



Quality of Life of Elderly Mal Paharia in Jharkhand

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Abstract

The present study is evidence based and investigative in nature for finding the reasons and factors which make impacts on quality of life on elderly Mal Paharia Primitive Tribe of Santhal Pargana in Jharkhand. The study is done after the extensive review of literature and rigorous analysis of primary data. Quantitative tools of data collection have been imparted and adequate amount of quota sample has been incorporated in the study. There are nine primitive tribal groups are found in Jharkhand. Mal Paharia is one the most backward primitive tribes among the other primitive tribes. They have been facing many problems and difficulties in this existing system of governance. One of major problems of elderly Mal Paharia is health consequences due to extreme poverty and negligence. Majority of people of Mal Paharia primitive tribe live under abject poverty and are in debt in the hands of local moneylenders and agents. So, this research conducted in Jharkhand on the peculiar primitive tribes. There are twenty four districts in Jharkhand; among these there are two districts where the Mal Paharia primitive tribe is very prominent. In the study two hundred samples has been taken from Godda and Dumka in Jharkhand. In research data has been taken from different areas like their demographic dividend, different health problems, treatment seeking places, treatment seeking frequencies etc. The result of this study explained that there are many issues and problems in front of elderly Mal Paharia such as health concern, lack of support system and unavailability of services what they require at this stage of their life. The treatment seeking population of elderly Mal Paharias of Dumka is more aware with respect of Godda. There are seventy percent elderly Mal Paharias on an average get treatment from primary health centre, community health centre and district hospitals in Godda. A very less number of elderly Mal Paharias could be able to reach private hospital for their treatment due to poverty and all for their health issues in Dumka. There are also a good number of elderly Mal Paharias get medicine directly from medical store without any consultation of doctors and experts. Result shows that a large number of elderly Mal Paharias are still very far from health facilities and remain endure with their respective health issues and problems. In research finding discovered that a good number of elderly Mal Paharia do not get treatment for health issue. The quality of life may decline due to the lack of the treatment and health facilities the elderly Mal Paharia in Santhal Pargana of Jharkhand. The result of the study showing the relationship between family size quality of life; in study it fetched that the small family size (upto five members) and bigger family size (eleven and above) has not good quality of life with respect to the family having six to ten members. The elderly not get high attention in small family due to absence of individual on full time for taken care off. In the case of family having eleven members and more the elderly has also not good quality of life. The reasons behind it the resources of family uses by younger one and the elderly segregated and isolated. On the other hand the family having six to ten member has better quality of life. The standard number (six to ten) in family allocates the resources in a peculiar fashion where all members get social, economical and psychological support.

Key Words: Mal Paharia, Quality of Life, Elderly Population, Jharkhand

Introduction

Mal Paharia Tribal group are found commonly in the eastern part of Jharkhand. Mal Paharia Primitive Tribe has been facing many problems and difficulties in this existing system of governance. One of the prominent and major problems is health consequences due to extreme poverty. Majority of people of this primitive tribe live under abject poverty and are in debt in the hands of local moneylenders and agents. Another problem of this tribal area is that of acquiring land for development purposes since the British period. The people have their well intension for developing all curves in their life. But their real need and demand are differing with regards to what they have getting with periods of time. Jharkhand was constituted for the development of tribal population after the

continuous struggle. Jharkhand is a state always known in the country for its enormous resources, diverse and peculiar culture as well as the state suffers from various forms of deprivation, poverty and exploitation. Jharkhand has twenty four districts and has adequate number of benign tribes spread over it. The primitive tribal groups constitute almost four percent of the total scheduled tribe inhabitants of India. Nine tribal groups are identified as primitive tribal groups in Jharkhand. The present study of elderly Mal Paharias in Jharkhand revealed various issues and notion of life conditions. The study collected primary data and interpreted to understand their quality of life in existing condition.

The quality of life has many determinants that can be clearly shown to affect health either it physical or mental. On the individual level, this includes physical and mental health discernments and



perceptions and impact on health risks and conditions, social support, functional status and socioeconomic status. On the community level, quality of life includes available resources, conditions of that particular community, policies lead down by government, and practices that influence a population's health perceptions and functional status.

As elderly of Mal Paharia Tribe grow older, it is important to understand the hazards of becoming socially isolated and inactive. Lack of companionship, not having anyone to lean on for social and emotional support, can cause elderly to internalize negative feelings instead of dealing with issues head on. Internalizing these feelings and complexity compounds the sense of isolation, which in turn increases of elderly developing various health related problems. Elderly are affected by physical and psychological changes. Quality of life segment of elderly population is increasing throughout the world.

Chronological increasing age and declining economic productivity tends in an individual towards the marginalization. The present study is aimed to describe the level, pattern and differentials of quality of life by socio-economic characteristics of Mal Paharia Tribal group in the State of Jharkhand and to investigate the influence of socio-economic factors on quality of life.

