

AN EMPIRICAL STUDY ON HEALTH STATUS OF OLD AGED PEOPLE OF FISHERMEN'S COMMUNITY AND NON FISHERMEN'S COMMUNITY IN KALAPET, PUDUCHERRY

A.Thileeban¹, Dr.R.Saravanan²

¹ Ph.D Scholar, Department of Economics, Annamalai University, Chidambaram, Tamilnadu, India

² Assistant Professor, Department of Economics, Govt Arts and Science College Salem, Tamilnadu, India

Abstract

From ancient period to present period, situation and the circumference of the old aged people in poor family has not been changed due to selfish characters of the both male and female people in India, thereby old aged people's situation at inability time has been becoming so sad and pitiable as they are not able to live with family members supports and hold. Additionally health condition and status are varied from family to family, income to income, wealth to wealth and caste to caste, all these problems are making social scientist and generous persons to feel bad and sad about their inexpressive situations in the Indian family system. India will not grow and develop only with the help of youngsters but also needed the help of old aged people's at all the decision making process from family to government. If so, developments would occur itself from family to country toward achieving unimaginable success and victory in its all the progress and success. In every family children and daughter-in-law and family members have to pay humanitarian concern on caring and preserving the old people's needs and necessities without any bias and discrimination. To do this work they have to think them as their parents who have nurtured them and shouldered all their weights until they become mature and younger.

Key words: Health Status, Situation, Family member's role, Economic conditions

Introduction

The feelings of the family members must be directed toward remembering their parent's young age hard works toward nurturing and developing them would have been how much stuff and risk, in this similar way they have to protect their parents once they became inability and immovable without any scornfully and murmuring as they did to us when we were at children and young ages. To love and take care this old age peoples in each and every family, family members are necessary to love their parent's role which were put on nurturing and developing them from all the difficulty times from their children stages to adult stages. On account of forgetting, neglecting and omitting the needs and necessities of the old aged peoples or our parents in each and every family their welfare and interest are not yet satisfied themselves, because they do need opposite person's help thereby they are not able to eat properly and live happily. So, these types of pathetic conditions are emerging day by day and minutes to minutes in all the family which must be understood and realised by the family members toward enabling and emancipating our parents from the pool of sad and worry to attain their needs and necessities. All these issues and concerns of them is generally proved and seen one in Indian context but this study is attempting to delineate and demarcate the conglomerate problems and health conditions of the old age people on property basis in Kalapet puducherry. From birth to death human beings are getting lot of inconvenience and stress in which younger people from poor family background getting problem more than rich people thereby they are not able to protect and satisfy needs and necessities of the old age peoples in the present context and other hand rich family in India traditionally have been living on luxuries and sophisticated life due to their abundant property thereby they are able to protect their parents with all the facilities. Their rights are violated and disrespected by the family members in over all Indian context due to many reasons and context in which one of the reason is poor economic conditions and income of the poor family thereby they are not able to care their parents despite all those problems are faced by them but they are taking care of their parents at lowest income. Despite they have had unbridled love on their parents they are not able to show at present context due to reasons of educating children, maintaining family and managing family expenditures, even though they face all these problems when they want protect their parents but same problems were managed

by our parents when they protected and developed us .Beyond their financial crisis and problems our parents have been protected lot from their low income with an interest to bring up and develop us to be laudable son of them and citizen of the India, in this ways and affinity the present youngsters have to come forward to save and satisfy their parents as they did to us when we were at children stage and unmarried situation. What we see and feel the hurdles and stumbling blocks is very lower and lesser than our parent's love and sympathy so our parents are most precious and valuable one than our socio and economical hurdles so, as children of our parent's hard work and love we must save and keep them at happiest condition irrespective of our social and family problems because same work has been done by them to developing and nurturing us. Though this study is focusing on old aged people's health status at revenue and income basis but this study is focusing youngsters and daughters in-law's role also on protecting ,treating and caring , preserving of old aged people as equal to their parents in the Indian social context. As we have accepted the universal law and proven record that even food ,shelter, education and other things are made available to the people based on the strength of revenue ,income and property thereby people belongs to poor and vulnerable are suffering since their birth to crave without eating desired food and cloths and household items ,in this sense for abusing, disrespecting and speaking aversely by the family members over old aged people or parents are the reasons of their insufficient income, poor social and economic status ,according to their moral principal as a son and daughter or daughter-in-law have to protect our parents and old aged peoples even by begging and doing menial works also . As a outcomes of lower income and poor economic status a poor man is suffering lot, from that situation he is liking his parents to take care and provide good food but unfortunately and unavoidably he is suffocated not to taking care of their parents due to his wife's restriction on caring of parents and following stingy habits in the family by forgetting needs of the old aged peoples. These practices of the women and male people's obviously are also leading to causes so many problems in terms of guarding the old aged peoples in the present context.

