

Sacred Bond (Parent Care Leave) Bill 2026: New Law, Old Morality



The Sacred Bond Bill 2026 allows relief from work to employees in India to look after their ageing parents without suffering a pay loss. However, it is steeped in symbolism that emphasises duties of children towards their parents while sidelining the state's welfare responsibilities or reimagining the eldercare ecosystem that is needed to make the provision work efficiently.

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Labour markets depend not only on production-related economic activities but also on the reproduction of the labour force through care work. In India, policies and laws have hitherto failed to acknowledge this reality, relegating care work to the private domain, especially to women. The financialised capitalist societies deplete our “capacities for sustaining social bonds” by increasing the total working hours required to sustain a household. This translates into less available time for familial care work. Such extractive regimes thrive on maximising value from workers, and a corresponding shrinkage in the state's contribution towards people's welfare. As a result, social reproduction, or the affective and material activities required to sustain societies and relationships within them, is

constantly under threat. Under neoliberal regimes, the sustenance of families through care work is rendered difficult due to the lack of adequate support infrastructure for caregivers, who are commonly women of the household.

It is in this context that parental care leave proposed under the [Sacred Bond \(Parent Care Leave\) Bill 2026](#) ('SB Bill') is an important intervention made by the state, among other reasons, to redistribute elder care among working adult children in the household, irrespective of their gender. Yet it's a missed opportunity to reimagine eldercare in India holistically. In the first section of this article, I highlight how relevant parental care leave from work is. In the second section, I reflect on the existing eldercare laws and the progressive reliance placed upon families (mainly adult children) for eldercare. In the third section, I delve into specific issues with the proposed bill, including its symbolic posturing and withdrawal of the state from its welfare role. In the last section, I propose a radical reimagination of eldercare via a multi-stakeholder engagement that includes the local neighbourhoods, communities, (regulated) market interventions, and makes the state accountable for the quality of care available in society.

Addressing the Anxieties of Failing Health of Parents

The SB Bill was proposed as a private member's bill in the Rajya Sabha in March 2026. It provides relief from work, allowing time to care for ailing and ageing parents. The leave provision is useful particularly for caregivers belonging to the "sandwich generation" (SB Bill, Statement of Objects and Reasons, no.3), that is, the middle-aged group that is encumbered with the care duty of both their own children and their ageing parents at the same time.

The bill is sensitive to changing familial arrangements, in which co-residence with ageing parents is not always possible. With this law, employees in governmental, non-governmental, private institutions, and organisations will be able to take leave from work to look after parents without incurring pay cuts. A parent has been broadly defined as a biological, non-biological, step, adoptive or foster parent and a parent-in-law of 60 years of age and above. Caregiving of totally dependent parents is a grave concern that many silently endure. Anxious employees often undertake makeshift arrangements for caring and rely on adaptable employers and their human resource (HR) policies. Hence, the SB Bill has the potential to address many of the care-related exigencies that caregivers face and respond to the care insufficiency that ageing parents might experience.

Statutory Provisions for Eldercare in India

In 2007, the [Maintenance and Welfare of Parents and Senior Citizens Act 2007](#) ('MW Act') was enacted as the most comprehensive legal support for older people. This law has two broad

sections. The first section obligates adult children to provide “maintenance” (defined by the law as food, clothing, shelter and medical care) to their parents. The second section mandates the state governments to provide welfare services (such as building old age homes and geriatric care facilities in district hospitals), but these have not been implemented systematically. Rather, the state juridicalises eldercare by emphasising filial piety or the duty of care for ageing parents by adult children, while sidelining its own mandatory duties.

In 2019, an amendment was proposed to the MW Act to include in-laws within the category of parents. So, from 2007 to 2019, the juridical orbit of eldercare has expanded care duties beyond biological and stepchildren to include affinal relationships, and, with the SB Bill, it brings employers within this orbit too.

I argue that while institutional support for employees’ caregiving duties is crucial, care for ageing people in society should not be viewed solely through a labour law lens. A more holistic and multi-stakeholder approach, including engagement with caregivers and receivers, becomes pertinent to create an age-friendly society. Challenges related to loneliness, social isolation, abuse and abandonment (often perpetrated by kin), and other vulnerabilities of older people are prevalent in contemporary India. The SB Bill, as it currently stands, is another mechanism to shift the primary responsibility of providing care onto families or familialise care duty rather than addressing the needs of an ageing population societally. Further, the care leave provisions as per the bill are myopic in nature and need to be reconceptualised to be effective.