Classification and Social Condition of Mal Paharia Primitive Tribal Groups

In State of Jharkhand, there are two types of Paharias found. The first one is Mal Paharia people, who live in the south eastern hills of Damin-i-koh and in the south-east of Santhal Pargana. A few of them are found in West Bengal and Odisha too. The second type is Shauria Paharia, they are mostly found in Santhal Parganas. Mal Paharia is a non-Aryan tribe and follows Hindu religion and their close and near tribal group is Sauria Paharias. They are divided into two sub-groups of tribe, first is the Mal Paharia and the second one Kumarbhag. Each sub-group is divided into a large number of exogamous septs of the usual totemistic character. They believe that they have originated from a cow called "Kamdhenu". This community is known as Mal Paharia because they were hill dwellers.

Problems and Concerns of Elderly in India

Ageing is primarily associated with social isolation, mental illness, inadequate housing, impairment of cognitive functioning, poverty, apparent reduction in family support, widowhood, loss, bereavement, limited options for living arrangement and

dependency towards end of life. It has seen, at household level, cultural practices and socio-economic aspects determine the extent of health issues among elderly. Change in socio-economic status and various health issues adversely affect the life of elderly. In India, the size of the elderly population is fast growing while it constituted almost seven percent of total population at the turn of the new millennium. For a country like India, this may create an extra pressure on various socio-economic elements including pension, health care, fiscal discipline and other savings levels etc. Yet again this segment of population faces various physical and mental problems. India is place to roughly half the tribal population of the entire world. Tribal are identified by a peculiar culture, primitive traits, isolation from mainstream society, distinguish folkways and socio-economic backwardness. The tribal's of India, constituting almost eight percent of the total population belong to around six hundred ninety eight communities or clans. Around seventy five of these groups are called primitive tribal groups due to various reasons and backwardness. However, the accurate number of tribal groups and community may be lesser than five hundred due to group-overlapping in more than one state and provenance. Although scheduled tribes (STs) are dealt special position under the fifth and sixth schedules of the Constitution of Indian, their status on the whole still remains unsatisfactory and disappointing. Tribal communities in general and indigenous tribal groups in particular are highly prone to disease and other contaminated disease due to various reasons and factors. At the same time, they do not have sufficient facilities for fulfilling all requirements of basic and necessary health services. They are highly exploited, neglected, and highly prone to diseases with morbidity, malnutrition and mortality (Balgir, 2004).

The book written by Hulicka in 1975, stated and analyzed that the demography, intellectual functioning, memory, learning, life satisfaction, problem solving and adjustment to ageing. This piece of imperial research concluded that ageing and behaviour of elderly are connected. It also noticeably tells the impact of physical and social environment on elderly life satisfaction and adjustment. Elderly with improved physical environment shows more positive attitude towards themselves and towards others; they have improved physical and mental health too.

Rao (1998) has reported that in India around four million elderly are suffering from mental problems and two third of these diagnosed are depressed and unhappy. Large number depression theorists have



given substantial thought to the question of what aspects may prompt the onset of depression. The foundation of intrinsic beliefs about self, current experience and the future expectations, lack of contingent constructive reinforcement, unmanageable outcomes major losses have been proposed as triggering depression.

Elderly give more importance to rituals and rite, dogmas and doctrine (Gangarade, 1988). The reason for this can be viewed from two angles, namely, the desire to experience the fullness of life in a socially acceptable manner in the later years, and to seek more social and communal support, when the physical strength is getting degenerated (Palmore, 1969).

It is interesting to note that in a state like Kerala, a study on the health of the elderly population found that women are poorer and suffer more morbidity than men in old age, while their death rates are lower (Irudaya Rajan et al. 1999).

Quality of life and Elderly Tribal Population

In India, research on quality of life is still in its infancy stage. Most of health resources have been utilizing to control the disease by using drug and all that Quality of life aspects get ignored. Hospital and primary health centres are over populated with large numbers of patients and lack of adequate number of health professionals are other reasons for little attention to Quality of Life. Lack of local, culture-specific Quality of Life measures adds to the difficulty of assessment of Quality of Life and intervention to improve it (Chaturvedi, 1995).

Quality of life is closely associated with inclination and mind-set than with the quality of subjective circumstance judged from an uncongenial point of view. But it is true that all preferences and choices are of equal associated to each other. The attitudes and preferences are the base of quality of life. Only those attitudes and preferences are relevant that are directed at subjective states of individuals and it's present situation. It has seen that most of attitudes and preferences are directed to objects and events in social world and in the future, only a few are important to quality of life. It is evident that preferences for objective and future states of affairs cannot make a change in the individual's quality of life - apart from the positive or negative value the individual quality to having these preferences. Quality of life cannot determine on how an individual identify certain objective events but only on how he or she evaluates his/her subjective condition resulting from the event on the occasion of its incident. Similarly quality of life does not depend on how the subjective state is evaluated

before its practice but on how it is evaluated when it truly perform (Birnbacher, 1999)

Objectives of the Study

- To study the socio-economic & demographic characteristics of the elderly Mal Paharia,
- To find out various health problems and their health seeking behavior,
- To identify the factors affecting their health in Mal Paharia elderly,
- To find out the problems faced by the Mal Paharia in accessibility of health services.

Population and Sample

Elderly Mal Paharia Primitive Tribe of Dumka and Godda districts of Jharkhand were selected for the study. According to latest census data, Dumka and Godda districts comprised of 39534 and 16183 Mal Paharia populations in these two districts respectively. There are nine primitive tribal groups are populated in Jharkhand. Dumka came under Chhotanagpur plateau irrespective of Godda is plane agricultural land. It is so logical and scientific to take these two districts for the study purposes in view of getting more diverse and varied data.

