly under provisions of the following two Acts in India:

1. The Hindu Adoptions and Maintenance Act, 1956
2. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007

3. Section 20 of Hindu marriage and adoption act, 1956 makes it obligatory provisions to maintain aged parents.
4. Under Section 125 of Criminal Procedure Code, 1973 the elder parents can claim maintenance from their children.
5. **The Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019:** The Bill was introduced in Lok Sabha by the Minister of Social Justice and Empowerment, Mr. Thawarchand Gehlot, on December 11, 2019. The Bill amends the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

Present Status of the Bill: Introduced in Lok Sabha: Dec 11, 2019

Referred to Standing Committee: 23 Dec, 2019

Standing committee report: Within three months time

Key features of the Bill include:

Definitions: In the Act, the term children refer to children and grandchildren, excluding minors. The Bill adds the following to the definition: step-children, adoptive children, children-in-laws, and the legal guardian of minor children. Further, the Act defines a relative as the legal heir of a childless senior citizen, excluding minors, who possess or would inherit his property after death. The Bill amends this to include minors represented by their legal guardians. The Act defines parents to include biological, adoptive, and step parents. The Bill expands the definition of parents to include parent-in-laws, and grandparents.

Under the Act, maintenance is defined as the provision of food, clothing, residence, medical attendance and treatment. Welfare is defined to include the provision of food, healthcare, and other amenities necessary for senior citizens. The Bill expands the definition of: (i) maintenance to include the provision of healthcare, safety, and security for parents and senior citizens to lead a life of dignity, (ii) welfare to include the provision of housing, clothing, safety, and other amenities necessary for the physical and mental well-being of a senior citizen or parent.

Maintenance orders: Under the Act, state governments constitute maintenance Tribunals to decide on the maintenance payable to senior citizens and parents. These Tribunals may direct

children and relatives to pay a monthly maintenance fee of up to Rs 10,000 to parents and senior citizens. The Bill removes the upper limit on the maintenance fee. The Tribunals may take the following into consideration while deciding the maintenance amount: (i) the standard of living and earnings of the parent or senior citizen, and (ii) the earnings of the children. The Act requires children and relatives to deposit the maintenance amount with the relevant parent or senior citizen within 30 days of being ordered to do so. The Bill reduces the number of days to 15.

Appeals: The Act provides for senior citizens or parents to appeal the decisions of the maintenance Tribunal. The Bill allows children and relatives also to appeal decisions of the Tribunal.

Offences and penalties: Under the Act, abandonment of a senior citizen or parent is punishable with imprisonment of up to three months, or a fine of up to Rs 5,000, or both. The Bill increases the penalty to imprisonment between three and six months, or fine of up to Rs 10,000, or both. The Bill also provides that if the children or relatives fail to comply with the maintenance order the Tribunal may issue a warrant to levy the due amount. Failure to pay such fine may lead to imprisonment of up to one month, or until the payment is made, whichever is earlier.

Maintenance officer: The Act provides for a maintenance officer to represent a parent during proceedings of the Tribunal. The Bill requires maintenance officers to: (i) ensure compliance with orders on maintenance payments, and (ii) act as a liaison for parents or senior citizens.

Establishment of care-homes: Under the Act, state governments may set up old age homes. The Bill removes this and provides for senior citizen care homes which may be set up by government or private organisations. These homes must be registered with a registration authority set up by the state government. The central government will prescribe minimum standards for these homes, such as food, infrastructure, and medical facilities.

Healthcare: The Act provides for certain facilities (such as separate queues, beds, and facilities for geriatric patients) for senior citizens in government hospitals. The Bill requires all

hospitals, including private organisations, to provide these facilities for senior citizens. Further, homecare facilities will be provided for senior citizens with disabilities.

Protection and welfare measures: The Bill requires every police station to have at least one officer, not below the rank of Assistant Sub-Inspector, to deal with issues related to parents and senior citizens. State governments must constitute a special police unit for senior citizens in every district. The unit will be headed by a police officer not below the rank of Deputy Superintendent of Police.

CASE LAW AND JUDGMENTS

A case law is important particularly since they establish legal principles which were unclear in the original legislation. Many a times it can so happen that the original legislation might require judicial clarifications and interpretations due to a change in circumstances and new possibilities. Basically, case law is the collection of past legal decisions written by honorable courts and similar tribunals in the course of deciding cases, in which the law was analyzed using these cases to resolve ambiguities for deciding current cases. These past decisions are called "case law", or precedent. *Stare decisis*—a Latin phrase meaning “let the decision stand”—is the principle by which judges are bound to such past decisions.