Low income deals lowers caste people's lower health status of the old age people and higher income deals the higher community's of higher health status in Indian social context and also this disparity income and social status has been as a social dogma and stigma toward differentiating and segregating the peoples life and health based on the life status and income status .From this pattern this study has been taken Kalpet in Puducherry to understand health status of the various communities based on the income and ancestors property.

Kalapet is in puducherry Union Territory , laying along with Bay of Bengal nearby ECR ,it is located at 17 kilometres from the puducherry buss stand ,people living in the place is belong to several category is living together in this region with several business and avocation. It is a parliamentary constituency which comes under the jurisdiction of the Olavarkarai Commune.

	Community	Population	Property status	Old aged people's life status	Remarks	Solution
1	Fishermen community	800	Good	Good	Good economic status	Needs to sustain
2	Vanniyar community	1500	Excellent	Excellent	Ancestor wealth is enough	Needs to sustain
3	SC Community	150	Normal	Very Poor	No ancestor wealth	Needs to improve Lot Improve
4	Washer men Community	120	Very Poor	Below Poverty line	Daily wagers	Absolute changes needed
5	Sakkiliyar Community	100	Very poor	Below poverty line	Daily wagers	Absolute changes needed

Source: Field Visit February, 2021

Table: 2: Illustration of health Conditions and community with old aged people strength

	Community	Strength of old aged people	Health Conditions	Reasons
1	Fishermen Community	1600	Living with good health condition with daily average food	They earn sufficient daily income and working liberally without job scarcity
2	Vanniyar Community	3000	Living with an adequate good health conditions and daily needs	They do have ancestor property and also earning lot
3	SC Community	300	Longing for help and food	Being as a daily work seeker
4	Washer men Community	240	Suffering without an adequate food	Insufficient income though they get work and not possessing basic property
5	Sakkiliyar Community	200	Do not have health and survival needs and seeking from others	Less work, less income and no way to work decently

Source: Field Visit: February, 2021

From these tables health and life status of the poor people and rich people are varied in Kalapet, Puducherry where majority people are Fishermen and Vanniyar Community, rest of people are found minority in population, property and income wise thereby their life styles, health conditions and daily needs are varied. From rich people to poor people health and condition is determined by the average daily income, enough daily income and basic property which was left by their ancestors .Through these aspects in Kalapet old aged people's life styles and health conditions are accurately calculated and studied as to what type of life they do follow and live and what type of food they do have, from these aspects people's health conditions are assessed normal, average and excellent. Usually at old aged stages people will get lot of problems irrespective of wealth and food all their problems would be resolved with an assistance of their property and enough revenue status ,people who don't have those things are suffering lot by not able to go to hospitals and spend money for recover from their ailments.

This is the validated reasons which prevails globally especially in developed and developing countries ,on other hand most of poor people who belong to SC, Sakkiliyar and Washer men Community are found with wrinkled and scorched skin because of they are having unsound and unhealthy food thereby they are getting back Pain, eyes problems, vertebrate problems, ear problems ,heals problems ,heart problems ,demising at young age, coming unsound and unhealthy at young stages, found with inability and bonny .To remove their anti democratic, secular and republic look government of India have to do enough welfare polices especially to uplift their life from down to up as equal to other people in their dwelling society and places. Indeed, people in India alone is respected based on the wealth, money and muscles power where as these people are disrespected and annihilated by those people who have money, muscles and property power, this situation must be replaced by fresh polices which will be useful to develop their money and muscles power to live in the competitive society by fighting with property class. Due to having property some people are fighting in all the places by their good health where as some people who have neither money power nor muscle power are being subject to be dominated and suffered by the powerful people .So, good health and good food is determined by their property and income unless no good health and good food based on this people are classified into various segments and identities, for which even government should not be as a major reasons in splitting people as rich and poor due to revenue and property distinctions and scarcity.

Conclusion

Even government is known all these problems of the weaker section people's health and income problems it should not be keep quiet and calm ,it should come forward with social, secular and communist thought and polices to uplift their life from pitiable conditions . For voting purpose it should not give extra reservation to forwarded and property class and section because which will further causes social, political and economic disparity and inequality from the existing confused social structure .Therefore, developed community must be at developed situation and have to let and encourage undeveloped people to come to their developed situation ,for which government needs to show patronage to weaker section peoples to improve their social and economic status for protect fully old aged people's needs and necessities without flaw.

