

Social Issues Faced By Senior Citizens Among Paniya Tribal Communities In India

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Abstract

Present study discussed about the social problems of aged tribes intend to discuss about the issues of marginalized people. The tribes are children of nature and they are constituted a significant part of the under developed areas of the country. They are marginalized and are the weakest section of India's population from the ecological, economic and educational aspects. The study has been conducted with the main objectives to list out the socio-economic, physical and psychological problems faced by the aged Paniya tribes; to assess the level of adjustment of elderly tribal from the Paniya community and to give appropriate suggestions for the social security of the senior tribal citizens. This vulnerable group is defined as those who are subjected to unfair treatment or care, related to other age groups or sections of society. They are more dependent on others and therefore find it difficult to maintain their subsistence on their own and to protect their rights. Despite of the elaborate provisions in the Indian Constitution and other laws, it is an unfortunate reality that social injustice and exploitation of Scheduled Tribes and other weaker sections persist. Awareness programme, Gerontological counseling and geriatric services have to be emphasized and need to extend welfare services to the aged tribes and to their community. Government, NGOs and other Service providers have to take it as a joint venture for the betterment of senior tribal citizens.

Key words: Social issues, Senior Tribes, Paniyas

Introduction

India has the largest concentration of tribal people in the world next to Africa. The tribes live mostly in isolated villages or hamlets (Verma, 2017). A smaller portion of tribal population only has now settled in permanent villages as well as in towns and cities. On the whole, the prominent tribal areas constitute about 15 percent of the total geographical area of the country. Scheduled Tribes are constitute the weakest section of India's population from the ecological, economic and educational aspect. Despite of the elaborate provisions in Indian Constitution and other laws, it is an unfortunate reality that social injustice and exploitation of Scheduled Tribes and other weaker sections persist. Though Government has emphasized on decentralized planning as a means of localizing policymaking, bringing decision-making closer to disadvantaged groups, several factors have blocked this potential and still they are many issues (Babu. B.V. and Kusuma.

Y.S, 2004). In India tribes are facing various health problems like malnutrition related diseases, parasitic diseases including malaria, diarrhea, respiratory disorders, genetic disorders, sickle cell disease, thalassemia, STD and HIV/ AIDS. They constitute a large proportion of agricultural laborers, casual laborers, plantation laborers and industrial laborers too. This has resulted in poverty, low levels of education, poor health and reduced access to healthcare services.

Present study discussed about the social problems of aged tribes intend to discuss about the issues of marginalized people. The tribes are children of nature and they are constituted a significant part of the under developed areas of the country. They are marginalized and are the weakest section of India's population from the ecological, economic and educational aspects. The study has been conducted with the main objectives to list out the socio-economic, physical and psychological problems faced by the aged Paniya tribes; to assess the level of adjustment of elderly tribal from the Paniya community and to give appropriate suggestions for the social security of the senior tribal citizens. This vulnerable group is defined as those who are subjected to unfair treatment or care, related to other age groups or sections of society. They are more dependent on others and therefore find it difficult to maintain their subsistence on their own and to protect their rights. Despite of the elaborate provisions in the Indian Constitution and other laws, it is an unfortunate reality that social injustice and exploitation of Scheduled Tribes and other weaker sections persist. Awareness programme, Gerontological counseling and geriatric services have to be emphasized and need to extend welfare services to the aged tribes and to their community. Government, NGOs and other Service providers have to take it as a joint venture for the betterment of senior tribal citizens.