It is a well-settled principle of law that in a given case with a view to give complete and effective meaning to a statutory provision, some words can be read into; some words can be subtracted. Provisions of a statute can be read down, although sparingly and rarely. Any case on the matter of elderly are, maintenance and welfare are a matter of moment. It concerns public interest. Public information about independence and impartiality of a judiciary would be established firmly. The duty of all organs of the State is that the public trust and confidence in them especially in the judiciary may not go in vain. Construction of a statute must be done having regard to the text and context of a provision of the statute. Keeping in our view the aforementioned purpose, it is necessary to highlight the judgments given by the Hon’ble Courts in the following cases:

1. Dattatrey Shivaji Mane v. Lilabai Shivaji Mane & ors.

WRIT PETITION (ST) NO. 10611 OF 2018 (Judgment dated 26 June, 2018)

*In this case, the Bombay High Court while highlighting the object of the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Senior Citizen Act)** held that the Act permits a senior citizen including parent who is unable to maintain himself from his earning or out of property owned by him and if such senior citizen is unable to lead a normal life to apply for such relief i.e. eviction under Section 4 of the Act not only against his children but also the grandchildren.*

In the case, the Respondent mother had filed a complaint against the petitioner (her son) *inter alia* praying for maintenance and eviction of the petitioner on various grounds. The Tribunal passed an order directing the petitioner and his other family members to evict themselves from the said tenement under Section 4 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Senior Citizen Act). It would be relevant to mention here that the impugned premises exclusively belonged to the Respondent mother.

Aggrieved by the aforesaid order, the Petitioner instituted writ petition before the High Court of Bombay contending that since the petitioner has been allegedly maintaining the respondent no.1 for last several years, no order of eviction could be passed by the tribunal under Section 4 of the Senior Citizen Act.

The High Court of Bombay upheld the Tribunal's order in view of the following observations:

That the respondent no.1 has produced sufficient material on record showing that the respondent no.1 has been harassed by the petitioner and his family members for last several years That Section 4 of the Act permits a senior citizen including parent who is unable to maintain himself from his earning or out of property owned by him and if such senior citizen is unable to lead a normal life to apply for such relief not only against his children but also the grandchildren. While arriving at its decision, the High Court heavily relied on the case of Sunny Paul & Anr. Vs. State NCT of Delhi & Ors., (Delhi High Court, LPA. No. 205 of 2017, CM.

No. 11669 of 2017 Decided On, 03 October 2018) Wherein it was held that the claim for eviction is maintainable under Section 4 of the said Act, read with various other provisions of the said Act by a senior citizen against his children and also the grandchildren

That the Senior Citizen said Act is enacted for the benefit and protection of senior citizen from his children or grandchildren.

That while interpreting the provisions, object of the Act has to be kept in mind which is to provide simple, inexpensive and speedy remedy to the parents and senior citizens who are in distress, by a summary procedure. Thus, the provisions have to be liberally construed as the primary object is to give social justice to parents and senior citizens.

With reference to the facts of the instant case, the High Court opined that the respondent mother could not be restrained from recovering exclusive possession from her son or his other family members for the purpose of generating income from the said premises or to lead a normal life. In view of the aforesaid observations, the High Court directed the petitioner and other occupants i.e. his wife, son and daughter hand over the vacant possession to Respondent within 2 weeks.

2. Senior Citizen Welfare Organization & another v. State of Uttarakhand & Anr. (Writ Petition (PIL) No.52 of 2013):

Every Senior Citizen has Right to Live with Dignity

In this case, the High Court of Uttarakhand while recognizing the failure of State to maintain adequate old age homes for the senior citizens in the State has issued a slew of mandatory directions. In the case, the Petitioner is a registered Society who have instituted this petition with the object to protect the rights of the senior citizens as per the provisions of the Maintenance and Welfare of the Parents and Senior Citizens Act, 2007 (the Act). The Petitioner in the case alleged that as per Section 19 of the Act old age homes is to be established in each district of the State of Uttarakhand. Section 19 ordains the State Government to establish and maintain such number of old age homes at accessible places at least one in each district to

accommodate minimum 150 senior citizens who are indigent. However, the Respondent State has established only two old age homes.

