ADJUSTMENT AND LIFE SATISFACTION OF TRIBAL ELDERLY IN URBAN COMMUNITY: A STUDY IN WAYANAD DISTRICT, KERALA

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Submitted by

IFTEKHAR ALAM

Under the guidance of

Dr. K. ANBU

Assistant Professor

DEPARTMENT OF SOCIAL WORK

School of Social Sciences and International Studies

PONDICHERRY UNIVERSITY

Puducherry-605 014

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PONDICHERRY UNIVERSITY

DEPARTMENT OF SOCIAL WORK

Dr. K. ANBU
Assistant Professor

GF 2, Silver Jubilee Campus
R. VenkataramanNagar,
KalapetPuducherry - 605 014
Phone: 0413 – 2654956
Mobile: +91 9486313164
E-mail: anbucovai@gmail.com

CERTIFICATE

This is to certify that the thesis titled '**ADJUSTMENT AND LIFE SATISFACTION OF TRIBAL ELDERLY IN URBAN COMMUNITY: A STUDY IN WAYANAD DISTRICT, KERALA'** submitted to Pondicherry University in fulfillment of the requirements for the award of the degree of **DOCTOR OF PHILOSOPHY IN SOCIAL WORK,** is a record of original research done by **IFTEKHAR ALAM** during the period of his study 2010-2017 in the Department of Social Work, School of Social Sciences and International Studies, Pondicherry University, Puducherry under my supervision and guidance that the thesis has not formed before the basis for the award of any degree, diploma, fellowship or any other similar titles.

Place: Puducherry

Date:

K. ANBU
Research Supervisor

Head
Department of Social Work

Dean
SSS&IS

IFTEKHAR ALAM
Ph.D Research Scholar
Department of Social Work
Pondicherry University
Puducherry – 605 014

DECLARATION

I hereby declare that the thesis titled '**ADJUSTMENT AND LIFE SATISFACTION OF TRIBAL ELDERLY IN URBAN COMMUNITY: A STUDY IN WAYANAD DISTRICT, KERALA'** submitted to Pondicherry University in fulfillment of the requirement for the award of the degree of **DOCTOR OF PHILOSOPHY IN SOCIAL WORK,** is a record of original research done by me under the supervision and guidance of **Dr. K. ANBU**, Assistant Professor, Department of Social Work, School of Social Sciences and International Studies, Pondicherry University, Puducherry and that the thesis has not formed before the basis for the award of any degree, diploma, fellowship or any other similar titles.

Place: Puducherry — **IFTEKHAR ALAM**

Date: — Research Scholar

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IFTEKHAR ALAM

ABSTRACT

Introduction: Globally, between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. In 2015, there were 48 per cent more people aged 60 years or over worldwide than there were in 2000, and by 2050, the number of older people is projected to have more than tripled since 2000. By 2030, older persons will outnumber children aged 0-9 years by 2050, there will be more people aged 60 years or over than adolescents and youth aged 10-24 years (United Nations, 2015). Presently, about two thirds or 62 per cent of the 868 million of the world's aged persons live in developing countries, this proportion is expected be more than double over the next quarter century, reaching 850 million by 2025 to 12 per cent of their total population. By 2050 the proportion will be 20 per cent (United Nations, 2013). According to 2011 Census India had 103.9 million (8.6 per cent) elderly, the second largest in the world in terms of population size, the number is expected to encompass 323 million people (a number greater than the total U.S. population in 2012), constituting 20 per cent of the total population, by 2050 (UNFPA, 2012). The regional distribution of the proportion of elderly at the global level is higher in urban than in rural areas (UNFPA and Help Age International, 2012). The older population is growing faster in urban areas than in rural areas. At the global level between 2000 and 2015, the number of people aged 60 years or over increased by 68 per cent in urban areas, compared to a 25 per cent increase in rural areas. As a result, older persons are increasingly concentrated in urban areas. In 2015, 58 per cent of the world's people aged 60 years or over resided in urban areas, up from 51 per cent in 2000 (United Nations, 2015). In the backdrop of the emerging phenomena of urbanization of elderly globally in general and elderly in India in particular, this research makes a pioneering endeavour to investigate into the lived experiences of urban elderly in the Indian context.

In so far as elderly do not constitute a single homogeneous category, differences amongst them in terms of socio-economic, cultural, ethnical, regional attributes tend to determine their differential access to resources as well as development benefits. This study marks shift from single dimension paradigm of

studying aged individual to multi-level approach i.e ‘urban-elderly-tribes’, acknowledging the intersectionality perspective that elderly are shaped by the intersection of social locations occurring within the context of connected system.

Methods: Mixed methods were used for this research study, which include the study of primary quantitative method in phase I followed by a qualitative method in phase II. In phase I cross-sectional survey of 165 tribal elderly aged (aged 60 above) residing in the urban community was conducted to measure socio-economic status, health etc and dependent variables such as elderly adjustment, life satisfaction, and quality of community life. In phase II, four Focus Group Discussions (FGDs) in nearby centre of the town and outskirts of the town were conducted to elicit the qualitative information about intergenerational relationship, impact of urbanization, opportunities and problems faced in urban community.

Results: The study evinced significant representation of tribal elderly in both high and low level of elderly adjustment and quality of community life dimensions, further investigation in search of validity of the inferences through FGD, revealed that elderly staying in the outskirts of the town found to have more elderly adjustment and higher quality of community life than the elderly staying at the centre of the town, owing to location specific impact of level of urbanization. The oldest participant (aged 77 above) consistently reported highest level of life satisfaction. The results indicate that there is significant positive influence of elderly adjustment and life satisfaction on quality of community life among the respondents.

Conclusions: Global ageing has become a prominent feature of contemporary society, that draws international attention to contextualize and comprehend the proliferation as well as challenges and issues confronting the elderly and at the same time, appraising the implications of this phenomena to wider society and development. In the back drop of contemporary development in social work research to explore into the lived experiences of the elderly adopting the intersectionality paradigm, this research has endeavoured to contribute to the current advancements in social work research and practice, by focusing the enquiry on the tribal elderly in urban community.

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ACRONYMS

AYUSH	Ayurveda, Yoga and Naturopathy,Unani, Siddha and Homoeopathy
CDS	Centre for Development Studies
CHC	Community Health Centre
CRSP	Central Rural Sanitation Programme
CSO	Central Statistics Office
FGD	Focus Group Discussion
GH	Government Hospital
ICMR	Indian Council of Medical Research
IMR	Infant Mortality Rate
NPHCE	National Programme of Health Care for the Elderly
NPOP	National Policy on Older Persons
PHC	Primary Health Centre
PVTG	Particularly Vulnerable Tribal Group
TSC	Total Sanitation Campaign
UN	United Nations
UNFPA	United Nations Population Fund

CHAPTER - I

INTRODUCTION

"The older generation is not a homogeneous group for which one-size-fits-all policies are sufficient. It is important not to standardize older people as single category but to recognize that the older population are just as diverse as any other age group, in terms of, for example age, sex, ethnicity, education, income and health".

UNFPA and Help Age International, 2012

Ageing trend is predicted to continue (United Nations, 2009), with significant implications on the elderly themselves and families and societies they live in. The Vienna International Plan of Action on Ageing, first international instrument to put forth basis for the programmes and policies on ageing by the United Nations World Assembly on Ageing held at Vienna, Austria in 1982, had formulated recommendations giving high priority to research related to developmental and humanitarian aspect of ageing. The Madrid Plan resulting in response to the rapid increase in elderly population from the second World Assembly on Ageing held in Madrid, Spain in 2002, "focused on mainstreaming older persons in development, advancing health and well being into old age and ensuring enabling and supportive environment" (UNFPA and Help Age International, 2012). The International Conference on Population and Development in Cairo, 1994, the World Summit on Social Development, Copenhagen, 1995, the Fourth World Conference on Women in Beijing, 1995 and the Millennium Development Summit in 2002 also resonate these broad goals.

1.1 Ageing: Global Overview

Global population trajectory indicates an era of demographic dominion of the elderly and the challenges ahead. There is no other age group escalating rapidly than elderly (Chakraborti , 2004; United Nations, 2009). Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion.

In 2015, there were 48 per cent more people aged 60 years or over worldwide than there were in 2000, and by 2050, the number of older people is projected to have more than tripled since 2000. By 2030, older persons will outnumber children aged 0-9 years by 2050, there will be more people aged 60 years or over than adolescents and youth aged 10-24 years (United Nations, 2015). The demographic transition in favour of ageing population (60 years and above) is attributed to declining fertility and increasing longevity experienced by most countries in the world

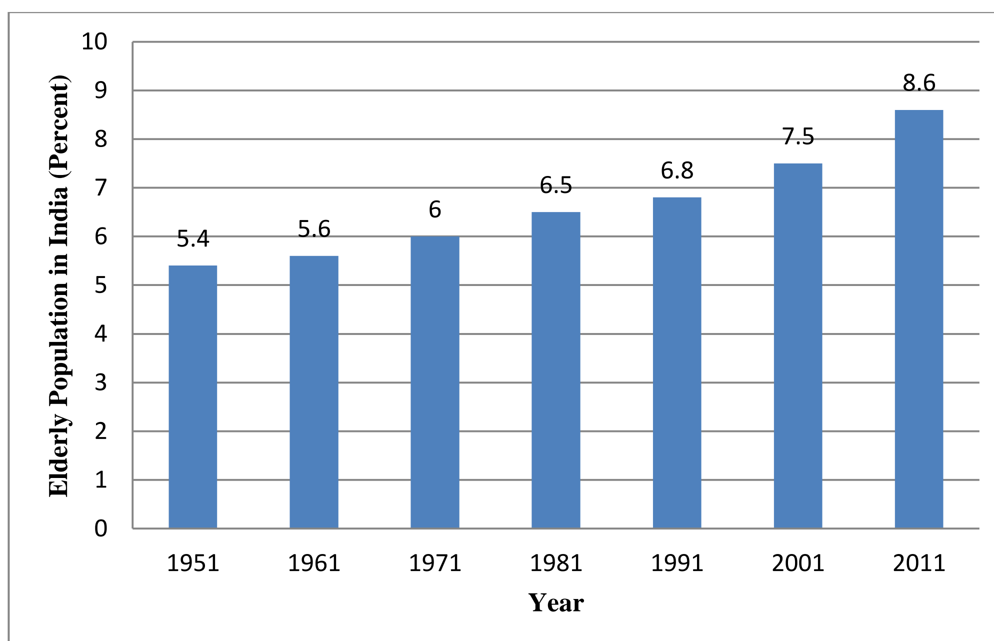
The challenges and opportunities of such demographic trend have been experienced by the developed countries of the world, while the developing countries are still grappling with the consequences associated with it. Even though in some of the developing countries the proportion of elderly population which is defined as persons having age 60 years and above appears to be relatively less, such countries have large number of elderly persons owing to their over whelming population base. Presently, about two thirds or 62 per cent of the 868 million of the world's aged persons live in developing countries, this proportion is expected be more than double over the next quarter century, reaching 850 million by 2025 to 12 per cent of their total population. By 2050 the proportion will be 20 per cent (United Nations, 2013). It is now acknowledged that while both developed and developing countries are experiencing increasing proportion of elderly population, developing countries are ageing faster than developed countries. "Asia is expected to shift from 12 per cent aged 60 or over to 25 per cent by 2050" (United Nations, 2015).

1.2 Elderly in India

According to 2011 Census, India has 103.9 million (8.6 per cent) elderly, and the number is expected to encompass 323 million people (a number greater than the total U.S. population in 2012), constituting 20 per cent of the total population, by 2050 (UNFPA, 2012). The change in the age composition of the country's population over time from 361 million in 1951 to 1.21 billion in 2011 is corroborated with progressive increase in both the number and proportion of elderly from 19 million (5.4 per cent) in 1951 to 103.9 million (8.6 per cent) in 2011 in India. Contradicting, life expectancy in India as low as 32 years at the time of independence, significant reduction in mortality with improvements in medical care set the trend of gradual increase in life expectancy. The attainment of 60 years of life expectancy in Census

1991 and subsequent increase in Census 2001 and Census 2011 to 64.77 years and 66.43 years respectively, gave an impetus to the growth elderly population in India. Accordingly, “the growth rates of elderly among the different groups of elderly, namely 60 years plus, 70 years plus and 80 years plus, during the decade 1991 – 2001, were much higher than that of the general population growth” in India (Rajan et al.,2006). “The decadal growth rate of India’s elderly population and of the general population reiterates that the elderly population in India has grown consistently since 1951 at a greater pace than that of general population”(Central Statistics Office, 2011).

Figure 1.1 Trajectory of Elderly Population in India



Source: **Census data 1961 – 2011**

The chart portrays the decadal growth of elderly population in India in the post-independence era, it is apparent that the proportion of elderly to the total population has registered a significant increase from 5.4 per cent in 1951 to 8.6 per cent in 2011. Further, the growth in elderly population demonstrates a consistent progression with steady exponential increase in the size of elderly population in this country. Significantly the data depicts a decadal increase in the proportion of elderly. The proportion of elderly population was 7.5 per cent (Census, 2001) crossing this mark as stipulated by United Nations, with the turn of the twentieth century, India attained the status of the country as ageing with the dawn of the third millennium.

The Government of India adopted 'National Policy on Older Persons' in January, 1999, which defines 'senior citizen' or elderly as a person who is of age 60 years and above. The recent emphasis on gerontology in India is attributable to growing population as well as escalating issues and predicaments posing the elderly. "Ageing is already having a far-reaching impact on living arrangement and the way that societies and economies work. Ageing is happening in different regions and in countries at various levels of development". It is proceeding at a faster pace in developing countries where social protection system is not adequately geared up, and institutional development is rather insufficient to meet the challenges of ageing (UNFPA and Help Age International, 2012).

1.3 Urban Elderly in India

Several studies in gerontology have vividly portrayed the demographic transition of elderly population with some of the studies highlighting the phenomena of feminization of elderly. Besides such distinct features analysis of the of elderly distribution in India reveals a pattern of segregation of elderly with an increasing concentration of elderly population from 4.7 per cent in 1961 to 8.1 per cent in 2011 in urban areas. Even though the size and proportion of elderly population continues to be greater in rural areas, the data presented in Table 1.1 categorically establishes the decadal progression of urban elderly in India. The regional distribution of the proportion of elderly at the global level is higher in urban than in rural areas (UNFPA and Help Age International, 2012). The older population is growing faster in urban areas than in rural areas. At the global level between 2000 and 2015, the number of people aged 60 years or over increased by 68 per cent in urban areas, compared to a 25 per cent increase in rural areas. As a result, older persons are increasingly concentrated in urban areas. In 2015, 58 per cent of the world's people aged 60 years or over resided in urban areas, up from 51 per cent in 2000 (United Nations, 2015). In the backdrop of the emerging phenomena of urbanization of elderly globally in general and elderly in India in particular, this research makes a pioneering endeavour to investigate into the lived experiences of urban elderly in the Indian context.

Table 1.1 Percentage Share of Elderly Population (Aged 60 Years and Above) in Total Population in India

Year	Rural	Urban
1961	5.8	4.7
1971	6.2	5.0
1981	6.8	5.4
1991	7.1	5.7
2001	7.7	6.7
2011	8.8	8.1

Source: **Census data 1961 – 2011**

The data in table 1.1 unfolds a pattern of increasing decadal growth in the proportion of elderly population both in urban and rural areas in India. Evidently the proportion of rural elderly has increased from 5.8 per cent in 1961 to 8.8 per cent in 2011, juxtaposed with urban elderly population growth from 4.7 per cent in 1961 to 8.1 per cent in 2011. A comparative analysis of rural urban composition of elderly latently establishes the greater pace of graying of urban India than the rural counterpart.

1.4 Tribal Elderly in Urban India

The Scheduled Tribes in India is the largest tribal population in the world (Sarker, 2010). A distinctive feature of urbanization in India is perceptible growth of tribal population in urban localities. Census data reveals a pattern in which the proportion of Scheduled Tribe to total population in urban areas has increased from 1.2% in 1971 to 2.8% in 2011 with a decadal growth of 49.7% from 2001 to 2011 as shown in the appendix (Chandramouli, 2013).

1.5 Graying of Kerala

A critical examination of the demographic data generated through Census statistics brings to light the fact that Indian States tend to considerably differ in terms of proportion and size of ageing population to the total population. State-wise data on elderly population indicate that, Kerala sheltering 4 per cent of the total Indian elderly ranks first in terms of the proportion of elderly in the country. According to the 2011 Census, 12.6 per cent of Kerala's population comprises the elderly, as much higher against the national average (8.6 per cent).

Table 1.2 Decadal Growth of Elderly Population in Kerala

Year	Total (per cent)
1961	5.1
1971	6.2
1981	7.5
1991	8.9
2001	10.5
2011	12.6

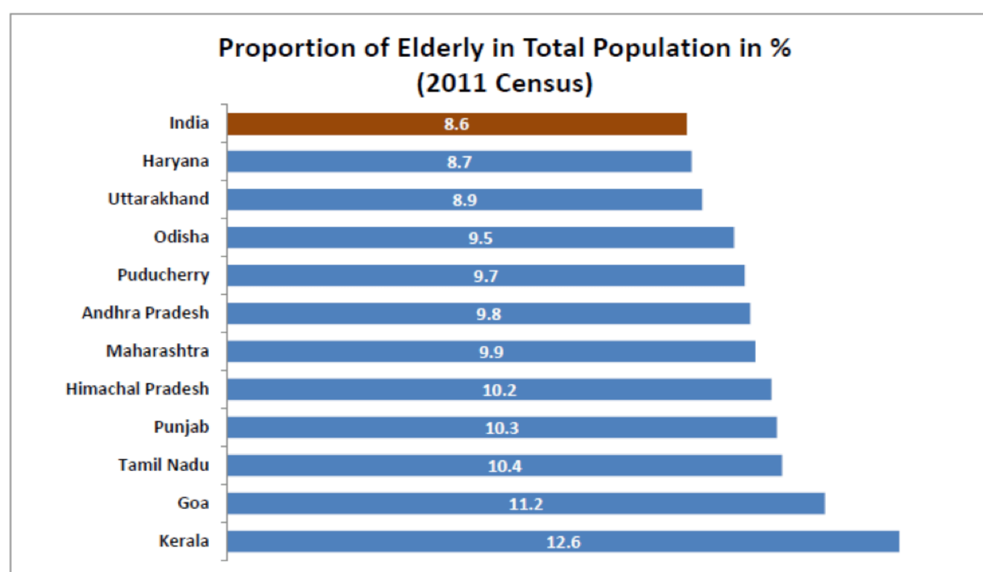
Source: **Census data 1961 – 2011**

The table 1.2 portrays a decadal growth of elderly population in terms of proportion of the aged to the total population of the state of Kerala. Significant proportion of elderly had witnessed a dramatic shift of doubling of the population in the category of persons with 60 years and above from 5.1 per cent in 1961 to 10.5 per cent in 2001 in a period of four decades, similarly the doubling of elderly population within a period of four decades in the state of Kerala was replicated from 6.2 per cent in 1971 to 12.6 per cent in 2011. Thus, these statistical inferences reiterate the reality that ageing population in Kerala has not only more than double in fifty years from 1961 to 2011, but also registered a consistent decadal progression in the post-independence era.

