EMPIRICAL RESEARCH CONDUCTED IN CHAULI VILLAGE , JHARKHAND

Stuti Vatsa

Shova Chaoudhary

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INTRODUCTION

"*Let's all add live into their years...*"

In the traditional joint families infirmities were taken care of by the individuals, immediate circle of relations and family members. Older people enjoyed a sense of honor and authority and had the responsibility in decision making. This makes it necessary to look into the various aspects of their problems which they face now in terms of social, economic, psychological health and other allied aspects. Population ageing is one of the global demographic phenomenons emerging in the world today which is considered to be of 60 and above. In the present scenario, the elderly mass is facing one of the worst phases during its old age due to the weak family bonding coupled with health problems and social wellbeing at large. The transition from the middle age to the old age is a period of social movement and consequent changes have caused a tough time for them to adjust to the new situation. This to a great extent has caused them problems such as loneliness, depression and frustration and which is highly visible in the rural population where 75% of the old age population of the country resides. There comes problem which are on rise due to the unprecedented change in the socio economic conditions which has led to a change in aspects of the living conditions.

It has been witnessed that due to the rapid changes caused due to industrialization, the maximum impact is being borne by the family following the traditional system. The informal system which includes the family, kinship and community are considered strong enough to provide social security for the well being, especially the older people. However the recent trend witnessed has caused erosion of moral values, changes in the family structure, children migrating to urban areas for education or employment in seek of bright future prospects, thus marginalising the old age group on their own. The generation gap caused today has brought forth conflicts between the children and the aged parents, lack of respect often leading towards exploitation and abuse which at times are physical in nature. It has also led in extreme cases inflicting of violence for their own benefit.

Keeping in mind the rapid population rise of the ageing population it is now pertinent to focus on the issue and to develop extensive health care plan for improvement in the quality of life especially in the lives of the rural woman who lends up living in the most pathetic condition. The rural poor, who mostly work in the informal or unorganized sector face insecure employment, insufficient income, and lack access to any form of social security and good quality and affordable health care. Social security schemes which have emerged as a sense of financial security for the elderly people in the form of agricultural pension, old age pension, and widow's pension which all being meager in amount have not been able to benefit a large section of the people.Government had in 1999 adopted the policy of **'National Policy on**

Older Persons' for the well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief, services and helping them cope with problems associated with old age.

The aged in the unorganized sector like agriculture workers, casual workers and landless labourers are in economically family responsibilities and inharmonious relations are the major problems needs of the family and their personal requirements they have to work as long as they live. Followed by it are increasing reports of material exploitation, financial deprivation, property grabbing, abandonment, verbal humiliation, and emotional and psychological torment in India, all of which compromise the mental and physical health of the elderly.Older people usually suffer from chronic conditions. The duration of both acute and chronic conditions is longer for the elderly and their chronic conditions are more likely to be lethal. Frequent chronic ailments among the elderly are Diabetes, Hypertension, Cardiovascular diseases, Cancer, Kidney diseases, Arthritis. Most often elderly may suffer from multiple chronic conditions, visual defects, hearing impairment and deterioration of speech which can cause social isolation. Long experience of discrimination, deprivation and neglect reflects in their later years. There is no retirement for an elderly woman till either death or dementia or disability occurs. Poverty, malnutrition, poor health care and depression are also the major problems faced by the elderly women. The position of the elderly woman in the family is depended upon her economic position, support systems available, marital and health status.

There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly

LITERATURE REVIEW

In Problems of Aged in Changing Indian Scenario by **Shettar, Dr. Shakuntla** (2012) where it has been discussed as to how the latest trend in the change in the family pattern has affected the aged population from a sociological point of view and which has been the primary cause of hardship for the rural population. First problem is seen in terms of career growth which is a cause in the urban as well as in the rural areas. Due to the increase in expenditure and the rising prices, both the partners are working in order to sustain a living and where they find that they are to maintain their aged parents as well there is weakening of family bond as the health care expenditure and the cost of housing makes them a burden for them. Thus making it difficult for their own parents to say with them. Second being the Children who migrate often find it difficult to cope with city life and elect to leave their old parents in the village, causing problems of loneliness and lack of care givers for old parents. Parents in this circumstance cannot

always count on financial support from their children and may have to take care of themselves. They continue to work, although at a reduced pace.

In Health of the Elderly In Rural India: Challenges of Access and Affordability by **Dey**,**Subhojit**, it has been laid down that the elderly population does not receive care as per the conditions it suffers and that even where the care is physically accessible, costs of accessing this care hinder it. It has been reported that a total of 9.5% of rural inhabitants suffer due to lack of access to day-to-day requirements of medicine. A strong link can be established between ownership of property and kin-based care giving arrangements. Traditional arrangements structured shared domicile of the elderly in their ancestral homes along with younger generations, who would later inherit this property. While strong cultural emphasis was and continues to be placed upon respect for the elderly, kin conflict and such other broader considerations as caste order have historically hampered access to health. Property less elders have a relatively higher likelihood of residence in old-age homes, living alone. Overall pattern of employment in old age has required the pursuit of financial security up to later periods in life. The declining health and energy of the elderly discourages employers from hiring them in the regular workforce, forcing the elderly to opt for self-employment and casual labour, particularly in rural areas, where employment opportunities are generally low.