The Two-Judge of the Uttarakhand High Court while taking a strong note of the prevailing situation made the following observations in the case:

- That according to the language of Section 19, the State Government is required to establish old age homes in each district and also to prepare a Scheme as per Section 19(2) of the Act, 2007.
- That the State Government should establish the old age homes at its own level instead of relying upon NGOs or Societies. The State Government has to discharge the burden placed on it under Section 19 of the Act, 2007 and it cannot be permitted to pass on the responsibilities upon the NGOs for better management of the old age homes.
- That it is the duty of the State Government to provide beds for all senior citizens in government aided hospitals. There is requirement of separate queues for senior citizens. The facility for treatment of degenerated diseases is required to be extended to senior citizens.
- That **every senior citizen has a fundamental right to live with dignity**. It is the duty cast upon the State Government to protect the life, liberty and property including dignity and decency of senior citizens. They cannot be permitted to be left unattended in the twilight of their lives. Ours is a welfare and socialist state and it is expected that every senior citizen should live in a dignified manner with the assistance to be provided by the State Government.

The High Court in the case also issued a slew of mandatory directions for the establishment and maintenance of old age homes in India:

- The State Government is directed to establish old age home in each district of the State of Uttarakhand within a period of six months. It is made clear that it shall be open to the State Government to hire private accommodation, as a temporary measure.
- The State Government is directed to make a scheme for management of old age homes within a period of eight weeks from today as per Section 19(2) of the Act.

- The State Government is directed to ensure to provide sufficient number of beds for senior citizens in each Government hospital or hospitals funded by the State Government.
- The State Government is further directed to ensure that all the senior citizens in the State of Uttarakhand are provided free treatment including blood test, CT scan, MRI and other tests at Govt. hospitals.
- The respondent-State shall upgrade the facilities to be provided in old age homes from time to time including the strength of the inhabitants.
- The State Government is also directed to give due publicity to the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 in print media, electronic media including through Panchayati Raj institutions for the awareness of the enactment as per Section 21 of the Act, 2007.
- The State Government shall provide the facilities to the senior citizens as per the Rules. The State Government shall provide separate accommodation for men and women including sufficient potable water, electric fans, coolers/ AC, separate kitchen, dining room, separate bathroom for disabled senior citizens.
- The State Government is also directed to provide wheel chair, television, newspaper and books in old age homes.
- The State Government is also directed to provide ramp railing to the senior citizens including telephone service.
- The State Government is also directed to provide balanced nutritious food, two sets of clothes for summer and winters, linen, sufficient number of sweepers for maintaining hygiene and cleanliness in old age homes.
- The senior citizens in case of emergency shall be taken to the nearest hospital for treatment. The cost of conveyance shall be borne by the State Government including the medical expenditure as well as of ambulance.
- The Circle Officers of the respective area are directed to maintain vigil in and around the old age homes.
- The State Government is directed to protect the life and property of the senior citizens as provided under Rule 20.
- The Secretary, Welfare to the State of Uttarakhand shall be personally responsible to implement the orders and monitor the directions issued hereinabove.

3. Union of India v. Mool Chand Khairati Ram Trust
(IN THE SUPREME COURT OF INDIA, CIVIL APPELLATE JURISDICTION:
CIVIL APPEAL NO.3155 OF 2017- **Date of Judgment: July 09, 2018**)

SC: Medical Profession owe a Constitutional Duty to Treat the Have-nots

In this noteworthy case, the Supreme Court Bench has made some key observations highlighting the medical profession and its obligation to treat the have-nots in the society. The Court has stated that land provided to hospitals in concessional rate have to provide free treatment.

The Government of India in the year 1949 took a decision to provide all possible help to the hospitals by allotting land to the hospitals and schools at highly concessional rates so as to involve them in achieving the larger social objective of providing health and education to the people.

In pursuance thereof, Circular was issued by the Government of NCT of Delhi on 2.2.2012 whereby it intimated the hospitals to implement the judgment of Delhi High Court in the case of *Social Jurists v. Government of NCT of Delhi & Ors.*, [WP(C) No. 2826/2002 dated 22/3/2007) (Equivalent citations: 140 (2007) DLT 698) & IN THE SUPREME COURT OF INDIA, UOI v.Mool Chand Khairati Ram Trust, (CIVIL APPEAL NO.3155 OF 2017) with regard to free treatment to the weaker sections of the society.

The said Circular was applicable to the respondent Hospital i.e. the impugned order with respect to the policy of free patient treatment to indigent/poor persons of Delhi to be followed by the private hospitals allotted land by Land & Development Office on concessional rates.

Later a High Level 10Member Committee for hospitals in Delhi was constituted, headed by Mr. Justice A.S. Qureshi to review the existing free treatment facilities extended by the charitable.

With respect to Moolchand Kharaiti Ram Hospital i.e. Respondent, the Committee observed that initially the Trust was truly charitable. However, later the Hospital violated the terms and conditions regarding free treatment to the poor, openly both in letter and spirit.