This is due to the fact that Kerala has registered declining fertility and mortality rate, which is attributed to increasing female literacy, improvement in socio-economic conditions, increased preference and performance of family planning, declining IMR etc (Pillai, 1983; Zachariah and Kurup, 1984), while significant improvement in the life expectancy is due to improvement and spread of health care facilities leading to fall in death rate, have resulted in acceleration of graying Kerala (Bhat and Rajan, 1997). It is also projected that with the success of birth control, Kerala is likely to attain zero population growth in future. This unique demographic feature among Indian states slates Kerala on par with ageing scenario of the developed countries of the world. Projections indicate that by 2026 Kerala will have 18.26 per cent of elderly population (Office of Registrar General, 2006), reaching the level of contemporary demographic status experienced by developed countries.

According to Census 2011, the elderly population in Kerala is higher (12.4 per cent) as compared to other Indian states. The overall dependency ratio ranges from 10.4 per cent in Delhi to as high as 19.6 percent in Kerala. Though old age dependency ratio has increased over time in other Indian states including Kerala, the rate of increase was relatively higher in Kerala according to Census 2011. Moreover, the difference in old-age dependency ratio between rural and urban areas was significantly high in few other states, whereas in case of Kerala the ratio in both rural and urban areas remained almost the same (Central Statistics Office, 2016).

Figure 1.2 Indian States with Greater Elderly Proportion



Among the major Indian states the proportion of Elderly population to the total population is highest in Kerala (12.6 per cent) far ahead than that of India and lowest in Haryana (8.7 per cent).

1.6 Tribal Elderly in Urban Kerala

According to 2011Census data, Kerala (47.72 per cent) is the one of the most urbanized states in India, which is very high compared to National average (31.16%). Kerala stands second (93 per cent) in the growth of population in urban areas in the country. (Registrar General, Census 2011). Kerala ranks third among the Indian States in decadal change (2001-2011) by residence of Scheduled Tribes. The decadal

change of total ST population in Kerala is 33.1% whereas in urban area is 265.2%, far ahead than the national average of 23.7% and 49.7% respectively (Ministry of Tribal Affairs, India 2013). 100% percent of Kerala's Tribal population is in non-tribal area (Ministry of Tribal Affairs, 2013). According to Census 2011, the District of Wayanad has 18.5 per cent of Scheduled Tribes population, which is the highest proportion of Scheduled Tribes population in the state of Kerala. The Tribal Population in the district of Wayand lives in remote and inaccessible areas. They sustain their livelihood on unskilled labour in agriculture and plantation work as they have little or no land. The absence of land holding, health facilities and education is acute amongst the tribal community.

Table 1.3 State-wise Scheduled Tribe Population and Decadal Change by Residence

India/State	Decadal Change 2001-2011		
	Total	**Rural**	**Urban**
India	23.7	21.3	49.7
Uttar Pradesh	950.6	976	750.4
Sikkim	85.2	64	313
Kerala	33.1	23.7	265.2
Manipur	21.8	12.1	216.8

Source: **Ministry of Tribal Affairs, India (2013)**

1.7 Tribal Deprivation in Kerala

The United Nation Development Programme's deprivation index is a tool to measure the shortfall in the quality of life. It measures the deprivation on four criteria: the quality of housing, access to water, sanitation and electrification. The Centre for Development Studies (CDS), Thiruvananthapuram, based on the given criteria developed a deprivation index including more variables: lack of banking facilities and consumer durables. As per the deprivation index based on household items, Scheduled Tribes concentrated districts of Wayanad (46.3 per cent), Idukki (42.7 per

cent) and Palakkad (40.4 per cent) have the highest deprivation of 42.7 per cent among all the districts in Kerala. The Centre for Development Studies also highlights that household assets and facilities are relatively poor in Scheduled Tribes concentrated districts of Kerala. The incidence of deprivation is 29.5 percent in Kerala, whereas the deprivation index with regard to STs is 57.90 per cent. In Wayanad, the deprivation index of the ST group is 66 per cent (Chathukulam, Reddy and Rao, 2012).

1.8 Major Tribes in Wayanad, Kerala

1.8.1 Paniyar

The Paniyas are mostly labourers, and socio-economically backward tribal group which forms the largest proportion of Scheduled Tribes population in Kerala, mainly concentrated in Wayanad. The term Paniya literally means labourers or workers. (Sachidananda et. al, 1998). The dark complexion, short stature, broad nose and curly hair have been a reason of the strong belief that their origin is closely linked to Negroes (Thurston, 1975). The Paniyas, as bonded labourers were once sold along with plantations by the landlords. Most of the Paniya live in nuclear families. The paniyas have two sub divisions, according to their dwelling pattern, that is, paniyas of the plains having contact with non-tribal people and those living in interior forests more or less in an isolated manner with limited interaction with the people living on the plain.The banyan and the lofty tree, apparently of the fig variety, are revered by them, as much as evil spirits are reputed. The trees so haunted must not be touched and if the paniyas attempt to cut them, they would fall sick.

1.8.2 Kuruma

Kuruma are more vibrant and colourful tribal group, and one of the rarest artisan tribes in Kerala. They are skilled in making handmade, baskets and mats of bamboo and reeds, but the younger generation now prefers working for non-tribal as labourers. They are good in music and dance, which are performed during festivals. Women folk are skilled potters, who are mainly involved in this task. According to Ministry of Tribal Affairs, Govt. of India, (2010) Kuruma come under particularly vulnerable tribal group (PVTG).

1.8.3 Kurichiyan

The Kurichiyans, are mainly agricultural tribal community. They have clean food habits, and try to keep their houses and premises clean and tidy. They are matrilineal community who live in joint families under control of their chieftain. The members of the extended family are engaged in work and financial matters together. Many Kurichiyans are educationally and economically better than other tribal communities.

1.8.4 Oorali

Oorali also known as "Bet or Vettu Kurumbers" (vettu, to cut) from their profession of felling trees. They are found almost all over Wayanad. These men are artisan and are handy at all kinds of work. They make ploughs and knives as any black-smith does, earthen pots that last longer than those made by professional potters, cut and size timber just as any carpenter, as agriculturar labourers, they are useful and their services are always welcome in tea estates.

1.8.5 Kattunayaka

Kattunayaka, has been derived from Kattu means '*forest*' and Nayaka means '*heroes'* literally means the heroes of forest. They are basically a shy community who prefers to stay in deep forest and are engaged in the collection and gathering of forest produces, mainly collecting honey from the forest. According to Ministry of Tribal Affairs, Govt. of India, (2010) Kattunayaka come under particularly vulnerable tribal group (PVTG).

1.8.6 Adiyans

Like the Paniyas, Adiyas were also sold as slaves. This socio-economically backward tribe are mostly field-labourers, whereas others are engaged in hill-cultivation.

It is inferred that these tribes, do not constitute a single homogeneous category, differences amongst them in terms of socio-economic, cultural, regional attributes tend to determine their differential access to resources as well as development benefits. Thus, policies need to incorporate implementation strategies to

reach the benefits to different categories of tribes in consonance with their specific needs and contextual requisites.

1.9 Background of the Study

Lost identity and originality is one of the major problems faced by the tribes in the modern context, as a result of erosion of cultural values and degradation of traditional way of life. While old age brings multifaceted change, problems get compounded when elderly is a tribe, more so alienated and marginalized by the non-tribes. The regional distribution of the proportion of elderly at the global level is higher in urban than in rural areas (UNFPA and Help Age International, 2012). The tribal elderly living in these urban areas have been witnessing a perceptible change in their role and status in the family and community. The Tribal's, although had traditionally lived in insulated socio-cultural and ecological milieu of their own, have come under the subservience and dominance of the rich non-tribals consequent to greater modernization and urbanization. Although, Social Sciences literature demonstrates the decline in family support system, and changes in the nature of community life in urban areas, to a large extent affecting the family adjustment and quality of community life of elderly in urban community, there is a dearth of studies on the effects of urbanization on the tribal elderly as; both the areas have received separate attention in research and not as combined area for investigation. There is a dearth of exclusive studies on tribal elderly in urban community pertaining to their adjustment, life satisfaction and quality of community life. This research study is designed to enquire into the adjustment, life satisfaction and quality of community life among tribal elderly in urban community.

Industrialization, urbanization and modernization have an adverse impact on the traditional welfare institutions and socio-cultural values (Vandana and Subramanyam, 2004). Large scale industrialization and modernization however, brought about various economic, social and cultural changes, weakening the family and community bonds. These changes not only affected the family's traditional role of providing care and financial support to its members but also hampered the intergenerational ties. (Chadha, 2004).The wellbeing and happiness of an individual in old age depends upon harmonious adjustment with the social milieu of which the elderly person is an integral part. (Dasgupta and Malhotra, 2012). "Urban living

means that the old and the young are no longer found inhabiting the same dwelling" (Apt, 2002).The traditional family norms appear to have been challenged by a rapid change in social and institutional structures, and the tension between these two factors may affect the life satisfaction of the elderly (Oshio, 2012). According to (UNFPA and HelpAge International, 2012) "Urban life has negative aspects for the elderly". According to U.S. Census Bureau (2009), living arrangements of older people are changing with modernization of societies. Living arrangements of the elderly has immense importance to understand their status and well being. The living arrangements are affected by various factors such as marital status, health conditions, family size and structure, and financial dependency of the elderly, in addition to cultural background such as kinship patterns, the value placed on living independently or with family members, and the social services and social support available to the aged (Van, 1994). Globalization has an adverse impact on tribal communities. Massive development projects in tribal indigenous areas have induced deprivation of land and forest as the worst form of oppression experienced by these people (Nithya, 2006). Numerous studies reiterates the negative impacts of urbanization, modernization and industrialization on the life of elderly in the mainstream society, however with regards to the tribal way of life its impact remains to be explored and seen, given the fact that the tribes are more likely to retain their traditional way of life and insulate themselves from the adverse effects of modernization. There is a dearth of studies on the effects of urbanization on the elderly as both the areas have received separate attention in research and not as combined area for investigation. This fact had been acknowledged by the Department of Economic and Social Affairs of the United Nations Secretariat. (Mots'oene, 2014). Thus, the concerns rose by the international agencies about the dearth of combined studies on elderly and modernization has validated the need of three dimensional studies focusing on the elderly, the tribes and urban community as a combined area of research.

1.10 Statement of the Research Problem

Research on various aspects pertaining to gerontology is gaining momentum in the present era. The recent emphasis on studies pertaining to the elderly in developing world is attributed to their increasing numbers owing to declining birth rate and longer life expectancy and deteriorating economic and social conditions as a

result of fast eroding traditional family and community life on the other. This has been a subject of growing concerns for public policy makers and other stake holders (Bordia and Bhardwaj, 2003; Liebig and Rajan, 2003; World Bank, 2001). In so far as elderly do not constitute a single homogeneous category, differences amongst them in terms of socio-economic, cultural, regional attributes tend to determine their differential access to resources as well as development benefits. This study marks shift from single dimension paradigm of studying aged individual to multi-level approach i.e 'urban-elderly-tribes', acknowledging the perspective that elderly are shaped by the intersection of social locations occurring within the context of connected system. Social worker can play a pertinent role in incorporating policies and implementation strategies to reach the benefits to different categories of elderly in consonance with their specific needs and contextual requisites. Hence, this triggered the researcher to take up tribal elderly persons as respondents for the research study.

Exhaustive literature review pertaining to variables of the research study enlightens the paucity of research in both foreign countries and India on the impact of demographic variables on adjustment, life satisfaction and quality of community life among the urban-elderly-tribes. Moreover the study which taps the view point of urban-elderly-tribes on intergenerational relationship, impact of urbanization, opportunities and challenges experienced by them in society are very scarce. Hence, this research study attempts to bring out the influence of selected demographic variables on elderly adjustment, life satisfaction and quality of community life among the respondents of the research study. It will also bring out the viewpoints of elderly respondents with respect to intergenerational relationship, support, impact of urbanization, opportunities and challenges faced by them in society.

1.11 Significance of the Research Study

This research study is significant with respect to the following and that has been presented in a detailed manner:

1.11.1 Social Work Discipline

This research study would bring out the impact of selected demographic variables on elderly adjustment, life satisfaction and quality of community life among the respondents of the research study. It will also tap the viewpoints of elderly respondents with respect to intergenerational relationship, family support, social support and problems faced by them in society. This research would also bring out implications based on its findings of this study. This research study positions the elderly in the intersectionality approach, identifying the heterogeneity in terms of socio-cultural, economic regional attributes that tend to determine their differential access to resources as well as development benefits.

Literature review shows that there is paucity of researches in both foreign countries and India on the impact of demographic variables on adjustment, life satisfaction and quality of community life among the elderly tribes in urban community. It is also evident from critically analyzing the available literature that there is paucity of researchers that taps the view points of the respondents on intergenerational relationship, support, challenges and opportunities faced by them in society. Hence, the above statement signifies the value addition that this research would make to the indigenous literature pertaining to Social Work discipline.

1.11.2 Gerontology

Gerontology is gaining greater significance as a subject globally. Gerontology as a discipline has drawn the attention of economists, planners and demographers etc as there has been a sharp rise in the world population of people aged 60 years and above in the last five decades, and expected to increase even faster in coming years (Batra, 2004).This research work would contribute to up – gradation of limited literature in Gerontology pertaining to impact of selected demographic variables on elderly adjustment, life satisfaction and quality of community life among the respondents of the research study. It would also help in filling up the research gap of tapping the viewpoints of elderly respondents with respect to intergenerational relationship, family support, social support and problems faced by them in society.

1.11.3 Elderly

This research work would assess the impact of selected demographic variables on elderly adjustment, life satisfaction and quality of community life among the respondents of the research study. It will also tap the viewpoints of elderly respondents with respect to intergenerational relationship, family support, social support and problems faced by them in society. This research would also bring out implications based on its findings of this study that would contribute to their successful ageing and improved quality of life. The above statement clearly portrays the importance of this research work.

1.12 Theoretical Approach

Social work profession as a holistic perspective of individual, family, community, or system in the context of biological, psychological, social, historical, political, and cultural experiences, endeavors to recognize the significance of person-in-environment with concern with promoting social justice in the context of power imbalances and social inequalities. In response to the imperative of new approaches in efforts to meet the complex needs of the marginalized and excluded persons and communities (Murphy, Christy-McMullin, Stauss, and Schriver, 2008), contemporary social work experiences a dramatic shift from a linear/one-dimensional paradigm to a multilevel approach (Yuval-Davis, 2006). Accordingly, in contradistinction to the exclusionary consequences of conventional thinking about discrimination and exclusion as though these are founded upon the problematic of mutually exclusive and separable identities, intersectionality paradigm perceives disadvantage or exclusion as based on the interaction of multiple factors and interlocking identities.

In this context, Battle-Walters, (2004) enunciated that two or more social constructions intersect to shape people’s social locations engender “cumulative lived experiences” of marginalized groups. Since, inequities are never the result of single, distinct factors but are the outcome of intersections of different social locations, power relations and experiences; Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations, contexts and identities. Crenshaw, (2000) Opines that by capturing structure and dynamic consequences of the interaction between two or more axes of subordination”, an

intersectional perspective function as a mechanism for social change. Concomitantly, Collins (2000) propounded that "Intersectional paradigms is both appropriate and necessary to capturing the depth and breadth of human experiences within the complex social contexts that social workers encounter while working in increasingly diverse and global communities.

The term 'Intersectionality' coined by Kimberle Crenshaw (1989), offers a prism from which to view a range of social problems to better ensure inclusiveness of remedies *by* moving beyond conventional forms of group and issue-based intervention by recognizing the fact that perceived group membership can make people vulnerable to various forms of discrimination and exclusion based on complex and simultaneous membership in many groups. In this regard, Walgenbach et.al., (2007) observed that intersectional approach promotes social inclusion by working on a whole range of social dominance relations in its interdependencies. With a practical-analytical perspective on overlapping of social categories. In so far as risk factors for discrimination and exclusion differ according to social locations and life circumstances. Intersectionality is thus a critical lens for bringing awareness and capacity to capture the interactive effects of race, gender, sexuality, class, etc. and mainstream the needs of the marginalized groups who are multiply affected by interlocking social discrimination and exclusion (Kassis et al. 2011).

As a corollary, with the dawn of the twenty-first century, social work research and practice embarked upon the application of intersectionality as an approach, perspective, strategy and method with Social markers of inequalities e.g. age, caste, locality, social class, gender and ethnicity that regulate possibilities for societal participation and the access to resources that impact individuals' marginalization or discrimination in society. In consonance with the proposition that the "elderly do not constitute a single homogenous category", the multiple identities interlocking with the aged individuals engenders heterogeneity and inequality, differential deprivation etc, among the elderly population, this thesis attempts to argue that, elderly individuals and groups differ in terms of their existential condition and degree of marginalization in relation to the multiple identities they occupy in a given social context. In the backdrop of the current emphasis of the contemporary social work profession and research engagement with intersectionality, the present research endeavors to inquire

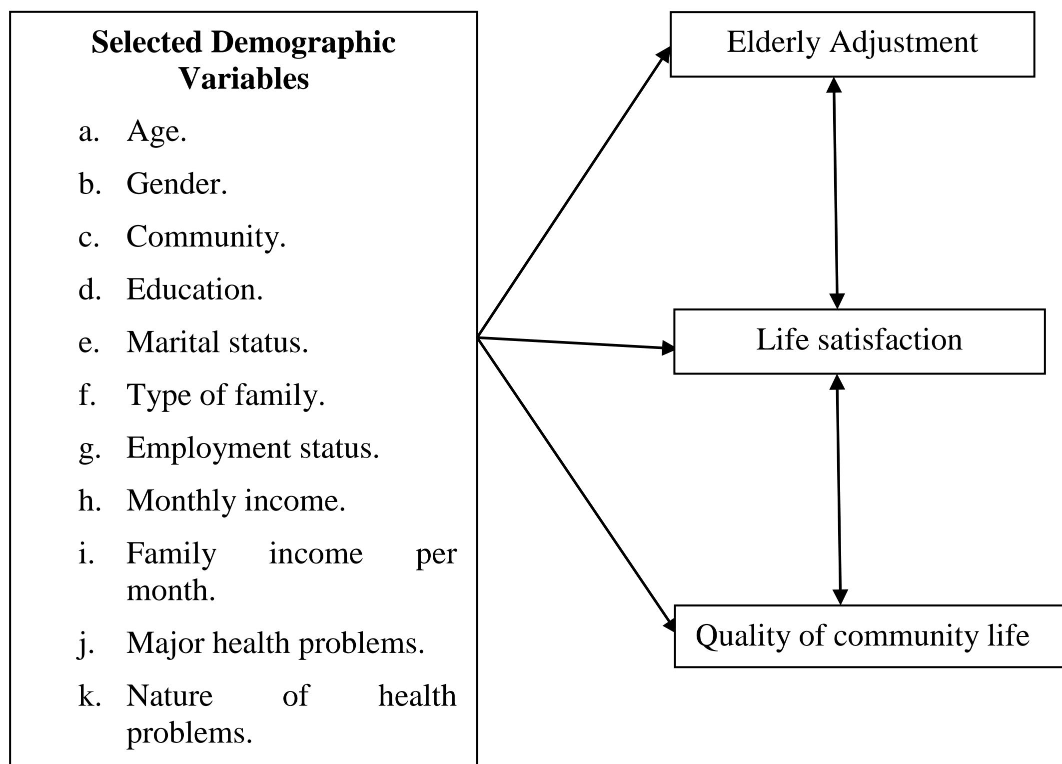
into the, adjustment, life satisfaction and quality of community life and intergenerational relationship of urban-tribal-elderly in Wayanad municipality.