Review of Literature

Population ageing is one of the most important global trends of the 21st century and the issue has started receiving much attention from the public, media and policy makers. While the 21st century is widely being considered the century of elderly persons, the 22nd century is expected to witness the phenomenon of the 'ageing of the aged' (Cheriyana, 2014). Ageing Process of the population were conquered of the demographic transition. All the developing countries are experiencing the similar problem. The Indian population has increased from 361 million in 1951 to 1.027 billion in 2011. The number of aged, over the 60 population in India will increase 77 million 2001 to 137 million by 2021. There is a rise in the demographic dynamics and also socio-economic aspect (Rajan, Sarma, & Mishra, 2003)

There are several theories of biological ageing and the factors leading to the gradual degeneration and finally to the death of the body cells of an individual or decline of immune system (Tibbitts, 1963). The psychologists say about the age-related changes in sensory and perceptual capacities and external influences on mental capacities. The sociological aspect of ageing is on the basis of the changes that take place in an individual's role and position in society with the passage of time leading to several associated changes, which forms the core of the socio-economic analysis of aged people. So ageing is basically a complex process of several interrelated and interdependent factors, and together they act on the individual, causing rise of unique problems faced by persons as they aged. Persons undergoing through process of ageing have had to adjust not only to the physical changes taking place in the body making them weaker and more dependent, but also adjust themselves to their declining role and status in family and society . (Tibbitts, 1963)

Now the population of the elderly is growing rapidly and has emerged as a serious area of concern. One out of two elderly in India suffers from at least one chronic disease which requires

life-long medications. Providing healthcare to elderly is a burden for poor households. Visual impairment, hearing problem, loco motor problem (difficulty in walking) and problems in speech are common forms of disability among elderly. Senility and neurosis is common mental illness reported among elderly (C. Chatterjee and Sheoran, 2007). Elderly tribes are the sources of transforming agents of the culture of the tribal communities. The present tribes are mostly illiterate and socially away from the common society. It is a common phenomenon respecting the elderly people in Indian society and mostly in rural and tribal communities. But the impact of westernization on urban and rural is also spread to the tribal communities. Increasing cost of living, natural calamities are affecting on their livelihood activities, decreasing human and moral values, increasing human needs and many other factors pushing the tribal younger generation to the urban societies and creating distraction from joint family systems. With this factors elderly neglected by the younger generation in tribal communities as well (Kusuma et al. 2004). From a human right perspective, all citizens should receive adequate health, education, food, nutrition and housing. However these senior tribal citizens are often marginalized and are over looked in the public delivery system.

Methodology

Present Investigation tried to to prepare the socio-demographic profile of the aged among the Paniya in Malappuram; to list out the socio-economic, physical and psychological problems faced by the aged Paniya; to assess the level of adjustment of elderly tribal from the Paniya community and to give appropriate suggestions for the social security of the senior tribal citizens. For the present study, descriptive design has been adopted. Descriptive studies are those studies which are connected with describing the characteristics of a particular individual or group (Kothari, 2005). In this study the universe were the senior citizens from paniya tribes at Malappuram district. Total number of aged tribes is 696. It is listed out from the source of census India report about the area of Malappuram district. Then six tribal settlements were selected through purposive random sampling. Then by simple random sampling aged tribes were selected from each hamlet. Sample size for the study was 60. The study comprises both Primary and Secondary data. An interview schedule was prepared to get socio-demographic information about the aged tribes. The adjustment inventory of Subramanian (1989) based on the perception of community relation to the adjustment and roles among the aged was administered too. This inventory was constructed and standardized in Kerala by Subramanian (1989), to the measure adjustment of elderly people, which yielded data on five areas of adjustment, namely, home, social, emotional, self and health. A total of 74 items were constructed for the preliminary analysis. Each Item had two alternative responses, 'Yes' or 'No'. High score indicated good adjustment and low score, poor adjustment.

Result and Discussion

The aim of this paper is to take up the questions regarding problem faced by aged tribes among the Paniya in Malappuram district. It discusses ways to understand the influence of problems among the Paniya from an indigenous perspective. The study attempts to portray the problems faced by the aged Paniyas at Malappuram. This study will measure the rate of adjustment problems of aged scheduled tribes towards the home, social, emotional, self and health. Table 1 deals with the socio demographic details of the aged tribe and it comprises of age, educational level, marital status and type of family.

