

## **PLIGHT OF ELDERLY TRIBES IN INDIA** **– A SOCIOLOGICAL VIEW**

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### **Introduction**

Transformation of existing culture, values and norms are inevitable in any other society. In India the orthodox ideologies becoming void due to the penetration of westernization and individualistic ideologies. Entering new values with strange norms and addition of accommodation with other culture things has been created lot of chaos in the existing cultural and social position of its members. The position of members in the society has been determined by their socio-economic as well as caste positions based on the Varna systems. We cannot say the system of Varna is not existing at present, but most of the cases it dominates the people by its indirect influence nature. The people those who are hanging in the circle of the border of existing social structure have been considered as marginalized and suppressed people. India itself has lot of people who are coming under the marginalized groups, but some of the groups are becoming marginalized by various pressures, because of their loss of livelihood as well as threaten of their survival. The tribal people are the first category those who are becoming marginalised by the activities of government as well as the encroachers. When we are talking about tribal, obviously we can accept their poor socio-economic, health as well as living status. The tribal they are considered the children of forests, but today the relationship between the tribal and forest becoming detached, they are being forced to evacuate their nature settings as well as their nature business in the name of development projects.

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Not only the tribes, women, physically challenged, lower caste people, people with chronic diseases and elderly they are coming under the plight condition compare with other groups. In recent days the elderly people are becoming vulnerable groups due to their physical weakness as well as changing attitude of society. Elderly is mainly associated with social isolation, poverty, apparent reduction in family support, inadequate housing, impairment of cognitive functioning, mental illness, widowhood, loss, bereavement, limited options for living arrangement and dependency towards end of life.

### **Tribal population in India**

According to 2011 Census, there are nearly 104 million elderly persons (aged 60 years or above) in India 53 million females and 51 million males. As per the 2011 census, Scheduled Tribes population is 8.63%. Majority of the Scheduled tribe population live in rural areas and their population is 10.4 % of the total rural population of the country. Madhya Pradesh has the largest Tribal population. It has more than 1.6 crore Schedule Tribe population whom are 21% of state population according to 2011 census. As per the 2011 census, Madhya Pradesh has the highest ST population. Meghalaya has the lowest (2.5 per cent) and Among States Mizoram (94.43) has highest proportion of STs and Uttar Pradesh the lowest (0.57).

### **Elderly Population in Southern States**

As far as concerned the 2011 census, Tamil Nadu has population of 7.21 Crores, an increase from figure of 6.24 Crore in 2001 census. Total population of Tamil Nadu as per 2011 census is 72,147,030 of which male and female are 36,137,975 and 36,009,055 respectively. In 2001, total population was 62,405,679 in which males were 31,400,909 while females were 31,004,770. Accurate number of population of Tamilnadu as per 2011 census was 72,147,030 within this population elderly population was 10.4%.

Census 2011 shows Kerala has the population of 3.34 Crores, an increase from figure of 3.18 Crore in 2001 census. Total population of Kerala as per 2011 census is 33,406,061 of which male and female are 16,027,412 and 17,378,649 respectively. Kerala total population as per the 2011 census is 33,406,061, of which 12.6 per cent are aged above 60 years.

As per 2011 Census, Karnataka has the population of 6.11 Crores, an increase from figure of 5.29 Crore in 2001 census. Total population of Karnataka as per 2011 census is 61,095,297 of which male and female are 30,966,657 and 30,128,640 respectively. Karnataka total population as per the 2011 census is 61,095,297 in this population elderly was 8.4 per cent.

According to 2011 Census, Andhra Pradesh has population of 8.46 Crores, an increase from figure of 7.62 Crore in 2001 census. Total population of Andhra Pradesh as per 2011 census is 84,580,777 of which male and female are 42,442,146 and 42,138,631 respectively. Total population of Andhra Pradesh as per 2011 census is 84,580,777 in Andhra Pradesh elderly Population was 9.8%. when we compare the elderly population with the previous census, it is gradually increasing due to the medical advancements with lot of difficulties.