In view of the aforesaid state of affairs, the Supreme Court held that the management of respondent hospital does not consider it to be a charitable hospital at all. The land would not have been allotted to Trust if it was not charitable.

That the hospitals in question and other similarly situated hospitals, shall scrupulously observe the conditions framed in the order dated 2.2.2012 and in case any violation is reported, the same shall be viewed sternly and the lease shall be cancelled. Thus, the Apex Court held that the violation of the policy could not be permitted to prevail.

Other notable observations made by the Supreme Court Bench in the case are as under:

That medical profession deals with the life of human beings. There has to be a balancing of human rights with the commercial gains

In the wake of globalization, we are in a regime of Intellectual Property Rights. Even these rights have to give way to the human rights. It is an obligation of the Government to provide lifesaving drugs to have-nots at affordable prices so as to save their lives, which is part of Article 21 of the Constitution of India. It is equally an obligation of the State to devise such measures that have-nots are not deprived of the very treatment itself. Administering medicines is also a part of medical therapy.

Thus, in our considered opinion members of the medical profession owe a constitutional duty to treat the have-nots. They cannot refuse to treat a person who is in dire need of treatment by a particular medicine or by a particular expert merely on the ground that he is not in a position to afford the fee payable for such an opinion/treatment.

Thus, in our opinion, when the Government land had been obtained for charitable purpose of running the hospital, the Government is within its right to impose such an obligation.

4. Pramod Ranjankar & Anr. v. Arunashankar & ors. (HIGH COURT OF CHHATTISGARH, BILASPUR: CRMP No. 600 of 2018, Judgment Reserved on 17/5/2018, Pronounced on 18/7/2018)

Right of Senior Citizen over Immovable Property and Eviction of Abusive Children

In the instant case, the two senior citizens i.e. Petitioners alleged of physical assault and torture by their son and daughter-in-law (Respondents) by not providing them food, medicine and also confining them to a corner of their own house.

On complaint of the Petitioners, the JMFC took cognizance of the case and found that *prima facie* case is made out under Section 24 of The Maintenance and Welfare of the Parents and Senior Citizens Act, 2007 (Act) against the respondents. Subsequently, notices were issued to respondents and while such proceeding was pending an application was filed by Petitioner seeking interim relief for of the eviction of Respondents from the house. It was categorically stated that disposal of pending criminal case which is registered may take some time, therefore, the son and daughter should be ousted from the house to protect the petitioners.

However, the Lower Court held that when the petition filed under Section 24 of the Act was pending, ejection cannot be passed by the Court.

Section 24 of the Act provides that whoever is responsible to care for senior citizen leaves such senior citizen with the intention to abandon him then he shall be punished.

Section 23 of the Act enumerates the circumstances under which a transfer of property by a senior citizen shall be rendered void on consequent misbehaviour by the transferee.

Bench Verdict

The High Court of Chhattisgarh in the case directed the respondents to evict their parents' house on the basis of following observations in the case:

Liberal Interpretation of Section 24- That reading of Section 24 would show that it started with opening words “the exposure and abandonment of senior citizen” meaning thereby the entire object is to protect the senior citizen; That having regard to the object of the Act and the intention of the legislature, there is no reason or justification or indication to restrict the meaning and scope of the word protection.

That reading of section 24 of the Act shows that it gives protection to the senior citizens in any place if they are abandoned and the said act is punishable with imprisonment of 3 months or fine thereby the person who intentionally abandons a senior citizen is liable for punishment. Reading of the above provision shows that it is intended to provide for a preventive remedy for the safety of senior citizen which can be granted quickly.

Transfer to be Void if Basic Needs to Transferor is not Provided- That a combined reading of Sections 23 and 24 of the Act would show that even if the property has been transferred by way of a gift or otherwise to the transferee, in lieu of such transfer of property the transferee has to provide basic amenities and physical needs to the transferor and if the transferee refuses or fails to provide such amenities and needs, the said transfer can be annulled.

That the object of the Act, 2007 calls for a simple, speedy but limited relief and seeks to ensure that the parents are not shelved as a commodity or a good under the scrap/heap of society and allow the children to sail on their immorality for their own subsistence.

Magistrate's Duty under Section 22 of the Act- The jurisdiction conferred by Section 22 on the Magistrate is more in nature of a preventive, rather than a remedial jurisdiction. In view of this, it is the duty of the Magistrate to interpret the provisions in such a way that the construction placed on them would not defeat the very object of the legislation.

That in the absence of any express prohibition, it is appropriate to construe the provisions as conferring an implied power on the magistrate to direct the person against whom an application is made under Section 24 of the Act not to harm the senior citizen also.