Table 1 : Socio demographic profile

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Sl. No:	Particulars	Category	Percentage(N=60)
1	Age (in years)	60-69	85
		70-79	15
2	Educational status	Illiteracy	57
		Primary	43
3	Marital status	Married	75
		Widow	18
		Widower	07
4	Type of family	Nuclear	22
		Joint	75
		Extended	03

Those who are in the age group 60-69 years are named as 'young old' and those are in the age group 70-79 as 'old-old' and those who are above 80 are named as 'Oldest- old' (Cheriyana, 2015). According to this classification 85 percent of aged peoples are young-old. 57 percent of the aged tribes are illiterates. The aged tribes who have lost their partner are 18 percentage and in widower category are 7 percentage. The 22 percentage of the total population is living in nuclear families that mean husband and wife and 75 percent of the total population lives in joint families. Most of the people, 85 percent, are from young old, they have been died before reaching the age 70 because of poor health and lack of medical facilities. 57 percent of the aged are illiterate but rest of them are literate just only for the name sake because they don't know to write and read the things except very less people. Around 25percent of the aged are widows and widower their life expectancy is less most of them are not reaching to 70year and the joint family system is have more preference among them.

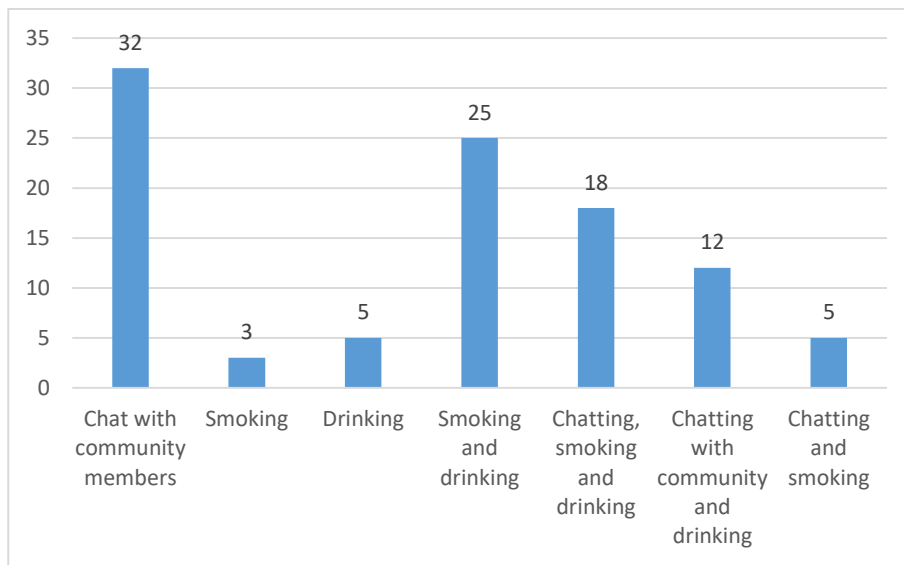
Table2:Physical health status

Health issues diminishing	Percentage(N=60)
Vision	29
Hearing loss	5
Respiratory problems	33
Skin problems	20
Cardiac problems	10
Hypertension	3
Arthritis	78
Back pain	40
Neurological problem	3
Dementia	2
Diabetes	10

The table.4 indicated that 78 percent of the aged tribes have arthritis problems. 33 percent have respiratory problems whereas 40 percent have difficulty of back pain. The aged who have diabetes are around 10 percent. 29 percent having vision problems and 20 percent of people have skin problems.10 percent have cardiac problems and 3 percent among them have hypertension. Neurological problems, dementia and hearing loss are among them 03, 02 and 05 percent of the population respectively.They are settled in different colonies in the forest area of Malappuram District. From there they have to go average 8km or more to reach PHC, to get Basic Health Care. From the colony they have no access of bus service and road services and it condition also very

