



A Study on the Health Status of the Tribal Elderly of Andhra Pradesh

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ABSTRACT

Andhra Pradesh is one of the major tribal population states in India and tribal people are the symbolic of tradition, culture and Indicators of many historical segments of State. Generally the respect on Elderly in tribal society is very common and obey the orders of elderly is the system followed in majority of tribal societies. These situations changing from last two decades with drastic changes in lifestyle of Indian society, increasing the human needs, Advance of science and technology. Many factors affecting the tribal society systems as like the urban and rural. Tribal people also migrating to urban for livelihood support by leaving their elderly people in tribal communities and Joint family system also disappearing slowly in tribal society.

In these situations elderly required more support and care since in human life span elderly is very sensitive life journey like childhood and when the people become more aged then the sensitivity improves where they required so much of special care and support.

There is number of studies on elderly problems and living arrangement etc.,. But studies conducted by focusing on Tribal elderly are very less so that the Tribal elderly still away from many government and non government programmes.

The present study is to understand the health status of Tribal Elderly of Andhra Pradesh State.

Keywords : Health Status, Tribal Elderly, Andhra Pradesh

Introduction:

Tribals of Andhra Pradesh are indicators of cultural heritage of state with their roots from the centuries of Indian society. Andhra Pradesh is one of the major states for tribal population in South India with its 7 percent of Tribal Population as per 2011 Censes which was 6.4 percent in 2001. The Andhra Pradesh tribes attracted the world scholars with their unique culture and heritage. Mostly the tribal people of Andhra Pradesh staying in Hilly areas and dependent on forest livelihood activities and agriculture labour works. Compared to the general population, the Tribal people live longer life with their systematic and traditional food habits so that the old age population is little high in these communities. Andhra Pradesh having 33 Schedule tribes and in this Sugali tribes are having highest population with 41.4 percent of total state tribal population followed with Koya 11.3, Yanadi and 9.2 and Yerukula 8.7. present study covered with Sugalies, Yanadies and Yerukulas.

Tribal Elderly:

Elderly in tribal people are the sources of transforming the culture of the tribal communities. 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 cost of living, natural calamities affect on livelihood activities, decreasing human and moral values, increasing human needs and many other factors pushing the tribal younger generations to the urban societies and creating distractions in joint family systems. With this factors the elderly neglected by the younger generation in tribal communities as well.

NEED FOR THE STUDY

Worldwide number of research studies conducted and continuously huge number of Government and non government organizations focusing on bringing the facts on old age living arrangements, negligence and abuse to initiate new pro-

grammes and policies which can bring greater results in well-being of the elderly people. But the programmes and policies are not reaching the tribal population elderly since there is no research studies on tribal elderly situations who are the most vulnerable groups in the society. The present study is to understand the health status of Tribal elderly of Andhra Pradesh with the following objectives.

Objectives of the Study

1. To study the Health status of Tribal Elderly of Andhra Pradesh.
2. To understand the major health problems facing by the Elderly Tribes.
3. To study the status of the support receiving by the Tribal elderly from their family.

Methodology

The present study was undertaken in the Tribal areas of Andhra Pradesh with Three tribal groups. I.e. Yanadis of Nellore District (Andra Region), Yerukulas of Chittoor District (Rayalaseema Region) and Sugalies tribes of Medak District (Telangana Region). A sample of 300 aged (60+ years) people 150 male and 150 female were selected with 50 male and 50 female from each tribes community. Out of the districts the villages were randomly selected. The subjects were randomly selected from the list of older people prepared from each selected village. The list was prepared with the help of voters lists and ration cards of the villagers.

The information in socio-economic and health aspects of the respondents were collected with the help of an interview schedule prepared for the study. The respondents were interviewed at their residence and community. Some aspects of personal and family life such as family relations, personal satisfaction and general awareness of the aged were judged by observation, group discussion and informal interview and discussion with the subjects, their spouse or friends.

Results and Discussion

Table 1 clearly shows that most of the respondents from three age categories had minor as well serious health problems. When we compared three age categories, 80+ aged category was found to be having more serious illness (61.2) followed by 70-79 age category (52.4) and 60-69 age category (39.4) respectively. A higher proportion (48.0) of the total respondents stated that they were suffering from serious illness. It was found that the higher percentage (26.2) of the 60-69 age category respondents stated that their health on the whole was good as compared to 70-79 age categories (23.1).

Due to the migration of the children from tribal areas to urban, lack of care takers, lack of sufficient health care facilities in the communities and nearest villages and poor economic conditions might be responsible for the lower health status of the villagers. Moreover in these areas, society considers old age synonymous with sickness. With the increasing age family and community treat the aged as unproductive, sick and dependent.

