

HEALTH ISSUES OF ELDERLY MALAYALI TRIBES IN YERCAUD HILLS - A HEALTH ORIENTED SOCIOLOGICAL ANALYSIS

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Abstract

Indian tribal are a heterogeneous group; most of them remain at the lowest stratum of the society due to various factors like geographical and cultural isolation, low levels of literacy, primitive occupations, and extreme levels of poverty. At the same time the position elderly tribes are too worse than the other people. The present paper attempts to study the health issues of elderly malayali tribes in yercaud hills in Salem district. The yercaud Panchayat union is covered by 62 villages as per District census handbook Salem,

2011. Out of 62 villages 10 villages are having cent percent of Malayali tribe population. The population of above said 10 villages was 1644. Out of 1644 population, the elderly tribal population was 469, from this universe 156 respondents were selected governing systematic random sampling. So the total number of elderly tribes in this study is 156 which constitute 54 males and 102 female Malayali tribes. In this study nearly 78.20 per cent of the respondents were depend the category of agriculture business. In this research

67 percent of the respondents were belong the income category of Rs.1000 – 3000 and 94.23 per cent of the respondents have had physical problem such as asthma, heart problems, low eye power, head ache and joint, knee pain. Nearly 77 per cent of the respondents stated that they were utilized allopathic method for their physical illness. 86.5 per cent of the people were spending up to Rs.300 per month for medical treatment. Nearly 68 per cent of the respondents stated the government should concentrate on tribal people especially elderly tribal.

Keywords: Elderly, Tribes, Health, Disease

Introduction

Ageing is a natural phenomenon, which inevitably occurs in every human life cycle. Ageing is a natural phenomenon, which inevitably happens all humans life cycle. It brings the physiological, psychological and unexpected social changes in every one's life. The period of ageing sometimes is considered like a boon and in the view of affected it is to be considered as a curse. The changes which are facing by the elderly during ageing are innumerable. In contemporary society the aged also considered as the vulnerable group.

The process of ageing is related with hostile feeling with society, poverty, less level of family support, inadequate housing, lowering of physiological functioning, less income and other social related issues. The ageing process is equal with the stage of childhood, even though the elderly are matured during the stage of ageing; they need the kind support and moral reciprocity from their own family members and also in the society. But most of the times the exchange between the love and affection towards the elderly is based on the elders functioning level and their economic capacity of doing things. The attitude change is occurring among the youngsters towards elderly due to the penetration of recent concepts like individualism, materialism and also by the globalization impact.

When the elderly are moving to the stage of earning less income or no income stage, difficult to maintain of physical function, low mobility leads to establish a new life era so called poor ageing. In this concept there is no categorization of urban, rural and so on. Change in economic condition is one among the main factor that leads to the beginning of poor health status among elders. Due to the impact of globalization, there is no partiality or discrimination among the rich

and poor elderly. Because the rich elderly are living in the old homes where as poor elderly are living in the streets like orphans except few cases. As per United Nations report in the year of 2050 India will be having the more elder persons than ever in the world. The problems are increasing as well as the elderly population. In the ancient periods, during the regime of kingdoms and various rulers, the elderly were treated as a treasure of knowledge because of their rich experience. But the position has drastically changed and the experienced person becomes the status of marginalized groups.

Basically the people who are living in the hilly areas or those who are considered as tribes or tribal are living in the vulnerable status. The people so called tribes they are facing innumerable issues in their daily livelihood. Tribals are characterized by a distinctive culture, primitive traits, and socio-economic backwardness. The tribal's of India, constituting 8.2% of the total population (84 million), belong to around 698 communities or clans. Around 75 of these groups are called primitive tribal groups due to pre-agricultural level of knowledge, extreme backwardness, and a dwindling population. However, the exact number of tribal groups may be lesser than 500 due to group-overlapping in more than one state. Their physical, economic and social statuses are very worst one.

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. With these above views the researcher has conducted his research to study about the health issues of elder malayali tribes in the part of Eastern Ghat hilly areas. This study has been conducted in the Yercaud hilly area.

This paper has explored the Health issues of the elderly Malayali tribe at Salem district of Tamilnadu and suggests solutions.

Objectives

- To study the socio-demographic characteristics of the elderly malayali tribe
- To identify the health problems of the elderly tribe in yercaud hills
- To find out the problems faced in accessibility of health services by this elderly tribe
- To suggest the solutions to solve the health issue of elder malayali tribes

Study Area

In this study area the Shevaroy or Servarayan hills which are situated in the Eastern Ghat hilly part have been chosen by the researcher. It is situated in the Salem district and it is near by 35 kilometers to travel from Salem. The Malayali tribes are living in the hills of Servarayan and they are spreading 52 villages in the part of yercaud Panchayat union. The Shevaroy hills are fully covered the Panchayat union of yercaud, Salem district as its geographical boundary.

Sample Design

The research study has been structured in descriptive manner. The aim of this research design is to describe the respondent's present physical status, the problems of their physical status, the role of health institution for their physical improvement, government role of their health development and their expectations towards the government for their health support.