That it is not expected that a senior citizen will run from pillar to post and the assault and abuses would be allowed to be continued in the same house till the petition u/s 24 is decided on merits.

Right over Immovable Property- The High Court also made reference to Supreme Court's judgment in the case of *Sunny Paul and another v. State NCT of Delhi*, wherein it was held that the direction of eviction is a necessary consequential relief or a corollary to which a senior citizen would be entitled upon a transfer being declared void thereby the right over the

immovable property, possession and ejection thereof has been recognized which are incidental and ancillary.

In view of the aforesaid, the High Court while allowing the Petitioner's interim application for eviction opined that the anxiety to stop the right of the abuse of senior citizen is to be made effective as otherwise it would be a symbolic collapse of the legal system by not responding to the request or by adhering to the dummy mode by Courts.

REMEDIAL MEASURES FOR THE PROBLEM OF THE ELDERLY

During the recent years' awareness has arisen at the global level regarding the problematic life of the senior citizens. This awareness has made many national governments, including central government and states governments in India, to take some proper steps to mitigate their problems. The governments here in India are also doing best endeavors to provide the elderly persons enough social security. Some of the measures that are very useful and helpful in handling the problems of the aged and provide them much needed security are stated below:

1. Providing suitable economic assistance of the aged: Retirement pension, gratuity commutation, family provident fund, PPF, Group Insurance, leave encashment, GPF, some higher interest of over the fixed deposit kept in the name of senior citizens and so on. Old age pension scheme for the poor and needy by States since 1964. Hiring the services of retired people on contract basis by many educational institutions and private and public limited companies.
2. National level welfare programmes and projects for promoting the welfare of the aged under National policy for the Aged. National Council for Older Persons (NCOP) which had been constituted by the Ministry of Social Justice and Empowerment to operationalise the National Policy on Older Persons. The basic objectives of the NCOP are to- Advise the Government on policies and programmes for older persons. Also, it redresses the grievances of the pensioners and to make arrangement providing justice to them.

3. Welfare programmes of the aged: Old Age Home Scheme, Day-care Centres for the Aged, Mobile Medical Care Service Units for the Aged, Foster Care or Adoption Services for the Aged, National Social Assistance Programme (NSAP), Minimum of one Old Age Home per district.

Some Special Concession and Facilities:

1. Elderly pension under NSAP: Under the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) by Ministry of Rural Development, Central assistance is given towards pension at Rs. 200/- per month to persons above 60 years and at Rs. 500/- per month to persons above 80 years belonging to a household below poverty line, which is meant to be supplemented by at least an equal contribution by the respective States.
2. Ministry of Health and Family Welfare has implemented the National Programme for the Health Care for the Elderly (NPHCE) from the year 2010-11.
3. The Programme provides preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country. It also establishes geriatric department in 8 the existing Regional Geriatrics Centres. The Ministry also strengthened healthcare facilities for elderly at various levels of 104 identified districts in 24 States/Union Territories of the country.
4. Ministry of Finance: The Ministry has allowed health insurance programmes up to the age of 65 years. Several tax incentives for senior citizens and very senior citizens were provided by the Ministry of Finance. These include Higher Exemption of income tax for both senior citizens and very senior citizens. Deductions under Section 80DD: Higher interest payments for Senior Citizen Saving Schemes. Deduction for medical treatment of a dependent senior citizen suffering from specified diseases.
5. Ministry of Home Affairs: Chapter V of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 provides for protection of life and property of senior citizens. Ministry of Railways and Civil Aviation: have introduced concessions fare concessions for senior citizens.
6. National Policy, 2011: The National Policy for Senior Citizens 2011 is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor. In principle the national

policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support. The main focus of the policy is to recognize that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policies visualize that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare.

Voluntary organizations for the service of the aged:

One of the main objectives of the National Policy for Senior Citizens by the Government of India, 1999 envisages promotion and assistance of voluntary organization for providing non-institutional services and maintenance of old age homes, and planning services like day-care, shelter home, supply aids and occasional visits by social workers. The Government endeavours are also towards encouraging the services of NGOs for the care and welfare of the elderly persons. The voluntary organizations for the service of the aged are as under:

1. Help Age India -1978
2. Age Care India -1980

Some Other Voluntary Organization: Little Sisters of the Poor, Nightingales Medical Trust and its other service Branches or Units and projects.

Gharaunda (Old Age Home), Mehrauli, Delhi.

