

## HEALTH PROBLEMS OF DALIT AGED WOMEN IN ANDHRA PRADESH – A SOCIOLOGICAL STUDY

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### **Abstract**

*India is regarded as the “Grand land of children” especially after the 2011 census, the number of aged people is also increasing. Aging is associated with couple of problems and the problem of aging has special significance in the contemporary societies. Understanding the “Sociology of Aging” reveals that matters, not just to individuals, but also to the structure of society. It is a universal reality. The final phase or stage in the life of a person is ordinarily referred to as the “Old Age”. Old age brings with it several health related problems and age related changes in an individual. Several age related changes occur as an individual is approaching old age, such as graying hair, wrinkles in the skin, bines becoming more porous, hearing impairment or even deafness, weakening eye sight, inability to walk sometimes even short distances, urinary problems, arthritis, nervousness, insomnia or sleeplessness and The health conditions of Dalit women are alarming with a high incidence of maternal and infant mortality. Due to the denial of and sub-standard healthcare service, the life expectancy of Dalit women is as low as 50 years. Due to poverty, Dalit women are malnourished and anaemic. Working in agriculture, they often suffer acute back pain and develop skin irritations and allergies due to excessive use of pesticides. Due to a lack of awareness and medical care, many suffer from reproductive health complications, including sexually transmitted diseases and cervical cancer. Pregnant Dalit women receive discriminatory treatment in hospitals and there are instances where doctors have refused to conduct the delivery of Dalit women’s babies. The present study explores the health problems of aged dalit women in Andhra Pradesh.*

**Key words:** *Dalit, dalit aged women, Problems*

### **Introduction:**

India is regarded as the “Grand land of children” especially after the 2011 census, the number of aged people is also increasing. Aging is associated with couple of problems and the problem of aging has special significance in the contemporary societies. Understanding the “**Sociology of Aging**” reveals that matters, not just to individuals, but also to the structure of

society. It is a universal reality. The final phase or stage in the life of a person is ordinarily referred to as the “*Old Age*”. Old age brings with it several health related problems and age related changes in an individual.

The health conditions of Dalit women are alarming with a high incidence of maternal and infant mortality. Due to the denial of and sub-standard healthcare service, the life expectancy of Dalit women is as low as 50 years. Due to poverty, Dalit women are malnourished and anaemic. Working in agriculture, they often suffer acute back pain and develop skin irritations and allergies due to excessive use of pesticides. Due to a lack of awareness and medical care, many suffer from reproductive health complications, including sexually transmitted diseases and cervical cancer. Pregnant Dalit women receive discriminatory treatment in hospitals and there are instances where doctors have refused to conduct the delivery of Dalit women’s babies.

### **Demographic position of the aged India**

The demographic profile of India’s population reveals the fact that the size and proportion of the aged population is steadily increasing over the years. In the beginning of the 20<sup>th</sup> century of the population of the aged 60+ was 12.1 million, and in the time span of 100 years it increased to 76.39 million in 2001. The increase in the population of the aged obtained a special speed especially after 1961 following table No.1.

**Table No.1 Increase in the No. of aged 60+ People in India – 1961-2011**

<b>Year</b>	<b>% in Total Population</b>	<b>No. of men in Million</b>	<b>No. of women in Million</b>	<b>No. of 60+ People in Million</b>
1961	5.5	12.36	12.35	24.71
1971	5.97	16.87	15.83	32.70
1981	6.49	22.49	21.49	43.16
1991	6.70	28.93	27.77	56.70
2001	7.42	38.22	37.71	76.39
2011	8.00			96.08

**Source: Census Report 2011, Govt. of Indi.**

### **Need and Significance of the Study:**

Some of the health problems of the old age can be attributed to social values also. Regarding the health problems of the old age, having different social-economic statuses, it was

fund (Siva Raju) 2002) that while poor old largely attribute their health problems, on the basis of easily identifiable symptoms, like chest pain, shortness of breath, Prolonged cough, breathlessness, eye problem, cardiac vascular problem, Joints problems, Diabetic...etc.