Universe and Sampling

The yercaud Panchayat union is covered by 62 villages. Out of 62 villages 10 villages are having cent percent of Malayali tribe population. The population of 10 villages was 1644. Out of

1644 population, the elderly tribal population was 469 and it was our universe in the research. From the total of 469 every 3rd name had been listed as respondents by governing systematic random sampling. The samples thus drawn resulted in to 156 respondents. So the total number of elderly tribes in this study is 156 which constitute 54 males and 102 female Malayali tribes.

Tool of Data Collection

In the present study, the information has been collected from the respondents by using interview schedule. The information in the interview schedule are having various aspects, such as economic status, physiological condition, way of method to curing the illness, government role of health assistance to the elder tribal, and the expectations from the respondents regarding their health issue concerns.

Data Processing and Interpretation

The simple percentage frequency tables were drawn. The data were correlated and crossed with the variables by using SPSS, etc. and tables were interpreted. The observations made during data collections were helpful to interpret the data.

Tables and Results

Table 1: Physical healthiness of the respondents

Gender	Physical problem of the respondents		
	Yes	No	%
Male	49 (31.4%)	5 (3.2%)	54 34.6%
Female	98 (62.8%)	4 (2.6%)	102 65.4%
Total	147 94.2%	9 5.8%	156 100%

The table shows about the relationship between respondents and their physical healthiness status. Here it clearly shows that 94.2 per cent of the respondents have had physical problem during the data collection. Only 5.8 per cent of the respondents delivered that they don't have any physical problem in their body. It shows that

majority of the respondents agreed that they were having physical issues due to their ageing which is related with the poor economic status. The physical healthiness of the aged is becoming deteriorated due to nature ageing process, lack of nutrient foods, lack of familial caring and lower income status.

Table 2 Disease wise Distribution of the Respondents

Age category	Diseases				
	Asthma & Heart Problems	Join and Knee Pain	Low Functioning of Eye and Ears	Head ache, Fever, Cold, Cough and others	Diabetics
60-64	4 (2.7%)	21 (14.3%)	7 (4.8%)	9 (6.1%)	2 (1.4%)
65-69	9 (6.1%)	29 (19.7%)	22 (15%)	27 (18.4%)	4 (2.7%)
70-74	5 (3.4%)	23 (15.6%)	19 (12.9%)	20 (13.6%)	3 (2%)
75 and above	2 (1.4%)	9 (6.1%)	11 (7.5%)	5 (3.4%)	1 (0.7%)
Total	20 (12.8%)	82 (52.6%)	59 (37.8%)	61 (39.1%)	10 (6.4%)

The above table shows that diseases wise distribution of the respondents. In this table eighty two respondents had stated that they were affected by joint and knee pain. Next, defect in eyes and ears had mentioned by fifty nine respondents in our study. Head ache, fever, cold, cough was mentioned by sixty one respondents in this research. The period of ageing is little bit different, because in this stage physically the elderly people have more numbers of problems due to low functioning of organs. In this table twenty respondents mentioned that they were having the problem of asthma and heart issues. Interestingly ten respondents delivered that they were having the diabetics' related problems. From the above table it shows that the tribal elderly are

having the low level impact of life style diseases so called diabetics. It shows that they are having the traditional food practices and more level consumption of grains. Apart from that more or less the tribal elderly are having same type of physical ailments as plain elderly.

Table 3 Distribution of Respondent's Method of Treatment

Age Group	Method of treatment				%
	Allopathic	Self-medicine	Siddha	Ayurveda	
60-64	27 (17.3%)	4 (2.6%)	3 (1.9%)	2 (1.3%)	36 23.1%
65-69	64 (41%)	2 (1.3%)	-	1 (0.6%)	67 42.9%
70-74	25 (16%)	1 (0.6%)	9 (5.8%)	2 (1.3%)	37 23.7%
75 and above	4 (2.6%)	1 (0.6%)	11 (7.05%)	-	16 10.3
Total	120 76.9%	8 5.1%	23 14.7%	5 3.2%	156 100%

The table explains the distribution of healing method among respondents. In this table nearly 76.9 per cent of the respondents stated that they were utilized allopathic method for their physical illness. Only 14.8 per cent of the respondents stated they were using siddha for their physical ailment and 3.2 per cent of the respondents were used

ayurvedha method for their physical treatment. Only 5.1 per cent of the respondents delivered that they were followed the method of self-medicine. Being on tribal most of the elderly are aware regarding herbs and traditional healing method but only few of them are practicing on their own. This table also shows the changing practices of methods among the tribal people. Most of them were using the allopathic only, because they are very much felicitating the availability and user-friendliness approach of the allopathic way of practicing. In another point of view we can say that they are entering the main stream of social inclusion part by adapting the developed health care facilities.