All the information was collected applying the quota sampling technique from two highly populated Mal Paharia Primitive tribe districts like Godda and Dumka. Further all the sample was equally divided into both districts and also further stratified based on the gender. Two hundred samples have been taken from both districts.

Tools used for the Study

Considering the state and situation of respondent research used interview schedule as the tool of quantitative study for the collecting the data. Interview schedule is purposeful and useful tool to apply the study population where socio-educational status is very low or respondent are not competent to read and reply the questionnaire. The components of questionnaire are given below:-

- Socio Demographic Profile- Socio demographic characteristic included (Age, Gender, Educational level, Family Size, Family Income, Religion, Health Status and Marital Status).
- Quality of Life Questionnaire: This tool was adopted by the investigator from the World Health Organization quality of life tool of twenty four items. It contains four domains- level of independence, psychological, social relationship and physical health.



Results & Discussion

Demographic characteristics and Socio-Economic Status

Demographic characteristics and socio-economic status indirectly seem to influence health related quality of life of elderly Mal Paharia. Therefore, in the first phase of the study attempt has been made

to study socio-demographic profile of elderly Mal Paharia.

The result shows that the population of elderly Mal Paharia of Dumka of age group 60-70 is higher in comparison with Godda. But in the case of 71-80, and 81 and above the number of elderly Mal Paharia is higher in Godda

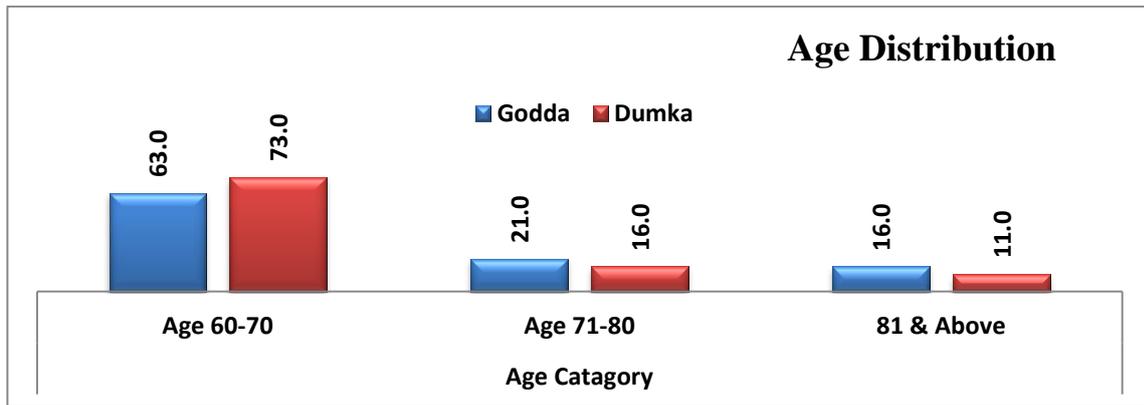


Figure 1 : Age Group Distribution of Elderly Mal Paharia tribe

If we talk about the educational status, result says that Godda is little better than Dumka; there are 41 percent elderly Mal Paharia in Godda and 38 percent in Dumka. On primary education the result is equal in both the district. But in middle education Dumka's elderly Mal Paharia is in better position. And finally, again elderly Mal Paharia of Dumka is better than Godda in case of secondary education.

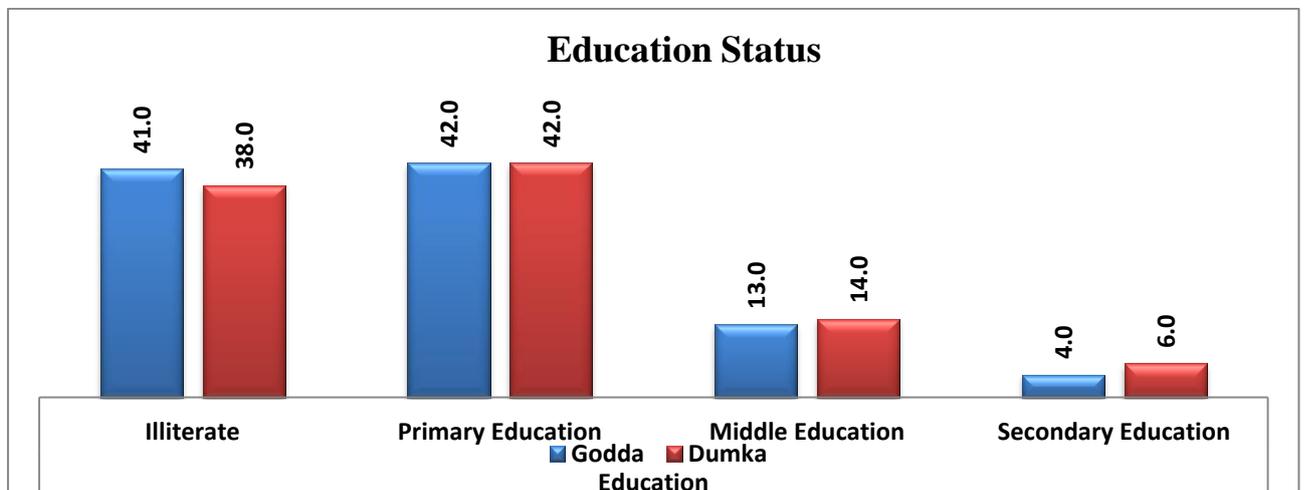


Figure 2: Education status among Elderly of Mal Paharia tribe

Result shows that there are only two religion followed by the elderly mal Paharia of Godda and Dumka. In Godda, the Hindu religion is much higher than Christian. Similarly in Dumka the follower of Hindu religion elderly Mal Paharia is much higher than Christian.