Table 1: Percentage distribution of the elderly perception on their health

| Age | Perception of health | | | |
|-------|----------------------|--------------------|----------------------|-------------|
| | On the Whole good | Have minor illness | Have serious illness | Total |
| 60-69 | 26.2 (32) | 34.4 (42) | 39.4 (48) | 40.7 (122) |
| 70-79 | 23.1 (34) | 24.5 (36) | 52.4 (77) | 49.0 (147) |
| 80+ | 9.7 (3) | 29.1 (9) | 61.2 (19) | 10.3 (31) |
| Total | 23.0 (69) | 29.0 (87) | 48.0 (144) | 100.0 (300) |

Data in table 2 indicates that more than 84.3 percent of total respondents were found suffering from illness and 15.7 of these were free from any ailments. It further indicated that with the advancement of age, the percentage of the respondents suffering from ailments increased. 77.0 percent of the respondents of 60-69 age group were found suffering from ailments whereas 23.0% were found with no ailments; 88.4% of the respondents of 70-79 age group were suffering from ailments whereas 11.6% not suffering from any ailments; 93.5 of the total respondents of 80+ age group were found suffering from ailments whereas 6.5% of the respondents were not.

Broadly speaking, the declining physical and mental changes due to ageing and attitude of individual and society are key concepts of the science of ageing. The health status of the poverty stricken tribal aged is unquestionably the worst. The health care facilities to the aged are hardly availed of due to utter ignorance, poverty and the belief that the failing of health is normal occurrence of life. The declining health status of the aged gradually pushes older persons to relatively insignificant social position in the family and society.

Table 2: Percentage distribution of the tribal elderly by ailments

| Age | Suffering from ailments | No ailments | Total |
|-------|-------------------------|-------------|-------------|
| 60-69 | 77.0 (94) | 23.0 (28) | 40.7 (122) |
| 70-79 | 88.4 (130) | 11.6 (17) | 49.0 (147) |
| 80+ | 93.5 (29) | 6.5 (2) | 10.3 (31) |
| Total | 84.3 (253) | 15.7 (47) | 100.0 (300) |

Apart from all the difficulties and problems like eyesight, hearing, deafness, bathing, going to toilet, dressing, the respondents were asked to report on their specific health problems. The respondents overlooked the minor ailments and described only the serious ones; some of the respondents had

one or other illness and some of them reported a combination of ailments.

Table 3 clearly reveals that majority of the aged (39) were suffering from knee pains while 0.3 percent were suffering from cold. It was observed in the study that with increasing age the percentage of the respondents having no ailments decreased. 17.6% of the respondents in the age group 60-69 were found without ailments followed by 16.8% in the age group of 70-79 and 7.9 percent in the 80 years above age group. With increasing age, older persons usually have series of ailments. Due to these ailments they lose their strength, authority and social active participation in indoor and outdoor activities which subsequently make the aged burdensome on the family and the society. The chi-square test value shows a significant association between age and ailments.

Table 3: Percentage distribution of the tribal elderly by the nature of ailments

| The nature of ailments | Age (years) | | | |
|------------------------|-------------|-----------|-----------|-----------|
| | 60-69 | 70-79 | 80+ | Total |
| Back Pain | 9.8 (10) | 52. (8) | 9.3 (4) | 7.3 (22) |
| Knee Pain | 38.2 (39) | 37.4 (58) | 46.5 (20) | 3.9 (117) |
| B. P. | 9.8 (10) | 10.3 (16) | 7.0 (3) | 9.7 (29) |
| Paralysis | 2.9 (3) | - | 4.7 (2) | 1.7 (5) |
| Chest Pain | 2.0 (2) | 1.3 (2) | - | 1.3 (4) |
| Piles | 1.0 (1) | 5.8 (9) | - | 3.3 (10) |
| Asthma | 1.0 (1) | 0.6 (1) | 7.0 (3) | 1.7 (5) |
| Sugar/ Diabetics | - | 2.6 (4) | - | 1.3 (4) |
| Heart trouble | 1.0 (1) | - | - | 0.3 (1) |
| Digestion | 1.0 (1) | 0.6 (1) | 4.7 (2) | 1.3 (4) |
| Cold | - | - | 2.3 (1) | 0.3 (1) |
| Skin disease | 1.0 (1) | 0.6 (1) | - | 0.7 (2) |
| Body Pain | 9.8 (10) | 13.5 (21) | 7.0 (3) | 11.3 (34) |
| Headache | 1.0 (1) | 0.6 (1) | - | 0.7 (2) |
| Leg swelling | 2.0 (2) | 0.6 (1) | - | 1.0 (3) |
| Teeth problem | 1.0 (1) | 1.9 (3) | - | 1.3 (4) |
| Lungs problem | 1.0 (1) | - | 2.3 (1) | 0.7 (20) |
| Kidney trouble | - | 1.9 (3) | 2.3 (1) | 1.3 (4) |
| No ailments | 17.6 (18) | 16.8 (26) | 7.0 (3) | 15.7 (47) |

When the respondents were asked to respond from whom they were getting help to perform their day-to-day activities such as bathing, going to toilet, dressing, walking; 75.3 percent of the total respondents reported that they were performing all above activities on their own. Dependence on spouse (8.3), Son (6.3), daughter (5.6), grand children (2.0) sibling's (1.6) and neighbors (0.6) respectively was also reported. It was found that with the advancement in age dependence on others increased.