### **Review of literature:**

**Dhital Binay (2015):** Studied that for a large majority of Dalits living in rural India has only been a disabling structure, affecting entitlements, capabilities vis-à-vis their functioning's. Decentralized governance initiatives due to strong hold of caste culture and the agrarian structure have proved to be exclusionary for Dalits. They have benefited neither socially nor economically from emerging participatory initiatives. The participation of Dalits in current development initiatives is rightly termed as inferior participation.

**Ramamurti (2014):** explores old age is associated with higher rate of illness, disability and multiple chronic conditions. Modern system of medical facilities and treatment is more expensive and affordable to only those families, which are economically affluent. Obviously, the economically unsound families face difficulties in providing proper treatment to old. Most of the younger generations feel that the expenditure made on health of their aged parents is a wasteful investment. In many cases, it is found that the younger members fail to take care of their aged parents. The failure of care-taking obligation would lead to certain differences between the young and old. Therefore, the psychological, physical and health aspects of the aged have a bearing on the relations.

### **Research Methodology**

#### **Objectives of the study:**

1. To study the socio-economic and demographic profile of the sample respondents in the study area.
2. To study the health problems of the sample respondents in the study area.

**Hypotheses:** More economic problems leads to more health problems among dalit aged women.

**Research Design:** Descriptive research design was used to study health problems of dalit aged women in Andhra Pradesh.

**Sampling:** In this study the researcher selected 100 sample respondents in two villages of Tenali Mandal in Guntur of Andhra Pradesh by using a Convenience Random Sampling method by

adopting predesigned Interview Schedule. The statistical analysis has been employed by using SPSS package.

**Sources of Data:** To carry out research study in any one of social sciences, it will be more helpful to have primary source of data as well as secondary source of data, so that it may be possible to develop deep into the problem and to obtain a comprehensive analysis. In this view, data has been derived from Primary Source with appropriate contribution from secondary source.

**Tools for the study:** In this study the Structured Interview Schedule was used and questions were prepared to measure the Socio-economic conditions of dalit aged women in study area. It also throws light on Health Problems of dalit aged women.

**Data Analysis of the study:**

**Table No. 2 Age wise distribution of the respondents**

Age group in years	Frequency	percentage
60-69	60	60.0
70-79	28	28.0
80 and above	12	12.0
Total	100	100.0

**N=100, Source: Primary data**

Table No. 2 Shows that the Age wise distribution of the sample respondents majority i.e. 60.00 per cent have expressed that they belong to age group in between below 60-69 years, followed by 28.00 percent, 12 per cent of the respondents noticed that their age group in between 70-79, 80 and above years respectively.

**Table No. 3 Religion wise distribution of the respondents**

Religion	Frequency	percentage
Hindu	26	46.0
Christian	54	54.0
Total	100	100.0

**N=50, Source: Primary data**

Table No.3 Shows that the Religion wise distribution of the sample respondents, majority i.e. 54.00 per cent have expressed that they followed Christen religion followed by 46.00 per cent, of the respondents are Hindu religion.

**Table No.4 Educational status of the respondents**

<b>Educational Level</b>	<b>Frequency</b>	<b>percentage</b>
<b>Illiterates</b>	<b>74</b>	<b>74.0</b>
<b>Primary</b>	<b>18</b>	<b>18.0</b>
<b>Secondary</b>	<b>2</b>	<b>2.0</b>
<b>Intermediate</b>	<b>6</b>	<b>6.0</b>
<b>Total</b>	<b>100</b>	<b>100.00</b>

**N=100, Source: Primary data**

Table No.4 Shows that the Educational status wise distribution of the sample respondents, majority i.e. 74 per cent have revealed that they are illiterate followed by 18 per cent, 6 per cent, 2 per cent of the respondents are noticed that they are education is primary, Intermediate, SSC level of education respectively.