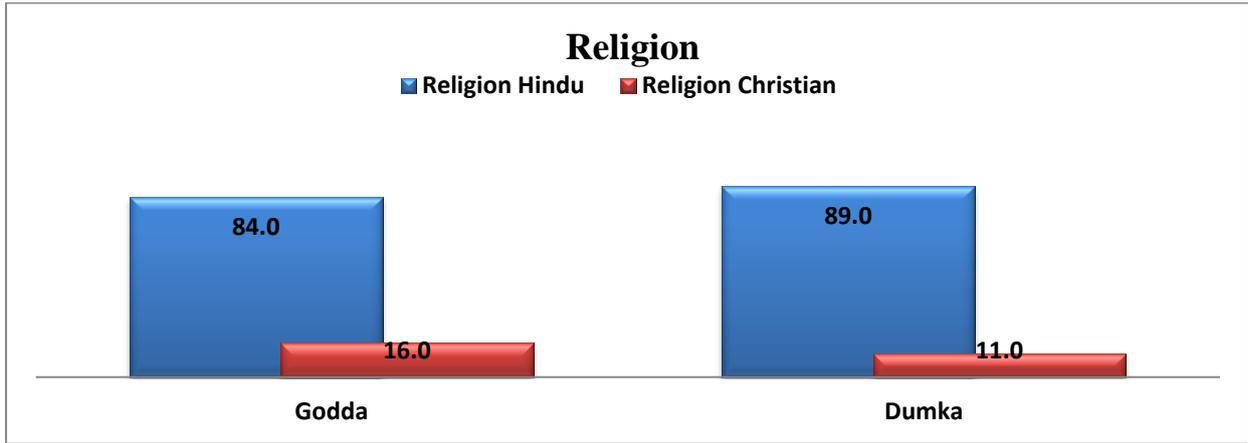


Figure 3: Distribution of religious community among elderly of Mal Paharia Tribe in Jharkhand

Result shows that the average size of family of elderly Mal Paharia in both the district is 6 to 11 members. There are very few families which composed of lesser than 5 members and greater than 11 members.

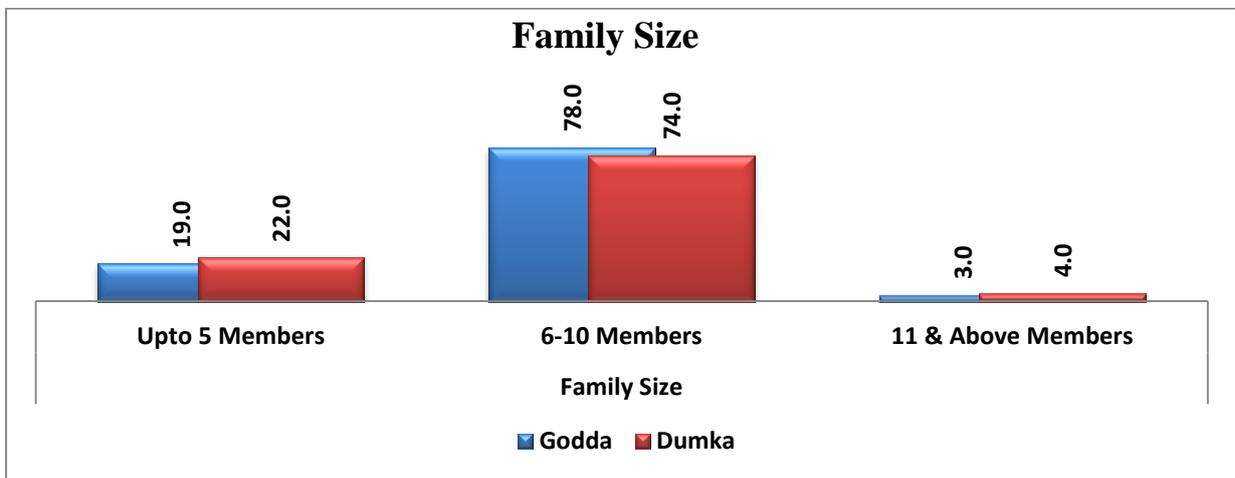


Figure 4: Family size of Elderly Mal Paharia tribe in Jharkhand

In the present study, an interesting fact came in light that there is very less number of widows and widowers in both the district. There are 82 percent married elderly Mal Paharia in Godda and 86 percent in Dumka.