All the above Voluntary organizations are rendering valuable services to the elderly people for their care and welfare. These organizations are not just an old age home but the place where the elderly and neglected ones are care for and they are having appropriate facilities. The author has observed that in “Gharaunda” Old Age Home (by Paras Foundation), Delhi which has fully furnished sixty rooms with a beautiful Garden, Yoga Centre, a library and many more

indoor outdoor facilities for recreations. 'GHARAUNDA' an Old age home is a place where dwellers are not just loved and respected but given service round the clock care with healthy-meals and other delicacies. It also provides medical assistance, recreation facilities and comfortable living which they deserve.

CONCLUSION

In our country there is plurality of religions. The moral teachings of these religions inspire us for the care and welfare of elderly persons and parents. The elderly and parents are considered as most revered members of the society but in many cases treated otherwise when it comes to practical behavior with older people. If we have to understand the feelings of elderly, parents, and duties of sons and daughters or other kins towards each other we will have to read the epics and appreciate the performance of relevant duties known through our religious literature, especially Ramayana, Mahabharata, and Upanishads. This has been clearly shown according to time, place and circumstances as has been experienced in renowned episodes as described in Ramayana and Mahabharata.

In Mahabharata^{xxi} an extract of complete dialogue between Yudhishtira and Yaksha depicted the importance given to parents by Yudhishtira. The **Yaksha asked**, "What is heavier than Earth; higher than heavens, faster than the wind and more innumerable than straws"? **Yudhishtira answered**, "One's mother is heavier than the Earth, one's father is higher than the heavens, and the mind is faster than the wind and our worries are more innumerable than straws.

Further, in the Manusmriti and Mahabharata the sage stated, "He who has a sweet and amiable disposition and serves the wise and old with all his heart, continually gains in knowledge, reputation and strength and enjoys a long life."^{xxii}

The great epics Ramayana and Mahabharata both depicted the Aryavarta (now Bharat -India) culture, duties and mutual relations of sons-daughters and parents. The story of Ramayana takes place centuries earlier. Ramayana praises the heroism and virtues of Aryan warrior-princes - the Kshatriyas. Rama and his brothers are depicted as embodying the ideals of Aryan culture - persons of loyalty and honor, faithful and dutiful sons-daughters, affectionate brothers-sisters and loving husband-wife, persons who speak the truth, who are stern, who persevere but are

ready and willing to make sacrifices for the sake of virtue against the evils of greed, lust and deceit. They all were obedient and dutiful to the elderly and the parents.

The Mahabharata's heroes are described as yearning for power but, like the heroes of the Ramayana, devoted to truth and having a strong sense of duty and affection for the elderly and their parents.

In Islam also there is a favorable view of extended life as a platform for increased goodness and righteousness;^{xxiii} this is on the one hand a compliment and boon to the upright character and positive contributions of elderly, while on the other hand serving as a strong indication of the role and position of the elderly and parents in society. It points to the imperative need of society to support elderly and parents' well-being and facilitate their contributions, while on the other hand serving as a strong indication of the role and position of the elderly in society. What Islam likely seeks to instil is an increased sense of awareness of the positive worth of ageing and the potential inherent through maintaining a sustainable environment of positivity within the elderly community, while developing self-esteem, security, balance and pronounced societal rapport. As such, the goal of Islam with regards to the elderly is to sustain an effective symbiotic relationship between the community of the elderly and society while curbing and preventing any thoughts or practices of passivity, isolation or social disengagement.^{xxiv} Prophet Muhammad is reported to have instructed Muslims: **“Begin with the elderly”**^{xxv} The overall perspective of Islam on old age and elderly care is deeply rooted in the very texts of revelation. As such it is divinely based and supernaturally driven. Moreover, this perspective is especially inter-woven with the tenet of piety, dignity, spirituality and morality. As a whole the religious teachings of Islam are laudable as they are mandating, and clearly manifesting the very principles of human esteem, kindness and appreciation of life.

Suggestions: In the light of above discussions, the following suggestions are proposed for the care and welfare of the elderly and parents:

1. As per the values and practices of religion the traditional family in India used to ensure that we serve them food before filling our own plate, when there are insufficient chairs in a room, we give the seat to them and stand ourselves; we greet them with respect in the morning; we try to fulfil their requests and wishes to the best possible extent; we obey their wishes cheerfully and act on them and we defer to their opinion because they are wiser and more knowledgeable,

if we are not sure of our own judgment and wisdom. But now activities and etiquettes are not as good as they should be. The younger generation should learn much from these excellent instances of good practices so that they may avoid flow of today's complaints which are being received in the Hon'ble Tribunal or Hon'ble Courts from the elderly persons or parents. The nature of complaints is really shameful that her son or daughter-in-law did not bring new sari for her from last 2 years and did not give nutritious food of her taste since a long time. They did not buy her necessary medicines even after doctor had prescribed the same. Due to this reason she did not recover from disease since long. Moreover, in their own built home they are not provided with a hygienic space to sleep and live in. However, these complaints are lodged in exceptional situations. The younger generation should avoid communication gap and mend their mistakes.