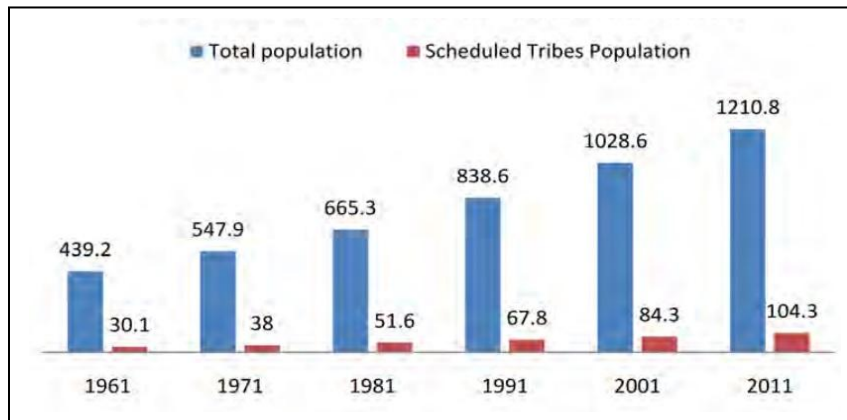
### **Tribes in South India**

Thirty-six group of STs have been notified in Tamil Nadu by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. Of the STs, six have been notified with area restriction. These are Malayali, Kurumbas, Kanikaran, Kammara, Kota and Toda. Malayali have been notified in Dharmapuri, Vellore, Tiruvannamalai, Pudukkottai, Salem, Namakkal, Villupuram, Cuddalore, Tiruchirappalli, Karur and Perambalur districts, Kurumbas in Nilgiri district, Kanikaran in Kanniyakumari district and Shencottah taluk of Tirunelveli district. Kammara, Kota and Toda have been notified throughout the state except Kanniyakumari district and Shencottah taluk of Tirunelveli district. In this tribal groups Malayali tribes are the largest population in Tamilnadu.

In accordance with The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976, in Tamilnadu there are 36 tribal groups and they are living in different parts of Tamilnadu. Kerala itself having nearly 35 different types of tribal group and Andhra Pradesh is having nearly 33 types of tribes itself. There is maximum i.e., 49 group of tribes are living in the state of Karnataka in the part of southern India.

## **Scheduled Tribes population in India**

### **Scheduled Tribe population**



The above table shows that the growth of scheduled tribes population in India starts from the year of 1961 to 2011 census. This shows that the population level has been gradually increased in every census period. Though they are having lot of survival problems in their livelihood, the average age of tribes as well as marginalized groups has been increased due to the hike level of medical and assisting functions of non-government sectors as well as government in the area of tribes especially health aspects. But, when we are comparing with the increased level of population with the plain areas, the tribes increased level of population would have very least position.

### **Elderly tribes in India**

As far as concerned the population of elderly tribes in India, it is nearly about seventy-two lakhs as per 2011 census. Though we are talking about the development programmes for the welfare of the tribes, but the elderly tribes data shows that they are in minimum number i.e., nearly 6.88 per cent only, it indirectly indicates the plight of elderly tribes in our tribal society. Elderly is being considered as one of the burden in the existing modern family structure by the youngsters whereas the tribal society the same attitude is paving its roots among the minds of the tribal youngsters. Due to the unemployment, less income levels, non-availability of medical assistance and also the penetration of nuclear family system leads to create a worst status among the elderly tribes in their families.

The population of elderly tribes is very low in the urban setup, but the problems of elderly tribes in the urban areas are high level. Because most of the elderly tribes those who are living in the urban areas, they are being migrated as well as faced forced displacement for the reasons of unemployment, lack of basic facilities, dispute with the younger generation and also in the name of developmental projects. The elderly tribes those who are living in the rural set up they are also becoming vulnerable because of their less income, poor physical health and also the loss of prominent place within the family system.