In paper title social problems of the elderly: A cross-sectional study by **Lena, A(2009)** it has been stated that a large number of old age people belonging to the rural population felt that old age affected their role in the family. A total of 35% of the respondents felt they were not consulted by the family members for making decisions. They felt they were ignored by family members because of their physical illness and economic dependence. More than half the population at this stage is still burdened due to the unwed daughters at home, alcoholic son/son-in-law, financial loss, illness of spouse, children staying away from them. It shows that all the respondents had health problems, the most common being hypertension, arthritis, diabetes or bronchial asthma. Others included cataract, anaemia, and skin problems. It is seen that most of the respondents had more than one health problem. . Majority of the rural female aged have been found suffering from the joint pain, blood pressure and chest pain. It is worth mentioning that less than 20 % of the female population are in good health.

STATEMENT OF THE PROBLEM

The problem in India is that the maximum population of the aged population resides in rural areas and deprived of their well being and welfare which they rightly deserve at their age. This topic is interesting on the ground that it brings forth the issue which the elderly people are fighting without any kind of hope

towards revamp of policy for their betterment by the administration. This research could contribute towards the knowledge of the people to understand the problem of the rural areas and if not completely but partially and slowly brig about changes in the one or two domains among the several. It might also result in possible help from various foundations who are committed towards improving their social life and a peaceful time.

THEORETICAL FRAMEWORK

The theory to be applied is the functionalist theory. As per the theory it states that each part of the society is interdependent and it contributes towards the welfare of the society and it's functioning as a whole. It tries to capture the link between the society and individual as a whole. Thus here where the whole family stands united, where the parents are been proper look after; there is passage of moral value among the children which leads towards a healthy society. However where the opposite occurs by which the parents are being forced to look after themselves without any support, it sends a wrong message to the younger lot of generation who will tend to follow the same path which they have witnessed. It leads to weakening of social ties and damaging the society. Each individual is a part of the society and any damage to any link can adversely affect the chain.

HYPOTHESIS

Older people are hetrogenous in nature

The greater the levels of education of the son, the less likely will he be to co reside with his father.

Women are prone to large number of disease than men.

RESEARCH OBJECTIVE

To examine the social and health problems being faced among the older people

To study the various support systems provided by governmental and non governmental agencies for the welfare of the older people.

To study the background and socio-economic status of the rural elderly.

To identify the morbidity pattern among the elderly women in the interior areas

POPULATION OF THE STUDY

The population of the study was the aged population of the Chauli village comprising male and females. As the Government of India refers elderly to those who are 60 years and above, this study also considers the same age criteria for its respondents.

RESEARCH DESIGN

It is based on Historical Research Design and Survey Research Design.

In Historical Research Design we collect, verify, synthesize evidence to establish facts that defend or refute your hypothesis. It uses primary sources. In Survey Research Design we describe and explain conditions of the present by using many subjects and questionnaires to fully describe a phenomenon.

SAMPLE SIZE AND SAMPLE DESIGN

The Sample Size consists of 14 samples of equal ratio of men and woman. Stratifies sample Design shall be applied for selecting the design. The criteria for the inclusion of the size shall include:

1. Men and women who are above the age of 60
2. Elderly people who can understand and communicate in Hindi.

Criteria for the exclusion shall be:

1. Elderly people who are sick or mentally retarded.
2. Elderly people who have hearing or speech impairment.

DATA COLLECTION

The study based on primary data which was collected from the older population of Chauli village. The tool used for the conduction shall be the interview schedule method. The questions were based on the respondent's family background, socio- economic conditions, health status and the problems faced, level of physical and economic support from their children, level of their satisfaction in getting such supports, and their present need and perception for their happy survival.

DESCRIPTION OF THE CHAULI VILLAGE

The village symbolizes beauty all throughout till it comes to an end. It is located in interior region and is 90 km from Ranch and approximately 15 Km from Gumla District. It houses around 140 households. While walking down the lane which has not been properly constructed, the houses seen were primarily made of Mud and few were made of brick. There was this one house where a Videocon DTH service was seen but again it did not have washroom. This is one of the major concerns that no house has a lavatory thus making it difficult for the female section. In the village there is no electricity. It may be for maximum of 3 to 4 hours but never more than that. The people of the village had collected amount for transformer which they bought, however

it suddenly disrupted and is not working. Neither has any member or person from the Government ever inquired into the matter. As reported the MLA of that place himself has got or been engaged in the business of transformers but has himself failed to provide it for its own people. They had to purchase it from their own small savings. It is a highly Naxalite affected area. The only source of Drinking water is the Tube well which is scarce in nature and cannot be for lifetime. There are higher chances that it may not be completely purified and it is being given to all including the newborn. In a span of time it could eventually lead to number of water born diseases among the residents. There is no facility of tap water which should be there at least in few houses. The tribal population constitutes majority of the part. Poverty is another factor which is quite significant in that region as the employment being restricted and thus the income flow is not high. Majority of the occupation of the people including the females was agriculture. Here were on or two who were from the army background and have now retired where as the rest were engaged in working in their own field or in other and earning wages. There does not appear any other work which they felt they could do and thus restricting to a single activity. There is a Weak Local Governance System. Further there arises Gender Inequality on the grounds that where a girl has completed her education up to a certain lever she is not allowed to pursue higher course on the pretext of marrying her. Apart from that where there is another child born and no one is there to take care as both the parents are working on the field the girl is asked to take care of her younger sibling whereas her brother is being given the opportunity to study and is even sent further . Teacher student ratio is quite poor in the village where there is only a single teacher for numerous children. There is active girl population than boys. Moreover the teachers are lacking due to the failure of administration of the Government in providing their salary which is also not fixed. It is more so received after a gap of 3 to 4 months. It makes it difficult for the teacher to carry on his own family. There is active participation o the woman in the Angadwadi which shows their enthusiasm towards working. This implies that the woman does not want to sit idle and they too consider themselves an equal part in the contribution towards the home.