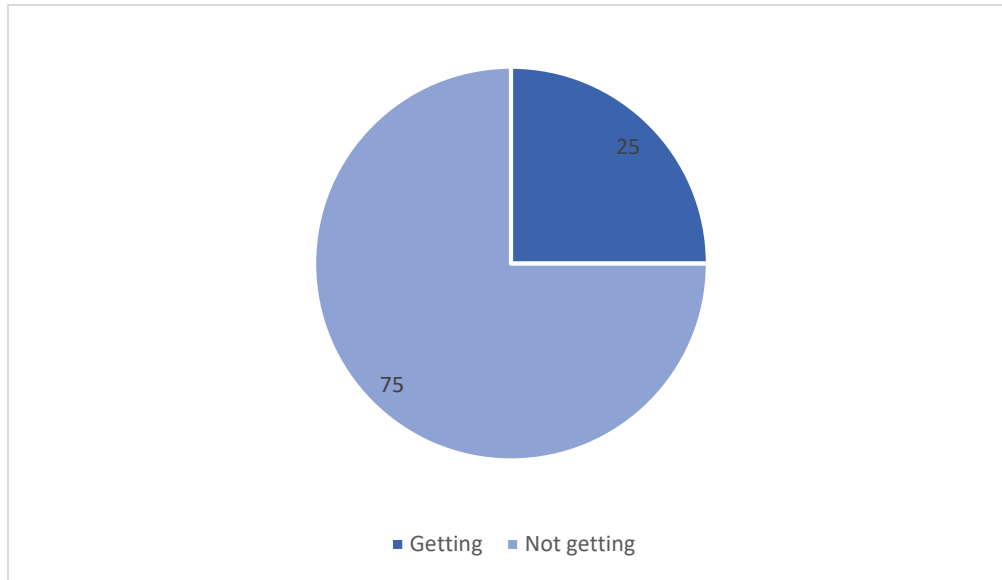
pathetic. In any emergency situations they have to walk or need to find out any other travelling source to reach the main road from there they will get buses. It's really difficult to aged tribes to get the reach to PHC and medical care from the PHC. So it's very necessary that alternate solutions like need of sub centers and Medical Camp in each colony should conduct periodically and timely.

Figure 1 :Life style of aged tribes



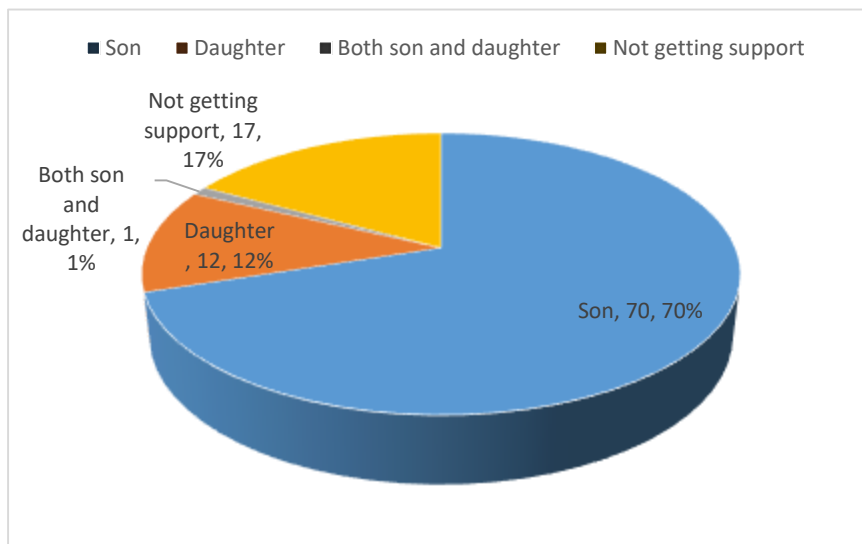
The figure.1 showed that 32 percent of the aged tribes spent their leisure time by chatting with the community members and 25 percent smoking and drinking, and 18 percent of the total population spend their time by chatting, smoking and drinking. Chatting with community and drinking are 12 percent. Chatting with community members is the most preferred leisure time activities among them. It shows that the cordial relationship exists among them.

Figure 2: Support from organizations



The figure.2 showed that 75 percent of the aged tribes are not getting any support whereas only 25 percent of them are getting support from different organizations like Integrated Tribal Development Programme, Government Organizations and Non-Government Organizations.