Meaningful Interventions or Mere Symbolic Posturing?

The SB Bill broadly reflects the core principles of the International Labour Organisation’s (ILO) Convention No. 156 “Convention concerning Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities, 1981” (‘Convention’) without specifying that it has drawn from it, probably because India has not ratified this Convention formally. The Convention in Article 3(1) articulates,

With a view to creating effective equality of opportunity and treatment for men and women workers, each Member shall make it an aim of national policy to enable persons with family responsibilities who are engaged or wish to engage in employment to exercise their right to do so without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities.

In this Convention, the workers are addressed in gender neutral terms, the scope of discrimination is addressed, and a balance is created between personal care work and professional work. In a similar vein, the SB Bill makes parental care leave a matter of (labour)

right. That is, employees, men and women, can now claim this right and take their employers to court if they are denied parental care leave or if they are discriminated against in their employment (see SB Bill 2026, Section 5). This is probably what will make the law appear empowering. However, on closer scrutiny, the SB Bill appears more as symbolic posturing rather than an effective means to address care needs in the family.

The first striking point in the law is that it makes parental care leave limited to 45 days and a one-time entitlement that can be used either all in one go or at different times in one's entire career. The calculation of 45 days, as explicated in Clause 9 of the Bill, is skewed and inadequate. For example, the claim — “The provision as a one-time total entitlement rather than an annual allocation reflects the understanding that parental health crises requiring sustained physical presence are typically episodic and concentrated rather than recurring annually, while ensuring the leave serves its intended caregiving purpose rather than becoming a routine benefit” — completely misframes health concerns that many older people face. Such a conjecture collapses all kinds of parental care needs into one single category. Different kinds of health concerns will require different types and time-distribution of care. Disability, post-operative, preventive checkups, palliative and end-of-life care require very different forms of support. Also, not all conditions are acute and temporary (episodic) as the Bill claims. In case of dementia, complicated surgeries, paralysis, cancer, Parkinson's, or mobility issues that interfere with ADLs (activities of daily living such as bathing, eating, toileting), people require sustained, continuous care. These needs can be routine and prolonged.

The 45-day leave fixes 28 days to be the maximum for postoperative care, 14 days for chronic episodes of ailments, 15 days as the maximum needed for end-of-life care and to perform final rites. The Bill assumes that later life care is “concentrated” over a few years only. It ignores the increasing life expectancy rates in India and its associated health challenges. A person whose parent lives longer and has recurring ailments and/or [multi-morbidities](#) (the presence of multiple chronic conditions in an individual, e.g. heart, lungs, joint disease, diabetes, neurological issues) will be at a disadvantage. If the person exhausts 45 days in one severe episode of illness, they will not have any leave left to claim later. The Bill acknowledges that several adult children live away from their parents. However, it would be challenging to look after parents living in other cities, as that would entail costs and time in travelling, making regular monitoring difficult in case the ailment requires continuous support.

Secondly, the Bill makes the employer solely responsible for payment of salary during absence. In Section 5, the Bill has introduced a (gender neutral) provision of “Protection against Discrimination” for leave-seeking employees. However, shifting the liability of paid leave to employers could reinforce biases against those employees who claim leave. In reality, due to [gendered familialism](#), it is [mostly women](#) who undertake care roles at home. Thus, the

Bill will invariably produce a gender bias against women employees without gender-specific safeguards for women or particular incentives for men to undertake caregiving responsibilities. Without building a robust care ecosystem of shared responsibilities, women will continue to face a disproportionate burden of care duties, biases at work, and that could jeopardise their careers and employability too. Sensitisation of employers, along with the sharing of economic costs by the state, especially in the case of private employers, could be one solution.

Thirdly, there are penalties for non-compliance with the law (SB Bill, Section 6). The employer can be punished for discriminating (denial of promotion, increment, posting, transfer) against employees through fines, and the employee can be subject to disciplinary action if found guilty of lying about parents' ill health.

A sense of distrust and surveillance mechanism is built into the SB Bill, which is disconcerting, especially given that the issue (of parental care work) requires more empathy. Institutions are mostly guided by practicalities, bureaucratic procedures, efficiency and profit-maximising tendencies (if private). When the issue is about the welfare of employees and their families, a discourse of empathy and sensitivity must be built into institutional work logics.