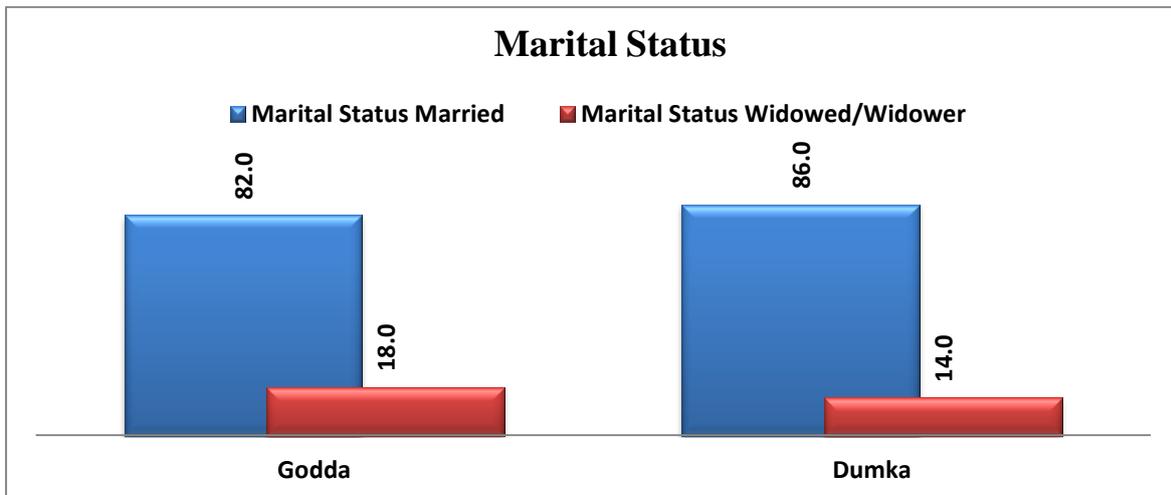


Figure 5: Marital Status of Elderly Mal Paharia tribe in Jharkhand



Result shows that twenty eight percent elderly Mal Paharia is not working in Godda and twenty two percent in Dumka. There are twenty one percent elderly Mal Paharia involve as farm labourer in Godda and 24 percent in Dumka. Adding to it, ten percent and fifteen percent elderly Mal Paharia's occupation is as vegetable vendor in Godda and Dumka respectively. In study, it has come in front that only 9 percent elderly Mal Paharias are involved as farmer in Godda and 13 percent in Dumka. A large number (15%) of elderly Mal Paharia works as household work in Godda. In occupation like artisan, manual labour and seller etc the ratio is almost same in both the district.

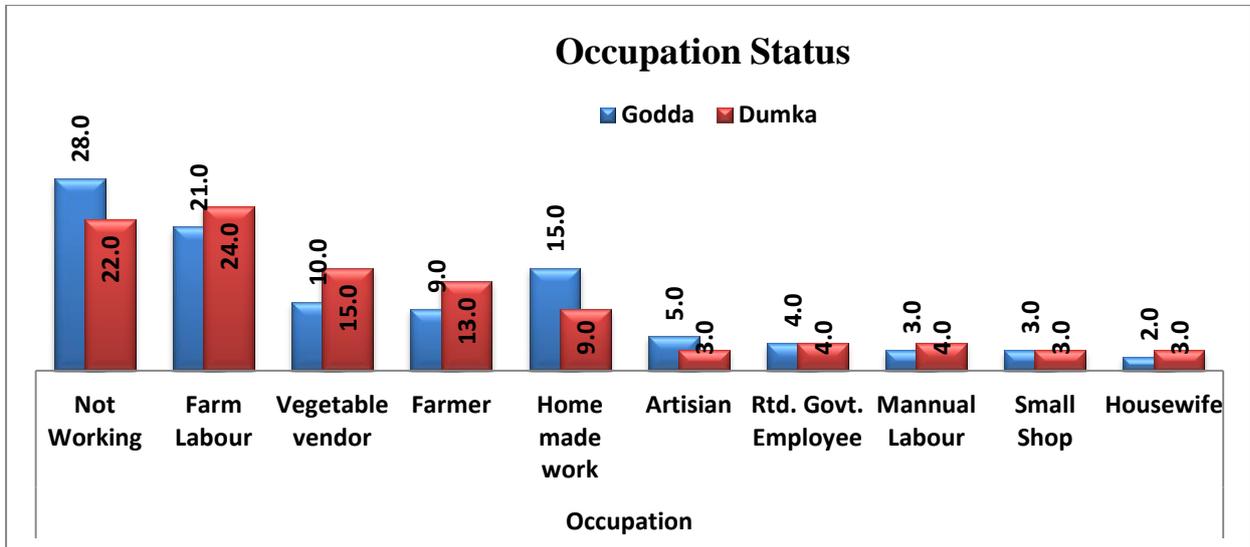


Figure 6: Occupation status among of Elderly Mal Paharia tribe in Jharkhand

The result shows that the total family income up to three thousand rupees are forty one and thirty four percent in Godda and Dumka respectively which is greater slab with respect to other total family income slab. The above result shows that the maximum numbers of elderly population of Mal Paharias are poor and less family income. Due to low family income the elderly of family may not get attendance for their need and requirement. This insufficient and not fulfilling the need and requirement are the reasons of declining the quality of life of elderly Mal Paharias of Jharkhand.