2. The spread of Covid-19 Virus taught us that government should undertake vigorous Health Awareness Programmes to enable all individuals to lead a healthy life even at the prime age, so that they remain active and healthy, both mentally and physically, even after they become old. In fact, a healthy adult is more likely to enter onto a healthy elderly person. This should be recognized and promoted on priority basis as one of the preventive measures to avoid any disease.

3. Women's health and nutrition should be taken up on a priority basis so that the women are made aware of the various physical ailment threats that specifically impact the elderly women such as osteoporosis, etc. It is also important because in many societies, women have been socialized to provide care and maintenance to the family unit by procuring and preparing food, giving care to dependent family members, and by socializing children to become productive adults. Hence, it is suggested that efforts to improve the health of children should focus on the family unit as a whole, with a particular focus on the mother or mother figures of the family.

4. There should be proper program for spread of education and awareness about the senior citizens' rights at large scale in the society because for most of the elderly population is lacking behind in awareness regarding the rights of senior citizen. Most of them are illiterate, poor, destitute, living on streets or in slums. Mostly old people in India prefer to compromise instead of attending court hearings and often pay heavy prices by giving up their rights and interests.

5. The young generation should feel its responsibility to look after the welfare of the elderly persons and parents. They should not hesitate to pay respect to elderly persons for their rich experience, knowledge and wisdom.

6. There is an urgent need to relook at the existing legal provisions and respective authorities to come up with more equitable, effective and strong legal provisions to encourage elderly persons-friendly legal practices in the country. This should be followed by spreading of awareness and proper application and implementation of those provisions, program, and policy with equal zeal.

7. For the welfare and care for the elderly persons, the authorities at central and states level must focus on the protection of already existing social support systems and traditional social institutions such as family and kinship, neighborhood bonding, community bonding and community participation and some institutions favorable for the elderly social interactions at rural areas. A minimum source of livelihood must be ensured for the elderly either to whom the elderly is dependent like sons, grandsons, daughters etc or to elderly themselves. A minimum level of health care services must be provided at the doorsteps of the elderly persons particularly to those who live in rural remote areas.

To conclude, emphasis must be given that consistent efforts should be made to set up many more “Senior Citizen Care Homes” to take care of the aged destitute men and women in particular who are very vulnerable. A proper study should be conducted to identify the exact number of the vulnerable section of population in the country. Upon that adequate provisions should be made to set up more such Senior Citizen Care Homes where necessarily their day to day maintenance should be entrusted to dedicated, responsible, and capable persons. After the setting up process, routine monitoring should be conducted to ensure that the desired results are being derived from these “Senior Citizen Care Homes”. In fact, for creating effective policies and conducting relevant programs for the care and welfare of elderly persons and parents, leaders need to have clear guidance and tools on what works, based on the best available evidence. In India, as a developing country masses also need to be aware of existing regional, national and international frameworks on ageing and health so that efforts at different

levels can be coordinated and initiatives of government towards healthy ageing may be successful.

