

Assessing The Social Conditions Of Elderly People Among Irula Tribal Communities In Tamil Nadu

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Abstract

Specifically, the goal of this study is to address the social concerns of elderly tribes while also raising awareness of the difficulties faced by marginalized people. Tribal peoples are the natural children of the land, and they constitute a significant portion of the country's underdeveloped areas. This group of people has been marginalized and is the most vulnerable segment of India's population in terms of ecology, economy, and education. Specifically, the goal of this study is to address the social concerns of elderly tribes while also raising awareness of the difficulties faced by marginalized people. The primary objectives of the study were to identify the socioeconomic, physical, and psychological problems that elderly Irula tribe members were experiencing; to assess the level of adjustment of elderly tribal members from the Irula community; and to make appropriate recommendations for the social security of senior tribal citizens. People who fall into this vulnerable category are those who are subjected to inequitable treatment or care as a result of their age or socioeconomic status. Their dependence on others makes it more difficult for them to subsist independently and protect their rights as a result of this dependency. The social injustice and exploitation of Scheduled Tribes and other vulnerable sections of society continue to exist, despite the extensive provisions of the Indian Constitution and other legislative frameworks. It is essential to emphasize the importance of awareness campaigns, gerontological counseling, and geriatric services, as well as the importance of providing welfare programs to aging tribes and their communities. Governments, non-governmental organizations, and other service providers must work together to address this issue for the benefit of senior tribal residents in their communities.

Key words: Social issues, Senior Tribes, Irulas

Introduction

After Africa, India has the second-highest concentration of tribal people in the world after that of the United States. The tribes are mostly concentrated in small villages or hamlets (Verma, 2017). Only a small portion of the tribal population has now established permanent villages, as well as towns and cities, as opposed to the previous majority. In total, the prominent tribal areas account for approximately 15 percent of the total geographical area of the country's total geographical area. Scheduled Tribes are the poorest section of India's population in terms of ecological, economic, and educational conditions. They account for a quarter of the country's population. It is an unfortunate reality that social injustice and exploitation of Scheduled Tribes and other weaker sections continue to exist in India, despite the extensive provisions of the Indian Constitution and other laws. Despite the fact that the government has emphasized decentralized planning as a means of localizing policymaking and bringing decision-making closer to disadvantaged groups, a number of factors have prevented this potential from being realized, and there are still numerous issues to be resolved (Babu. B.V. and Kusuma. Y.S, 2004). Tribes in India are dealing with a variety of health issues, including malnutrition-related diseases, parasitic diseases such as malaria and diarrhea, respiratory disorders, genetic disorders such as sickle cell disease and thalassemia, sexually transmitted diseases (STDs), and HIV/AIDS. Their numbers are significant among agricultural laborers, casual laborers, plantation laborers, and industrial laborers, among other occupations. Poor health and limited access to healthcare have resulted as a result of this, as has poverty, low levels of education, and poor health.

The current study, which discussed the social problems of elderly tribes, intends to discuss the issues of marginalized people in future studies. Because they are natural born, the tribes constitute a significant proportion of the population living in underdeveloped areas of the country. They are marginalized and are the most vulnerable section of India's population in terms of ecological, economic, and educational factors, as well as social and economic factors. With the primary objectives of identifying the socio-economic, physical, and psychological problems faced by the elderly Irula tribes, assessing the level of adjustment of elderly tribal members from the Irula community, and making appropriate recommendations for the social security of senior tribal citizens, the study was carried out. These individuals are defined as those who are subjected to unfair treatment or care because of their age or social status in comparison to other age groups or sections of society. The fact that they are more dependent on others means that they have a harder time maintaining their subsistence on their own, let alone protecting their rights. It is an unfortunate reality that social injustice and exploitation of Scheduled Tribes and other weaker sections continue to exist despite the extensive provisions of the Indian Constitution and other laws. An emphasis must be placed on education, gerontological counseling, and geriatric services, as well as the expansion of welfare services for the elderly tribes and their communities. The government, non-governmental organizations, and other service providers must approach it as a joint venture for the benefit of senior tribal citizens.