1.13 Conceptual Framework

This research study seeks to find out the influence of selected demographic variables on elderly adjustment, life satisfaction and quality of life among the respondents of the research study. It also documents on the findings based on viewpoints of the elderly respondents with respect to intergenerational relationship, impact of urbanization, problems and opportunities experienced by them in society. Diagrams pertaining to conceptual model of the research study are presented below:

Figure 1.3 Diagrams Pertaining to Conceptual Model of The Research Study

1.3 (a) Conceptual Diagram for Quantitative Aspects in this Research Study



1.14 Variables of the Research Study

1.14.1 Dependent Variables

The dependent variables pertaining to quantitative aspects in this research study are elderly adjustment, life satisfaction and quality of community life. The dependent variables or key variables pertaining to qualitative aspect in this research study are intergenerational relationship, impact of urbanization, opportunities and problems faced in society.

1.14.2 Independent Variables

Demographic variables are the independent variables pertaining to quantitative aspect in this research study. Various demographic variables pertaining to the respondents of the research study includes: Age, Gender, Community, Education, Marital status, Type of family, Employment status, Monthly income, Family income per month, Major health problems, Nature of health problems, etc.

1.15 Operational Definition of Key Terms Used in the Research Study

1.15.1 Tribal Elderly

Tribal elderly pertaining to this research study refers to a person above 60 years of age of the Scheduled Tribe Population residing in Kalpetta Municipality of District Wayanad, Kerala. They are respondents for this research study.

1.15.2 Adjustment

Adjustment is a self effort to ensure accommodative relationship with significant others in pursuit of fulfilling socio-emotional needs in the family and community

1.15.3 Life Satisfaction

Life satisfaction is holding a positive perception about oneself, feeling of success in accomplishing both short term and long term goals through family and community support.

1.15.4 Quality of Community Life

It means social relationships and support networks of the community to provide wellbeing to its members.

1.15.5 Urban Community

It is a more or less heterogeneous, dense and large population with less intimate secondary relationships predominantly engaged in non-agricultural pursuits.

1.15.6 Intergenerational Relationship

It is the ties between members of different ages in the family, centered upon role and responsibilities, status of an individual in the family and significant others.

1.16 Organization of the Thesis

This thesis is organized into the following VI Chapters:

Chapter I, 'Prologue', is designed to portray the elderly situation in terms of its heterogeneity and inter-sectionality tracing the significance of the study Urban Tribal Elderly in the Indian context. The chapter is comprised of: Statement of the research problem, significance of the research study, research questions, objectives of the research study, conceptual model of the research study, variables of the research study, operational definitions of variables used in the research study and cauterization is also covered in this chapter.

Chapter II, 'Review of Literature' presents both the conceptual literature as well as on researches pertaining to variables of the research study.

Chapter III, 'Research Methodology' describes the methodology used to carry out this research. This chapter contains research design, source of data and unit of analysis, universe, sampling, sample size, hypothesis, tools of data collection, pilot study, data collection and statistical tests used in the research study.

Chapter IV, 'Life Satisfaction, Quality and Adjustment of Tribal Elderly in Urban Community' presents the statistical analysis of the primary data gathered

through intensive field work and sample survey. It depicts the association and influence.

Chapter V, Intergenerational Relationship of Tribal Elderly in Urban Kerala.

Chapter VI, ‘Epilogue’ comprised of ‘Findings, Suggestions and Conclusion’ presents the summary of statistical findings pertaining to the research study, suggestions, limitations and scope for future research.

The next chapter ‘Review of Literature’ portrays both the conceptual literature as well as research studies relevant to variables of the research study.

CHAPTER – II

REVIEW OF LITERATURE

This chapter presents the conceptual literature and research studies pertaining to variables of the research study. It would also enlighten on the research gap.

2.1 Conceptual Perspectives on Ageing

People aged 60 years and above experience decline in health and associated functional disabilities as age progresses. Biological theories of ageing (E.g. Error theory; Free – radical theory; Cross – linkage theory; Wear and tear theory; Programmed theory; Immunity theory) assumes that body will deteriorate with age and exhibit functional decline, that has resulted in terms such as 'successful ageing', 'positive ageing' or 'satisfaction with life' in gerontological terms has been linked to a lack of physical deterioration and functional decline (Rodgers, 2015).

2.2 Theoretical Perspective on Ageing

Theoretical perspectives not only explore the meaning of the issues but also devise the ways in which efforts are directed to resolve it. To begin with the discussion on Ashram theory is a must which is the strong determinant of elderly life in Indian culture and society. Ashram theory had divided the human life into four stages or ashrams namely Brahmacharya (bachelor student or celibacy), Grihastha (householder), Vanaprastha (retiring into forest) and Sanyasa (ascetic) among which vanaprashta and sanyasa directly deal with old age. However in the present day world it is not possible for a human being to assume all the four stages, but the last two stages give an opportunity to explore self actualization and wisdom by denouncing all the worldly pleasures and materialistic life. Elderly accumulate valuable knowledge and wisdom through the dynamics of life which the society should inherit for progress. (Prabhu, 1963; Sharma, 1971; Sarkar, 1979). The theory of Gerotranscendence propounded by Tornstam (2005) also corroborates the individual self progression at the final stage. This theory regards "Gerotranscendence as the ultimate stage of a natural progression to higher consciousness leading to transformation of self-consciousness, relationship with others and the understanding of fundamental empirical issues". At this juncture it is pertinent to mention to mention

two important theories namely Activity theory and Continuity. Havighurst (1972) propounded activity theory which proposes the secret of successful ageing is staying active and maintaining social interactions. Atchley, (1999) the pioneer of continuity theory states that the elderly will continue to maintain same level of relationships, behaviour and activities as they performed in earlier staegs of life.

Unlike disengagement the Gero-transcendence theory emphasizes that elderly hold significant position in the social life. Society requires elderly as a source of valuable knowledge and wisdom rather than elderly need society for their well being. Disengagement theory "emphasizes the irreversible separation between the individual and society with the advancement of age. An ageing person tends to disengage himself from social roles and activities. Society also tends to resent doing business with the aged" (Baum & Baum, 1980; Crandall, 1980). Disengagement theory (Cumming & Henry, 1961) claims that "successful ageing is achieved through abandoning social roles and relationships thereby reducing activities and involvement".

Havighurst & Albrecht (1953) state that if the elderly are more active, they will have more stable and positive self image, this will lead to greater life satisfaction and high morale. Havighurst (1948/1972) asserted that development is continuous throughout the life span which is divided into six stages and characterised by apt tasks and values. In the last stage i.e. later maturity stage (over 60 years) the individual try to adjust with the multifaceted changes that occurs in the physical, personal and social lives. Activity theory suggests that active participation in life task and in more meaningful task have bearing upon self-worth, dignity and wellbeing of elderly.

Continuity theory as given by Atchley, (1999) "emphasizes that old people face varieties of conflicts in their effort to cope with changes that come with ageing process. In the process of growing up they acquire a structured set of habits, preferences and predispositions which become integral part of their self". During the later age the individual seek expression by connecting and continuing with past learning experiences and values at the same time maintaining social relationship, performing roles and adapting to environment. The more the ability of elderly in continuing with the past habit and value choices will determine better wellbeing.

(Choudhary, 1992). There are other relevant theories namely Subculture theory (Arnold & Warren, 1965), Modernization theory (Cowgill & Homes, 1972) and Labelling theory (Kuypers & Bengston, 1973).

Modernization theory proposes that the processes that caused societies to evolve from rural and agrarian social and economic systems to urban and industrial ones also changed the positions that older people occupied in the society and the esteem afforded to them both individually and as members of a social category. The direction of change is usually assumed to be for the worse. The theory assumes that the elder population lost status during the shift to large scale industries, high profile organizations and technological changes. The process brought disadvantage to the elder population. "Modern societies abandon their older people economically, socially and culturally more than did the pre-industrial and industrial social order" (Baum & Baum, 1980).

Labelling theory explains that as a result of new sets of identities, mindsets, position and role in the society, the term aged was once labelled as old, now euphemistically it is known as elderly. This shows how elderly has been treated and perceived differently at different times. Subculture Theory identifies elderly as a unique sub-cultural group based on interests, organisation and action. However all these approaches discussed above make the ageing phenomenon more intricate but it is important to consider the extent to which the theoretical frameworks are dependent or independent in the given socio-cultural context. The fact is that all these theories are linked and confined to their context or the issues it is trying to understand in varying degrees and orientation. "Whether old age is disengagement or engaging in meaningful activities or an urge for continuity with the past, the extent of successful ageing in each of the theoretical tradition is connected with social history and political economy of a society in which they are being applied" (Adhikary, 2013).

2.3 Conceptual Perspective on Elderly Adjustment

"Aging is an ongoing process which requires continuous adjustment" (Brozek, 1966). Adjustment is defined as the dynamic interplay of behavior in order to achieve harmony with one self, others or the environment with an aim to maintain balance

between needs and hurdles. Psychologists are keener to examine adjustment as a process which entails assessing the interaction of individual with the external world.

"The scientific study of the development of individually and socially adaptive behaviour initially constitutes the subject matter of the psychology of adjustment" (Havighurst and Albrecht, 1953; Williams, Tibbitts, and Donahue, 1966). It is an ability of an individual to satiate most of her/his tangible or intangible needs under the given circumstances. If the association between the individual and her/his environment is conducive then the adjustment is achieved and vice versa. In order to reach adjustment with surrounding social environment, the individual must satisfy its needs. From the above definition it can be inferred that the concept of adjustment comprises of dimensions related to individual and social surrounding environment. There are other types of adjustment namely personal, professional, social, marital, family etc indicated in various studies. Physical disability severely hampers functional ability that leads to increase in care giving needs and social disability. This further affects social adjustment making it the most significant determinant of decrease in quality of life (Mukherjee, 2013).

Brooke (1989) "identified four phases of adjustment: disorganization, reorganization, relationship building and stabilization". "Some of the factors that are found to influence the adjustment of the elderly are rigidity; flexibility; role availability and role involvement; nature and quality of husband-wife communication; marital satisfaction; nature and quality of attitude to retirement; attitude to future and death; and satisfactory physical and mental health" (Ramamurti and Jamuna, 1993). "Social adjustment refers to those relationships which involve the accommodation of the individual to circumstances in his social environment for the satisfaction of his needs or motives. Both the social and emotional aspects of adjustment were considered as measured variables" (Mukherjee, 2013). The advocators of the disengagement theory argued that lack of activity and reduced social contact can cause psychological mal-adjustment in the old age (Cumming *et al.,* 1960). Social adjustment is an ability of individual to sustain social levels through one's own social skills acquired during the changing phase of the life. Qenawi (1987) "has defined it as the level of flexibility in changing behavior norms so as to conform to what goes on inside of one. One will be influenced by the social needs, customs and traditions, as

well as the social development of the elderly environment and social customs". In this context, it is inferred that the following factors induce adjustment. These are accepting one's old age, good social relationship, contented with the people around them and participation in social activities. Other factors that affect adjustment are lack of health, low socio-economic status, social neglect and isolation, lack of social security and care (Hurlock, 1976).

In older years fresh adjustment is undoubtedly required (Landis, 1942; Jamuna, 1984). Elderly counter numerous problems with which they have to adjust at different levels. These problems range from an absence of a secure and sufficient income to support themselves and their dependents to ill-health, absence of social security, loss of social role and recognition and the non-availability of opportunities for creative use of free time. The needs and problems of the elderly vary significantly according to their age, socio-economic status, health, living status and other such background characteristics. "There is a gap in our understanding of the degree of social adjustment and the need patterns of different elderly age and social groups" (Raju, 2011).

2.4 Research Studies Related to Elderly Adjustment

The wellbeing and happiness of an individual in old age depends upon harmonious adjustment with the social milieu of which the elderly person is an integral part (Dasgupta, & Malhotra, 2012).

Jamuna, Lalitha and Ramamurti (2004) stated that old age is commonly viewed as dreadful phase in one's life. The nature of problem and type of adjustment changes from one person to the other. Many elderly silently bear the personal and socio-psychological sufferings. However their different perception about themselves becomes the crucial factor for good psychological health.

Kulen (1993) conducted a case study on "Remembered work importance, satisfaction, reminiscence and adjustment in retirement" in which the findings correspond with previous studies that suggested that intrinsic occupational factors are significant in earlier working life whereas extrinsic factors become important in later life.

Vandana, and Subramanyam (2004) examined the psychological and social counseling needs from the sample of 120 elderly drawn through multistage random sampling from both rural and urban areas in the district of Andhra Pradesh, a state in India. The problem inventory for older people (Ramamurthy, 1970) was administered and interview was conducted to assess the problem of adjustment in different areas such as health, family, economic, religious, social, personality and personal betterment aspects. The result showed that with the increase in age, the problem faced by them also increased. Health is the major concern for the elderly, the social problems are high during 60-69 yrs and later decreased, and majority reported the problems of behaviour in the social settings and good number of respondents expressed adjustment problems.

Mukherjee (2013) conducted a study among 200 elderly boarders (100 men and 100 women) living in five institutions under the authority of the Kolkata Municipal Corporation to examine the nature of social adjustment. The result indicated that the male respondents were less adjusted than female respondents. This is due to the fact that male counterpart in the Indian patriarchal society who has always enjoyed high status and regard suffers diminishing position and social role as they age and hence fell less adjustment.

Dasgupta, & Malhotra (2012), stated that majority, felt that they were being taken care off because of their money, mostly, got food of their choice and again majority enjoyed special attention when sick, whereas and slightly less than half stated that their suggestions were appreciated by the family, however, only few shared their problems with their family. The study was conducted on the patterns of old age adjustments in three different settings namely staying with family, visiting day care centres and staying in old age homes on the parameters such as health, home, social, emotional and financial issues by using a standardized old age adjustment inventory, developed by Shamshad-Jasbir (1995). Satisfaction of the elderly was measured by life satisfaction index developed by Wood et al. explored the aspects of elderly home issues. Majority of the elderly irrespective of gender and residence were of the opinion that they were considered as a burden by their family members. However, this feeling was found to be significantly lower among the males staying in their own

homes (m=36.8%) this was seemingly because the male elders were owners of the property and staying in their own homes and consequently commanded respect from the children who stayed with them. *p*=.000.

Mishra (1987) found that increase in income lead to increase in the level of adjustment, showing significant relationship between sound financial status and increased level of adjustment.

Saroj et al., (2007) conducted the study to know the psycho-social status of institutionalized senior citizen in Haryana, a state in India. A sample of 60 respondents (30 males and 30 females) from ten institutes was selected randomly. The result showed that majority (96.67 %) of the respondents joined the institution as they were feeling insecure in their own house, followed by (83.33%) of the respondents' basic needs were not met at home and (75.83%) of the respondents joined the institution on their own interest. Whereas, (67%) of the respondents shifted to the institution, as they felt to be burden on family members. Less than (60%) of the respondents reported that they faced rejection by the family members. The data also revealed that (45%) of the inmates had no one to take care of them at home after demise of their spouse. Another reason reported by (20.83%) of the respondents was that they had no child to look after them. Further result also indicated that maximum percentage of the respondent was in the moderate to severe level of depression and age was negatively correlated with leisure time activities and health status.

Ramchandran (1980) selected a random sample of 170 subjects aged 60 years and above living within the community. The family structures and family cohesion of the subjects were intensively studied and it was noted that elderly living in nuclear families and those living alone were more prone to disorders. In the study slightly more than half (55.4%) felt that their relationship had changed over the years with their children. (Dasgupta, and Malhotra, 2012).

Chaudhary (1992) has also asserted that there is common feeling among elderly that they are experiencing reduced level of respect from their children which further leads to humiliation and neglect among the elderly.

Richardson (1991) conducted a study on the problem of elderly residing in nursing homes after retirement. The result indicated that the nursing home inmates suffer from lack of social adjustment, feeling of depression, dissatisfaction about their life and deprived social relations.

Passman (1995) found that majority of elderly women cannot adjust to the physical changes of aging. These changes could lead to lack of confidence and a feeling of insecurity and lack of social adjustment.

Abbas and Sahar (2002) insisted upon professional intervention to achieve social adjustment of the elderly. They further identified that self-acceptance, social relations, satisfaction with other around them and being active in social activities are the key components of social adjustment.

Gangadhar (2004) in the study conducted with old age pensioners to examine the socio-psychological and economic conditions and level of depression found that having social isolation, lack of friends, old age mal-adjustment, dissatisfaction with others, feeling of insecurity etc, are linked to geriatric depression. Further it was stated in the study that majority of the elderly are not well adjusted with old age.

Lakshminarayan (1999) "noticed that the elderly who experience deprivation have more adjustment problems". Chandrika and Anantharaman (1982) have also indicated that non-institutionalised elderly are better adjusted than institutionalised elderly.

Although better resources and care are provided in institutions, individuals undergo acute emotional stress and pycho-social problems and have lesser life satisfaction (Arora and Chadha, 1995) and lesser adjustment (Anantharaman, 1980) than home-bound individuals. "Shifting to institution tends to signify loss of love, care and affection. These factors together appear to contribute to the overall maladjustment of the individuals".

Nair (1980) in the study found "close association between the living arrangements with the children and how the elderly adjusted to fit in".

Cherian (2003) in his study of elderly in Kerala, has pointed out “significant effect of living arrangement on emotional adjustment, gender on general adjustment and family life satisfaction on emotional and general adjustment”.

“In light of the previous research findings, there is a dire need to exert more effort to help the elderly face the problems they suffer so that they can have a social adjustment and perform their anticipated social roles in the society” (Al-Qabandi, 2007).

2.5 Conceptual Perspectives on Life Satisfaction Among Elderly

The concept of life satisfaction has gained major attention in gerontology literature during past five decades (Krause, 2004). Life satisfaction is considered to be a global concept based on individual’s evaluation of their lives as a whole, rather than limiting particular or narrow aspects (Bowling, 1997; Diener, Suh, Lucas, and Smith, 1999). Enkvist, Ekstrom and Elmstahl (2012) reported that elderly age is associated with lower life satisfaction than younger age. It is evident from the research findings of Mroczek and Spiro III (2005) that life satisfaction reached a peak at the age of 65 to 70 years, and then decreased in their 22 year follow up study among 1927 elderly men.