**Table No.5 Occupation (Before 58/60) wise distribution of the sample respondents**

<b>Occupation</b>	<b>Frequency</b>	<b>percentage</b>
<b>Agriculture labour</b>	<b>84</b>	<b>84.0</b>
<b>Daily wage</b>	<b>4</b>	<b>4.0</b>
<b>Pastor</b>	<b>4</b>	<b>4.0</b>
<b>Private teacher</b>	<b>2</b>	<b>2.0</b>
<b>Fruits sale</b>	<b>4</b>	<b>4.0</b>
<b>No work</b>	<b>2</b>	<b>2.0</b>
<b>Total</b>	<b>100</b>	<b>100.00</b>

**N=100, Source: Primary data**

Table No.5 Shows that the Occupation wise distribution of the sample respondents, majority of the sample respondent's i.e.84 per cent reported that they are occupation is Agriculture labour. followed by 4 per cent and 2 per cent of the respondents of the sample respondents revealed that their occupation is Daily wage, Paster, Fruits sale, Private teacher and No work of the occupation respectively.

**Table No.6 Type of health problems wise distribution of the sample respondents**

Health problems	Frequency	percentage
Chronic illness	8	8.0
Diabetic	18	18.0
Cardiac vascular problems	12	12.0
Eyes problem	28	28.0
Joint pains problem	24	24.0
Malty problems	10	10.0
Total	100	100.00

**N=100, Source: Primary data**

Table No.6 Shows that the Health problems wise distribution of the sample respondents majority of the sample respondents i.e. 28 per cent of the respondents are revealed that they have Eyes problems followed by 24 per cent, 18 per cent, 12 per cent, 10 per cent, 8 per cent of the respondents are noticed that they have Joint pains problems, diabetic problem, malty problems, cardiac vascular problem, chronic illness problems respectively.

**Table No.7 Duration of health problems wise distribution of the sample respondents**

Health problems	Frequency	percentage
2 Years	38	38.0
4 Years	32	32.0
15 Years	24	24.0
16 Years	6	6.0
Total	100	100.00

**N=100, Source: Primary data**

Table No.7 Shows that the Duration of Health problems wise distribution of the sample respondents majority of the sample respondents i.e. 38.00 per cent of the sample respondents are reported that they are facing health problem for last 2 years, followed by 32.00 per cent, 24 per

cent and 6.00 per cent of the respondents revealed that they were facing health problem with the period of 4 years, 15 years and 16 years duration respectively.

**Table No. 8 Type of Health Problem V.s\* Duration Health of problem of the sample respondents**

Variable		Duration Health of Problem				Total
		2 years	4 years	15 years	16 years	
Type of Health Problem	Chronic illness	2 5.3%	4 12.5%	2 8.3%	0 0.0%	8 8.0%
	Diabetic	0 0.0%	10 31.2%	2 8.3%	6 100.0%	18 18.0%
	Cardiac vascular problems	2 5.3%	6 18.8%	4 16.7%	0 0.0%	12 12.0%
	Eyes problem	24 63.2%	4 12.5%	0 0.0%	0 0.0%	28 28.0%
	Joint problem	8 21.1%	4 12.5%	12 50.0%	0 0.0%	24 24.0%
	Any other problem	2 5.2%	4 12.5%	4 16.7%	0 0.0%	10 10.0%
	Total	38 100.0%	32 100.0%	24 100.0%	6 100.0%	100 100.0%

$X^2 = 39.909$ ,  $df = 15$ ,  $P < 0.000$  Significant 0.5% Figures parentheses indicate in the percentage, Note:  $n=100$ , Source: Primary data.