Review of Literature

that have an impact on their livelihood activities, a decline in human and moral values, an increase in human needs, and a variety of other factors are pushing the tribal younger generation into urban societies and creating distractions from their joint family systems. As a result of these factors, the elderly in tribal communities are often neglected by the younger generation (Kusuma et al. 2004). From the standpoint of human rights, all citizens should have access to adequate health care, education, food, nutrition, and housing. These senior tribal citizens, on the other hand, are frequently marginalized and overlooked by the public-sector delivery system.

Methodology

To prepare a socio-demographic profile of the elderly Irula in Coimbatore District, Tamil Nadu; to list out the socio-economic, physical, and psychological problems faced by the elderly Irula; to assess the level of adjustment of elderly tribal from the Irula community; and to make appropriate recommendations for the social security of the senior tribal citizens were the goals of the current investigation. For the current study, a descriptive design was used, and 187 data points were collected by simple random sampling from different age groups of tribes. In this study, both primary and secondary data are included. To obtain socio-demographic information about the aged tribes, a schedule of interviews was devised, which included administering the adjustment inventory developed by Subramanian (1989) based on perceptions of community relations to adjustment and roles among the aged. For data analysis, the IBM SPSS 24 version was used.

Result and Discussion

The purpose of this paper is to address the issues surrounding the problems faced by elderly tribes among the Irula people of Tamil Nadu. It discusses indigenous perspectives on how to understand the impact of problems on the Irula and how to understand the Irula's influence on problems. This study will assess the rate of adjustment problems experienced by elderly scheduled tribes in their relationships with their families, friends, and community, as well as with themselves and their health. According to the findings of the study, those between the ages of 60 and 69 are referred to as 'young old,' those between the ages of 70 and 79 are referred to as 'old-old,' and those over the age of 80 are referred to as 'Oldest-old' (Cheriyian, 2015). According to this classification, 85 percent of the elderly are between the ages of 15 and 64. 57 percent of the tribes over the age of 50 are illiterate. The percentage of elderly tribes who have lost their partner is 18 percent, and the percentage of widowers is 7 percent. Couples live in nuclear families, which are defined as husband and wife, accounting for 22 percent of the total population, while joint families account for 75 percent of the total population. The vast majority of the population, 85 percent, is of young age, having died before reaching the age of 70 as a result of poor health and a lack of medical facilities in their communities. 57 percent of the elderly are illiterate, with the remainder literate only for the sake of being literate, as they do not know how to write or read anything, with the exception of a small number of people. Around 25% of the elderly are widows or widowers; their life expectancy is lower; most of them do not live to be 70 years old; and the joint family system is more popular with them than the individual family system. Arthritis affects

78 percent of the tribes who are over the age of 50. Thirty-three percent have respiratory problems, and forty percent are having difficulty with back pain. Diabetes affects approximately 10% of the elderly population. People with vision problems account for 29% of the population, while people with skin problems account for 20%. Ten percent of the population suffers from cardiac problems, and three percent suffer from hypertension. Neurological problems, dementia, and hearing loss affect approximately 3 percent, 2 percent, and 05 percent of the population, respectively, according to the World Health Organization. They have taken up residence in various colonies throughout the Malappuram District's forest area. From there, they must travel an average of 8 kilometers or more to reach a primary health care facility where they can receive basic health care. They have no access to bus service or road services from the colony, and the road's condition is also in poor condition, making it difficult to travel. During an emergency situation, they will have to walk or find another mode of transportation to get to the main road, from which point buses will transport them to their destination. It is extremely difficult for elderly tribes to gain access to primary health care and medical care provided by the PHC. Consequently, it is critical that alternate solutions such as the establishment of sub-centers and the holding of Medical Camps in each colony be implemented on a regular and timely basis. According to the findings of the study, 18 percent of the total population spends their leisure time chatting with community members, 25 percent smoking, and drinking, and percent of the aged tribes spend their leisure time chatting with community members, smoking, and drinking. 12 percent of the population engages in conversation with others and consumes alcohol. The most popular leisure time activity among them is chit-chatting with other members of the community. It demonstrates that they have a friendly relationship with one another. 75 percent of the aged tribes receive no assistance, whereas only 25 percent of them receive assistance from a variety of organizations, including the Integrated Tribal Development Program, government organizations, and non-governmental organizations. Seventy percent of the elderly tribes receive care and social support from their son, with the remaining 17 percent receiving no such assistance. The majority of elderly people are dependent on their sons rather than their daughters, with 17 percent of them receiving no support from their children. Social organizations and non-governmental organizations (NGOs) play an important role in providing support for them.