### **Concentration of Elderly Tribes in India**

<b>Scheduled Tribe Ageing Population (Age 60 &amp; Above) in India</b>						
<b>Age Groups</b>	<b>Rural</b>			<b>Urban</b>		
	<b>Persons</b>	<b>Male</b>	<b>Female</b>	<b>Persons</b>	<b>Male</b>	<b>Female</b>
<b>Age 60 &amp; Above</b>	6617772	3125744	3492028	576611	268442	308169
<b>Total ST Population</b>	94083844	47263733	46820111	10461872	5283482	5178390
<b>% age to Total SC Population</b>	7.03	6.61	7.46	5.51	5.08	5.95

**Source:**2011 Census

### **Status of Elderly Tribe in India**

From the historical period, the elderly people they were having all the powers and they had the financial disbursing decisions. But the process of acculturation leads to create the new ideology which is the mixture of Indo as well as Western. The modern ideology or western ideology provides lot of conflicting factors that will create the non-functioning aspects of our culture especially family structure. The powerful person becomes powerless and also position less status. This is the present condition existing in the plain area elderly people whereas the position of elderly is totally different from our culture. Being orthodox culture, they are still having the power in the hand of their elderly. But their issues are totally different from others. Tribal elderly

people had occupied the position of power and prestige in the family. But due to ageing period, nowadays they are becoming inactive, dependent, sick and weak in terms of economically, physically and psychologically all these phenomena lead to several social economic problems. Elderly in tribal people are the sources of transforming the culture of the tribal communities. Tribes are facing lot of problems than non tribes, the present tribal are mostly illiterates and socially away from common society. It is a common phenomenon respecting the elderly people in Indian society and mostly in Rural and Tribal society. But the westernization impact on urban and rural is also spread to the tribal communities. Increasing unemployment issues, natural calamities affects their livelihood activities, decreasing the moral values within the family, increasing need of economical sources and many other factors pushing the tribal younger generations to the urban societies and creating distractions in joint family systems. The elderly tribes they have been suffered by lot of issues, though they are having lot of knowledge treasures within themselves, due to their ageing all aspects become void.

#### **A) Health Issues of Elderly Tribes**

Indian elderly tribes are facing many problems from various way, especially their health problems still remain unsatisfactory. World Health Organization defines health as a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also they do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality (Balgir, 2004). Their misery is compounded by poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc. Some of the preventable diseases such as tuberculosis, malaria, gastroenteritis, filariasis, measles, tetanus, whooping cough, skin diseases (scabies), etc. are also high among the tribes. Saraswati Swain (1994) in his analysis about health disease and health seeking behaviour of Tribal Propel of India has found that tribals, whether the most primitive or the relatively modern ones, are in the various stages of transition. The concept that they are resistant to modern medical care system has not been found to be true. Whenever facilities are available their system of health seeking has tilted in favour of modern medicine. It is to be noted that in the traditional society the culture and value system was solving a lot of conflicts. Since the health seeking

behaviour affects the utilization of health care services in the community, an attempt to understand the utilization process would enable the administrators to provide relevant medical care services which would lead to their better and proper utilization.

Ratna Sarkar (2016) “A Study on the Health and Nutritional Status of Tribal Women in Godam Line Village of Phansidewa Block in Darjeeling District” This study stated that most of respondent (94 % of the respondents) have reported that there is no drainage facility in their houses and All the respondents had health problems.

Thirumalraja D (2013) Conducted a tribal field work entitled “The Problems of Elderly Tribal Women in Kodaikanal Hills: A Sociological Perspective”, the objective of the study was to assess the level of awareness of Government schemes for tribes and to examine factors and extent of problems found among the respondents. This study was conducted among the Paliyan tribes in Kodaikanal hills, Tamilnadu. In this study 15 Panchayats had been selected as universe. From the total women elderly tribes i.e., 989, from that total 10 per cent of the (98.9 arrived as 100) respondents were selected. Descriptive research design has been adopted for this study. Structured interview schedule was used. The data were processed using SPSS. In this study 78.5 per cent tribal people were living in huts and Thatched house at interior forest area. In this study 18.7 per cent of the respondents residing at Pucca house these types of houses are made up of sand, stone, wood and leaf and remaining 2.8 per cent of the respondents are living in concrete house. Majority of the respondents depend mainly on agriculture as their business i.e., 42.7 per cent and 45.1 per cent of the respondents are following siddha medicine for their physical illness, 59.1 per cent of the agricultural coolie workers have the physical problems. 61.8 per cent of the agricultural coolie workers have economic problems.