There are some evidences in old age to suggest that in old age that the level of life satisfaction or subjective well – being does not decline, but increase or remain fairly stable across adulthood (Blazer, 2002; Urry & Gross, 2010). This literature has interpreted this paradox within the context of how people adjust or shift personal goals and adapt to changing circumstances in old age (Choe, 2014). Furthermore, life satisfaction in old age is associated with subjective health appraisal and effect of income on life satisfaction is relatively small (Choe, 2014). Kunzmann, Little and Smith (2000) emphasized that age does not directly influence on declining subjective wellbeing, but that physical limitations do. Overall, the mixed pattern in relationship between age and life satisfaction indicates that old age is not always related to decline in life satisfaction (Choe, 2014).

"Many studies in economics have observed a U-shaped relationship between age and life satisfaction, with the curve minimum falling between the mid-30s and mid-40s" (Frey and Stutzer, 2002), whether it is a result of ageing effect or not is a debatable issue. However, globally the relationship between age and happiness is unpredictable; this U shaped relationship is noted only in affluent English speaking countries. Thus, the relation between age and happiness is country specific (Deaton, 2007). With deteriorating health condition in the old age, life satisfaction is expected to diminish, whereas wide range research studies in gerontology states that there no decline in life satisfaction with growing years (Larson, 1978; Herzog and Rodgers, 1981; Horley and Lavery, 1995; Diener and Suh, 1999).

Schilling (2006) has pointed the decline of life satisfaction in the old age, this was found while controlling the effects of groups of individuals in young and old age. Similarly Chen's (2001) has also opined that cohort experience is another important factor apart from age that decides the life satisfaction of individuals. However many research studies cannot be generalized as the results and findings do not represent the whole of it.

2.6 Research Studies Related to Elderly Life Satisfaction

Mishra (1996), in her study, "mentioned that life Satisfaction has strong positive association with educational level, pre-retirement occupational status, present monthly income, health condition and the non-interfering attitudes towards the personal affairs of the grown up children. They further established that happiness has a moderate or strong positive association with interaction with friends, volunteers and non-family members".

Gangadhar (2004), stated that the elderly need to have good social, physical and psychological health in order to attain better living and greater life satisfaction.

"Greater Life satisfaction has been found in lower cohorts than their counterparts". (Revati et al., 1993). Functional health status is one of the important indicators that affect the social network, life satisfaction and depression in an old age which are important components of higher quality of life (Asakawa, koyano and Takatoshi, 2000). Participation in leisure activities also leads to greater life

satisfaction (Riddict, 1985). “Life satisfaction is influenced either directly or indirectly by the income and education” (Ballesteros, 2001).

Fengler, Danigelis and Grams (1983) had conducted a “comparative study of 1400 married American elderly couples age 65 years and above who were living alone with those elderly who were living with others. It was noted that elderly living in three generations families had lower level of life satisfaction but majority of such elderly were widows who were deprived of financial support and care”.

In another study conducted by Hawley and Klaukave (1998) among the elderly aged between 60 and 75 years to examine the association between life satisfaction and social support health practices. “The result indicated that the respondents unhappy with interpersonal relationship had low level of life satisfaction and vice-versa. This was also supported by Barrett (1999) who mentioned that marital status and social support are important parameters to analyse the life satisfaction”.

Kivett, Stevenson and Zwane (2000) conducted a “cross-sectional and longitudinal study of rural elderly aged 65 years and above to examine the psychological, physical and social outcomes and social support. The result indicated that though majority of the elderly lived alone they received informal care and support from family members, whereas formal support was limited”. Moreover the study also pointed that psychological well-being among the very old was good and it was not deterred by multiple health problems and dependence on others for daily activities, as this was evident through their better life satisfaction and morale. The elderly receiving informal care and support at home by family members have far better life satisfaction than who are receiving formal care and support. This has been stated by Chadha & Nagpal (1991) who conducted a study to examine the life satisfaction and social network between institutionalized and non-institutionalized elderly. “The result showed that non-institutionalized elderly has wider social network and higher life satisfaction than institutionalized elderly. Social support and life satisfaction were significantly associated with each other, where male showed significantly higher level than females”.

Prakash (1998) "studied the quality of life of urban and rural elderly. The result showed that health is an important factor in enhancing quality of life and life satisfaction. Urban elderly males showed higher level of well being than females. It was also pointed out that urban female elderly was found to have the lowest level of well being which was caused by distress and low morale".

Gueldner, Loeb, Morris and Penrod (2001) "conducted a comparative study on life satisfaction and mood between the nursing home residents and the community dwelling elders. The study consisted of 70 samples from nursing homes and 68 samples from community dwellers. The result reported higher life satisfaction among community dwellers whereas, higher depression and dejection among nursing home dwellers".

Gaur and Kaur (2001), also studied the institutionalised and non-institutionalised elderly. "The findings highlighted higher level of life satisfaction, better adjustment and more satisfaction among non-institutionalised elderly. The males showed higher life satisfaction than females. Institutionalised elderly showed lesser scores in the above-mentioned variables than non-institutionalised elderly as they felt isolated from community in such set up that do not give freedom and autonomy".

Chadha and Easwaramoorthy (2001), in their study states that "the conception and coping with leisure are important contributors to life satisfaction. Leisure time activities are strongly and positively related to general well being of the elderly". However few studies have found life satisfaction higher among institutionalised elderly.

Shyam, and Yadav et al. (2000), studied 30 elderly from institutionalized set up and 30 elderly from non- institutionalized set up. "The health status, well being and social support were examined. The result indicated higher depression and lower life satisfaction among the non-institutionalized elderly".

2.7 Conceptual Perspective on Quality of Community Life

In the last fifty years, the advancement in the medical sciences has generated numerous findings on health related quality of life. Research revolved around illnesses, types and modes of treatments in determining the individual quality of life, specifically physical and mental. Pondering over social sciences research the findings are limited, nevertheless, the findings that have been produced posses broader perspective, and more holistic model of quality of life than exists in the medical sciences. The concepts of quality of life transcend just health to include some or all of the following; social support, happiness, life satisfaction networks, and finances, crime and neighborhood dimensions.

Bowling (1995) in a study asked 'what are important areas of your life? to a random sample of over 2,000 UK residents,' Most of the people identified relationships with family/relatives, social life, their finances, their health, the health of close others, and leisure activities as being important. Similar results have been reported in other studies (Zumbo &Michalos 2000;Michalos & Zumbo 2000; Raphael et al., 1999; Rittner and Kirk, 1995; Farquhar, 1995). The dearth of studies in measuring the quality of community life led Indian Council of Medical Research (ICMR, 2005) develop a multi-dimensional scale including indicators of quality of community life. The scaling of quality of community life gives insight of the support system available such as family, relatives, friends, neighborhood etc. facilities available as well as other social institutions in the community, with an aim to understand whether the individuals, groups and communities are suffering, enduring or flourishing or not in the given scenario (ICMR, 2005). The study of quality of community life helps the researcher to explore the degree to which the community possesses and can leverage human potentials that can make life worth living.

2.8 Factors of Quality of Community Life

The quality of community life consists of 11 factors; these are relationship with colleagues, community efforts for sanitation, support of relatives, family, neighbors and friends, medical and other facilities, social discrimination, law and order problem and lastly caste and religion. These eleven factors are described below:

2.9 Relationship with Colleagues

Relationship is very crucial in the life of human beings. It is based on trust, understanding and affection with others. Every individual differs in building and maintaining relationship which is based on her/his personal traits. (Garelick and Fagin, 2004). Good relationship with others has bearing upon good quality of community life and vice-versa. Same is observed in the relationship with colleagues with whom the individual spend the productive part of the life and try to build and maintain positive work relationship. Dhillon (1992) reported that retirement affects loss of role, power, status, socialization opportunities and loss of professional self which in turn leads to depression, loneliness, helplessness, low morale and low level of satisfaction.

2.10 Community Efforts for Sanitation

In Indian context poor sanitation and garbage disposal is a major issue. It has implications on the community health and hygiene of which India is grappling with in tribal areas and villages. Proper sewage and toilet facilities have always elude the poor in remote areas resulting into high rate of open defecation and ruthless disposal of waste. Sanitation includes proper collection and disposal of all forms of solid and liquid waste to maintain community health and hygiene. Community effort is needed to achieve the desired goal. Some of the programmes for the purpose of sanitation launched by the government of India are Total Sanitation Campaign (TSC), Central Rural Sanitation Programme (CRSP) and Nirmal Gram Puraskar which is an incentive scheme provided to the village for complete sanitized open defecation free Gram Panchayats, Blocks and Districts. The success of sanitation programme depends upon people's participation and community support.

2.11 Support of Family

Family is considered as the most important unit of society. In the Indian context the concept of 'family self' is traditionally conceptualized bigger than 'individual self'. The higher socio-cultural values and traditional welfare institutions of Indian society give emphasis on respect and provision of care for the elderly. Generally the families took care of the elderly (Raju, 2002). Chadha (2004) asserted that the family performs numerous roles in the care for the elders. It provides holistic assistance comprising of medical and health care, social, emotional, psychological

and intellectual needs. The family is also considerate in providing love and affection to the elders.

The family provides continuous support in promoting a sense of well being among the elderly (Pei and Pillai, 1999). Owing to the changing dynamics of interaction pattern in the family particularly in big cities, the thrust for 'individual self' is becoming stronger than 'family self'. "The emotional bondages, source of keeping family intact, united and forceful, are changing in both type of families, joint as well as nuclear" (Khan, 2004). The study highlights that both structural and functional changes are happening in the families. These changes in the family dynamics due to market driven consumerist and individualistic culture exhibited by the younger generation lead to emotional decay, lack of interaction, loss of expectation and unconcerned state of mind among the family members. There is a serious threat to traditional, moral and cultural values especially in cities where such characteristic attitudes in younger generation are apparent towards the elderly (Khan, 2004).

The individualistic and materialistic life in this fast pace world does no longer provide all-inclusive social support to the aged. This calls for an urgent need to enable the traditional family support system with alternative infrastructure, strengthen the community and create new statutory avenues. These alternative systems would enable the elderly to keep pace with the modernization. Roles of elderly parents are reversed in their own home as they become dependent on their children (Dasgupta, and Malhotra, 2012).

Saroj, et al., (2007) in their study have stated that to some extent old age has been viewed as a difficult phase in one's life. The elderly become more dependent on others. With age, his reduced activities, lack of income and consequent decline in the position of the family and society makes his life more vulnerable. The preference of younger generation has changed from collective to more individualistic and the support has been seized to mere financial and not physical. Gangrade (1988) in his survey of 190 parent-youth pairs highlighted that 98 percent of the youth felt obliged towards their parents in providing financial support and almost equal, 89 percent of them preferred nuclear families. This dilemma has brought shift in the preferences of

the younger generation, and has given rise to pseudo-joint families, where the children provide financial support and other social responsibilities without being present physically. As the family has seized to exist in its traditional form, the elderly continue to feel relatively isolated and emotionally deprived. Desai and Naik (1969) in the study reported that family support is crucial in solving health and financial problems effectively. It was further stressed that the future of elderly care is bleak as the family pattern in India is gradually changing. The spurt in the growth of nuclear families and unparalleled demographic transition of elderly necessitated special steps to be taken for the welfare of retired and needy elderly (Saroj, et al., 2007).

2.12 Support of Relatives

Relatives provide safety and security to the family in times of distress and needs. They are the biggest source of support, care and assistance in the absence of the family or when the family members are incapable to deal with the adversities. according to recent anthropological survey, 4122 out of 4635 communities in India are residing in one or the other form of extended family type within a nuclear family. The findings from as many as eight rural and urban studies in India highlighted that the percentage ranging from 54 to 78 of the elderly lived with their son's family, percentage ranging from 92 to 100 lived with some relative and less than 4 percent lived alone (Chadha, 2004). But in many cases especially in property dispute the relatives are instigators and at times perpetrators who would stake claim in the property. In most of the cases vulnerable elderly are abused by the relatives for the sake of property and other needs. However, the dependent elderly especially widows who have nothing to contribute are subjected to more abuse and neglect as Hossain (2004) stated that elderly dependent on the kin's support who have nothing or very less to contribute to the family or who are chronically ill or in constant need of care and who are widows are subjected to more abuse.

2.13 Support of Neighbours

Support of neighbours is the elementary level of community support as they are the first souls to be looked for socialization and connections. Neighbourhood support is essential for the development of individuals, groups and family. In case of pseudo-joint families (Gangrade, 1988), where the children provide financial support

and other social responsibilities without being present physically, it is the neighbours who act as a significant others in adversities and distress. Turney & Harknett (2007) professed the idea that "neighbourhood is an inevitable component for the development of social ties". A good neighbourhood produce good social support and ties, obverse would be the case in deprived neighbourhood. The authors stress that living in the disadvantaged neighbours will be highly unfavourable for the individuals as they have to face with daily stressors. The support of neighbourhood certainly provides lifelong safety and security net and socially supportive environment to the inhabitants making the life more interesting and meaningful.

2.14 Relationship with Friends

A friend in need is a friend indeed, this is very popularly known about the friend. Friendship is invariably the richest form of relationship. There is common notion that friendship is the gateway to social network and social acceptance. There exists an informal care-giving linkage between an older person and his/her friends, neighbours, or other unrelated people. It has been estimated that 5 percent to 10 percent of elderly living in the community receive informal assistance from unpaid, non-professional, non-kin caregivers (Nocon and Pearson 2000; Barker and Mitteness 1990; Wenger 1990; Stone, Cafferata, and Sangl 1987). The non-kin socially interact with frail elderly. They play an important preventive role that reduces the anxieties of elderly and fend off institutionalization (Nocon and Pearson, 2000). Moreover some non-kin relationship develops to become a kind of quasi- kin-like, with all obligations, joy, sorrows and pleasure kin relationship possesses (Sussman, 1985). Barker (2001) in his study about the participation in the support network for elders found that 39 percent of the care givers were spouse, 23 percent were their children, whereas 28 percent were other kin and 15 percent were their friends who were actively involved. However other kin and friends' activities are limited to socializing with the elders in the emotionally neutral, non-intimate daily affairs.

2.15 Medical and Other Facilities

The 60th round of National Sample Survey provides a very grim health status report of elderly. It says that the prevalence and incidence of diseases as well as hospitalization rates are much higher in elderly than the total population. With regard to medical and allied activities the developed world has been prompt in evolving

geriatric care models, whereas in developing countries especially in India no such model for elder care exists. India still relies on family as a primary care giver which is also withering faster. There is a huge shortage of manpower in geriatrics in the country. Presently there is no exclusive health care delivery system for the elderly, which is still routed through general health care delivery system. “It is high time the health care system gears itself to growing health needs of the elderly in an optimal and comprehensive manner” (NPHCE, 2011). Community Health Centre (CHC) under the aegis of National Health Mission strive to make modern health care services accessible to the people living in remote areas and to ease over-crowding of district hospitals. CHC is equipped with specialized medical practitioners along with complementary medical and para- medical staff and other facilities. These government health centres and hospital have no geriatric ward with specialized doctors. However efforts are being made to provide health care services to the elderly under the National Program of Health Care for the Elderly (NPHCE) in India.

2.16 Social Discrimination

Despite country surpassing other economies in the world, social discrimination is decelerating India from achieving her full potential. Social discriminations is based on gender, age, caste, creed, religion etc. United Nations conventions defines the term “discrimination” as “any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life” (Willmore, 2001). Social discrimination is the social exclusion or unequal or differential treatment of individuals, groups or community without reasonable criteria on the basis of gender, ethnicity, caste and religion. This include inaccessibility to resources, under representation in social and political institutions, violation of rights, ageism etc.

2.17 Social Contacts and Community Information

Social contact is one the important aspect of community living. It is a shared relationship with family, friends, neighbours, relative etc. It forms the basis of social network one extends with fellow being. There is increasing evidence that regular social contact can help alleviate depression and anxiety and maintain good physical

and mental health. Those who lack social connections are likely to suffer higher rates of morbidity and mortality. (Brummett et al., 2001; Seeman 2000). Social contact helps the elderly to access information about the dynamics and processes of community life. This ensures better quality of relationships in the community by enhancing shared sentiments and solidarity. There are umpteen benefits an individual enjoys having social contacts. These are emotional support, material aid and services, information about community dynamics etc. which are highly essential in ensuring fully functional and meaningful life.

2.18 Law and Order Problem

Government has an important function in maintaining law and order in the country and safeguard the rights and privileges of vulnerable population through enacting rules, regulations and legislations. Maintenance of law and order is needed to uphold the integrity, identity and communal harmony of a country like India which has multi-lingual, multi-ethnic, multi- religious, multi-cultural society. Law enforcement should always work in order to protect human dignity and look into serious issues that affect vulnerable population including elderly. Preventative measures should be taken right from the change in attitudes and mindset which elders are facing. The right to lead life with dignity without any type of discrimination is one the most favourable rights of each and every individual according to United nation declaration on human rights. Hence, the government of India also ensures legal and constitutional safeguards for the elderly, prominent among them are Maintenance and Welfare of Parents and Senior Citizen Act, 2007 which aimed at serving the elderly.

2.19 Caste and Religion

India is multi-religious and multi-caste society. Caste system in Indian society is considered unique in the world. The religion and caste having its roots since the ancient civilizations play a vital role in determining socio-cultural, economic and political spheres of Indian life. There exists interdependency between these two institutions, both mutually influencing each other as caste is religiously sanctioned in Hinduism. According to Thorat (2010), the income of people in India is governed by caste, ethnicity and religion. The rights to property ownership, status, recognition, respect etc as well as social exclusion, discrimination, exploitation, stereotypism, etc, are majorly influenced by caste and religion. Caste is an ascribed status, which is so

much ingrained in the Indian society that it remains indelible, even after a person convert to other religion. The tribes in India is also divided to various sub-caste, the multiple identities interlocking with the tribes engenders heterogeneity and inequality, differential deprivation etc, among the elderly population. It is hereby argued that, elderly individuals and groups differ in terms of their existential condition and degree of marginalization in relation to the multiple identities they occupy in a given social context.

2.20 Research Studies Pertaining to Quality of Community Life

Saedi and Oktay (2012) studied the quality of community life of four neighbourhoods of Famagusta, the second largest city in northern Cyprus. The results of the study revealed that good social life, effective transaction and diversity in neighbourhood enhance the quality of community life of the respondents in that neighbourhood. It was also found that respondents' obsession for using cars affected their transaction, socialization and diversity in the neighborhood which were responsible for enhancing quality of community life.

Jose, et al., (2010) conducted a study about tribal mothers in Wayanad District, Kerala, to assess the quality of community life of the respondents. Through the study it was revealed that tribal women have higher quality of community life and reported fewer difficulties in their community life.

Auh & Cook (2009) have conducted a study with an objective to examine the quality of community life among rural residents. The study entails examining the level of satisfaction in housing, community attachment and community satisfaction. The results of the study indicate the length of stay in the community has significant influence over community attachment. Community attachment is generally enhanced by the prevailing social capital in the given community. The level of attachment to the community concomitantly augments the level of community satisfaction. People having friendly, trustworthy and supportive relation etc in the community experience better community attachment. Satisfaction of the community with the local authority in terms of services such as availability of safe drinking water, proper drainage and sanitation, law and order etc are the factors of community attachment and community satisfaction.