84.4 percent of the respondents in 60-69 age group stated that they were doing all the activities on their own followed by spouse (9.2), daughter (2.4), Son (1.6), Siblings (1.6) and grand children (1.8). And 72.8 percent of 70.79 age group respondents mentioned that they were doing activities on their own followed by daughter (8.2), spouse (7.5), son (6.9), grand children (2.0), , neighbours (1.3), and siblings(1.3); While 51.7 percent of 80+ age group respondents stated that they were doing activities on their own followed by son (22.6), spouse (9.6), daughter (6.4), grandchildren (6.4), and brother (0.3).

Table 4: Percentage distribution of the tribal elderly by source of help for performing day to day activities in difficulty

| Age | Self | Son | Daughter | Spouse | G r a n d children | Neighbour | Siblings | Total |
|-------|------------|----------|----------|----------|--------------------|-----------|----------|-------------|
| 60-69 | 84.4 (103) | 1.6 (2) | 2.4 (3) | 9.2 (11) | 0.8 (1) | | 1.6 (2) | 100.7 (122) |
| 70-79 | 72.8 (107) | 6.9 (10) | 8.2 (12) | 7.5 (11) | 2.0 (3) | 1.3 (2) | 1.3 (2) | 99.0 (147) |
| 80+ | 51.7 (16) | 22.6 (7) | 6.4 (2) | 9.6 (3) | 6.4 (2) | | 0.3 (1) | 100.3 (31) |
| Total | 75.3 (226) | 6.3 (19) | 5.6 (17) | 8.3 (25) | 2.0 (6) | 0.6 (2) | 1.6 (5) | 100.0 (300) |

It is evident from table (5) that 5.6 of the aged were not getting any assistance from any source while majority of total respondents (55.6) were getting financial assistance from their sons followed by daughter (18.3), siblings (10.6), Villagers (5.0), friends (1.6), neighbours (1.6) and govt. doctors (1.3). Expensive medical treatments in private clinics, discouraged older persons from paying attention to their health needs, inadequate facilities of mobilization and illiteracy in many instances, they neglected health. From societal point of view, physical impairments and diseases were observed to be nothing but natural phenomenon of ageing on all these accounts the benefits of medical science, are not denied to the aged, but have gone unutilized - a fact that exists everywhere in India and the worst sufferers are none other than the aged.

Table 5: Percentage distribution of the elderly by financial assistance for medical expenses

| Age | No help | Son | Daughter | Siblings | Community | Neighbour | Govt. Doctor | Friend | Total |
|-------|----------|------------|-----------|-----------|-----------|-----------|--------------|---------|-------------|
| 60-69 | 4.9 (6) | 63.9 (78) | 11.5 (14) | 13.2 (16) | 2.5 (3) | 0.8 (1) | 1.6 (2) | 1.6 (2) | 100.7 (122) |
| 70-79 | 6.1 (9) | 44.8 (66) | 25.2 (37) | 10.9 (16) | 6.9 (10) | 2.8 (4) | 1.3 (2) | 2.0 (3) | 100.0 (147) |
| 80+ | 6.5 (2) | 74.1 (23) | 12.9 (4) | - | 6.5 (2) | - | - | - | 100.3 (31) |
| Total | 5.6 (17) | 55.6 (167) | 18.3 (55) | 10.6 (32) | 5.0 (15) | 1.6 (5) | 1.3 (4) | 1.6 (5) | 100.0 (300) |

Conclusion

With the findings of the study it can be concluded that a significant association has been observed between age and perceived health status; age and ailments; and source of help in difficulty. The following suggestions could be made for ameliorating the conditions of the aged.

1. The present tribal aged is almost illiterates and not engaged in any departments for employment. Tribal elderly are socially and economically very poor and also the negligence increasing on them by the family members and society. The entire aged population ought to be brought under an economic security plan. Measures should be initiated to mitigate emotional and psychological problems of the aged.
2. The tribal aged should be associated with creative and developmental programmes. In fact, the aged can be active only if they maintain good health. Hence, more attention should be paid to the health care of old people.
3. The tribal elderly should consider as most vulnerable groups and separate measures should be taken for their well being.
4. The older people also need education on health and nutrition. The camp approach is quite appropriate for this. Either the community or government and voluntary agencies could organize these camps. They should be supplemented/ reinforced by audio-visual publicity programmes.
5. Government and Non Government organizations/institutions have to extend their health care services, research activities and other facilities to the tribal elderly, especially poor elderly, through primary health centers or similar grass root agencies with extension service for the elderly who are unable to move out of their homes.

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