References

1. Agnes, Flavia. 1999. Law and women of age: A short note. *Economic and Political Weekly*34 (44): 51-54.
2. Alam, Moneer, and Armando Barrientos (eds). 2010. *Demographics, employment and old age security: Emerging trends and challenges in South Asia*. New Delhi: Macmillan Publishers India.
3. Ansari, Habibullah. 2007.
4. Indian elderly among marginal sections programmes and policies in the era of globalization. *E Social Sciences Working Papers*: 1-23. www.esocialsciences.org. Accessed 20 November 2013.
5. Balagopal, Gayathri. 2009. Access to health care among poor elderly women in India: How far do policies respond to women's realities? *Gender & Development*17(3): 481-491.
6. Bhat, Anitha Kumari, and Raj Dhruvarajan. 2001. Ageing in India: Drifting intergenerational relations, challenges and options. *Ageing & Society*21(5): 621-640.
7. BKPAL. 2012. Report on the status of elderly in select states of India 2011. United Nations Population Fund (UNFPA): New Delhi, India. [Contributors: Moneer Alam, K. S. James, G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, S. Siva Raju,T. S. Syamala, Lekha Subaiya, Dhananjay W. Bansod].
8. Bloom, David. E., Ajay Mahal, Larry Rosenberg, and Jaypee Sevilla. 2010. Economic security arrangements in the context of population ageing in India. *International Social Security Review* 63(3-4): 59-89.
9. Brijnath, Bianca. 2008. The legislative and political contexts surrounding dementia care in India. *Ageing & Society*28 (07): 913-934.
10. Brijnath, Bianca. 2012. Why does institutionalized care not appeal to Indian families? *Legislative and social answers from urban India. Ageing & Society*32 (4): 697-717.
11. Chan, Angelique. 2005. Aging in Southeast and East Asia: issues and policy directions. *Journal of Cross-Cultural Gerontology*20(4): 269-284.
12. Chaudhuri, Anoshua, and Kakoli Roy. 2009. Gender differences in living arrangements among older persons in India. *Journal of Asian and African Studies*44(3): 259-277.
13. Chen, Martha Alter. 1997. Listening to widows in rural India. *Women: A Cultural Review*8(3): 311-318.
14. Cohen, L. 1992. "No aging in India: the uses of gerontology," *Culture, Medicine and Psychiatry*16 (2): 123-161.
15. Croll, Elisabeth J. 2006. The intergenerational contract in the changing Asian family. *Oxford Development Studies*34(4): 473-491.

15. Desai, Sonalde, Amaresh Dubey, Brijlal Joshi, Mitali Sen, Abusaleh Shariff and Reeve Vanneman. 2010. Human development in India: Challenges for a society in transition. New Delhi: Oxford University Press.
16. Dharmalingam, Arunachalam. 1994. Old age support: Expectations and experiences in a south Indian village. *Population Studies*48(1): 5-19.
17. Dhillon, Preeti, and Laishram Ladusingh. 2013. Working life gain from gain in old age life expectancy in India. *Demographic Research*28(26): 733-762.
18. Dutta, Puja, Stephen Howes, and Rinku Murgai. 2010. Small but effective: India's targeted unconditional cash transfers. *Economic & Political Weekly*45(52): 63-70.
19. Evans, Jenna, Pretesh Kiran, and Onil Bhattacharyya. 2011. Activating the knowledge-to-action cycle for geriatric care in India. *Health Research Policy and Systems*9(1): 1-10.
20. Gopal, Meena. 2006. Gender, ageing and social security. *Economic and Political Weekly*41(42): 4477-4486.
21. Government of India. 2011. Situation analysis of the elderly in India. New Delhi: Central Statistics Office: Ministry of Statistics & Programme Implementation.
22. Guilmoto, Christophe Z., and S. Irudaya. Rajan. 2013. Fertility at the district level in India. Lessons from the 2011 Census. *Economic and Political Weekly* 48(23): 59-70.
23. He, Wan, Mark N. Muenchrath, and Paul Kowal. 2012. Shades of gray: A cross-country study of health and well-being of the older populations in SAGE countries, 2007–2010.
24. Washington DC: US Census Bureau. Hermalin, Albert I. 2002. Theoretical perspectives, measurement issues, and related research. In *The well-being of the elderly in Asia: A four-country comparative study*, ed.
25. Hermalin, 101–142. Ann Arbor: The University of Michigan Press. Johnson, Shanthi C., Malathy Duraiswamy, Raani Desai, and Lesley Frank. 2011.