2.21 Intergenerational Relationship

Intergenerational relations refer to the ties between individuals or groups of different ages. The fact that elderly can play an important role in the family has lead to the recent focus and studies on the intergenerational relation. There can be mutual co-existence between the adult children and the elderly. While the adult children can be the closest source of social, psychological and economic support, the elderly can reciprocate in giving time in the family (Aziz, and Yusooff, 2012). The incessant social and economic support has been a part of family interaction. Family care is usually home based which provide variety of assistance and care to the elderly. Nevertheless, such extended family which makes such care giving possible is gradually undergoing a structural disintegration towards the nuclear family system. This change has been brought by the process of urbanization, rapid development, and rural-urban migration etc. These changes have affected the traditional role of directly caring for the aged relatives and moreover there is no guarantee that the family will continue to do it in years to come (ibid.). Intergenerational support is inbuilt in the traditional domestic arrangement. The modern living pattern is severely destroying this significant social welfare feature (Apt, 2002). The individualistic and materialistic life in this fast pace world does no longer provide all-inclusive social support to the aged. This calls for an urgent need to enable the traditional family support system with alternative infrastructure, strengthen the community and create new statutory avenues. These alternative systems would enable the elderly to keep pace with the modernization. (Dasgupta and Malhotra, 2012).

"Intergenerational activity can occur at both the macro and micro levels. Most research, discussion and policies have tended to focus on macro concerns such as financial transfers, in particular public pension issues and long-term care i.e. transfers between generations in the general sense, however less attention has been given to the micro level private sphere of intergenerational services and care such as transfers between biological generations" (World Youth Report, 2003). "Intergenerational relationships generally involve emotional ties and more instrumental forms of support such as financial resources or child care. Studies have found that the aged still have significant role to play in the family besides being both givers and receivers of support in their relationship with their children. This mutual support between them and the adult children contributes to their life satisfaction" (Kim and Kim 2003; Kim,

Hisata, Kai and Lee 2000; Vebrugge and Chan 2008) and subsequently to their well being and quality of life. It is generally agreed that there has been a shift in the nature of intergenerational relationships in all societies over the years, and discussions of the reasons for "this change have generally focused on two possibilities: (a) that it is the result of changing beliefs and values that have affected the role of the family and the relationships between its members; and (b) that it is the effect of socio-economic transformation that has led to changes in the institutional organization of family life and a change in family relationships whereas, many attribute the change in intergenerational relations to industrialization, globalization and economic development" (World Youth Report, 2003).

Hagestad (2000) "warns that the modern, age-segregated lifestyle, reflected in both living arrangements and production/education settings, may breed ageism and rob all age groups of valuable socialization experiences and support". Many studies have reported that the relationship between most parents and adult children is very significant and effective. Intergenerational issues and concepts are incorporated in the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development, albeit in a small way. These earlier contributions provided the foundations for the Madrid Plan of Action, which is built upon on the "society for all ages" concept and the intergenerational approach to policy (World Youth Report, 2003). "The concept of intergenerational relationships is abstract and complex and is best represented by multiple dimensions, such as norm, function, power, and structure" (Hogan, Eggebeen, & Clogg, 1993; Silverstein & Bengtson, 1997). These dimensions can be summarized formally into three specific theoretical clusters of activities: geographic proximity, exchange of support, and cultural norms of family support (Park et. al, 2005).

One of the central themes running through the Madrid Plan is "recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development." (Malhotra, & Kabeer, 2002). The community acts as an external system that regulates and reinforces the family to provide a caring ambience for the elderly and maintains strong intergenerational bond. It is one of the social control units which oversee norms, customs, traditions and moral sanctions on the family and the individual. The community power becomes animated during the

time when the norms of taking care of the elderly are being violated by the family or younger members in the community. However, in such circumstances when there is complete breakdown of care and support for the elderly, "the community itself assumes the responsibility of the care of the aged through surrogate families". The state played a negligible role in the care for the aged (Chadha, 2004). Soodan (1975), Mahajan (1987) and Gangrade (1988) focused on intergenerational changes and found that most of the elderly population felt that the younger people did not respect them and anticipated tension in bonding and togetherness.

The exchange theories propounds that "the stability and durability of relationships depend upon reciprocity of the perceived benefits of these exchanges to both parties" (Dowd, 1975). Among all the relationships the most long lasting relationship is established when perceived benefits of exchange are equal between the counterparts. However these relationships have higher risk of termination when the levels of reciprocity do not match with each other and can end up in neglect and rejection between parties which was initially associated with each other. From this perspective, exchange theorists try to link the levels of neglect and rejection endured by elderly in the social life, where they were deprived of basic amenities and support that existed in traditional intergenerational relationships. In order to evaluate the benefits of conventional intergenerational exchange, the researcher should measure it by adopting a subjective approach. The family as an institution is present in all societies, and plays an important role in the life of an individual. The family members provide both tangible such as money, infrastructural facilities and resources and intangible benefits such psycho-social support including esteem, care, support, respect etc., in the exchange processes. The significance of such processes in the family may vary from person to person depending upon the context and circumstances individual face at different times during the life course. The fact that intergenerational relationship is a long term process and manifests the broader perspective of individual life, the assessment needs to look into long term perspective in order to ascertain the extent of reciprocity within the intergenerational relationships. Owing to the fact that intergenerational relationships is established over the entire period of life of both the individual and family. Support and care provided by family to the elderly can be recompense of sacrifice made for the adult children when they were dependent in earlier life.

2.22 Intergenerational Relationships Ingrained in Culture

Some recent comparative studies explore the implications of national socio-cultural settings for intergenerational relationships (Klaus, 2012). In India, the norm of filial piety exists today. Traditionally, familial piety means that when children behave in a socially acceptable manner they will provide not only financial and physical care for elderly parents, but also respect. The central goal is for children to behave in a manner that makes their elderly parents happy. Although family support remains a recognized value today, the social interpretation of what constitutes appropriate behavior toward elderly adults has changed significantly over time. Previous studies also suggest that the meaning of family support has changed among elderly adults themselves. Elders today are less likely than those in the past to perceive that they will automatically receive care from children (Park, 1999).

Similarly, there has been a change in the way elders define support. Unlike those of previous generations, the elders of today emphasize emotional rather than material forms of support from their children as the virtue of filial piety. Happiness among elderly parents has now been translated into their enjoyment of the successes and social achievements of their children. This change in perception of family support suggests that elders may increasingly view the provision of one-sided help from their children as a burden for their children rather than as a duty. Many elderly parents continue to rely upon their children because of their lack of self-reliance and legitimize it by the norm of family support. Nevertheless, the discomfort and inner conflict associated with accepting this level of help appears to be growing among elderly adults. Hossain (2004) reiterated that the younger relatives should reciprocate to the contribution made by the elderly. The wisdom and rich experiences of the elderly have always been useful in the development of family, community and nation. Therefore it is the duty of younger generations to recognize these contributions and in turn show respect to the elderly. The prevalence of intergenerational co-residence has greatly declined over time (Kwon & Park, 1995).

Social science research on the subject is also increasing, but unfortunately most of it lacks sufficient conceptual, methodological and analytical rigour and is repetitive. Moreover, most of it is confined to a small section of society, namely, the

middle class, retired people in the organized sector in urban areas. The vast majority of elderly people living in rural areas and those working in the unorganized sector in urban areas are neglected. We need to develop a perspective covering all sections of the elderly in the country. Like all other social phenomena, intergenerational behaviors are constantly being reconstructed in response to the strategic needs and values of family members in the face of social change and the opportunities for economic development. Previous studies on intergenerational relationships tend to focus narrowly on only one aspect of family change (such as intergenerational co-residence), which ignores the complex construct of intergenerational relationships fabricated by differential norms, interest, and power relationships (Park et al., 2005). Cultural approaches typically emphasize the importance of long-standing cultural norms and the durability of extended family and family centeredness. In contrast, economic approaches focus on the costs, benefits, and opportunities of co-residence and the response of family structures to shifts in the socioeconomic structure of society due to development, modernization, or innovation (Burr and Mutchler, 1991; DaVanzo and Goldscheider, 1989; Wolf and Soldo, 1988).

2.23 Tribes and Elderly

The elderly in the tribes have been highly revered and considered as village headmen who enjoy high status in the community. The traditional way of community life to a greater extent has been intact, which finds its base from strong bond and high level of intimacy shared by community members. The head of the community especially the elderly is at the helm of all affairs, and the adult and youngsters abide by the socially prescribed way of life. The central goal for children is to behave in a socially acceptable manner and provide not only financial and physical care for elderly parents, but also respect. Such high values are deteriorating among the mainstream society as well as among the tribal families living in urban areas. These tribal elderly residing in urban areas has been witnessing socio-cultural change in their own community for the past few decades as they have been the migrant settlers in search of livelihood opportunities in the urban areas or the area which they have been residing would have turned into urban centers due to immigration of general population and as a result of it they had become more vulnerable and marginalized. Census data indicate that the districts with a higher proportion of the ST are

associated with poorer public goods such as schools, tapped water, paved roads, electricity, and health facilities (Kijima 2006).

In India the research indicates that majority of elderly tribal men and women suffered high rate of malnutrition and the tribal population forms the poorest groups (Arlappa et al., 2005). Such socio-cultural changes bewildered tribes as never before have bearing on cultural deterioration, disrupted intergenerational relationship, the decline in family support system, lack of quality of community life, maladjustment and dissatisfaction among the tribal elderly. The traditional features of family and community have seized to exist in the modern times. In developing countries, these changes are generally based on weak emotional link between immediate family members that leads to decline in family based production system. This demographic transition is not only linked to changes in values but also to the changing socio-economic environment that affects the family structure and relationships especially in urban areas (World Youth Report, 2003).

2.24 Urbanization and Elderly

This demographic transition is happening in developing countries at a much faster rate than it is in developed countries, and unfortunately in many cases, the developing will not be well equipped with necessary infrastructure and policies to deal with the consequent developments (World Youth Report, 2003). Another important fundamental demographic change happening globally is the urbanization of most cities and towns. There was dearth of studies on the effects of urbanization on the elderly as both the areas have received separate attention in research and not as combined area for investigation. This fact had been acknowledged by the Department of Economic and Social Affairs of the United Nations Secretariat (Mots'oene, 2014). In the developing countries with poor economies such as India, the elderly are losing decent status owing to "the ravages of demographic transition, migration, modernization, dwindling joint family, market economy, poor public health and hygiene and low social and income security" (Ramamurthy, 2003). In Indian context currently the population is 100 million and by 2050 it will be 343 million, making India a home to one person out of every six person. This demographic trend is a celebration and a challenge (UNFPA and HelpAge International, 2012). It is a celebration because life expectancy has increased from 40 yrs in 1951 to 64 yrs

currently, and a challenge because it brings multifaceted change in the personal, social, economic, health and psychological issues in the life of elderly. The faster rate of urbanization in India has unique characteristics. Datta (2006) opined that “India's urbanization is often termed as over-urbanization, pseudo- urbanization”. The big cities are over-burned with large population size which has lead to virtual collapse in the urban basic services coupled by fundamental issues in the field of housing, slum, water, infrastructure, quality of life etc. This so-called pseudo urbanization has also encroached some of the tribal areas, as a result of high influx of non-tribal migrant settlers in the region, sprouting up of commercial plantations, resorts and hotels that catapulted it into tourist destination often at the cost of tribal life. These challenges are more pronounced and intricate when these tribal are elderly who are deprived of basic amenities, lack of infrastructure facilities, inaccessibility, and socio-economic and health status.

The world has undergone a phenomenal urban growth in the six decades, especially in the developing world. This growth has been closely linked with increasing levels of poverty and deprivation characterized by lack of access to safe water supplies, proper sanitation and access to assets. Other features include slums, informal settlements, low employment and increasing dependence of the vulnerable groups on public assistance (Mots’oene, 2014). The report released by the Economist Intelligence Unit (EIU, 2012) cites “factors such as urbanization, increased mobility amongst young people and growing numbers of working women are the reasons for deteriorating support for the elderly”. The pattern of balance exchange between the generations has been disrupted by urbanization. Old and the young are no longer found co-residing in urban areas which gives way to the formation of nuclear families. Modern living is destroying the social welfare feature of families (Apt, 2002). “Urban living means that the old and the young are no longer found inhabiting the same dwelling” (ibid.). Apt and Grieco (1994) also stated that traditional family support system for the elderly is declining in urban areas, it may be possible to get monetary assistance from the younger generations but they may fail to provide their physical presence in the time of illness. “Urban life has negative aspects for the elderly” (UNFPA and HelpAge International, 2012). “Urban settings are in general characterized by weakening traditional family support systems. Older persons often find themselves without an extensive social network in urban settings lacking

supportive structures which could compensate for the missing family support" (UNFPA, 2012).The absences of higher socio-cultural values have given way for materialistic approach, individualism, selfishness, etc., and thereby the life of elderly becomes vulnerable (Arora, 1993). Depression and emotional shocks are common among the aged. They feel isolated and side tracked by the society (Bajpai, 1998).

The growth of industrialization, urbanization and modernization has an adverse impact on the traditional welfare institutions and socio-cultural values (Mishra, 1979, Vandana, and Subramanyam, 2004). Gee (2000) conducted a study among 830 community dwelling elders who were interviewed on quality of life, satisfaction, well being and social support among the three groups comprising of those who were living alone, with spouse and intergenerational. The function of living arrangements and quality of life was examined. The results indicated the significance of living arrangements and quality of life among the respondents. Few differences were found among married persons. It was also found that the quality of life among the widows was significantly less with decreasing support.

Everard, Lach, Fisher and Baum (2000) studied community dwelling elders of age between 65 years to 89 years. The relationship between active engagement with life and social support was examined. The result stated that "Hierarchical linear regression show maintenance of instrumental, social and high demand leisure activity associated with high physical health and low demand leisure activities with lower physical health". The elderly are unable to participate in leisure time and recreational activities and feel isolated. (Bajpai, 1998, Gangadhar. 2004). Singh (1999) reveals that the "aged male has got more liberty, power and privilege than females in tribal community".

Ramamurthy (1970) in his study on the elderly belonging to urban community found that better economic status generates access to good facilities, which ultimately leads to happy life. The collective and group oriented behaviour of people in the Indian community is superseded by individualistic way of life. The youth give more emphasis on individual tastes, preferences and life style often at the cost of felt needs by the family members. Due to breakdown in the social and moral obligations, the elderly are being neglected in their own family. There are "more cases of divorce and

dowry deaths indicating towards 'social malignancy' denote decay of tolerance, living togetherness and care and concern for others in this consumerist society. All these are living indices of idiosyncratic tendency growing in the modern society" (Khan, 2004).

2.25 Research Gap

Analysis of literature pertaining to variables of the research study reveals the following research gap:

i. There is paucity of researches in both foreign countries and India on the impact of demographic variables on adjustment, life satisfaction and quality of community life among the elderly tribal respondents.

ii. Literature review on the variables of the research study enlightens on the fact that there are few researches that taps the view point of the respondents on intergenerational relationship, family support, social support and problems faced by them in society.

iii. The review highlights mostly linear studies on elderly. The studies on multi-dimensional approach to study elderly tribes in urban community have been scarce. In doing so the research has endeavour to discover the relevance and primacy of intersectionality that operates to delineate elderly tribe as a distinct category from among the tribal community on the one hand and elderly population on the other.

Hence, this research study would fulfill the above said research gap as the objectives of the research is formulated keeping the above research gap in mind.

CHAPTER - III
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology used to carry out this research study. This methodology plays a significant role in implementing this research study and provides an outline. It contains aim and objectives, research design, source of data and unit of analysis, universe, study population, sampling, sample size, hypotheses, tools of data collection, pilot study, data collection and statistical tests used in the research study.

3.2 Aim and Objectives

The primary aim of the study is to understand the life satisfaction, adjustment and quality of community life among tribal elderly in urban community. The objectives of the study are:

1. To study the socio-demographic profile of the respondents.
2. To assess the level of adjustment, life satisfaction and quality of community life of the respondents.
3. To find out the significant difference between the selected demographic variables and elderly adjustment, life satisfaction and quality of community life of respondents.
4. To find out the relationship and influence among elderly adjustment, life satisfaction and quality of community life of respondents.
5. To examine the effect of urbanization on community life of respondents.
6. To enquire into the intergenerational relationship of tribal life in urban community.
7. To put forward implications based on findings of the research study.

3.3 Hypotheses

H_1 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their community.

H_2 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their present employment.

H_3 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their residential status.

H_4 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their marital status.

H_5: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their gender.

H_6 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their education.

H_7 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their type of family.

H_8 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their health problems.

H_9: There is significant relationship between elderly adjustment with respect to age, respondent's monthly income and family income per month of the respondents.

H_{10}: There is significant relationship between life satisfaction with respect to age, respondent's monthly income and family income per month of the respondents.

H_{11} : There is significant relationship between quality of community life with respect to age, respondent's monthly income and family income per month of the respondents.

H_{12}: There is significant influence of life satisfaction and quality of community life on elderly adjustment among the respondents.

H_{13}: There is significant influence of elderly adjustment and quality of community life on life satisfaction among the respondents.

H_{14}: There is significant influence of elderly adjustment and life satisfaction on quality of community life among the respondents.

3.4 Research Questions

This research study addresses the following research questions:

i. What is the difference (The term difference is used as one-way analysis of variance test is used to test the mentioned research question) in elderly adjustment, life satisfaction and quality of community life among the respondents of the research study that could be attributed to selected demographic variables used for statistical analysis?
ii. What is the difference (The term difference is used as independent samples‘t’ test is used to test the mentioned research question) in elderly adjustment, life satisfaction and quality of community life among the respondents of the research study that could be attributed to selected demographic variables?
iii. What is the relationship between selected demographic variables and elderly adjustment among the respondents of the research study?
iv. What is the relationship between selected demographic variables and life satisfaction among the respondents of the research study?
v. What is the relationship between selected demographic variables and quality of community life among the respondents of the research study?
vi. What is the influence of selected dependent variables on elderly adjustment among the respondents of the research study?

vii. What is the impact of selected dependent variables on life satisfaction among the respondents of the research study?

viii. What is the effect of selected dependent variables on quality of community life among the respondents of the research study?

ix. What are the key findings based on views of elderly respondents with respect to intergenerational relationship, impact of urbanization, challenges and opportunity faced by them in society?

3.5. Research Design

According to Burns and Bush (1995), Churchill, (1996) as well as Zikmund (1997) "Research design is a framework or plan for a researcher to answer research problems that is used to guide the methods and procedures of data collection and analysis". The research design used in this research study is both co-relational survey research design and cross sectional research design.