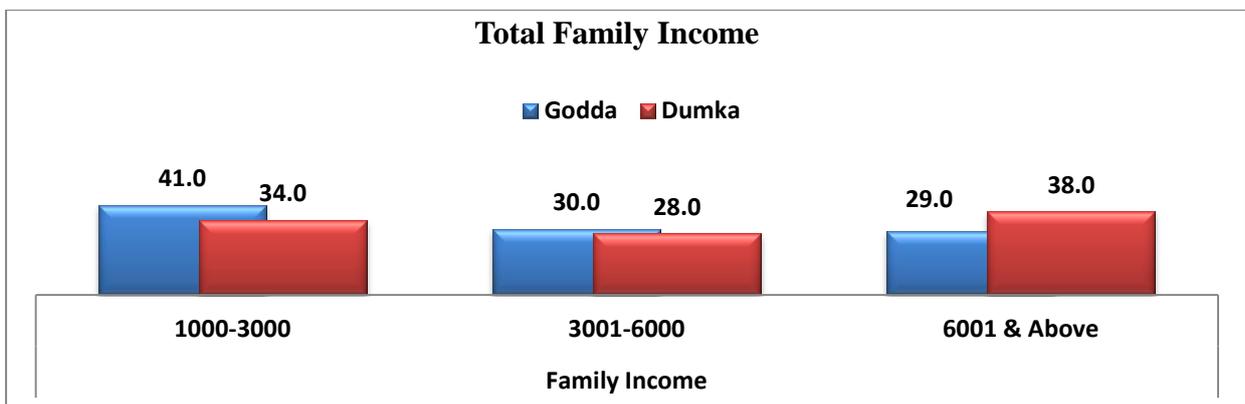


Figure 7 : Total Family Income Distribution of Elderly Mal Paharia tribe in Jharkhand

Health problems and their health seeking behavior

The elderly Mal Paharias have been facing health problems in both the districts. In Godda the health problem is slight higher than the Dumka. Result shows that the eighty two percent elderly Mal Paharias have been suffering from any health problems in Godda, but Dumka shows the different data of health problems and it is seventy eight percent.

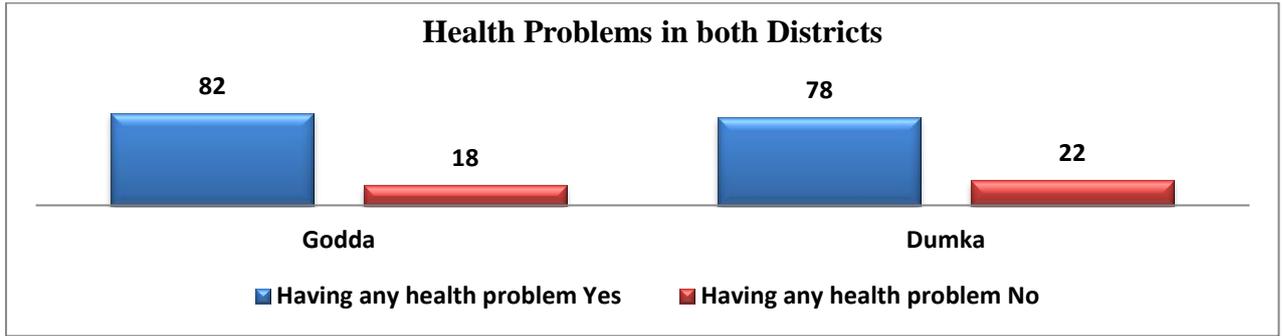


Figure 8 : Health problem in both districts of Elderly Mal Paharia tribe in Jharkhand

If I look closely the result of types of health problems in elderly Mal Paharias than I found that the joint pain or arthritis are very prominent in both the districts. It is common problem in old age and the study reflects the same finding in comparison with other community elderly. There is significant data about low vision in the district of Dumka where almost 34 percent elderly are suffering from the same. But the contrast this problem in very low in the district of Godda. Back pain is another health problem has been reflected in data and both the districts has a consolidate amount of population. There are 20 and 24 percent elderly population has been suffering from cataract in Godda and Dumka respectively. There are almost thirty percent elderly population has been suffering from body pain in Dumka. This is the sign of manual works by the elderly Mal Paharia very frequent in Dumka; at the same time no case of body pain registered in Godda. In addition to this, there are various other health problems are chest pain, cough, disability, falaria, hearing problems, malaria, migrain, seasonal fever, skin diseases, tuberculosis and diabetic also seen in this study in both the districts.