Having grievance redressal mechanisms is useful, but it should be kept in mind that employees, already in a less powerful position in employment, would have much at stake should they choose to litigate against an employer. Fear of retaliation or even proving that they have been discriminated against can be challenging, especially in private setups which operate on internal HR rules. This system makes the employees more vulnerable instead of providing a safe space to cater to professional and personal needs.

The Bill makes surveillance via documentation of medical needs an essential clause of granting leave. However, this leaves room for arbitrariness, given that employers lack medical expertise, and it could also lead to violation of privacy (of the employees) and misuse of their health data against them. Further, a 60-day limit to resolve disputes seems far-fetched in a country where courts are already inundated with pending matters.

Fourthly, the SB Bill may have an immediate appeal in the way it expansively defines both an "employee" and an "establishment." It includes not only full-time employees but also contractual and temporary workers (SB Bill, Section 2b). Apart from governmental and private institutions, an establishment also means all kinds of private "ventures" undertaken for commercial, professional, vocational, health, and entertainment related work (SB Bill, Section 2d). So, while the Bill is not outright exclusionary for leaving out informal workers, who are the largest segment of workers in India or those working in the rural economy (for

example, workers at brick kilns or agricultural labourers), parental care leave can only work when there is a clearly identifiable employer or institution with a clear process of applying for leave. That is not possible in the case of more vulnerable workers like the daily wage labourers, gig workers or those engaged through the platform economy, for instance. When employment itself is fluid and flexible, there is a lack of clarity about who the leave sanction authority would be. Essentially, then, for a huge proportion of the Indian working population, this law will change nothing.

Lastly, calling the law “Sacred Bond Act” is clever normative framing. Customarily, parental care or filial piety is a virtue promoted by law, cinematic representations, [popular culture](#) and [religious scriptures](#) (like the depiction of Shravan Kumar as a responsible, “ideal son” in the Ramayana). Adult children are expected to be indebted for the care they received in childhood from their parents. The state cleverly uses the language of rights and entitlements to promote this moral duty, i.e. the preservation of the sacred bond. Parental care leave is an entitlement as per this Bill. It promotes the idea that intergenerational relationships between parents and their adult children are “sacred.” Notionally, perhaps yes, practically, not always, such as when children might have had abusive or neglectful parents. Sometimes, there are transactional relationships, where care is based on providing financial support without any emotional attachment.

The law could be simply renamed as the “Parent Care Leave Bill”, as calling a toxic or estranged relationship between parents and their children “sacred” or even otherwise signals normative coercion. The legal system, including courts in India, has often enforced cultural norms related to honour, duty and gender roles that are problematic as they undermine the realisation of a just, equitable and egalitarian social order. Such operationalisation of mainstream cultural codes is reflected in Usha Ramanathan’s writings about the gendered legal construction of “[reasonableness](#)” in courts. Further, heteronormative and patriarchal ideas are shown to circulate within the judiciary, in Srimati Basu’s [work](#) on marriage disputes in family courts. Similarly, Pratiksha Baxi’s [work](#) on rape cases in India highlights the troubling medical jurisprudence that views women survivors of rape, as either “true virgins” or “lying habitué” and such discourses live on in courts and beyond.

The SB Bill belongs to a similar universe of moral coercion, and through it, the state kills three birds with one stone. It reminds children that they are solely responsible for caring for their parents in our society. It makes employers the final authority for granting leaves while relieving itself of its own welfare responsibilities.

However, this law isn’t on par with other kinds of care-related leaves (for kin) that exist in India. In the Statement of Objects and Reasons, Section 5, it lists the leaves available to government employees such as paid childcare leave for up to 730 days in their career and

maternity leave for 180 days. The Bill under Section 5 observes how much more the private sector employees are “vulnerable” as they constitute the majority of India’s workforce and have no “structured provision” for parental care. It argues that “This absence forces employees, particularly those in the sandwich generation, into an untenable choice: either utilizing precious earned leave, casual leave, or loss of pay to care for parents, or, in many distressing cases, being unable to attend to their parents during critical medical situations due to fear of employment consequences.” This Bill, if passed, unlike the other leaves mentioned above, will apply to both private and public institutions. Yet, a 45-day leave entitlement under the SB Bill is staggeringly low. It also highlights the differential value placed on the lives of an older person versus those of children.