People belonging to the village are belonging to the BPL category and in spite of being there in that group there are few people who have got the BPL cards and are not able to derive the benefits of receiving the food grains at subsidized rates. The Angadwadi centres are functional in nature thus seeking to the needs and contributing to the development of the village. It is to be

noted that the village has still not developed with Kacha road till date. There are people who are still facing the dearth of employment.

LIMIATATION OF THE STUDY

While collecting data from the village there were certain drawbacks which were faced.

The primary problem faced was the Language barrier. It was difficult for the people to understand the language even though there was communication taking place in Hindi. They had their own mother tongue. Initially they were unable to understand what we tend to ask. It was after extensive explanation they understood the questions. Second problem was that of time factor. With a total of 140 households it was a difficult to complete a majority of them due to time constraints. Third factor was that people were a bit hesitant towards our approach. There are couple of reasons for it. First being that the people have earlier been questioned before and they felt that we were again from the same group and they were not ready to open up. They believed that since they were not educated and they have been fooled before, it may again be same. Lastly there was certain kind of political influence which was witnessed due to the approaching election. Political bigwigs influence was quite visible.

FIELD OBSERVATION RELATED TO RESEARCH PROBLEM

Research Problem pertains to Old Age Problem in Gumla District and there was several observation made in relation to them. In the village it was seen that a large number of people of old age were engaged in working as they did not have sufficient monthly income. Of all the people who were questioned none of them agreed that the amount they got was sufficient for the whole family and there was fluctuations in the amount. Secondly they did not receive any such benefits from at the time of medical needs and they had to take the loan from the friends or relatives. What was positive was that a large number of households were staying with their parents and the children were seeking to the needs of the parents. There were households where they were taking care of the grandchildren while the parents were workings on the field. What was disheartening was that there was NIL support from the Government. Old people had to work. They had no financial support and they had several complaints from them. People were not getting aid from any corner. Apart from this there were certain people whose children were not there in their house were drinking with their friends while the wives were not present in the

house but were in the fields. Apart from the local Governance system was not efficient enough by looking at the condition of the village and there were no competent authorities to handle.

DATA ANALYSIS AND INTERPRETATION

Table No-1 -Distribution of Family of the Respondent

SlNo	Types of Family	Number	%
1	Nuclear Family	5	35.76
2	Joint Family	9	64.23

The table shows the type of family in which the Respondents are residing. It is quite satisfactory to note that a maximum of people are residing with their children. At this stage the children have not run away or living separately but are with their parents. It is a benefit for them as the parents are co operative and also helping them simultaneously by taking care of the children or working in the fields and contributing towards the household income.

Table-2-Distribution of occupation of the parents and families of the Respondent

SlNo	Types of Occupation	Types of Family			
		Joint Family		Nuclear	
		Husband	Wife	Husband	Wife
1	Agriculture	6	4	3	4
2	Labour	1	0	0	0
3	Service	0	0	0	0
4	Housewife	0	5	0	1
5	Not employed	2	0	2	0

In this table it is to be seen that in the case of Joint Family a considerable number of family has been working on the fields with both the old age parents joining their children in contribution towards the Household income ass in the case of joint family. In the case of Nuclear family what is astonishing is that wife is not unemployed whereas the Husband is not working. It seems that wives of the village are more active in participation towards their work.

Table No-3-Distribution of People Opting for Medical Services

SlNo	Opting for Medical Services	Number	%
1	Husband	7	43.75
2	Wife	9	56.25

In this table we find that wives are much more conscious towards their well being and despite there being not facilities available in that particular village and they need to go to Gumla but they do no consume medicines without proper check up. In one the cases the sons are doctors and they see to it that proper check up are being done before consuming any kind of medicines. On the other hand in the case of husbands as reported they do not feel the need to go to doctors always for themselves. They are quite reluctant towards it and they prefer going to the medical store and take the medicines. As reported they do not suffer from any serious disease and so even for minor ones they prefer taking medicines on their own. There is a different approach of husbands. Reason being that they believe that they may have to incur additional cost .

Table No 4- Distribution of People Facing Abuse

SlNo	Abuse being faced	Joint Family	Nuclear Family
1	Physical	0	0
2	Economical	1	3
3	Disrespect	3	1

Coming to issue of abuse, it was quite pleasant to witness that parents still command the dignity and respect from their parents. There were quite few problems where there was any kind of problem. In this case there no Physical abuse reported from either of the Nuclear or the Joint Family. There were economical matters reported from Nuclear Family as there being shortage of funds and their sons earning from outside the village does not even send any amount in spite of several request. In joint family also the children were not given enough amounts. In case of disrespect in case of Joint Family there were certain families where the children did not always listen to words of the parents. There was instance when they would backchat but it was not always.

Table No 5- Distribution of People Facing Psychological Problem

SlNo	Problems suffering which being psychological	Husband	Wife	Total	
				Male	Female
1	Poor health	2	3	20	27.27
2	Insufficient income	7	8	70	72.72
3	Loneliness	0	0	0	0
4	Isolated/left out	1	0	10	0

Studying the Psychological problems of old age what was quite shocking is that on one hand where parents fear the old age on account of loneliness and isolation with no one to take care of, this does not appear to be the case of the village. This does not appear to be the major concern for them what they are worried about is the financial portion. If by any means they stop to work they won't be able to survive with no outside aid. In present also what they earn is just enough for survival but nothing more to it. By the table the major chunk of the people are suffering from insufficient income which is then followed by Poor health. It is what which is far behind and does not fall for much of concern. Last issue which worries them is isolation.