Figure 3: Care and support from family



The figure.3 indicated that 70 percentage of the aged tribes are getting care and social support from their son, not getting any support are 17 percent. Most of the aged persons are depends upon their sons than their daughters and the 17 percent of them are not getting any support from their children. There is the role of social organizations and NGOs to provide the support for them.

Table 5: Different Level of adjustment

S.No.	Category of adjustments	Types of adjustment	Age		Gender		Marital status		
			60-69	70-79	Male	Female	Married	Widow	Widower
1	Home adjustment	Less	7	3	8	2	7	1	2
		Moderate	32	4	17	19	25	9	2
		Adjustable	12	2	5	9	13	1	0
2	Social adjustment	Less	10	1	4	7	5	5	1
		Moderate	35	6	22	19	33	6	2
		Adjustable	6	2	4	4	7	0	1
3	Emotional adjustment	Less	7	3	4	6	7	3	0
		Moderate	27	5	18	14	22	6	4
		Adjustable	17	1	8	10	16	2	0
4	Self-adjustment	Less	9	2	7	4	8	2	1
		Moderate	33	3	15	21	26	8	2
		Adjustable	9	4	8	5	11	1	1
5	Health adjustment	Less	6	1	6	1	5	0	2
		Moderate	38	8	20	26	34	10	2
		Adjustable	7	0	4	3	6	1	0

The adjustment inventory of Subramanian (1989) based on the perception of community relation to the adjustment and roles among the aged. This inventory was to the measure adjustment of elderly people, which yielded data on five areas of adjustment, namely, home, social, emotional, self and health. High score indicated good adjustment, average score indicated moderate adjustment and low score, less adjustment. In terms of home adjustment, only 12 in the age group 60-69 and 2 in the age group 70-79 shoed adjustable rest of them having some level adjustment problem with age and home. Except 5 males and 9 females moderate or less level of adjustment issue with home and gender. Married showed more adjustable in their home. 35 respondents are showed moderate level of adjustment in the case of age and social adjustment they are belongs to young old. Males showed more moderate level of adjustment than female in the case of gender and social adjustment. Only 7 married and 1 widower showed adjustable rest of them have some level of adjustment problem in the case marital status and social adjustment. Young old age showed more adjustment than old-old age group in the case of emotional adjustment. Female showed more adjustable than male in the case of gender and emotional adjustment. Widows and widower showed more adjustment problems in the case of marital status and emotional adjustment. Young old group showed more self-adjustment than old-old group. Moderate level of adjustment female showed than males in the case of gender and slf-adjustment. Married people showed more self-adjustable than widows and widower. Young old more healthy than old-old and female showed more moderate level of adjustment than males in the case of health. Married people showed more health adjustment than widows and widower.

Conclusion

There are groups in India who need special care and attention to avoid exploitation. One among that group is aged in scheduled tribes. They are literally excluded socially, economically, politically and legally ignored. These people share a very low health status and utilization of health care facilities is also very low among them. They are economically dependent on upper caste people for livelihood which affects their lifestyle and access to food and health. Other than this aged people are already victims of health issues such as arthritis, respiratory diseases, back pain, low vision, hearing loss as well as adjustment problem in the family. Adjustment is measured in terms of home social, emotional, self and health in which gender and age play a major role. It is a known fact that government of India has framed the laws and rights for these groups but due to lack of proper attention and poor implementation they have to face number of problems. Thus there is the need of some new policy measures to make their health status good and to prevent them from discrimination and exploitation in our society. Ngo's should joined hand together and social workers should give an exposure in these areas so that the needs of the aged tribes can be met. Awareness programme can be organized for the aged people about the old age pension, services they can get from different organization which is especially working for tribal development. Geriatric services can be made available in the panchayats and municipalities and Mobile medical care for the elderly can be arranged by government as well as different non – governmental organization so that health care facilities become easily accessible. Gerontological counseling should be arranged to prepare the aged for facing the life and changed situation, and should be made understand the situation to adapt to the changes in life role and living pattern. This counseling should be extended to care givers also to make them understand the situation of the elderly.