Gandhari Basu (2018) “Health of elderly tribes: a community based clinico-epidemiological study in West Bengal, India” This elderly tribal research was stated that Seventy tribes had lived in kutcha house and 99 were illiterate. Unemployment was seen in 59.2% tribes. More than half respondents were in the lower socioeconomic class followed by lower middle group. The proportion of respondents who had lost either their wife or husband was 34.2%. Children and either spouse (70.9% and 15.8% respectively) provided financial help to the elderly for their

livelihood. The proportion of self-reported morbidities varied. Tobacco addiction was most prevalent (84.3%) followed by alcohol addiction (63.3%) and smoking (46.6%). Common cold (80.0%), low back pain, joint pain (73.3%), problems of vision (50.0%) and hearing (24.2%) were reported. One each case of malaria and kidney disease, four tuberculosis and diabetic subjects were among the elderly population. Most of the tribes they are in the vulnerable stage regarding health status.

Kerketta AS., et.al. (2009) conducted health study on Health status of the elderly population among four primitive tribes of Orissa, India: a clinico-epidemiological study. A community-based cross-sectional study was carried out among the elderly populations of four different PTGs, namely LangiaSaora (LS), PaudiBhuiyan (PB), KutiaKondh (KK) and DongriaKondh (DK) living in the forests of Orissa, India. The average number of illnesses per person was 3.0. Common disabilities like vision and hearing impairment and mobility-related problems were found in considerable numbers. Gastrointestinal problems like acid peptic disease were found among 2.6% to 20% of cases. Non-specific fever was marked in 10.2% to 24.2% of individuals. The iodine deficiency disorder, namely goitre, was found among 4.2% to 6.0% of individuals. Diseases of the respiratory tract, like upper and lower respiratory tract infection, asthma, tuberculosis and leprosy, were found in small numbers. The prevalence of hypertension among males and females was 31.8% and 42.2%, respectively. The LS had the highest prevalence of hypertension (63% among men and 68% among women). With regard to anaemia status, severe anaemia was marked in 70% of males and 76.7% of females in the LS, while in other groups the prevalence of severe anaemia ranged from 15% to 33%. Although the prevalence of severe anaemia in other tribal communities is lower than in the LS, mild to moderate anaemia was found to range from 60% to 80%. The present study revealed a high prevalence of physical disabilities with both non-communicable as well as communicable diseases among the elderly primitive tribal members. This warrants the implementation of a special health care strategy to reduce suffering at this crucial age and improve quality of life.

Though the government offers many programmes to enrich the life of the elderly tribes, due to unreachable condition of the medical care they are still having lot of physical issues. Infant



mortality, child marriage, anaemia issues, pregnancy death and existence of chronic diseases are reducing the physical status of the tribes as it leads to the position of marginalized.

**B) Socio-Economic Problems of Elderly Tribes**

Elderly tribal people are very backward than other elderly. Because other elderly people can get many employment opportunities in their area and no need to depend family members, relatives and others. But tribal elderly is totally different. Getting employment is very difficult and maximum of tribal elderly people are depending others. So generally elderly tribal status is very poor in their society. The total economic dependency status of most of the elderly tribal in the absence of old age security benefit has, in fact, multiplied the problem. Generally, the tribal elderly people are to facing much more problems than other elderly people in their society due to their physical unfit and employment (economically)etc.,

Mary Angeline Santhosam, Umesh Samuel (2013) conducted a research in the title of “A Study on the Health Status of Elderly Irular Tribal Women in Kancheepuram District”. In this study the elderly tribes women most of them were housewives and had no income. They depended on their children for food and shelter and all the other needs. The economic status of the widows (30%) was very pathetic. They had to do all house hold work for a square meal. Nearly 46.66 % of the elderly women were housewives taking care of the grandchildren and attending to household chores. The women who were agriculture coolie (10%) and construction workers (10%) also were employed on daily wages and employed only for 30-50 days per year. Other days they remain idle at home attending to household chores.