Table No 6- Source of income

SlNo	Source of income	Joint Family	Nuclear Family	Total
1	Farming	5	7	12
2	Pension	1	1	2
3	Earning	1	0	1
4	Children i. Partialy Dependant	0	0	0
	ii. Fully Dependant	3	5	8

In this table we will be dealing with the source of income. As we had previously noticed that the people of the village want to continue to work so as to contribute towards the earning of the family. In the above table we find that as the major occupation of the people is agriculture they are engaged in it as they believe that it is difficult for them to so another job as they are well versed in only one particular arena. Secondly there is another family where the children work but the parents do not work as they are receiving pension which is to a certain extent sufficient for them. The third category is where the parents are completely dependent upon children for the food and expenses. Due to their age not permitting them to work they stay at home looking after household chores and seeing to grandchildren. What is astonishing is hat maximum household has working parents and they are comparatively quite active in nature. Their fear is that in extreme cases they do not want to work as they may not get any financial help.

Table No 7: Socio Economic

Q. No	Items	Joint family		Nuclear family		Total		Total %	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Whether you possess the BPL /APL Cards?	3	6	1	4	4	10	20	37.03
2	Whether there is any Agricultural Holding or	7	2	2	3	9	5	45	18.51

	property?								
3	Whether there is any loan or debt which is still to be cleared?	4	5	1	4	5	9	25	33.33
4	Whether the total amount of personal income available sufficient?	2	7	0	5	2	12	10	44.44

In this table we deal with the socio economic status of the old age people. This pertains to whether they possess the APL or BPL cards and it was shocking to know that apart from three families there was no other who possessed the BPL cards even though they were equivalent poor as those who have. Thus there is discrimination on the ground that some of them get the benefit in the form of subsidised rates whereas the rest have to get it at the prevailing ones. The second point is that which is common among both the joint and nuclear family is that both of them possess agricultural Holding and work on their own land. Leaving few who work on other's land the rest carried out their work on the property they had. In the village it was seen that not all of them have taken the loan and where they take it they return it on time. What is surprising is that in case of joint family as well people are still bound to take money in case of shortage of funds in need. Last is that which was agreed upon by the entire Respondent and not denied was that what they grow and sell is not self sufficient. They do not fetch the huge amount and no profit is earned. There is no modernisation or development.

Table No 9: Support System by Government

Q.No	Items	Joint Family		Nuclear Family		Total		Total %	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Whether there is any Health facility provided by the Government?	9	0	4	1	13	1	48.14	6.66
2	Whether there is any knowledge any policy of the Government being available?	3	6	3	2	6	8	22.22	53.33
3	Whether any NGOs have come up to provide support?	0	0	0	0	0	0	0	0
4	Any awareness about the Rashtriya Swasthya Bima Yojana or Annapurna or MNREGA National policy on older persons?	5	4	3	2	8	6	29.62	40

In this table we find that the support which the people receive from the Government and their awareness to it. It is worthwhile to notice that though the people were not aware about any major policy which the Government is to implement it in their village yet were about MNREGA. However it again had its own

shortcomings. It was reported that those who were given employment under it have not yet been given the due wages till date on ground that there are not sufficient funds available. As to the Health facility all those residing in the Joint family were fully aware about it whereas the rest of the nuclear family did not bear much of the knowledge. Another point which was shared by all in common was that no one from the NGO have offer them any kind of support or is working towards any area of development required in the village. Thus the people were not bear much knowledge as to the existence of any outside news regarding to several policies worked out for them as none is being worked out in the village.

Table No 10: Morbidity Pattern among Elderly Woman

SlNo	What are the acute diseases from which you are suffering?	Wife	Total
1.	Asthma,	4	13.33
2.	Arthritis,	7	23.33
3.	Leg problem,	4	13.33
4	Spondylitis	6	20
5	Headache	9	30

In this we find that all the women are suffering from some kind of diseases or problems with an exception that no one is suffering from any lung disease. It is worth mentioning that the common problem which all is having is that of headache which is quite constant and is fluctuating in nature. It often occurs to them at regular intervals. Another probe which is quite common is that of Arthritis and leg problem. With old age setting in and with low nutrition rate and low protein take in they often witness constant pain in the joints. Other problem seen is that of Asthma but it is not a problem common among all. However it is pertinent to note that despite suffering from such problems they have not taken a proper medical course and are still working in that condition.

Table No 11: Type of Support

Q.No	Items	Joint Family		Nuclear Family		Total	
		Yes	No	Yes	No	Yes	No
1	Physical Support						
	1. Neighbour	6	3	3	1	9	4

	2. Relatives/In Laws	4	5	2	0	6	5
	3. Children	8	1	0	0	8	1
3	Is there any Health workers visit?	3	6	1	1	4	7
4	If yes then:						
	1. Occasionally	0	0	0	0	0	0
	2. Sometimes	6	3	1	0	7	3

In this table we will be seeing into the kind of support offered in case of needs from all possible arenas. It is to be noted that in case of physical support old people get all possible help from their relatives and neighbour in times to take them in case of Hospitals. This seems that there is strong community network and mingling with all the people. Located in the remote corner of the State this place is not frequently visited by the Health workers and the person visiting is not one of highly experiences and is not able to give proper procedure. This shows that in this case there is a strong sense of community feeling ad there is also a great bonding between the relatives and the in laws. It has been seen that in case of need they even get the help from the in-laws who belong to the other villages.