A Moment to Rethink Eldercare

In India, eldercare is largely considered a private family affair. The failure to look after ageing parents is labelled as the failure of the children, not of the state or society. However, in contemporary times, owing to patterns of migration for work, changes in work culture and family setups, and fewer children per family, care for ageing parents is hard to imagine in isolation from the community and without state support. There is a need to focus on building a comprehensive eldercare ecosystem rather than establishing care provisions on a piecemeal basis. The Bill does recognise “... that caring for aged parents is not a personal indulgence but is a social responsibility that deserves institutional support” (Section 15, Statement of Objects and Reasons). This is an important point, yet the Indian state narrowly restricts it to institutional leave provisions. The right to live with dignity in later life under Article 21 of the Indian Constitution and the right to public assistance in later life enshrined under Article 41 of the Directive Principles of State Policy should be the guiding principles of the parental care law. The right to dignity encompasses access to appropriate healthcare to preserve one’s personhood in later life and to avoid being treated as a burden by either the family or the state. It is intrinsically related to the support that is extended to familial caregivers as well. Thus, ‘social responsibility’ needs to be envisioned widely by the Indian state, keeping in mind the above constitutional principles.

What the Bill does is make institutions responsible for providing parental care leave and create space for litigation in case of a dispute, for example, when employers refuse to permit leave (SB Bill, Section 7). To get leave sanctioned, the employees must mandatorily produce medical certificates or hospital admission papers. What the Bill fails to reckon is that parents of employees might be unable to produce the required documents on account of living in rural or remote areas without access to public health facilities. Several Indians, particularly in rural areas, often avail treatment from [informal practitioners](#), mostly with no legal standing. Scholarly literature highlights the prevalence of a wide-range of practitioners, including interventions by [Accredited Social Health Activists \(‘ASHAs’\)](#) where ageing produces

complex psycho-somatic ailments rendering biomedical intervention less effective, and services by folk healers, and unlicensed, experience-based practitioners. Services from Unlicensed Rural Medical Practitioners ('RMPs'), for example, are drawn upon due to their embeddedness and familiarity with local cultures, quick dispensation of medicines and/or the non-availability of better quality care. Further, pharmacists and retailers, along with RMPs, hand out medicines based on “floating prescriptions,” or prescriptions that circulate from registered doctors to RMPs and retailers who supply medicines without actual checkups, the latter mostly for profit.

The law does not take these lived realities into account. Currently, there is no specific standard for reviewing leave-related disputes, both at the level of the employer and at the grievance redressal stage. Thus, what chances would an employee have even if they filed a complaint on being denied leave for not having appropriate documentation or when the employer cites work-related exigencies? Such juridicalisation of parental care loses its meaning when a) institutions are given full leeway to determine applications of leave, and b) alternate structures of care are not in place. Thus, it is imperative to conceptualise eldercare beyond the idea of leave from work by adult children.

A robust eldercare ecosystem is the need of the hour if the state really cares for its ageing population rather than only relying on legal coercion. Filial piety and care for ageing parents cannot be a punitive measure, nor should it be left to adult children alone. Here, I am arguing for a more holistic approach where supportive arrangements can be made by the state in partnership with community organisations, municipalities, NGOs, resident welfare associations, and panchayats. For example, arranging subsidised homecare and nursing services, geriatric care centres, telemedicine support and community volunteers checking in on their health. Some of these are already enshrined in the MW Act, and the problem is the implementation of already-existing provisions at the district, municipal and neighbourhood level.

The viability of innovative techniques also be explored, for instance, by examining later-life care insurance through time banks, which allow younger people to volunteer for eldercare and earn credits they can redeem for their own care needs in later life. Some of these alternate imaginings are in line with ILO Article 5, which states that it's important to “(a) to take account of the needs of workers with family responsibilities in community planning; and (b) to develop or promote community services, public or private, such as child-care and family services and facilities.”

Conclusion

The SB Bill is timely, but it is vital to move beyond the cultural narrative of children's duty to care for parents. A holistic and collaborative approach to care is missing. By familialising eldercare work, as both the proposed bill and the MW Act do, there is a danger that, as individual caregivers, we will stretch "[our caring energies to the breaking point](#)". To prevent this, a radical reimagination and reorganisation of carework that goes beyond the family is necessary. This is not to say that there should be a complete substitution of familial care. Where older people have a family to count upon, familial care can co-exist with state and community endeavours, and regulated market interventions. Care shortage is a structural issue and must not be left to individual families to sort out, as the bill currently does.

Featured image from the Deccan Herald.



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