ENDNOTES

- ⁱ Tia Walker, *The Inspired Caregiver: Finding Joy While Caring for Those You Love*, please see https://www.goodreads.com/author/quotes/7240133.Tia_Walker, Accessed on 23-3-2020
- ⁱⁱ D. Wechsler, *Manual for the Wechsler adult intelligence scale (WAIS)*, The Psychological Corporation, New York, 1955
- ⁱⁱⁱ Clark Tibbitts, *Social Aspects of Aging*, *Journal of the American Geriatrics Society*, Vol. XI, Number 12, December, 1963.
- ^{iv} James W. Vaupel: *Dynamics of life expectancy and life span equality*, published PNAS, February 24, 2020; please see <https://www.pnas.org/content/117/10/5250>
- ^v J. Oeppen, J. W. Vaupel, *Broken limits to life expectancy*. *Science* 296, 1029–1031 (2002)- Abstract/FREE Full Text Google Scholar; J. C. Riley, *Rising Life Expectancy: A Global History* (Cambridge University Press, 2001) - Google Scholar
- ^{vi} D. Kirk, *Demographic transition theory*. *Popul. Stud. (Camb.)* **50**, 361–387 (1996) - Cross Ref Pub Med Google Scholar; F. W. Notestein, “Population—the long view” in *Food for the World*, T. Schulz, Ed. (University of Chicago Press, Chicago, 1945), pp. 36–57- Google Scholar
- ^{vii} University of California, Berkeley; Max Planck Institute for Demographic Research (Germany), *Human mortality database*. <https://www.mortality.org/>. Accessed 23 March, 2020. Google Scholar
- ^{viii} *India Life Expectancy 1950-2020: Macro trends*, available at <https://www.macrotrends.net/countries/IND/india/life-expectancy>. (projections do not include any impacts of COVID-19 Virus)
- ^{ix} R. D. Edwards, *Changes in world inequality in length of life: 1970–2000*. *Popul. Dev. Rev.* **37**, 499–528 (2011). [CrossRefPubMedGoogle Scholar](#)
- ^x *India Life Expectancy 1950-2020: Macro trends*, available at <https://www.macrotrends.net/countries/IND/india/life-expectancy>, Accessed 23rd March, 2020
- ^{xi} Sources: *Situation analysis of the elderly in India* (June 2011)
Elderly in India – Profile and Programmes (2016)
 Central Statistics Office Ministry of Statistics and Programme Implementation Government of India
 According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. For males it was marginally lower at 8.2%, while for females it was 9.0%.
- ^{xii} *Projected Age Structure in 2026*: It is estimated that the 0-14 age group will reduce its share by 11% that is 34% in 2011 to 23% in 2026 while the 60+ age group will increase its share by about 5%, that is, from 7% in 2001 to 12% in 2026
- ^{xiii} Source: IAMR, *Fact Book on Manpower and Census of India 2011*.
- ^{xiv} Ingle G, Nath A (2008) *Geriatric health in India: concerns and solutions*. *Indian J Community Med* **33**: 214-218; Gangadharan KR (2003) *Geriatric hospitals in India, today and in the future*. *J Aging Soc Policy* **15**: 143-158; Krishnaswamy B, Sein U, Munodawafa D, Varghese C, Venkataraman K, et al. (2008) *Ageing in India*. *Ageing International* **32**: 258-268.
- ^{xv} John Demos, “Image of the American Family, Then and Now” in V. Tuufte and B. Myerhoff, (ed.), *Changing Image of the family* (1979), at pp. 43-60 extracted in Judith Areen, *Family Law aCases and Materials* (3rd Edn, Foundation Press New York 1992) at page 88.
- ^{xvi} *Ibid.*
- ^{xvii} *Ibid.*, at pp H. 90-92

- ^{xviii} Robberts, R.E.L. & Bengtson, V.L. (1991). Intergenerational Solidarity a unidimensional construct, A second test of formal model, *Journal of Gerontology: Social Science*, 45: 512–520
- ^{xix} Martin, L.G. (1990). “Changing intergenerational family relations in East Asia” *The Annals*, No. 510 (July), pp. 102–114; Mishra, R.C., & Tiwari, B.B. (1980). Intergenerational attitudes: A psychological analysis: *Psychologia: An International Journal of Psychology in the Orient* Vol. 23(3), October 1980, 160–166; Bhingradiya, P. & Kamala, R. (1997). An intergenerational study on the situation of the elderly in rural Saurashtra. *Indian Journal of Gerontology*, 11 (3& 4), 78–84.
- ^{xx} Bhingradiya, P. & Kamala, R. (1997), op. cit.
- ^{xxi} यक्ष उवाच ।
किंस्विद्गुरुतरं भूमेः किंस्विदुच्चतरं च खात् ।
किंस्विच्छीघ्रतरं वायोः किंस्विद्बहुतरं तृणात् ॥ अध्यायः 313/ श्लोक 59 ॥
Yudhishtira answered:
माता गुरुतरा भूमेः खात् पितोच्चरस्तथा ।
मनः शीघ्रतरं वाताच्चिन्ता बहुतरी तृणात् ॥ अध्यायः 313/ श्लोक 60 ॥
- ^{xxii} अभिवादनशीलस्य नित्यं वृद्धोपसेविनः ।
चत्वारि तस्य वर्द्धन्त आयुर्विद्या यशो बलम् ॥ मनु०/2/121; Also refer: Mahabharat Udyog Parva 39/74
- ^{xxiii} Tirmidhi M. bin ‘Issa. al-Jami’ al-Sahih-Sunan al-Tirmidhi. Ed. Ahmad Shakir. Dar al-Kutub al-‘Ilmiyyah, n.d. , also please see https://www.researchgate.net/publication/272970617_Old_Age_and_Elderly_Care_An_Islamic_Perspective
- ^{xxiv} Ibid.
- ^{xxv} (Albani, 1995, 4: 381) quoted in, Ibid.