Table 12: Support from the Government

SlNo	What are the benefits received from the Government run Programme?	Joint Family	Nuclear Family	Total
1.	Old Age Pension	2	0	2
2.	Concession in travelling,	0	0	0
3.	Subsidised Food Grains	4	0	4

In this table we look into the Support given by the Government. Respondent who belonged to such category are not aware about any kind of concession available in the benefit of the scheme by the Government. In the case of subsidised food grains only certain families have the privileges of the BPL cards and certain families have been getting pensions. What was strange was that all the people had several complaints from the Government as it was only during elections and after that the person who wins never comes to the village. It is also noticeable that the finds given by the Government for the development of the village never reach the authorities as half the amount is eaten up by the bureaucrats. Thus there is no availability of support.

Table 13: Health of the Person

Q.No	Items	Joint Family		Nuclear Family		Total		Total %	
		Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife
1	Whether you consume alcohol?	4	0	2	0	6	0	33.33	0
2	Whether you are indulged in smoking?	3	0	2	0	5	0	27.77	0
3	Whether you are taking medicines?	1	5	3	2	4	7	22.22	41.17
4	Whether you are going to Health Centre for check up?	3	8	0	2	3	10	16.66	58.82

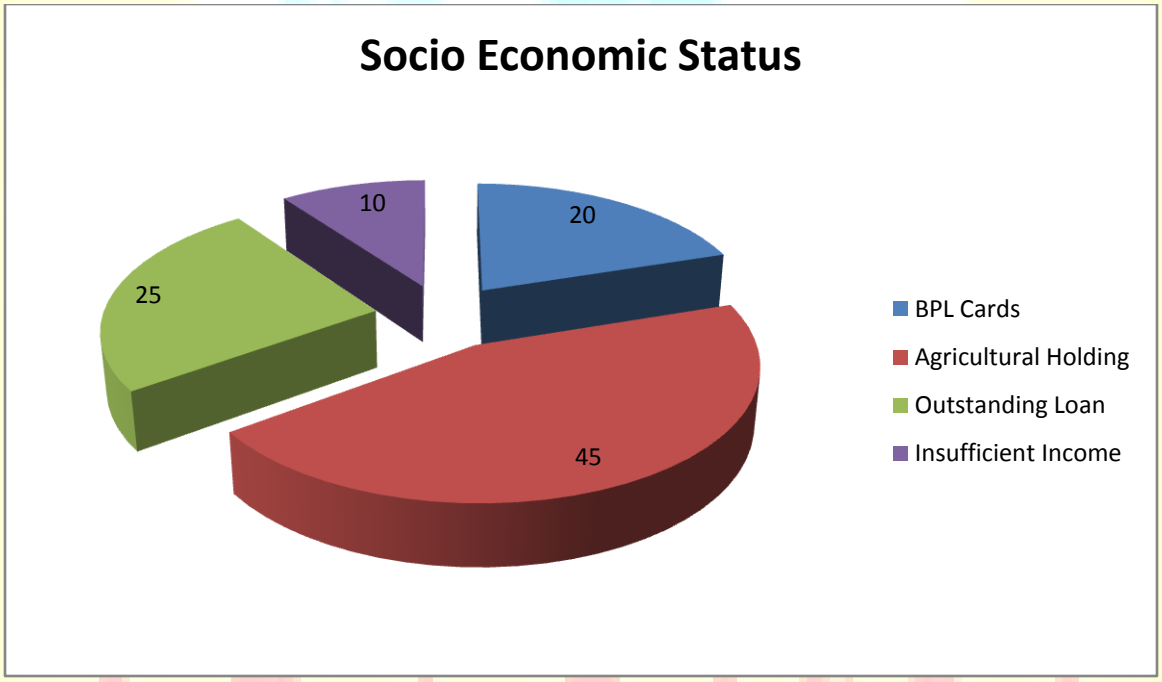
In this table we take into consideration the amount of care a person takes of his health. In this we see that male section of the society are quite indulged in consuming alcohol but what was positive was that they were not heavy drunkards. They drink it only on certain occasions or after a time period but not always. Even though it has been banned but people have admitted to drinking Hariya but their levels have decreased. It they drink it outside was also reported that and only one or two glasses and not more than that. The reason they gave was that they are quite tired after the day's work and to overcome it they drink it with their friends and not in front of children. Smoking was not severe as few people were only engaged in it. It is seen that women are more conscious relating to their health than men as when they suffer from any kind of health problem they prefer going to the Hospitals and then taking up the medicines. They also go out for the Health Check up when a Health worker comes. This is not the case with the men who prefer not to go for check up or take up medicines till there is a severe problem.

Table No14: Availability of Health Facility

Q.No	Items	Joint Family		Nuclear Family		Total	
		Yes	No	Yes	No	Yes	No
1	Whether there is availability of doctors always?	7	2	3	2	10	4
2	What is the type of Health facility preferred?						
	1. Government Hospital	6	3	4	1	10	4
	2. Private Practitioner	3	7	0	0	3	7
	3. None	0	0	0	2	0	2
3	Whether there are sufficient Hospital beds?	4	5	3	1	7	6