Table 4 Distribution of Medical Expenditure among the Respondents

Gender	Medical expenditure per month			%
	Less than 300 Rs.	301 to 500	501 to 600	
Male	51 (32.7%)	3 (1.9%)	-	54 34.6%
Female	84 (53.8%)	15 (9.6%)	3 (1.9%)	102 65.4%
Total	135 86.5%	18 11.5%	3 1.9%	156 100%

The table explains the relationship between gender and their medical expenditure. 86.5 per cent of the people were coming the category of less than Rs.300 per month as amount spent for medical treatment. Even though they are coming the category of up to Rs 300, but most of the persons had spent very few amount for their medical expenditure. Next 11.5 per cent of the

respondents were coming the category of the Rs. 301 to 500 and eventually only 1.9 per cent of the had reached the category of Rs. 501 to 600. In this research clearly shows maximum of people are spending less than Rs.300 only because they have utilized the government hospital for their curing with free of cost mode. Indirectly their poor economic status was one among the reason for spending less money for their health assistance.

Table 5 Distance of Primary Health Center from Respondents' Village

S. No	Distance	Number of Respondents	(%)
1	Up to 5 Km	77	49.4
2	5 to 10 Km	45	28.8
3	10 + Km	34	21.8

The above table shows the distance of primary health center from the respondents' residence. 49.4 per cent of the respondents have stated that they are 5 km away from the primary health center. In this table nearly 29 per cent of the respondents were away 10 km from the primary

health center. Eventually 21.8 per cent of the respondents delivered that it was more than 10 Km to reach the primary health center for their physical ailment. In the tribal area there is minimum number of medical infrastructure available, the reason behind that is poor transportation, geographical condition, lack of road facilities and lack interest from the side of medical personnel

to work in the hilly areas. Somehow the present study area was little bit well connected with the road transport except some of the villages.

In yercaud hills there are only two primary health centers are available for the health oriented service of tribal people. One is situated at nagalur and another one is valavanthi village. So it is difficult to reach the primary health centre at very easy manner to the other village people those who are away from this primary health center.

Table 6 Transport used by the Respondents to avail Medical Aid

Gender	Type of transport					
	Bus	Jeep	Two wheeler	By walk	With help of other assistance	%
Male	10 (8.3%)	2 (1.7%)	3 (2.5%)	6 (5%)	13 (10.8%)	34 28.3%
Female	19 (15.9%)	13 (10.8%)	-	8 (6.7%)	46 (38.3%)	86 71.7%
Total	29 24.2%	15 12.5%	3 2.5%	14 11.7%	60 50%	120 100%

In this table, 49.1 per cent of the respondents delivered that they were getting the assistance from others to reach the clinic or primary health center. Next 24.2 per cent of the respondents regularly used the bus facility to reach

the clinic. Jeep facility was utilized by nearly 12.5 per cent of the respondents. Interestingly nearly 14 per cent of the respondents have stated that they were walking to reach the medical destination. It shows due to the severe financial crisis they did not use any type of transport facilities because of poor economic status. Only 2.5 per cent of the respondents utilized the support of two-wheeler facility to reach the clinic which was sponsored by neighbours or sometimes by their family members.

Table 7 Respondents Expectation regarding Health Related Assistance

Age Category	Expectation from the respondents			
	More Number of Doctors	Creating More beds	Improve the Medical personnel (Scan, X-ray)	Availability of Drugs
60-64	8 (5.1%)	6 (3.8%)	11 (7.1%)	18 (11.5%)
65-69	22 (14.1%)	27 (17.3%)	26 (16.7%)	32 (20.5%)
70-74	9 (5.8%)	13 (8.3%)	15 (9.6%)	19 (12.2%)
75 and above	5 (3.2%)	7 (4.5%)	6 (3.8%)	8 (5.1%)
Total	44 (28.2%)	53 (34%)	58 (37.2%)	77 49.4%

In the table nearly 49.3 per cent of the respondents delivered that the government may increase the availability of drugs in the hospital. 37.2 per cent of the respondents

replied that the facility of scan, X-ray may be implemented in the government primary health center. In this table nearly 34 per cent of the respondents delivered that more number of bed facility will be enhanced in the hospital. Interestingly 28.2 per cent of the respondents delivered that the government try to increase the medical personnel such as doctors, nurses and assistants in the health department especially in the hilly areas. Some of the respondents delivered that the number of primary centers will be increased for the health service of tribal community.

Suggestions

- The government mechanism may provide more concentration on the part of tribal areas regarding health issues, it may have the chance to reduce the issues of elderly tribes too.
- The basic amenities (increase the number of centers) may have enhanced by the administrator. Because the easy access of basic infrastructure may have the chance to bring the tribal people in the mainstream of the good and health society. Their physical vulnerability may have the chance to reduce in future.
- More number of health related assistance will be established in the tribal area. Due to worst climate in the hilly area, the tribal people may have the chance to get affected by

communicable disease and it leads to health vulnerability. The offer of mobile clinic may be facilitated in the tribal areas in future to avoid the health problems during crisis situations.

Conclusion

The vulnerable status of tribal may be reduced by the efforts of the government and also the support of the non-tribal people too. Because underdeveloped status of tribal situation is leads to establish their community as a backward one and alienated one from the mainstream of the society. Health is the prime one for the development of any community in our country, without health and basic infrastructure and amenities no one can attain the level of developed. Concentration more on the part of developed societies may have the chance to create an inequality status between the developed and underdeveloped communities. No one can forget the rich experience of the elderly people which was having the prime domination in our ancient society and also up to the last century in our cultural system.

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