



Social Security: Offering Welfare Opportunities for the Vulnerable People

****Saurabh SHRIVASTAVA, Prateek SHRIVASTAVA, Jegadeesh RAMASAMY***

Dept. of Community Medicine, Shri Sathya Sai Medical College & Research Institute, Kancheepuram District, Tamil Nadu, India

***Corresponding Author:** Email: drshrishri2008@gmail.com

(Received 22 May 2014; accepted 29 May 2014)

Dear Editor-In-Chief

The International Labor Organization has defined social security as the shield that a society provides to their members to ensure health care accessibility and to warrant income security, especially for the elderly/unemployed/sick/injury during job, pregnancy or death of the earning member of the family (1). Social security benefits directly influence the economic well-being of a household at difficult times and even bring about a significant improvement in the quality of life of the patient and their family members / survivors (2). It has been suggested that social security programs should be developed as a part of community action to ensure that disabled persons lead a complete life and eventually become productive members of the society (3). In fact, social security measures are essential instruments of social and economic justice and one of the key pillars to determine the ability of a society to meet basic needs of the people who constitute it (4). In addition, social security acts as a modulator between work and health in an individual's vocational environment (4).

Globally, only twenty percent of the world's populations have adequate social security coverage, while the remaining either have insufficient or no coverage at all (1). Furthermore, to a great extent the benefits of social security are limited to the organized sector only and many important sectors like agricultural workers are not covered at all (1,3). In order to expand the benefit of social security to

the citizens of the country, apart from providing services for industrial workers / civil servants / general public, the Government has formulated multiple laws for bringing about a universal transparency (3,4).

Generally, social security facilities have shown a powerful impact on all levels of society including the employees and their families (viz. for access to health care and protection against loss of income attributed to any cause); the elderly people for financial security in post-retirement period; children by assisting their families to cope with the cost of education; and for the employers by assisting them in maintaining stable labor relations and a productive workforce. In addition, social security can contribute to social cohesion and to a country's overall growth and development by improving the socioeconomic standards (1,3,5). In fact, it has been reported that in the United States, social security is the single most important and effective income support program introduced to alleviate the burden of poverty (5).

As already discussed, absence of organized social security measures or poor implementation of such public policies will not only harm the individuals concerned, but also will lead to exploitation of the dependants. A range of factors such as age at which people become eligible for the benefits (6); types of illnesses covered (3,4,6); poor awareness among the community (3); trends of macro-economics on reimbursements (7); neoliberal

economic policies and guidelines developed to combat the global crisis in capitalism (8); alterations in the legislative provisions developed for the social security (3,4); and trust of the institutions on the national social security system (9); have been suggested that have ultimately influenced the benefits of the social security.

Worldwide, with an aim to cover more and more people, different strategies have been drawn up and implemented to extend the beneficial services to those who need them the most in a tailor-made manner (1). In addition, specific interventions such as sustained political commitment (8); formulating a multistage process to improve the completeness and time/cost-effectiveness of ascertaining disabilities or deaths in large employee cohorts (10); medico-economic evaluation of health products (11); developing standardized protocol for performing medical examination (3,4); devising strategies for strengthening and developing universal social security systems (5,6); and implementing measures to sustain institutional trust and thus remove the anxiety among different sections of society (3,6); have been suggested to maximize the output of the social security schemes.

To conclude, social security encompasses multiple interventions planned by the government to guarantee the welfare of the vulnerable population. However, the need of the hour is to enhance the existing provisions and extend the benefits of the social security measures to all the sections of the society.

Acknowledgements

The authors declare that there is no conflict of interests.

References

1. International Labour Organization (2012). Facts on social security. Available from: <http://www.ilo.org/wcmsp5/groups/public/>

2. Gallegos-Carrillo K, García-Pena C, Duran-Munoz C, Mudgal J, Duran-Arenas L, Salmeron-Castro J (2008). Health care utilization and health-related quality of life perception in older adults: a study of the Mexican social security institute. *Salud Publica Mex*, 50(3):207-17.
3. Park K (2009). *Medicine and social sciences: Textbook of Preventive and Social Medicine*. 20th ed. Jabalpur: Banarsidas Bhanot Press.
4. Benavides FG (2011). Public health and social security: two basic components of the welfare state. *Gac Sanit*, 25(2):91-3.
5. Arno PS, House JS, Viola D, Schechter C (2011). Social security and mortality: the role of income support policies and population health in the United States. *J Public Health Policy*, 32(2):234-50.
6. McCarragher MJ (2008). Social security: take the money at 62 or wait? *WMJ*, 107(3):147-8.
7. Khan J, Gerdtham UG, Jansson B (2004). Effects of macroeconomic trends on social security spending due to sickness and disability. *Am J Public Health*, 94:2004-9.
8. Takahashi MA, Iguti AM (2008). Changes in workers' rehabilitation procedures under the Brazilian social security system: modernization or undermining of social protection? *Cad Saude Publica*, 24(11):2661-70.
9. Murayama H, Taguchi A, Ryu S, Nagata S, Mura-shima S (2012). Institutional trust in the national social security and municipal healthcare systems for the elderly in Japan. *Health Promot Int*, 27(3):394-404.
10. Wojcik NC, Huebner WW, Jorgensen G (2010). Strategies for using the National Death Index and the Social Security Administration for death ascertainment in large occupational cohort mortality studies. *Am J Epidemiol*, 172(4):469-77.
11. Dervaux B, Baseilhac E, Fagon JY; participants of round table N°6 of Giens Workshops XXVIII (th), Ameye V, Angot P, et al. (2013). Medico-economic evaluation of health products in the context of the social security financing act for 2012. *Therapie*, 68(4):253-63.