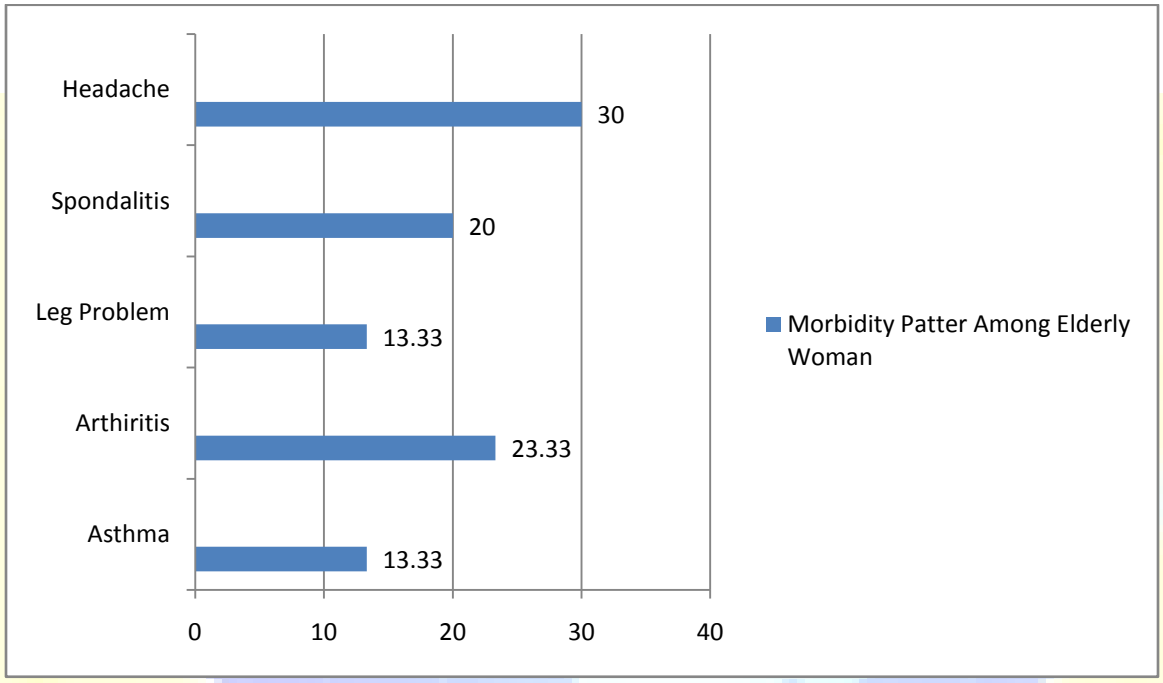
In this table we deal with the Health Facilities and whether they are upgraded or not. As per the data we find that as per the data all the families go to doctors and they do agree that there are always a number of doctors available in the hospitals. Though by the Respondents the number is not high but a moderate number is there which is sufficient in nature. Coming to the type of Health facility preferred it is in the case of Private Practitioner Joint Family prefer to go to them. In certain Households where the relatives or the sons were doctors they preferred getting treated by the private doctor than the Government Hospital. The majority of the portion opted for the Government Hospital. What is to note that where there is Hospital beds it is sufficient number and there has not been situation when people have not got a bed in time of hospitalisation.

ANALYSIS OF GRAPHS



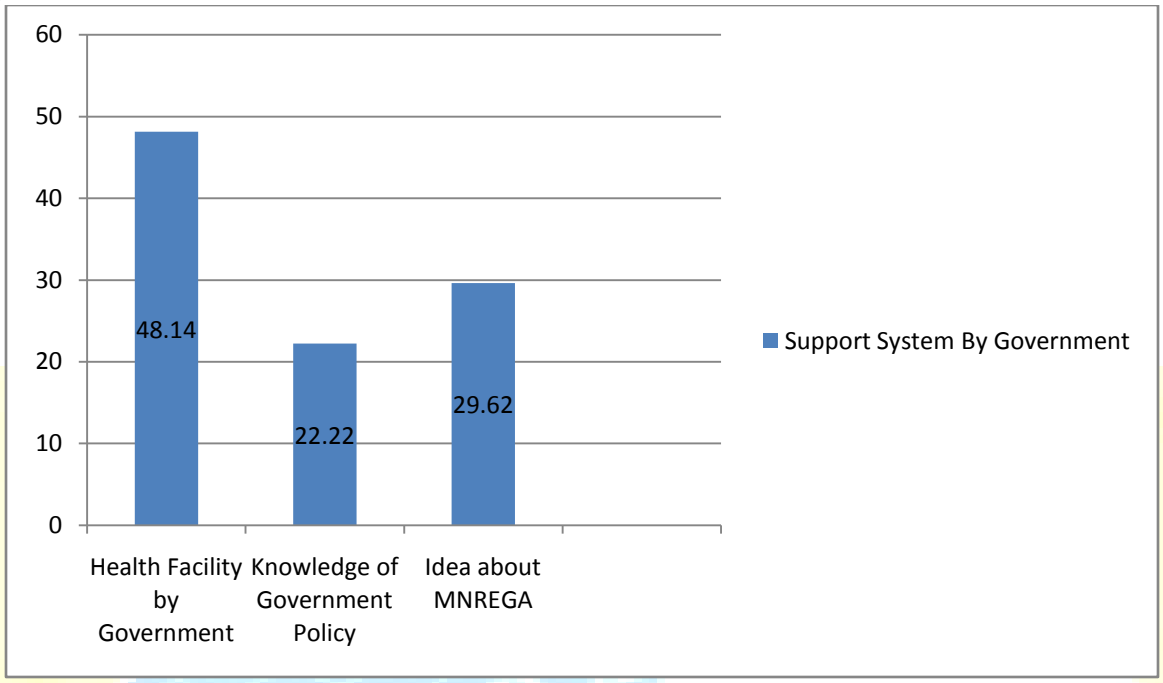
The following pie chart deals with the Socio Economic status of the people of the Chauli village. In this we notice that a considerable chunk of the population that is 45 percent of the people possess agricultural holding. It shows that they all have certain land in possession which is owned by them. It is one of the immovable asses which they possess. Followed by it is the outstanding loan which is a liability for them as they haven't yet returned and it will lessen the income which they receive. The income is not fixed in nature and can be of great problem. Third is the issue of BPL card which is lacking among the whole of population barring few.