Reference

- [1] Tibbitts, C. (1963). Introduction-Social Gerontology-Origin, Scope and Trends. *International Social Science Journal*, 15(3), 339–354.
- [2] Cheriyan. (2015). *The State of Elderly in India*. New Delhi: HelpAge India.
- [3] Cheriyan, M. (2014). *The State of Elderly in India Report 2014*. NewDelhi: Helpage India.
- [4] Cheriyan, M. (2015). *The State of Elderly in India*. New Delhi: Helpage India.
- [5] ITDP. (2013). *Annual Repotr* . Malappuram: Integrated Tribal Development Project.
- [6] Sampla, V. (2015). *Details of Welfare Schemes for the Aged Persons* . New Delhi: Press Information Bureau Government of India.
- [7] Verma, R. (2017). *Indian Tribes Through Ages*. New Delhi: Director General Publications Division, Ministry of Information and Broadcasting, Government of India.
- [8] Rajan, S. I., Sarma, P. S., & Mishra, U. (2003). Demography of Indian aging, 2001-2051. *Journal of Aging & Social Policy*, 15(2–3), 11–30.
- [9] Kothari, C. (2005). Research Methodology: Techniques and methods.
- [10] Bagchi, K. (1998). Some important areas of gerontological research in India. *Research and Development Journal (HelpAge India)*, 4(2/3).
- [11] Bali, A. (1997). Socio-economic status & its relationship to morbidity among elderly. *The Indian Journal of Medical Research*, 106, 349–360.
- [12] Bali, A. P. (1999). *Understanding greying people of India*. Inter India Publications.

- [13] Devi, V. G. (2009). Adjustment and Problems of Retired Women. *Indian Journal of Gerontology*, 23(4), 433–446.
- [14] Dhak, B. (2011). Economic Inequality and Status of Health among Aged Population in India. *Indian Journal Of*, 25(2), 217.
- [15] Dilip, T. (2001). The burden of ill health among elderly in Kerala. *HelpAge India-Research and Development Journal*, 7(2), 7–15.
- [16] India, H. (1998). Directory of old age homes in India. *Research and Development Division*.
- [17] Jamuna, D. (1998). Challenges of changing socio-economic and psychological status of the aged. *Research and Development Journal*, 5(1), 5–13.
- [18] Kaushik, A. (2013). Developing Vulnerability Scale for the Elderly. *Indian Journal of Gerontology*, 27(2).
- [19] Mahapatra, S. (2010). Second home after home for elderly: A study of age homes in the Globalized Era. *Ind J Geront*, 24(1), 115–122.
- [20] Mohapatra, T. (2012). Problems of Elderly Widows in Odisha: An Empirical Study. *Indian Journal Of*, 26(4), 549–563.
- [21] Ravishankar, A. (2010). Ageing and family support of elderly in South India. *Indian Journal of Gerontology*, 24(4), 482–500.
- [22] Verma, R. (1995). *Indian tribes through the ages*. Publications Division Ministry of Information & Broadcasting.
- [23] Chatterjee, C. B., & Sheoran, G. (2007). *Vulnerable groups in India*. Centre for Enquiry into Health and Allied Themes Mumbai, India.
- [24] Kusuma, Y. S., Babu, B. V., & Naidu, J. M. (2004). Prevalence of hypertension in some cross-cultural populations of Visakhapatnam district, South India. *Ethnicity and Disease*, 14(2), 250–259.
- [25] Raina, S. K., Raina, S., Chander, V., Grover, A., Singh, S., & Bhardwaj, A. (2014). Is dementia differentially distributed? A study on the prevalence of dementia in migrant, urban, rural, and tribal elderly population of Himalayan region in northern India. *North American Journal of Medical Sciences*, 6(4), 172.
- [26] RA Rasi. & KM Ashifa (2019), Role of Community Based Programmes for Active Ageing : Elders Self Help Group in Kerala. *Indian Journal of Public Health Research & Development*, 10(12).
- [27] RA.Rasi & KM Ashifa (2020) Community based Interventions for Active Aging: Implications and Recommendations. *Jounral of Xi`an University Journal of Architecture & Technology*,12(10).