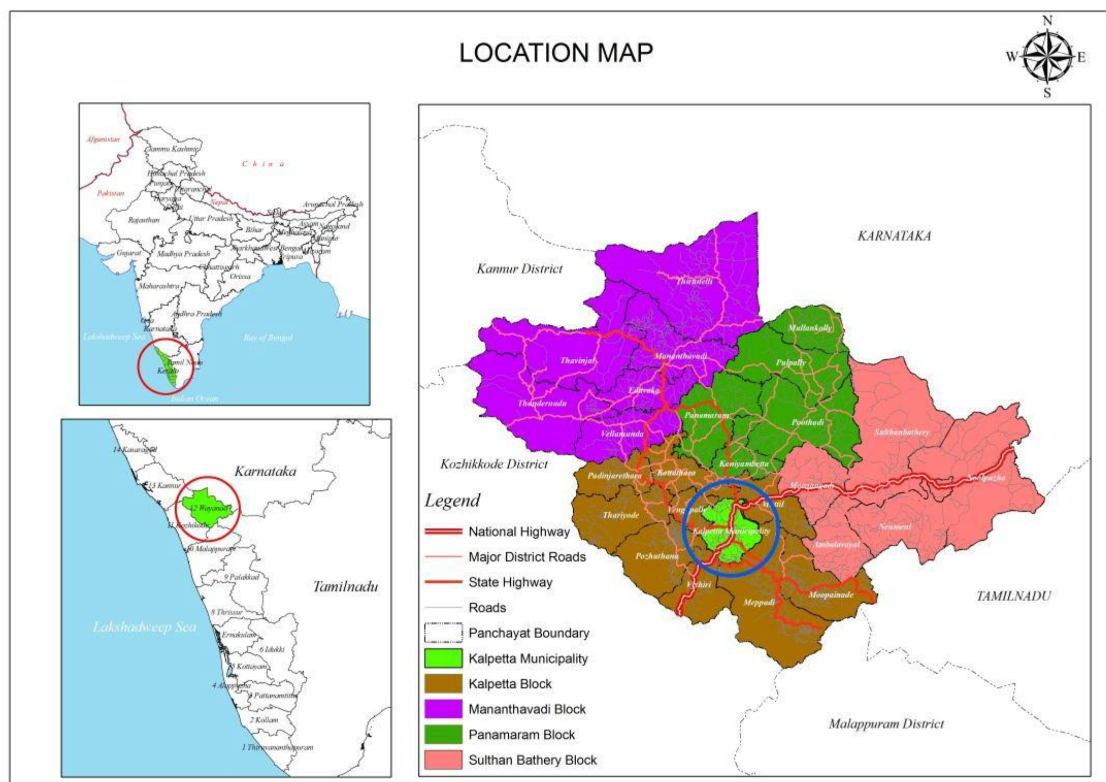
According to Tharenou, Donohue and Cooper (2007), correlational survey research design is a research study based on survey data conducted in field (that is in a non – contrived setting such as an organization) in which the relationship between one or more independent variables and one or more dependent variables is or are examined. This research study would examine the impact of demographic variables considered in the research study with respect to life satisfaction, adjustment and quality of community life among its respondents. Hence, the design of this research study could be categorized as correlational survey research design.

Cross sectional research design pertains to such research where all the information pertaining to variables of the research study is collected just once, at a single point in time (Putranta, 2008). Data was collected from the elderly tribals in Kalpetta town, Wayanad district, Kerala during the months of May 2014 to January 2015. Hussey and Hussey (1997) opined that cross sectional research design is regarded as being relatively less costly and less time consuming because it provides a snapshot of the ongoing phenomenon. The above cited reason justifies the choice of such a design for this research study.

3.6 Field of Study

Kerala popularly known as God’s own country has a unique geographical features and equally distinct demographic trend of increasing elderly population among the Indian states. The proportion of elderly population in Kerala is far ahead than that of the country, ranking first among all the Indian states. The district of Wayanad is one of the backward districts of the State with highest concentration of scheduled tribe population. The tribal settlements in the district are unique in terms of the socio- cultural customs, lifestyle, indigenous technology and limited services.It is located 75° 47 ‘23” and 76° 26’ 40” East longitude and 11° 30’ 68” and 11° 58’ 40” North Latitude, at a distance of 77 kms from the sea shore of Kozhikode with an area of 2132 sq. km at 700 to 2100 above sea level.

Figure 3.1 Location of Wayanad District, Kerala



The district consists of 04 blocks namely Kalpetta, Sulthan Bathery, Mananthavady and Pananmaram with 25 village panchayats. Kalpetta, the district head quarter is the only higher order urban settlement in the district (Census 2011). According to Census 2011, Wayanad the homeland of the highest (18.5 per cent) of the tribal population in the state of Kerala, comprises of various ethnic tribal groups as the aboriginals of Wayanad. The Paniyas, Kurichiyas, Kuruma, Kattunayaka, Oorali, and Adiyas are numerically significant tribes among the 35 notified tribal communities in Kerala, which constitute more than 85 percent of total tribal population in the state. However, these tribal communities have distinct language, dress pattern, work and customs. They are considered as untouchables for the higher caste people in society. The tribal communities of Wayand, being socio-economically and culturally deprived, form the most marginalized section of society in the state. The prohibition of shifting cultivation, commercial exploitation of forest resources and the land reform acts have brought about radical change towards pauperization in their economic life. The forest regulations have adversely affected the life of tribals.

3.7 Universe

Universe for the research study pertains to group of units from which a researcher would like to generalize or draw conclusions with regard to the research study (de Vaus, 2002). All the tribal elderly population in the Wayanad District, Kerala form the universe of the study.

3.8 Population

The population of this research study comprises of tribal elderly in the age group of 60 years and above residing at Kalpetta municipality, Wayanad District, Kerala. The researcher procured the list of beneficiaries of Indira Gandhi old age pension scheme and widow pension scheme pertaining to government of Kerala who are aged 60 years and above. This list enabled the researcher to identify all the wards in which tribal elderly are residing in Kalpetta Municipality. The researcher through complete enumeration prepared a list of 289 tribal elderly aged 60 years and above.

3.9 Sampling Design

Neuman (2003) and Zikmund (1997) opine that sampling is a systematic process of selecting parts of a population to draw conclusions regarding the population of research study. The best representative sample can be obtained through a probability or random sampling as this technique provides each member in the population to have the same chance to be chosen in the sample (de Vaus, 2002; Fink, 2003; Sekaran, 1992). A good random sampling requires a sample frame or a complete list of all population members (Burns & Bush, 1995; Fink, 2003). The researcher procured the list of beneficiaries of Indira Gandhi old age pension scheme and widow pension scheme pertaining to government of Kerala who are aged 60 years and above. This list enabled the researcher to identify all the wards in which tribal elderly are residing in Kalpetta Municipality. The researcher through complete enumeration prepared a list of 289 tribal elderly aged 60 years and above. The researcher used simple random sampling by lottery method to choose the respondents for the research study from the study population of 289 tribal elderly in Kalpetta municipality, Wayanad district, Kerala.

3.10 Sample Size

The study population for this research study is 289 tribal elderly people in Kalpetta municipality, Wayanad district, Kerala. Krejcie and Morgan (1970) sample size calculation technique was adopted to arrive at the sample size (N) of 165. The sample size of this research study also satisfies the guidelines mentioned by Blaikie (2003) as well as Garver and Mentzer (1999).

3.11 Inclusion and Exclusion Criteria

The elderly people who have completed 60 years of age and residing in the study area for more than two years are included in the study, whereas the rest of the people are excluded from the study.

3.12 Pre-Test

The main objective of a pre-test is to examine the reliability of the questionnaire items (de Vaus, 2002; Neuman, 2003). It also aims to detect possible mistakes and to ensure that the questionnaire will elicit the intended information (Webb, 2000).

Pilot study was carried out among 60 respondents in Kalpetta municipality, Wayanad district, Kerala in April, 2014 before the actual collection of data. The respondents of the pilot study were tribal elderly people. Most of the respondents stated that the instructions, statements used in the scale pertaining to variables of the research study and the choices of possible answers used in the interview schedule were understandable and comprehensive.

3.13 Data Collection

The data was collected from elderly tribal persons during the month of May, 2014 to January, 2015 in Kalpetta municipality, Wayanad district, Kerala. There were two phases of data collection done with respondents in order to do in-depth analysis of the elderly issues in the study area. Phase 1 was quantitative data collection with support of above mentioned standardised scales. Phase 2 was qualitative data collection with assistance of self-administered check list.

Mixed methods were used for this research study, which includes a primary quantitative method followed by a qualitative method.

3.14 Phase 1 (Quantitative Data Collection)

3.14.1 Tools of Data Collection

For the purpose of quantitative data collection, interview schedule with standardized scales are used and accordingly permission have been procured to use the tool. The tool has been divided into following parts.

3.14.1.1 Demographic Variables

It includes the respondents' age, gender, religion, community, marital status, educational qualification, type of family, employment status, monthly income, family income per month, details of family members with the respondent, health problems of the respondents, treatment taken or not for the health problem and place of treatment for the respondents' health problem.

3.14.1.2 Old Man Adjustment

Old man adjustment scale a tool developed by Ragini Dubey in 1997: It consists of sixty statements. 30 statements shows good adjustment and other 30 statements show poor adjustment level.

3.14.1.3 Life Satisfaction

Life satisfaction scale a tool developed by Promila Singh and George Joseph in 1996: It is a thirty- five items scale. It comprises of dimensions: a) Taking pleasure in everyday activities, b) Considering life meaningful, c) Holding a positive self-image, d) Having a happy and optimistic outlook. and e) Feeling success in achieving goals.

3.14.1.4 Quality of Community Life

Quality of community life scale (Indian Council of Medical Research (ICMR), 2005): It is a thirty-three items scale. It consisting of 11 factors namely relationship with colleagues, community efforts for sanitation, support of relatives, support of family, support of neighbours, relationship with friends, medical and other facilities, social discrimination, social contacts and community information, law and order problems as well as caste and religion. The schedule is attached in Annexure - II. Personal interview method was used to elicit data from the respondents.

3.14.2 Reliability Analysis Pertaining to Variables of the Research Study

Nunnally (1978) defines "Reliability of a scale as the extent to which the scale is repeatable and provides the same results when it is used to measure under a variety of conditions such that it provides the same results." .In other words, if the scale is administered after certain period of time it will generate consistent results. Cronbach's (1951) alpha coefficient was employed to assess the reliability of each construct. Rule of thumb for Cronbach alpha coefficient value as suggested by George and Mallery (2003) are: "Greater than 0.9 – Excellent; Greater than 0.8 – Good; Greater than 0.7 – Acceptable; Greater than 0.6 – Questionable, Greater than 0.5 – Poor, and Lesser than 0.5 – Unacceptable".

Table 3.1 Reliability Analysis for the Tools Used in the Study

S. No.	Scales	Value of Cronbach alpha coefficient
1.	Old Men Adjustment Scale	0.927
2.	Life Satisfaction Scale	0.910
3.	Quality of Community Life Scale	0.851

Table 3.1 presents the results of reliability analysis pertaining to variables of the research study. Cronbach alpha coefficient value for elderly adjustment is 0.927 which is an excellent value, in accordance with rule of thumb for Cronbach alpha value as suggested by George and Mallery (2003). The value of Cronbach alpha coefficient for life satisfaction is 0.910 which is an excellent value, in accordance with rule of thumb for Cronbach alpha value as suggested by George and Mallery (2003). It is evident from table 4.3 that Cronbach alpha coefficien't' value for quality of community life is 0.851 which is a good value, in accordance with rule of thumb for Cronbach alpha value as suggested by George and Mallery (2003).

3.14.3 Validity

Validity is defined as the best available approximation to the truth or falsity of a given inference, proposition or conclusion (Cook and Campbell, 1979). Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are.

3.14.3.1 Content Validity

According to Zikmund (2003) "Content validity refers to the extent to which a scale measures relevant aspects of the construct (latent variable) under the investigation.". The content validity of the constructs used in this research study was achieved by employing the pre - existing measurements that have been previously used by many researchers. Content validity of the variables used in the research study was made by seeking the approval from the research supervisor, members of doctoral committee and doing pilot study with 60 respondents from Kalpetta municipality, Wayanad district, Kerala in April, 2014. Research supervisor and members of doctoral committee approved the scales used pertaining to the variables of the

research study. They felt that statements used in the scales pertaining to variables of the research study measured the same. It was supported by the results of the pilot study with respondents in Kalpetta municipality, Wayanad district, Kerala which indicated that most of the respondents stated that statements in the scales pertaining to the variables of the research study were understandable and comprehensive.

3.14.3.2 Data Processing

The data analysis consists of data cleaning, which includes checking for correctness and completeness, and, coding and keying in to IBM Statistical Package for Social Science and, performing and analyzing the descriptive responses according to frequency distribution and descriptive statistics. All the incomplete interview schedules were discarded from the analysis.

3.14.3.3 Data Analysis

Descriptive statistics such percentage, mean, standard deviation etc, have been used to describe socio-demographic details of the respondents. The hypotheses are tested with the use of bi-variate and multi-variate statistival tests such as t-test, One-way Analysis of Variance (ANOVA), Karl Pearson's correlation and Regression. Organization, preparation and all statistical analysis were done by using the Statistical Package for Social Sciences (IBM-SPSS) PC- version 20.

3.15 Phase 2 (Qualitative Data Collection)

3.15.1 Focus Group Discussion

Focus group discussion as one of the qualitative methods equips the researcher to conduct a thorough investigation of the phenomenon and give a descriptive account of it (Dollar and Merrigan, 2002). Focus group being considered one of the best approaches of qualitative analysis is very useful because it allows the researcher to gather subjective information in a detailed manner which other-wise is inaccessible (Krueger and Casey, 2000). For instance, an individual might indicate on a survey that she/he experiences change in the role and relationship, however what the survey fail to provide is information about why and in what ways the individual experiences those relationship changes. The focus group discussion is highly efficient in tapping the subjective information from the respondents because they allow the participants to

interact and validate the information and they also allow the moderator to probe into the details.

3.15.2 Participants and Procedures of Focus Group

The qualitative data for this research is generated through Focus Group Discussions (FGDs) with the tribal elderly. The details are presented in the table below:

Table 3.2 Participants and Procedures of Focus Group

Focus Group No.	No. of Members	Gender	Age Range	Location	No. & Name of Tribal Community Participated
Group No. 1	08	Male	60-78	Nearby center of town	03 (Paniya, Kurichiya & Kuruma)
Group No. 2	07	Female	65-81	Nearby center of town	02 (Paniya & Kurichiya)
Group No. 3	09	Male	66-82	Nearby outskirts of town	03 (Kuruma, Oorali & Kattunayaka)
Group No. 4	08	Female	68-85	Nearby outskirts of town	02 (Oorali & Kattunayaka)

In total four FGDs, comprising of two FGDs at nearby centre of the town and two FGDs at outskirts of the town were conducted to understand the location centric perspective of the respondents emanating from differential access to resources and benefits. The discussion at each location was conducted with male and female participants separately to elicit the gender perspective of the major issues of intergenerational relationship. The focus group had representation from five tribal communities comprising of Paniya, Kurichiya, Kuruma, Oorali and Kattunayaka residing in Wayanad Municipality. The researcher used self-administrated checklist to

understand the intergenerational relationship, impact of urbanization and challenges and opportunities experienced by respondents in the urban community. The discussions were broached and facilitated with the assistance of translator.

3.15.3 Data Analysis

The data gathered went through several phases of analysis. Group answers to each question in all the discussions were recorded. The data gathered was divided into segments or units that represented specific thoughts, experiences and disposition of participants. Subsequently the list of topics was generated, which was further compiled into information labels. These information labels also known as key findings were analyzed to find the interconnectedness of circumstances and issues that may have given rise to these labels. Consequently, a clear perspective of the intergenerational relationship and its other faucets of the respondents emerged. Data from all respondents was analyzed for major themes as well as data from each respondent was specifically analyzed to gauge the unique dynamics of each group. The identities of respondents in the focus group report were not disclosed, instead of their names, singular or plural pronoun has been used to further protect their identity.

3.15.4 Data Collection Experience

The topography and scattered inhabitation of tribes in the study area made the data collection more challenging. This also accounts for the long duration of data collection.

3.16 Ethical Consideration

Informed consent was obtained from the respondents. The respondents were explained about the purpose and the nature of the study. The respondents were also assured that any information they disclose will be used only for the purpose of academic pursuits and strict confidentiality will be maintained.The respondents who wanted to withdraw from the study were allowed to opt out.

3.17 Limitations

Every research has limitations and this research study is not an exception. The limitations of the present research work are as follows:

i. This research work is restricted to tribal elderly in Kalpetta municipality, Wayanad district, Kerala. Findings of the research study cannot be generalized to other places in Kerala state as well as to other states in India.
ii. This study only focuses on the adjustment, life satisfaction, and quality of community life of the elders and does not concentrate on the areas related to legal and policy aspects of the elderly.
iii. All life experiences and situations of elders in general and women in particular could not be explored. This calls for sensitivity of the questions and cultural barriers prevailing among tribal elders.
iv. This research study relies on data obtained from tribal elderly person's opinion. The responses may suffer from human bias and prejudice.

The next chapter "Life satisfaction, quality and adjustment of tribal elderly in urban community" would present the statistical findings pertaining to the data collected from the respondents of the research study and discussion pertaining to statistical findings of the research study.

CHAPTER - IV

LIFE SATISFACTION, QUALITY AND ADJUSTMENT OF TRIBAL ELDERLY IN URBAN COMMUNITY

This chapter presents the statistical findings pertaining to data collected from the respondents of the research study.

This chapter contains the following:

4.1 Socio- demographic profile of the respondents.
4.2 Descriptive analysis of the variables pertaining to the research study.
4.3 Low, moderate and high values pertaining to variables of the research study.
4.4 Results of one-way analysis of variance pertaining to the research study.
4.5 Independent samples ‘t’ test results pertaining to the research study.
4.6 Results of correlation pertaining to the research study.
4.7 Multiple regression analysis results pertaining to the research study.
4.8 Discussion pertaining to statistical findings of the research study.

4.1 Socio-Demographic Profile of the Respondents

Socio- demographic profile of the respondent consists of age, gender, religion, community, marital status, education, type of family, employment status, details of present employment of the respondent, details of previous employment of the respondent**,** monthly income, family income per month, respondents’ residential details, major health problems if any of the respondents, nature of health problems of the respondents, treatment taken or not for the health problem and place of treatment for the respondents health problem.