Insufficient income which is another revealing factor about their economic status and is a major source of concern for them



MORBIDITY PATTERN OF WOMAN

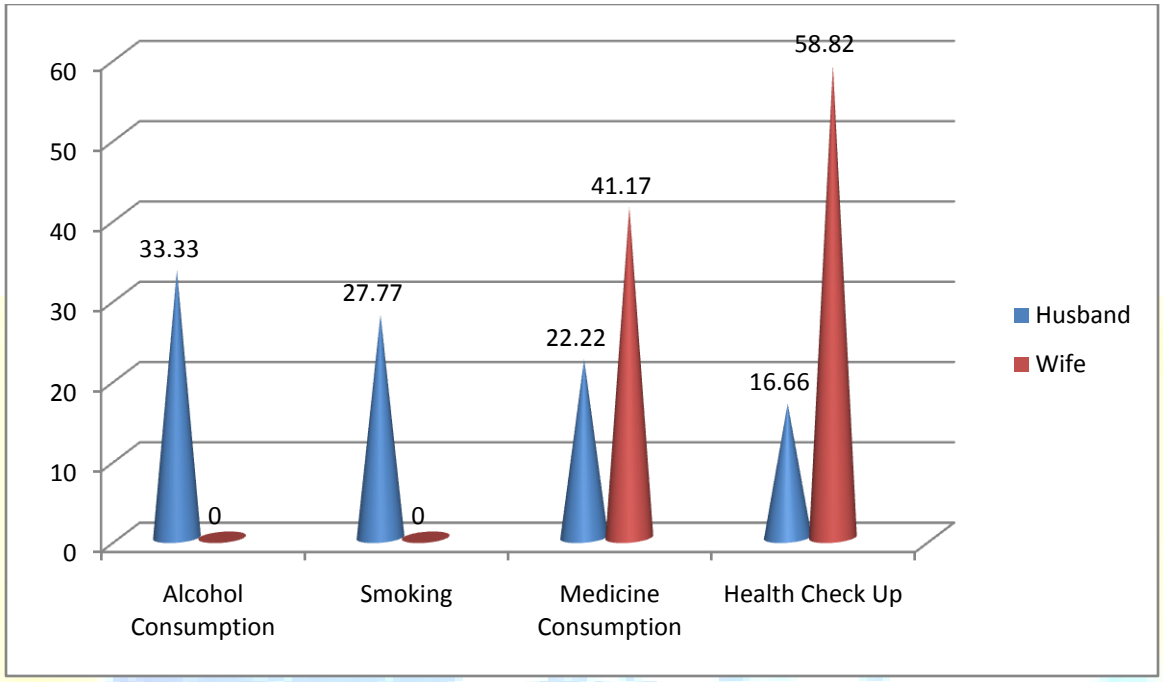
In this we see that large number of woman suffer from the Morbidity in which the most common is that of Arthritis, Headache which is followed by leg problem. The reason being that the kind of work which they have been doing requires great physical strength and stamina. They have been carrying this out for years. However in spite of working hard their nutrition level and protein intake is of much lower level. The kind of work which they carry out and the food intake is not in direct proportional and thus they suffer from such problems. There is lack of vitamins which is leading to such problem. There is a need of seeing into the diet and providing them with better quality food which is rich in diet. Due to their work some of them also suffer from Spondalytis as they do not work in a proper position.