Gurumoorthy, D Thirumalraja (2015) conducted a study entitled “Status of Aged People in Tribal Community” in this study, it is stated that majority of the respondents depend mainly on agriculture (42 per cent) and also depend on agricultural coolie works for livelihood. When the educational status of the elderly respondents was analysed, it was found that there were more of illiterate (88 per cent), and a few of the (12 per cent) respondents completed only primary level education. It is observed that most of the respondents were uneducated due to non-availability of school in the study area for the past few decades. It is found that 78 per cent of tribal people are living in huts or Thatched house at interior forest area, 20 per cent of the respondents residing at

Pucca house these types of houses are made up of sand, stone, wood and leaf, and remaining 2 per cent of the respondents are living in concrete house. It is found from the study that majority of the respondents depend mainly on agriculture (42 per cent) and also depend on agricultural coolie works for livelihood. The income of the respondents highlighted that high number (40 per cent) of the respondents were earning Rs. 1001 to 2000 per month and remaining 28 per cent of the respondents were getting Rs. 2001 to 3000 per month.

Manish Kumar (2017) conducted research about “Changing Socio-Economic Condition and Livelihood of Aged Society of Tribal Community in Eastern Uttar Pradesh, India” issue, this study attempts to examine the changing pattern in socio - economic condition and livelihood of the elder in tribal community of eastern Uttar Pradesh. The study is the outcome of intensive fieldwork analysis of collected data from 25 villages of three districts in eastern Uttar Pradesh, India. Main findings of the study can be succinctly summarised as; only 15.7 % of the total households had Pucca house in 2005 which is increased to 27.8 % in 2015 and only 3 % have toilet facility in 2005 which goes up to 10.6 % in 2015. Annual income of 43.7 % household in 2005 is less than INR 5,000 as compared to 24.2 % in 2015 and Out of the total sample only 8.6 % had access to loan in 2005 which has increased to 18.2 % in 2015. Prior 2005 only 11.6% were having saving bank account, during 2005 - 2015 number of households having saving increased to 25.5 % and major source of household income in 2005 was forest gathering and daily wage labour but in 2015 it includes minor share of government and private Sector job. The study noted that as a result of developmental interventions like IAY (IndriaAwasYozna) MGNREGA, SGSY (Sanjay Gandhi Swarojgaryojana), OLD AGE PENSION and other awareness programs; the Lifestyle of elderly tribal have not changed and it’s not much helped them to join the mainstream.

The above studies noted that majority of the tribes group in India are suffering by poor economic status. They did not have any regular employment as well as there is no better salary for their employment. With their poor income, failure of agriculture and affected health status they become the condition of dependent to their children and also neighbours. Their life status did not get much of changes because of many government programmes. The non-proper execution of welfare programmes, unaware about the development schemes, difficulties due to the hilly

region are one among the main factors that maintain the backwardness status of the tribal elderly in our society.

**C) Non-Support of society**

Tribes in our society, they are facing many problems ever than before in contemporary days. Displacement, unemployment issues, failure of traditional business, lack of new skill opportunities, migration due to failure of agriculture business are the main factors that promoting the poor status among the tribes in our society. In this situation, the position of elderly tribes is also vulnerable and became suppressed due to dependent status. Disintegration of joint family system, youngster's migration due to employment, loss of spouse, lack of economic sources are leads to disseminate the plight condition among the elderly tribes in our society. All over the India, the tribes they are facing the above said issues without any partialities.

The support of the society towards the tribes is very low level, though the government offers limited schemes to the welfare of the tribes, it did not promote the life of the tribes. Because the welfare contribution of the other communities towards the tribes is very low level. Co-operative spirit and sharing of care towards others will lead to establish a strong bond society between the communities. Away from the plain areas, disinterest of mingle with others, regularly involving conservative techniques for survival qualities detached the tribal people from other group of people. For the sake of the above reserve type of attitude, the elderly tribal they are facing social alienation, economic vulnerability and poor status inphysical.

**Conclusion**

The status of tribes in our county is totally unprecedented position. They are being forced to evacuate from their origin and also being threatened by the encroachers. This situation of primitive groups leads to create a pathetic and strange condition among the elderly tribes in our society. The factors of their non-migration status, diseased health, lack of economic source for survival, abandon by children hails to facilitate a worst condition in their ageing period which never met by them previously. The assistance level of government, caring from the non-government organizations, less contribution from people towards the suppressed group are the key factors which is having the direct relationship related with the welfare status of elderly

tribes. The tribal cultural heritage should have preserved and protected and it may have passed to the next generation for the inculcation of rich knowledge and promoting better behaviours.

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