The table No.8 shows that the Type of Health Problem and Duration of Health Problem of the sample respondents. Out of the 100 respondents 38 respondents have reported that they have duration of health problem of which 63.2 per cent of respondents were having Eye problem last two years. Of the total sample respondents 32 respondents have informed that they have duration of health problem of which 31.2 per cent respondents were having Diabetic problem last four years. Regarding the 24 respondents revealed that they have duration of health problem of which 50.0 per cent of respondents were having joint pains last 15 years respectively. As regards to 6 respondents have stated that they duration of health problem of which 100.0 per cent of the respondents was have Diabetic health problem last 16 years. Calculated Chi-Square table value i.e. 39.909 is found to be significant as it is more than the table value. The results revealed a significant association in between the type of health problem and duration of health problem respectively.

**Table No.9 Treatment of health problems wise distribution of the sample respondents**

Health problems	Frequency	percentage
Primary Health Centres	62	62.0
General Hospital	34	34.0
Private Hospital	4	4.0
Total	50	100.00

**N=100, Source: Primary data**

Table No.9 Shows that the Treatment of Health problems wise distribution of the sample respondents Out of the total respondents 62.00 per cent of the respondents have reported that they had medical treatment at Primary Health Center followed by 34.00 per cent, 4.00 percent of the respondents revealed that they had medical treatment at General Hospital and Private Hospital respectively.

**Major findings of the study:**

1. The majority of the respondents (60.00 per cent) in the study were found to be in the age group in between 60-69 years.
2. The majority of the respondents (54.00 per cent) were noticed to be belonging to Christianity.
3. Majority (74.00 per cent) of the sample respondents were found to be illiterate.
4. Majority (84 per cent) of the sample respondents reported that their occupation is Agriculture labour.
5. Majority (38.00 per cent) of the respondents expressed that they are suffering from Eyes problem.
6. Majority (63.2 per cent) of respondents were having Eye problem since two years.
7. Majority (50.0 per cent) of respondents were having joint pains since 15 years respectively.
8. Out of the total respondents 31 respondents have reported that they had medical treatment at Primary Health Center of which could be claimed as 52.00 per cent.

**Suggestions:**



1. Social Security schemes of crèches, health care, maternity benefits for SC/ST women who engaged in unorganized sector should be extended.
2. The Rural Dalit women working on land should have right to claim equal facilities available to all other workers.
3. Informal education should be imparted to Dalit women.
4. The Government and N.G.Os should take initiatives for forming of Dalit Women Forums which can deal the problems and solutions effectively.
5. Providing financial assistance to the aged Dalit women be encouraged by Govt. & NGO's.
6. Old age pension scheme for the poor and needy should be strengthened.
7. Day care centers for the aged should be initiated by Govt.
8. Mobile care or adoption services for the aged should be introduced and encouraged in all States.
9. Policy for Minimum of one old age home for each village should be initiated.

#### **References:**

- Bhagvan Das: "Untouchability Scheduled Caste and National Building", Reading on Scheduled Castes, National Institute of Rural Development, Hyderabad, p. 97.
- Bhupendra Yada 2011: Much to worry about violence on dalit – article The Hindu July 19, 2011.
- Dhital Binay: Dalit Participation : *How Over How Much*’, Accessed from [Http://www.msnepal.org/reports\\_pubs/ekchini/2015\\_issue2/04.html](http://www.msnepal.org/reports_pubs/ekchini/2015_issue2/04.html).
- Massey, James. 1990: 'Christian Dalits in India: An Analysis', Religion and Society XXXVII (3), September: 40-52.
- Michael Moffatt: An Untouchable Community in South India: Structure and Consensus, Princeton, New Jersey, 1997, p.34.
- Nargolkar, V.S: "Removal of Untouchability", The Indian Journal of Social Work, October 1969, Vol.30, No. 3, p. 189.
- Shankar Rao. C. N. : Indian social Problems- a Sociological Perspective "Problems of the Aged in India" Pp. 161-175. By Nirja Publishers & printers Pvt. Ltd, 54/3/2, Ram Nagar, New Delhi- 110 055.