Subramanian (1989) developed an adjustment inventory based on the perception of community relations to adjustment and roles among the elderly. Aiming to assess the adjustment of elderly people, this inventory collected information on five areas of adjustment, namely: the home; social; emotional; self; and health. Results were presented in the form of graphs. A high score indicated good adjustment, a medium score indicated moderate adjustment, and a low score indicated less adjustment, according to the results. For home adjustment, only 12 people in the age range of 60-69 and 2 in the age range of 70-79 had shoed adjustables, with the remaining people experiencing some level of adjustment problems with age and home. With the exception of 5 males and 9 females, all had a moderate or less level of adjustment difficulty with their home and gender. In their own home, married couples appeared to be more adaptable. In terms

of age and social adjustment, 35 respondents demonstrated a moderate level of adjustment, indicating that they are between the ages of 18 and 35. The gender and social adjustment scores of males were higher than those of females, indicating a more moderate level of adjustment. Only seven married people and one widower demonstrated adjustable behavior; the remaining participants all demonstrated some degree of adjustment difficulty in the case of marital status and social adjustment. When it comes to emotional adjustment, the young-old age group demonstrated greater adjustment than the old-old age group. When it came to gender and emotional adjustment, females demonstrated greater adaptability than males. When it came to marital status and emotional adjustment, widows and widowers had more difficulty adjusting than their spouses. Compared to the old-old group, the young-old group demonstrated greater self-adjustment. In the case of gender and self-adjustment, females demonstrated a moderate level of adjustment compared to males. In terms of health, married people were found to be more self-adjustable than widows and widowers, young old were found to be more healthy than old-old, and females were found to be more moderately self-adjustable than males. The health adjustment of married people was greater than that of widows and widowers.

Conclusion

Certain populations in India require special attention and care in order to avoid being exploited. In scheduled tribes, one of the members of that group is over the age of sixty. They are essentially shut out of society, economics, politics, and the legal system on a literal basis. These individuals are in poor health and make infrequent use of health-care facilities, which indicates that they are underserved. The fact that they are economically dependent on members of the upper caste has an impact on their lifestyle, access to food, and access to health care. Beyond that, older adults are already more susceptible to health problems such as arthritis, lung ailments, back pain, poor vision, and hearing loss, as well concerns about family adjustment. Adjustment is measured in terms of the home, the social, the emotional, the self, and the health, with gender and age having a significant influence on the results.

It is true that the Indian government has enacted legislation and established rights for certain groups; however, they continue to face a slew of challenges as a result of a lack of attention and effective implementation. Consequently, new policy measures are required to improve their health and protect them from discrimination and exploitation in our society, among other things. In order to ensure that the needs of the elderly tribes are met, non-governmental organizations (NGOs) and social workers should collaborate in these locations. Educating the elderly about their pension rights and the assistance that is available through various organizations dedicated to tribal development can be a valuable resource. Geriatric services may be made available in panchayats and municipalities, depending on the circumstances. To improve the accessibility of health-care facilities for the elderly, governments and non-governmental organizations can arrange for mobile medical care to be provided to them. In order to prepare the elderly for dealing with life's changes and to assist them in grasping the situation so that they can adjust to their new roles and lifestyles, gerontological counseling should be established. This counseling

should also be provided to caregivers in order to familiarize them with 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, Goverment 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 forthe 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).
- [28] KM ASHIF (2021). Social Health Status of Rural Elderly Population In India. *Natural Volatiles and Essential Oils*, 8(3), 5404-5408.<http://www.nveo.org/index.php/journal/article/view/1684>
- [29] KM ASHIFA, RA RASI (2021). Social Well-Being And Elderly : An Analysis On Effect Of Covid-19 Pandemic Among Aged Persons. *Journal of Cardiovascular Disease Research*, 12(6), 392-2397., Doi: 10.31838/jcdr.2021.12.06.50
- [30] KM ASHIFA (2021). Health Status Of Primitive Tribal Women In India. *Journal of Cardiovascular Disease Research*, 12(5), 772