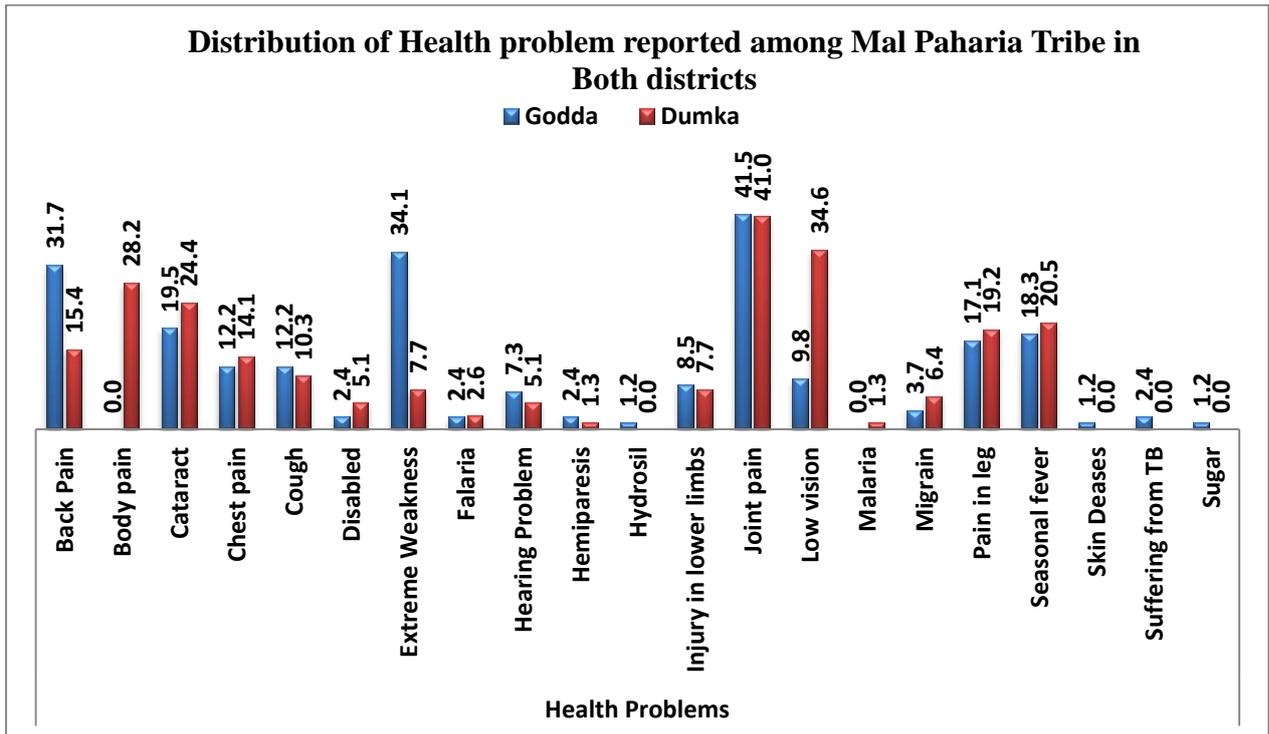


Figure 9: Reporting of various Health problems among Elderly Mal Paharia tribe in both districts of Jharkhand

The research explored the health problems of the elderly in the Mal Paharia tribe. It also explores the accessibility and availability of public health services to these disadvantaged the tribal population in districts of Dumka and Godda at Santhal Pargana in Jharkhand. If I talk about the treatment seeking population in this community than the elderly Mal Paharias of Dumka is more aware with respect of Godda. There are seventy three percent elderly Mal Paharias of Dumka and sixty four percent elderly Mal Paharias have been getting treatment in any government and private hospital. But there are a good number of elderly Mal Paharias in both



districts never get any treatment for health problems due to various reasons. There are seventy percent elderly Mal Paharias on an average getting treatment from primary health centre, community health centre and district hospitals. A less number of (almost zero in case of Dumka) elderly Mal Paharias are able to reach to get the services of private hospital for their health issues. There are also a consolidate number of elderly Mal Paharias directly buy medicine for their particular health issues from medical store without any consultation of doctors and experts. Result shows that a large number of elderly Mal Paharias are still very far from health facilities and remain endure with their respective health issues and problems. The above factual data addresses that the elderly Mal Paharias are not getting problem medical attention and due to this they get affected to different life threat. They not only affected from physical condition; the overall situations distress them mentally too. By and large the all circumstances are the example of turning down the overall quality of life of elderly Mal Paharias.

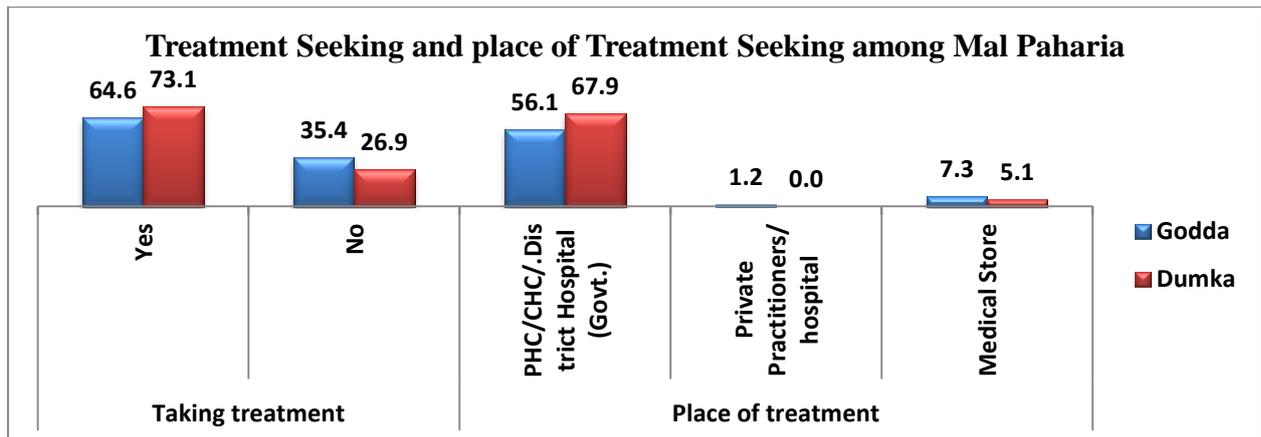


Figure 10: Treatment seeking and place of treatment seeking among Elderly Mal Paharia in both districts

Quality of Life in both Districts according to Different Characteristics

The table 1 showing that means quality of life elderly Mal Paharias tribe according to different characteristics. Result shows that the quality of life in both districts is high on those elderly those have not any health problems; those having any such health problem the quality of life is not good.