Table 4.1 Socio-Demographic Profile of the Respondents

S.No.	Socio-demographic variables	Frequency	Percent
1.	**Age (in years)**		
	60 – 65	85	51.5
	66 – 71	41	24.9
	72 - 77	19	11.5
	Above 77	20	12.1
2.	**Gender**		
	Males	66	40.0
	Females	99	60.0
3.	**Religion**		
	Hindu	165	100.0
4.	**Community**		
	Paniyar	130	78.8
	Kattunayakan	6	3.6
	Kuruma	19	11.5
	Oorali	3	1.8
	Kuruchya	7	4.2
5.	**Marital status**		
	Married	97	58.8
	Unmarried	8	4.8
	Widow	49	29.7
	Remarried	2	1.2
	Divorced	3	1.8
	Widower	6	3.7
6.	**Education**		
	Illiterate	144	87.3
	Literate	21	12.7
7.	**Type of family**		
	Nuclear family	68	41.2
	Joint family	97	58.8

8.	**Employment status**		
	Working	54	32.7
	Not working	111	67.3
9.	**Details of present employment**		
	Domestic maid	3	1.8
	Coolie	21	12.7
	Agriculturist	5	3.0
	Labourers	25	15.2
	Not working	111	67.3
10.	**Details of previous employment**		
	Domestic maid	11	6.7
	Coolie	36	21.8
	Attenders	1	0.6
	Agriculturist	8	4.8
	Labourers	51	30.9
	Not working	57	34.5
	Government employees	1	0.6
11.	**Monthly income**		
	No income	95	57.6
	Up to Rs.5000	50	30.3
	Above Rs.5001	20	12.1
12.	**Family income per month**		
	Below Rs. 5000	68	41.2
	Rs. 5001 – Rs. 10,000	63	38.2
	Rs. 10,001 – Rs. 15,000	20	12.1
	Above Rs. 15,001	14	8.5
13.	**Respondents' residential details**		
	Son's family	43	26.1
	Daughter's family	40	24.2
	Husband and children	26	15.8
	Wife and children	39	23.6
	Male alone	5	3.0
	Female alone	8	4.8

	Other relatives	4	2.5
14.	**Major Health Problems**		
	Have Health Problems	118	71.5
	No Health Problems	47	28.5
15.	**Nature of Health Problems**		
	Joint pain	14	8.5
	Heart disease	4	2.4
	Blood pressure	13	7.9
	Eye problem	9	5.5
	Diabetes	3	1.8
	Multiple health problems	65	39.4
	Tuberculosis	3	1.8
	Asthma	7	4.2
	Minor health problems (i.e. fever, cold and cough, etc.)	47	28.5
16.	**Treatment taken or not for the health problem**		
	Treatments taken	165	100.0
17.	**Place of treatment for health problem**		
	Primary/Community Health Centre	89	53.9
	Traditional Therapy (AYUSH)	46	27.9
	Government Hospital	15	9.1
	Private Hospital / Clinic	15	9.1

Table 4.1 presents the demographic details pertaining to respondents of the research study. The demographic variables presented in this table are as follows:

Age

Table 4.1 shows that more than half (51.5%) of the respondents are in the age group of 60 years to 65 years, 24.9% of the respondents belong to the age group of 66 years to 71 years, 12.1% of the respondents are above 77 years of age and 11.5% of the respondents come under the age group of 72 years to 77 years.

Gender

It is evident from the table 4.1 that three fifth (60.0%) of the respondents are females and remaining two – fifth (40.0%) of the respondents are males.

Religion

Table 4.1 shows that all (100%) of the respondents belong to Hindu religion.

Community

It is evident from table 4.1 that more than three – fourth (78.8%) of the respondents are from Paniyar community, 11.5% of the respondents belong to Kuruma community, 4.2% of the respondents are from Kuruchya community, Kattunayakan community constitutes 3.6% of the respondents and 1.8% of the respondents belong to Oorali community.

Marital status

Table 4.1 reveals that less than three – fifth (58.8%) of the respondents are married, 29.7% of the respondents are widow, 4.8% of the respondents are unmarried, 3.7% of the respondents are widower, 1.8% of the respondents are divorced and 1.2% of the respondents are remarried.

Education

It is portrayed from table 4.1 that majority (87.3%) of the respondents are illiterate and 12.7% of the respondents are literate.

Type of Family

Table 4.1 shows that less than three – fifth (58.8%) of the respondents belong to joint family and remaining more than two – fifth (41.2%) of the respondents belong to nuclear family.

Employment Status

It is revealed from table 4.1 shows that more than two – third (67.3%) of the respondents are not working and remaining less than one third (32.7%) of the respondents are working.

Details of Present Employment

Table 4.1 portrays that more than two – third (67.3 %) of the respondents are not working presently, 15.2 % of the respondents are labourers, 12.7% of the respondents are coolie, agriculture as a profession is pursued by 3.0% of the respondents and 1.8% of the respondents are employed as domestic maid in neighbouring houses.

Details of Previous Employment

It is evident from table 4.1 that more than one third (34.5%) of the respondents have not been working previously, 30.9% of the respondents were employed as labourers previously, coolie as a profession was pursued by 21.8% of respondents previously, 6.7% of the respondents were employed as domestic maid previously, 4.8% of the respondents were agriculturist previously and 0.6% of the respondents individually were attenders and government employees previously.

Monthly Income

Table 4.1 shows that less than three fifth (57.6%) of the respondents have no monthly income, 30.3% of the respondents receive monthly income up to Rs.5,000 and 12.1% of the respondents get monthly income above Rs.5,001.

Family Income Per Month

Table 4.1 portrays that more than two – fifth (41.2%) family income per month is below Rs.5, 000; 38.2% of the respondents family income per month is within Rs. 5001 to Rs. 10,000; 12.1% of the respondents family income per month is Rs. 10, 001 to Rs. 15,000 and 8.5% of the respondents family income per month is above Rs.15, 001.

Respondents' Residential Details

It is evident from table 4.1 that more than one – fourth (26.1%) of the respondents stay with their son's family, 24.2% of the respondents live with their daughter's family, 23.6% of the respondents reside with their wife and children, 15.8% of the respondents live with their husband and children, 4.8% of the female respondents live alone, 3.0% of male respondents stays alone and 2.5% of the respondents are residing with other relatives.

Major Health Problems

Table 4.1 depicts that 71.5% of the respondents have major health problems and remaining (28.5%) of the respondents do not have major health problems.

Nature of Health Problems

It is evident from table 4.1 that less than two – fifth (39.4%) of the respondents have multiple health problems, 28.5% of the respondents have minor health problems, 8.5% of the respondents have joint pain, 7.9% of the respondents have blood pressure, 5.5% of the respondents have eye problem, 4.2% of the respondents have asthma, 2.4% of the respondents have heart disease and 1.8% of the respondents individually have diabetes and tuberculosis respectively.

Treatment Taken or Not for their Health Problems

Table 4.1 portrays that all (100%) of the respondents have taken treatment for their health problems.

Place of Treatment for Health Problem

It is seen from table 4.1 that about half (53.9%) of the respondents have taken treatment for their health problems from primary health centre or community health centre, less than one third (27.9%) of the respondents took treatment by traditional therapy (AYUSH) and equal number (9.1%) of the respondents have taken treatment from government hospital as well from private hospital.

4.2 Descriptive Analysis of the Variables for the Research Study

Table 4.2 Descriptive Analysis Pertaining to Variables of the Research Study

S. No.	Variables	Sample Size (N)	Minimum	Maximum	Mean	Standard Deviation
1.	Life satisfaction	165	61.000	162.000	117.509	20.587
2.	Elderly adjustment	165	25.000	116.000	78.630	17.400
3.	Quality of community life	165	52.00	96.00	72.490	10.105

Table 4.2 presents the descriptive analysis for the variables of the research study. The minimum score for life satisfaction pertaining to respondents of the research study is 61.000 and maximum score for the above said variable for the respondents of this research study is 162.000. The mean of life satisfaction pertaining to respondents of the research study is 117.509. Standard deviation for life satisfaction pertaining to respondents of the research study is 20.587.

It is evident from table 4.2 that minimum score for elderly adjustment pertaining to respondents of the research study is 25.000 and maximum score for the above said variable for the respondents of this research study is 116.000. The mean of elderly adjustment pertaining to respondents of the research study is 78.630. Standard deviation for elderly adjustment pertaining to respondents of the research study is 17.400.

Table 4.2 shows that minimum score for quality of community life pertaining to respondents of the research study is 52.000 and maximum score for the above said variable for the respondents of this research study is 96.000. The mean of quality of community life pertaining to respondents of the research study is 72.490. Standard deviation for quality of community life pertaining to respondents of the research study is 10.105.

4.3 Low, Moderate and High Values Pertaining to Variables of the Research Study

Table 4.3 presents the low, moderate and high values pertaining to variables of the research study. It is evident from the table 4.4 that more than two – fifth (41.820%) of the respondents have high elderly adjustment, 38.787% of the respondents have low elderly adjustment and 19.393% of the respondents have moderate elderly adjustment.

Table 4.3 Low, Moderate and High Values Pertaining to Variables of the Research Study

S.No.	Variables	Frequency	Percent
1.	**Elderly adjustment**		
	Low	64	38.787
	Moderate	32	19.393
	High	69	41.820
2.	**Life satisfaction**		
	Low	7	4.243
	Moderate	126	76.363
	High	32	19.394
3.	**Quality of community life**		
	Low	59	35.758
	Moderate	48	29.090
	High	58	35.152

It is portrayed from table 4.3 that more than three – fourth (76.363%) of the respondents have moderate life satisfaction, 19.394% of the respondents have high life satisfaction and 4.243% of the respondents have low life satisfaction.

Table 4.3 shows that more than one third (35.758%) have low quality of community life, 35.152% of the respondents have high quality of community life and 29.090% of the respondents have moderate quality of community life.

4.4 Results of One Way Analysis of Variance Pertaining to the Research Study

One-way analysis of variance test is used in this research study to test if there is any significant difference in mean of selected demographic variables with respect to dependent variable among the respondents.

4.4.1 Community of the respondents

H_1: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their community.

Table 4.4 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Tribal Community

Variables	Community	N	Mean	Standard Deviation	F value
Elderly adjustment	Paniyar	130	78.307	16.786	0.745 (p value = 0.563)
	Kattunayakan	6	74.833	27.316	
	Kuruma	19	80.736	20.784	
	Oorali	3	68.666	2.516	
	Kuruchya	7	86.428	12.094	
Life satisfaction	Paniyar	130	119.276	20.015	1.687 (p value = 0.155)
	Kattunayakan	6	110.666	26.688	
	Kuruma	19	115.000	23.416	
	Oorali	3	105.333	13.051	
	Kuruchya	7	102.571	14.397	
Quality of community	Paniyar	130	72.253	10.260	0.845 (p value = 0.498)
	Kattunayakan	6	79.333	9.953	
	Kuruma	19	71.157	10.012	
	Oorali	3	73.333	5.131	
	Kuruchya	7	74.285	8.826	

Table 4.4 presents the results of One-way analysis of variance test for community pertaining to respondents of the research study with respect to elderly adjustment, life satisfaction and quality of community life. The F value for community of the respondents with respect to elderly adjustment is 0.745 and it is not

significant (p value > 0.050). It indicates that no significant difference is found in mean of community pertaining to respondents with respect to elderly adjustment.

It is portrayed from table 4.4 that respondents belonging to Kuruchya community scored higher mean value of 86.428 and lower mean value of 68.666 is scored by the respondents from Oorali community. This shows that respondents belonging to Kuruchya community have high elderly adjustment and less elderly adjustment is seen in the respondents from Oorali community.

The F value for community of the respondents with respect to life satisfaction is 1.687 and it is not significant (p value > 0.050). It indicates that no significant difference exists in mean of community pertaining to respondents with respect to life satisfaction.

Table 4.4 shows that respondents from Paniyar community scored higher mean value of 119.276 and lower mean value of 102.571 is scored by the respondents belonging to Kuruchya community. This shows that respondents belonging to Paniyar community have high life satisfaction and less life satisfaction is seen in the respondents from Kuruchya community.

The F value for community of the respondents with respect to quality of community life is 0.845 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of community pertaining to respondents with respect to quality of community life.

It is evident from table 4.4 that respondents belonging to Kattunayakan community scored higher mean value of 79.333 and lower mean value of 71.157 is scored by the respondents from Kuruma community. This shows that respondents from Kattunayakan community have high quality of community life and less quality of community life is seen in the respondents from Kuruma community.

The results indicate that there is no significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their community. Therefore, the research hypothesis (H_1) is rejected.

4.4.2 Present Employment of the Respondents

> **H_2: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their present employment.**

Table 4.5 presents the results of one way analysis of variance test for present employment of the respondents pertaining to research study with respect to elderly adjustment, life satisfaction and quality of community life. The F value for present employment of the respondents with respect to elderly adjustment is 0.759 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of present employment pertaining to respondents with respect to elderly adjustment.

It is portrayed from table 4.5 that respondents pursuing agriculture as a profession scored higher mean value of 87.600 and lower mean value of 66.666 is scored by the respondents who are employed as domestic maid. This shows that respondents whose profession is agriculture have high elderly adjustment and less elderly adjustment is seen in the respondents who work as domestic maid.

The F value for present employment of the respondents with respect to life satisfaction is 2.627 and it is significant at 5% (p value < 0.050). It indicates that significant difference exists in mean of present employment pertaining to respondents with respect to life satisfaction.

Table 4.5 shows that respondents who work as domestic maid scored higher mean value of 134.333 and lower mean value of 114.162 is scored by the respondents having no work. This shows that respondents who work as domestic maid have high life satisfaction and less life satisfaction is seen in the respondents having no work.

Table 4.5 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Present Employment

Variables	Present employment	N	Mean	Standard Deviation	F value
Elderly adjustment	Domestic maid	3	66.666	18.502	0.759 (p value = 0.553)
	Coolie	21	78.000	13.103	
	Agriculturist	5	87.600	12.441	
	Labourers	25	77.000	15.370	
	Not working	111	79.036	18.664	
Life satisfaction	Domestic maid	3	134.333	19.502	2.627* (p value = 0.037)
	Coolie	21	122.238	18.780	
	Agriculturist	5	121.200	13.007	
	Labourers	25	125.640	11.880	
	Not working	111	114.162	22.022	
Quality of Community Life	Domestic maid	3	72.000	9.643	1.844 (p value = 0.123)
	Coolie	21	75.476	8.681	
	Agriculturist	5	81.600	5.813	
	Labourers	25	73.000	11.000	
	Not working	111	71.414	10.125	

* Significant at 5% level

The F value for present employment of the respondents with respect to quality of community life is 1.844 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of present employment pertaining to respondents with respect to quality of community life.

It is evident from table 4.5 that respondents pursuing agriculture as a profession scored higher mean value of 81.600 and lower mean value of 71.414 is scored by the respondents who are not working. This shows that respondents who have taken agriculture as a profession have high quality of community life and less quality of community life is seen in the respondents who have no work.

The results indicate that there is no significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their present employment. Since, majority of variables are not significant therefore, the research hypothesis (H_2) is rejected.

4.4.3 Respondents' Residential Details

Table 4.6 presents the results of one way analysis of variance test for respondents' residential details pertaining to research study with respect to elderly adjustment, life satisfaction and quality of community life. The F value for respondents' residential details with respect to elderly adjustment is 4.895 and it is significant at 1% (p value < 0.010). It indicates that significant difference is found in mean of respondents' residential details with respect to elderly adjustment.

It is portrayed from table 4.6 that respondents residing with daughter's family scored higher mean value of 87.350 and lower mean value of 60.250 is scored by the female respondents living alone. This shows that respondents residing with daughter's family have high elderly adjustment and less elderly adjustment is seen in the female respondents living alone.

The F value for respondents' residential details with respect to life satisfaction is 3.025 and it is significant at 1% (p value < 0.010). It indicates that significant difference exists in mean of respondents' residential details with respect to life satisfaction.

Table 4.6 shows that respondents residing with other relatives scored higher mean value of 134.750 and lower mean value of 96.875 is scored by the female respondents staying alone. This shows that respondents residing with other relatives

have high life satisfaction and less life satisfaction is seen in the female respondents staying alone.

Table 4.6 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Respondents' Residential Details

Variables	Residential details	N	Mean	Standard Deviation	F value
Elderly adjustment	Son's family	43	76.116	15.453	4.895** (p value = 0.000)
	Daughter's family	40	87.350	19.117	
	Husband and children	26	74.000	15.763	
	Wife and children	39	81.512	10.750	
	Male alone	5	66.600	27.772	
	Female alone	8	60.250	19.608	
	Other relatives	4	72.250	20.056	
Life satisfaction	Son's family	43	112.372	21.515	3.025** (p value = 0.008)
	Daughter's family	40	119.875	19.148	
	Husband and children	26	117.346	19.863	
	Wife and children	39	123.000	19.279	
	Male alone	5	120.000	22.814	
	Female alone	8	96.875	18.106	
	Other relatives	4	134.750	8.995	
	Son's family	43	70.023	7.573	
	Daughter's family	40	76.350	11.532	

Quality of community life	Husband and children	26	72.961	8.897	3.124** (p value = 0.006)
	Wife and children	39	73.205	9.989	
	Male alone	5	68.400	12.054	
	Female alone	8	62.625	10.742	
	Other relatives	4	75.250	8.460	

** Significant at 1% level.

The F value for respondents' residential details with respect to quality of community life is 3.124 and it is significant at 1% (p value < 0.010). It indicates that significant difference is found in mean of respondents' residential details with respect to quality of community life.

It is evident from table 4.6 that respondents residing with daughter's family scored higher mean value of 76.350 and lower mean value of 62.625 is scored by the female respondents living alone. This shows that respondents residing with daughter's family have high quality of community life and less quality of community life is seen in the female respondents living alone.

The results indicate that there is significant difference between residential details with respect to elderly adjustment, life satisfaction and quality of community life among the respondents. Therefore, the research hypothesis (H_3) is accepted.

4.4.4 Marital Status of the Respondents

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H_4: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their marital status.

Table 4.7 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Marital Status of the Respondents

Variables	Marital status	N	Mean	Standard Deviation	F value
Elderly adjustment	Married	97	79.391	14.194	1.364 (p value = 0.241)
	Unmarried	8	67.250	14.887	
	Widow	49	79.959	21.512	
	Remarried	2	88.000	5.656	
	Divorced	3	64.666	10.016	
	Widower	6	74.500	29.228	
Life satisfaction	Married	97	119.814	19.601	2.804* (p value = 0.019)
	Unmarried	8	123.750	16.943	
	Widow	49	110.163	21.687	
	Remarried	2	149.000	1.414	
	Divorced	3	115.000	12.767	
	Widower	6	122.666	20.383	
Quality of community life	Married	97	72.659	9.564	0.585 (p value = 0.711)
	Unmarried	8	68.250	10.039	
	Widow	49	72.489	11.195	
	Remarried	2	78.500	3.535	
	Divorced	3	77.333	8.962	
	Widower	6	71.000	12.393	

* Significant at 5% level.

Table 4.7 presents the results of one way analysis of variance test for marital status of respondents pertaining to research study with respect to elderly adjustment, life satisfaction and quality of community life. The F value for marital status of respondents with respect to elderly adjustment is 1.364 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of marital status pertaining to respondents with respect to elderly adjustment.

It is portrayed from table 4.7 that respondents who are remarried have scored higher mean value of 88.000 and lower mean value of 64.666 is scored by the respondents who are divorced. This shows that respondents who are remarried have high elderly adjustment and less elderly adjustment is seen in the respondents who are divorced.

The F value for marital status of respondents with respect to life satisfaction is 2.804 and it is significant at 5% (p value < 0.050). It indicates that significant difference exists in mean of marital status pertaining to respondents with respect to life satisfaction.

Table 4.7 shows that respondents who are remarried have scored higher mean value of 149.000 and lower mean value of 110.163 is scored by the respondents who are widow. This shows that respondents who are remarried have high life satisfaction and less life satisfaction is seen in the respondents who are widow.

The F value for marital status of respondents with respect to quality of community life is 0.585 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of marital status pertaining to respondents with respect to quality of community life.