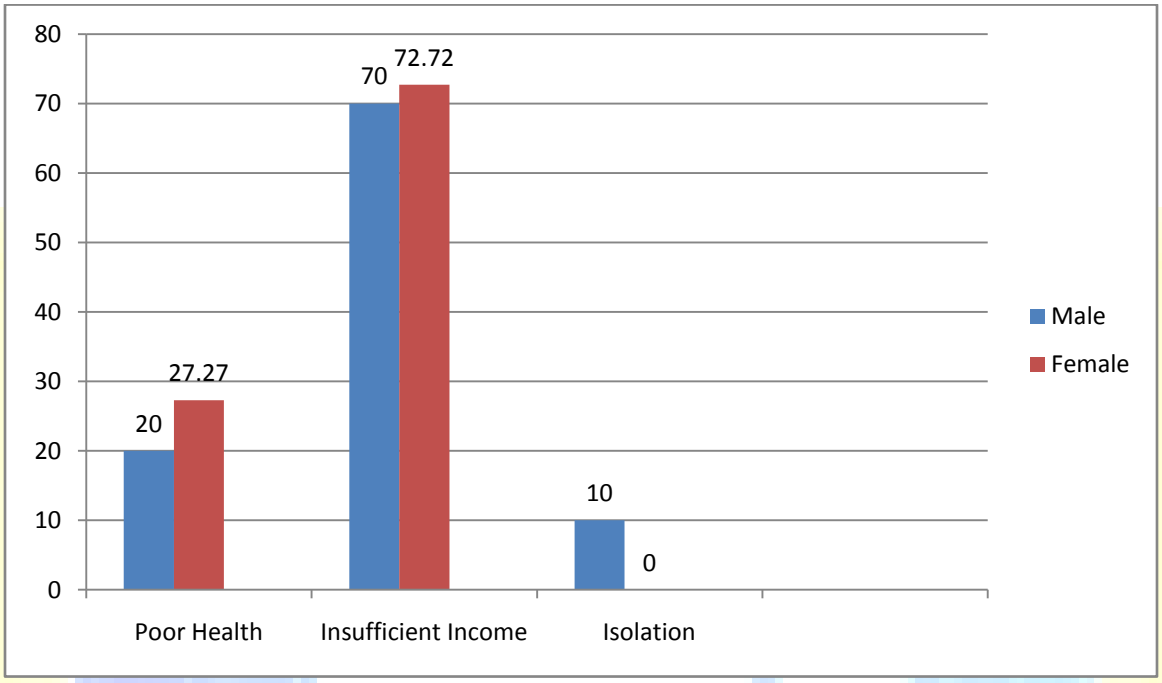
SUPPORT SYSTEM BY GOVERNMENT

In this graph we are dealin with the support systemprovided by the Goavernment. It shows that a great rpercentage of peopel are not aware about any policy being formulated for them. There has been 0 aid from any kind of NGOs. On the positive front they are aware about the health facility which is there in the Gumla and is there in the Government hospital at a price easy to pay. Almost all the househld derive the benefits f te health facilityprovided which is situated onn the outside of the village. Lastly they are aware about the MNREGA but again it is restricted to only few. About 30 percent of thepopulation has got no knowledge pertaining to it.

HEALTH CARE OF INDIVIDUALS



In this graph we are seeing the health scenario of the old age people and the care which they put in. It is seen that women are much more conscious in relation to their health than men. We see that there is a higher rate of alcohol consumption but it is on a general basis and not always. In terms of smoking and drinks there are very few women who are into it. In terms of medicine consumption and check up they are far ahead than their husbands. They often prefer to go for check up when they face any kind of problem and eat their medicine on a regular basis and never without consulting the doctors. In cases of husband the percentage is less and men do not always prefer going for health check up and consulting for every little medical problem. People do engage in drinking Hariya. Though the alcohol consumption has been banned in the village but when questioned the Respondents have agreed that their husband do engage in it. Even some men have agreed to it and while going around the village a man was found to be quite drunk.



PSYCHOLOGICAL PROBLEMS

In this we see that the key issue which concerns the people in old agree are money matters, poor health and isolation which stand on the last ground. The reason is that the main one being the Money issue because in case of nuclear no one is there to take care of them other than themselves. Else they are bound to work and with the kind of income or amount which they earn per month is such that it is just on the bottom line and at times is not sufficient. Thus it is seen that the major concern for husband and wife is money issue followed by health matters which is prevalent among the females.

SUMMARY OF KEY FINDINGS

1. Joint Family is of higher rate than the Nuclear Family which signifies greater bonding and care for the parents.
2. Major Occupation is that of Agriculture of husband and wife. In case of Nuclear Family women are more active than men in terms of occupation for contributing to the household.
3. Women are more conscious than men in case of health matters and they prefer consulting Medical experts before taking any medicine.
4. Alcohol consumption is not high and it is not on a regular basis.
5. In spite of being in the BPL category major chunk of the Respondents have not been provided with the BPL Cards and are not bestowed with any benefit from the Government.
6. With regard to Morbidity majority of the woman suffer from the Arthritis followed by Headache.
7. Majority of the population have Agricultural holding whether it is small or large but they own certain portion of the land.
8. It is agreed by all the Respondents that none of their income is sufficient for them
9. Another consensus is that all the Respondents have agreed that there has been no support from the NGO on any of the issue.
10. Apart from MNREGA there is no idea about any other programme of the Government.

RECOMMENDATION

1. The entire villager is immediately issued a BPL cards that are under the ambit of it.
2. Need to provide regular Health Check up in the village and raise its awareness with a frequent visit by the Health Officer.
3. The policies of government and the benefits derived be immediately implemented so as to the insecurity faced in terms of financial matters be removed.
4. Certain NGOs associated in the area should be linked in the village for the problems and its development.

5. Further arrangement should be made for Proper drinking water; proper construction of roads and training should be given in terms of their agricultural practices.
6. Older women should be provided with better Health facilities and diet.
7. Sanitation level is quite low as not a single house in the village has any toilet and it is unhygienic in nature for women to defecate.

CONCLUSIONS

In the following research which been done what is evident to note is that the village which is located in interior part of the Jharkhand and is 15 KM from Gumla as well. Located in such a part it appears that there has not been a development of the region. What was heartening to find during the research work was that the positive attitude of the people and to make the village and to remove all the possible shortcomings. The active participation of the women towards the socio economic development followed by the contribution of people in purchase of a transformer from their own hard earned money. With regards to the topic in question it was seen that overall the parents shared quite a strong bond with their children barring a few exceptions. In most of the cases it was seen that he whole family was engrossed in working in some different are of the land and try to being in home whatever is possible. Where it was difficult for the parents to work they looked upon the households and other chores while simultaneously trying to reduce the burden of their children. With no power, proper water supply and other difficulties being faced the old people were still working in the small patch of the land. While travelling around the village it was seen that children had showed an active participation and the people were willing to send them till the moment any kind of crisis occurs and it is for the girl child to give up her education. Furthermore another strong point which has been concluded is that the people are least satisfied with the kind of work Government has done for them. On one hand where people are ready for the change no work is done. Just few lakh of rupees is being given to the authority while the rest is eaten up and it becomes difficult to fulfil all the needs with the rising cost. Apart from that no benefit has been provided to the people of the old age. They are living under the cloud of insecurity as there has not been any kind of benefits accrued to them and they are unaware about any policies which have been made out specifically for them. It is thus needed that the Chauli village situated in beautiful surrounding with comparatively not much population can be developed to a great extent and opportunities be provided for all to have a secured life. This is

what has been dealt as to the problems which the old people have been suffering from a considerable period of time.

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