When we look quality of life on the gender perspective we see that in both the district mal having better quality of life with respect to female respondents. It may be due to the male own the resources and they have all kind of decision making power, hence whenever they need services for any issues they can easily access.

The quality of life of Hindu community in both the districts is high with respect to Christian community. The reason of low quality of life in Christian community is because the poor are adopting Christianity for getting better life situation and betterment in socioeconomic aspects.

The married elderly Mal Paharias have better quality of life in both the districts in comparison with widowed or widower because life partner plays an important role in psychological support and making happiness in life. So it illustrates that how companionship is important pillar to attaining better quality of life in later stages of life.

The result shows that quality of life has been declining as increase the chronological age. The fact is young elderly (age 60-70) have better quality of life with respect to old elderly (age 81 and above). It is well known fact that the growing chronological age deduces the physical strength and we became dependence on other family member physically and economically. This condition may impact on psychological aspects too and elderly suffers various psychological and emotional problems.

Education attainment is an essential tool for determining the quality of life. In study it has come in light that educational attainment is proportional to quality of life; higher they get education greater they get quality of life. The same pattern is observed in both the districts.

Quality of life also link with family income; study reveals that when family income increases the quality of life also getting better in both the districts. It is simple understanding that family have good economic resources could avail the needs and requirements of the individuals which are essential for better quality of life.

The result of the study showing the relationship between family size quality of life; in study it fetched that the small family size (upto five members) and bigger family size (eleven and above) has not good quality of life with respect to





the family having six to ten members. The elderly not get high attention in small family due to absence of individual on full time for taken care off. In the case of family having eleven members and more the elderly has also not good quality of life. The reasons behind it the resources of family uses by younger one and the elderly segregated and isolated. On the other hand the family having six to

ten member has better quality of life. The standard number (six to ten) in family allocates the resources in a peculiar fashion where all members get social, economical and psychological support. The result shows that there are no more differences in both the districts in all patterns and aspects of quality of life of elderly Mal Paharias.

Table1: Means quality of life in both districts according to different characteristics

		Godda	Dumka
		Mean (N)	Mean (N)
Health problem	Yes	50.6 (82)	48.8 (22)
	No	55.6 (18)	52 (78)
Gender	Male	56.8 (50)	49.7 (50)
	Female	52.6 (50)	49.3 (50)
Religion	Hindu	54.8 (84)	49.6 (89)
	Christian	53.8 (16)	48.5 (11)
Marital Status	Married	55.2 (82)	50.2 (86)
	Widowed/Widower	52.5 (18)	45.4 (14)
Age Category	Age 60-70	56.2 (21)	52.5 (16)
	Age 71-80	54.6 (63)	49.6 (73)
	81 & Above	52.9 (16)	44.4 (11)
Education	Illiterate	55.1 (41)	45.7 (38)
	Primary Education	53.4 (42)	48.9 (42)
	Middle Education	56.9 (13)	52.1 (14)
	Secondary Education	56.3 (4)	45.7 (6)
Family Income	1000-3000	54 (41)	46.2 (34)
	3001-6000	54.3 (30)	50.2 (28)
	6001 & Above	55.9 (29)	52.5 (38)
Family Size	Upto 5 Members	54.6 (19)	49.2 (22)
	6-10 Members	55 (78)	51.1 (74)
	11 & Above Members	46.9 (3)	45.8 (4)

Recommendation & Suggestion

The study suggests that there is an urgent need to share the experience of various networks of government institution and Non-government Organization. There are ample schemes and

programmes of Jharkhand Government for different age groups and also for the tribal population which need to be implement properly and adequately. On the other we can use the experience of non-governmental organization in community development as well as empowerment



thorough community self-management process by strengthening all community based organizations for the upliftment the situation and condition of elderly Mal Paharia Primitive Tribe. The role for Non-Governmental Organization should be to work to implement the vision of development through collective campaigns and participation. The Non-Governmental Organization has reached the villages, the tribal population, the dalits, minorities, youth, women, and the poor after the missionaries in a much larger scale. In the study research realized that if civil society and non government organization join hand together and work

specifically for the target group the situation might be differs. Non-Governmental Organization showed the people alternative strategies of coping with their problems and issues. Special focus has been given to the problem of elderly Mal Paharias for issues like health facilities, ecological crisis, after care support, awareness for the sanitation and hygiene, availing the facilities and benefits provided by government to the forefront. Sensitizing the bureaucracy, governmental officials and the media to the issues of the elderly Mal Paharias will create the supportive and enabling social and physical environment for them.

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