It is evident from table 4.7 that respondents who are remarried have scored higher mean value of 78.500 and lower mean value of 68.250 is scored by unmarried respondents. This shows that respondents who are remarried have high quality of community life and less quality of community life is seen in unmarried respondents.

The results indicate that there is no significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to the marital status of the respondents. Hence, the research hypothesis (H_4) is rejected.

4.5 Independent Samples 't' Test Results Pertaining to the Research Study

Independent samples 't' test is used in this research study to test if there is any significant difference in mean of selected demographic variables with respect to dependent variable among the respondents of the research study.

4.5.1 Gender of the Respondents

H_5: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their gender.

Table 4.8 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Gender

Variables	Gender	N	Mean	Standard Deviation	't' value
Elderly adjustment	Males	66	80.409	14.836	1.073 (p value = 0.285)
	Females	99	77.444	18.897	
Life satisfaction	Males	66	122.848	18.155	2.775** (p value = 0.006)
	Females	99	113.949	21.416	
Quality of community life	Males	66	72.090	10.187	- 0.414 (p value = 0.679)
	Females	99	72.757	10.093	

** Significant at 1% level.

Table 4.8 presents the results of independent samples ‘t’ test for gender of respondents pertaining to research study with respect to elderly adjustment, life satisfaction and quality of community life. The ‘t’ value for gender of respondents with respect to elderly adjustment is 1.073 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of gender pertaining to respondents with respect to elderly adjustment.

It is evident from table 4.8 that males have scored higher mean value of 80.409 as compared to females whose mean value is 77.444. This shows that males have more elderly adjustment as compared to females.

The ‘t’ value for gender of respondents with respect to life satisfaction is 2.775 and it is significant at 1% level (p value < 0.010). It indicates that significant difference exists in mean of gender pertaining to respondents with respect to life satisfaction.

Table 4.8 shows that males have scored higher mean value of 122.848 as compared to females whose mean value is 113.949. This shows that males have more life satisfaction as compared to females.

The t-value for gender of respondents with respect to quality of community life is 0.414 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of gender pertaining to respondents with respect to quality of community life.

It is portrayed from table 4.8 that females have scored higher mean value of 72.757 as compared to males whose mean value is 72.090. This shows that females have more quality of community life as compared to males.

The results indicate that there is no significant difference between gender with respect to elderly adjustment and quality of community life among the respondents. However, there is significant difference between gender with respect to life satisfaction. Since, majority of variables are not significant therefore, the research hypothesis (H_5) is rejected.

4.5.2 Education of the Respondents

H_6 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their education.

Table 4.9 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Gender

Variables	Education	N	Mean	Standard Deviation	't' value
Elderly adjustment	Illiterate	144	78.798	17.253	0.324 (p value = 0.746)
	Literate	21	77.476	18.779	
Life satisfaction	Illiterate	144	117.652	21.057	0.234 (p value = 0.815)
	Literate	21	116.523	17.434	
Quality of community life	Illiterate	144	72.673	10.081	0.607 (p value = 0.545)
	Literate	21	71.238	10.430	

Table 4.9 presents the results of independent samples't' test for education of respondents pertaining to research study with respect to elderly adjustment, life satisfaction and quality of community life. The 't' value for education of respondents with respect to elderly adjustment is 0.324 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of education pertaining to respondents with respect to elderly adjustment.

It is evident from table 4.9 that illiterate respondents have scored higher mean value of 78.798 as compared to literate respondents whose mean value is 77.476. This shows that illiterate respondents have more elderly adjustment as compared to literate respondents.

The ‘t’ value for education of respondents with respect to life satisfaction is 0.234 and it is not significant (p value > 0.050). It indicates that no significant difference exists in mean of education pertaining to respondents with respect to life satisfaction.

Table 4.9 shows that illiterate respondents have scored higher mean value of 117.652 as compared to literate respondents whose mean value is 116.523. This shows that illiterate respondents have more life satisfaction as compared to literate respondents.

The ‘t’ value for gender of respondents with respect to quality of community life is 0.607 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean of education pertaining to respondents with respect to quality of community life.

It is portrayed from table 4.9 that illiterate respondents have scored higher mean value of 72.623 as compared to literate respondents whose mean value is 71.328. This shows that illiterate respondents have more quality of community life as compared to literate respondents.

The results indicate that there is no significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their education. Therefore, the research hypothesis (H_6) is rejected.

4.5.3 Type of Family Pertaining to Respondents

H_7: There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their type of family.

Table 4.10 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Type of Family

Variables	Type of family	N	Mean	Standard Deviation	't' value
Elderly adjustment	Nuclear family	68	78.705	20.390	0.047 (p value = 0.963)
	Joint family	97	78.577	15.068	
Life satisfaction	Nuclear family	68	120.058	21.747	1.335 (p value = 0.184)
	Joint family	97	115.721	19.650	
Quality of community life	Nuclear family	68	73.294	11.003	0.854 (p value = 0.394)
	Joint family	97	71.927	9.443	

Table 4.10 presents the results of independent samples 't' test for type of family pertaining to respondents of the research study with respect to elderly adjustment, life satisfaction and quality of community life. The't' value for type of family pertaining to respondents with respect to elderly adjustment is 0.047 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean for type of family pertaining to respondents with respect to elderly adjustment.

It is evident from table 4.10 that respondents belonging to nuclear family have scored higher mean value of 78.705 as compared to respondents in joint family whose mean value is 78.577. This shows that respondents living in nuclear family have more elderly adjustment as compared to respondents in joint family.

The 't' value for type of family pertaining to respondents with respect to life satisfaction is 1.335 and it is not significant (p value > 0.050). It indicates that no significant difference exists in mean for type of family pertaining to respondents with respect to life satisfaction.

Table 4.10 shows that respondents belonging to nuclear family have scored higher mean value of 120.058 as compared to respondents in joint family whose mean

value is 115.721. This shows that respondents living in nuclear family have more life satisfaction as compared to respondents in joint family.

The‘t’ value for type of family pertaining to respondents with respect to quality of community life is 0.854 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean for type of family pertaining to respondents with respect to quality of community life.

It is portrayed from table 4.10 that respondents belonging to nuclear family have scored higher mean value of 73.294 as compared to respondents in joint family whose mean value is 71.927. This shows that respondents belonging to nuclear family have more quality of community life as compared to respondents in joint family.

The results indicate that there is no significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their type of family. Therefore, the research hypothesis (H_7) is rejected.

4.5.4 Major Health Problems of the Respondents

H_8 : There is significant difference in the levels of elderly adjustment, life satisfaction and quality of community life among the respondents with respect to their major health problems.

Table 4.11 presents the results of independent samples ‘t’ test for major health problems pertaining to respondents of the research study with respect to elderly adjustment, life satisfaction and quality of community life. The ‘t’ value for major health problems pertaining to respondents with respect to elderly adjustment is –1.385 and it is not significant(p value > 0.050). It indicates that no significant difference is found in mean for major health problems pertaining to respondents with respect to elderly adjustment.

Table 4.11 Elderly Adjustment, Life Satisfaction and Quality of Community Life with Major Health Problems

Variables	Major health problems	N	Mean	Standard Deviation	't' value
Elderly adjustment	Yes	118	77.449	18.549	-1.385 (p value = 0.168)
	No	47	81.595	13.844	
Life satisfaction	Yes	118	113.906	20.676	-3.696** (p value = 0.000)
	No	47	126.553	17.518	
Quality of community life	Yes	118	72.110	10.793	- 0.766 (p value = 0.445)
	No	47	73.446	8.152	

** Significant at 1% level.

It is evident from table 4.11 that respondents who do not have major health problems have scored higher mean value of 81.595 as compared to respondents who have major health problems scored mean value of 77.449. This shows that respondents who do not have major health problems have more elderly adjustment as compared to respondents who have major health problems.

The 't' value for major health problems pertaining to respondents with respect to life satisfaction is -3.696 and it is significant at 1% (p value < 0.010). It indicates that significant difference exists in mean for major health problems pertaining to respondents with respect to life satisfaction.

Table 4.11 shows that respondents who do not have major health problems have scored higher mean value of 126.553 as compared to respondents who have major health problems scored mean value of 113.906. This shows that respondents who do not have major health problems have more life satisfaction as compared to respondents who have major health problems.

The ‘t’ value for major health problems pertaining to respondents with respect to quality of community life is - 0.766 and it is not significant (p value > 0.050). It indicates that no significant difference is found in mean for major health problems pertaining to respondents with respect to quality of community life.

It is portrayed from table 4.11 that respondents who do not have major health problems have scored higher mean value of 73.446 as compared to respondents who have major health problems scored mean value of 72.110. This shows that respondents who do not have major health problems have more quality of community life as compared to respondents who have major health problems.

The results indicate that there is no significant difference between major health problems with respect to elderly adjustment and quality of community life among the respondents. However, there is significant difference between major health problems with respect to life satisfaction. Since, majority of variables are not significant therefore, the research hypothesis (H_8) is rejected.

4.6 Karl Pearson’s Correlation Coefficient pertaining to the Research Study

Karl Pearson’s Correlation Coefficient is used in this research study to test if there is any significant relationship with selected demographic variables with respect to dependent variable among the respondents of the research study.

4.6.1 Age, Monthly Income and Family Income with Elderly Adjustment

H_9: There is significant relationship between elderly adjustment with respect to age, respondent’s monthly income and family income per month of the respondents.

Table 4.12 presents the results of correlation with respect to elderly adjustment among the respondents of the research study. It is evident from the table that no relationship is seen between age and elderly adjustment among the respondents of the research study(r = - 0.033, p value > 0.050). Therefore, no significant relationship exists between age and elderly adjustment among the respondents of the research study.

Table 4.12 Correlation of Elderly Adjustment with Age, Monthly Income and Family Income of the Respondents

Variables	Elderly adjustment
Age	r = - 0.033 (p value = 0.674)
Monthly income	r = - 0.045 (p value = 0.568)
Family income per month	r = 0.041 (p value = 0.601)

Table 4.12 reveals that there is no relationship between monthly income and elderly adjustment among the respondents of the research study (r = - 0.045, p value > 0.050).

It is seen from table 4.12 that no relationship is found between family income per month and elderly adjustment among the respondents of the research study (r = 0.041, p value > 0.050).

The results indicate that no significant relationship exist between respondent's age, monthly income and family income per month with respect to elderly adjustment among the respondents. Hence, the research hypothesis (H_9) is rejected.

4.6.2 Age, Monthly Income and Family Income with life satisfaction

H_{10}: There is significant relationship between life satisfaction with respect to age, respondent's monthly income and family income per month of the respondents.

Table 4.13 Results of Correlation with Respect to Life Satisfaction among the Respondents of the Research Study

Variables	Life satisfaction
Age	r = - 0.155* (p value = 0.046)
Monthly income	r = 0.126 (p value = 0.106)
Family income per month	r = 0.112 (p value = 0.152)

*Significant at 5% level.

Table 4.13 presents the results of correlation with respect to life satisfaction among the respondents of the research study. It is evident from the table that negative relationship is seen between age and life satisfaction among the respondents of the research study ($r = -0.155$, p value < 0.050) at 5% level of significance. There is significant relationship between age and life satisfaction among the respondents of the research study. It is inferred that when the age increases the level of life satisfaction of the respondents decreases and vice versa.

Table 4.13 shows that no relationship exists between monthly income and life satisfaction among the respondents of the research study ($r = 0.126$, p value > 0.050).

It is portrayed from table 4.13 that no relationship is evident between family income per month and life satisfaction among the respondents of the research study ($r = 0.112$, p value > 0.050).

The results indicate that there is no significant relationship between respondent's monthly income and family income per month with respect to life satisfaction among the respondents. However, there is significant relationship between age life satisfaction. Since, majority of variables are not significant therefore, the research hypothesis (H_{10}) is rejected.

4.6.3 Age, Monthly Income and Family Income with Quality of Community Life

H_{11}: There is significant relationship between quality of community life with respect to age, respondent's monthly income and family income per month of the respondents.

Table 4.14 Results of Correlation with Respect to Quality of Community Life among the Respondents of the Research Study

Variables	Quality of community life
Age	r = - 0.115 (p value = 0.140)
Monthly income	r = 0.116 (p value = 0.139)
Family income per month	r = 0.101(p value = 0.199)

*Significant at 5% level.

Table 4.14 presents the results of correlation with respect to quality of community life among the respondents of the research study. It is evident from table 4.14 that there is no relationship between age and quality of community life among the respondents of the research study (r = - 0.115, p value > 0.050).

Table 4.14 portrays that no relationship is evident between monthly income and quality of community life among the respondents of the research study (r = 0.116, p value > 0.050). Therefore, no significant relationship exists between monthly income and quality of community life among the respondents

It is evident from table 4.14 that no relationship is seen between family income per month and quality of community life among the respondents of the research study (r = 0.101, p value > 0.050).

The results indicate that there is no significant relationship between age, respondent's monthly income and family income per month with respect to quality of community life among the respondents. Therefore, the research hypothesis (H_{11}) is rejected.

4.6.4 Correlation with Respect to Elderly Adjustment, Life Satisfaction and Quality of Community Life

Table 4.15 Correlation with Respect to Elderly Adjustment, Life Satisfaction and Quality of Community Life among the Respondents

Variables	**Elderly adjustment**	**Life satisfaction**	**Quality of community life**
Elderly adjustment	1	r = 0.401 ** (p value = 0.000)	r = 0.625** (p value = 0.000)
Life satisfaction	r = 0.401** (p value = 0.000)	1	r = 0.374** (p value = 0.000)
Quality of community life	r = 0.625** (p value = 0.000)	r = 0.374** (p value = 0.000)	1

** Significant at 1% level.

Table 4.15 presents the results of correlation with respect to elderly adjustment, life satisfaction and quality of community life among the respondents of the research study. It shows that there is positive relationship between life satisfaction and elderly adjustment among the respondents of the research study ($r = 0.401$, p value < 0.010) at 1% level of significance. It is also seen from the above table that positive relationship is found between quality of community life and elderly adjustment among the respondents of the research study ($r = 0.625$, p value < 0.010) at 1% level of significance.

Table 4.15 reveals that there is positive relationship between elderly adjustment and life satisfaction among the respondents of the research study ($r = 0.401$, p value < 0.010) at 1% level of significance. It is also seen from above table that positive relationship is found between quality of community life and life satisfaction among the respondents of the research study ($r = 0.374$, p value < 0.010) at 1% level of significance.

It is evident from table 4.15 that positive relationship between elderly adjustment and quality of community life among the respondents of the research study ($r = 0.625$, p value < 0.010) at 1% level of significance. The above table also shows that there is positive relationship between life satisfaction and quality of community life among the respondents of the research study ($r = 0.374$, p value < 0.010) at 1% level of significance.

4.7 Multiple Regression Analysis Assessing the Influence of Dependent Variables

4.7.1 Assessing the Influence of Life Satisfaction and Quality of Community Life on Elderly Adjustment among the Respondents of the Research Study

H_{12}: There is significant influence of life satisfaction and quality of community life on elderly adjustment among the respondents.

Table 4.16 Influence of Life Satisfaction and Quality of Community Life on Elderly Adjustment among the Respondents

Model	R^2	B	S.E.	β	t - value	Tolerance	VIF
Constant	0.424	-9.701	8.244	-	-1.177	-	-
	Adjusted R^2						
Life satisfaction	0.417	0.165	0.054	0.195	3.032**	0.860	1.162
Quality of community life		0.951	0.111	0.553	8.594**	0.860	1.162

**Significant at 1% level.

Table 4.16 presents the results of multiple regression analysis examining the influence of life satisfaction and quality of community life on elderly adjustment among the respondents of the research study. Variance influence factor for life satisfaction is 1.162.

Variance influence factor for quality of community life is 1.162. Multi - collinearity issues are not found in the model as variance influence factor for life satisfaction as well as for quality of community life is within the limit as per guidelines mentioned by Neter et al. (1989) and Hair et al. (1995) (Refer interpretation of table 4.21 for details of guidelines mentioned by Neter et al., 1989 and Hair et al., 1995).

The above table 4.16 shows that there is positive influence of life satisfaction ($\beta = 0.195$, p value < 0.010) on elderly adjustment among the respondents of the research study. It is also seen from the above table that positive influence of quality of community life ($\beta = 0.553$, p value < 0.010) exists on elderly adjustment among the respondents of the research study.

The results indicate that there is significant positive influence of life satisfaction and quality of community life on elderly adjustment among the respondents. Therefore, the research hypothesis (H_{12}) is accepted.

4.7.2 Assessing the Influence of Elderly Adjustment and Quality of Community Life on Life Satisfaction among the Respondents

H_{13}: There is significant influence of elderly adjustment and quality of community life on life satisfaction among the respondents.

Table 4.17 Influence of Elderly Adjustment and Quality of Community Life on Life Satisfaction among the Respondents

Model	R^2	B	S.E.	β	t – value	Tolerance	VIF
Constant	0.186	62.157	10.571	-	5.880**	-	-
	Adjusted R^2						
Elderly adjustment	0.176	0.326	0.107	0.275	3.032**	0.609	1.642
Quality of community life		0.410	0.185	0.201	2.215*	0.609	1.642

** Significant at 1% level. *Significant at 5% level.

Table 4.17 presents the results of multiple regression analysis examining the influence of elderly adjustment and quality of community life on life satisfaction among the respondents of the research study. Variance influence factor for elderly adjustment is 1.642.

Variance influence factor for quality of community life is 1.642. Multi - collinearity issues are not found in the model as variance influence factor for elderly adjustment as well as for quality of community life is within the limit as per

guidelines mentioned by Neter et al. (1989) and Hair et al. (1995) (Refer interpretation of table 4.21 for details of guidelines mentioned by Neter et al., 1989 and Hair et al., 1995).

The above table 4.17 shows that elderly adjustment ($\beta = 0.275$, p value < 0.010) has positive influence on life satisfaction among the respondents of the research study. It also shows that quality of community life ($\beta = 0.201$, p value <0.050) has positive impact on life satisfaction among the respondents of the research study.

The results indicate that there is significant positive influence of elderly adjustment and quality of community life on life satisfaction among the respondents. Therefore, the research hypothesis (H_{13}) is accepted.

4.7.3 Assessing the Influence of Elderly Adjustment and Life Satisfaction on Quality of Community Life among the Respondents of the Research Study

H_{14}: There is significant influence of elderly adjustment and life satisfaction on quality of community life among the respondents.

Table 4.18 presents the results of multiple regression analysis examining the influence of elderly adjustment and life satisfaction on quality of community life among the respondents of the research study. Variance influence factor for elderly adjustment is 1.192.

The above table 4.18 shows that elderly adjustment ($\beta = 0.567$, p value < 0.010) has positive influence on quality of community life among the respondents of the research study. It also shows that life satisfaction ($\beta = 0.146$, p value <0.050) has positive impact on quality of community life among the respondents of the research study.

Table 4.18 Influence of Elderly Adjustment and Life Satisfaction on Quality of Community Life among the Respondents

Model	R^2	B	S.E.	β	t – value	Tolerance	VIF
Constant	0.409	38.185	3.836	-	9.955**	-	-
	Adjusted R^2						
	0.402						
Elderly adjustment		0.329	0.038	0.567	8.594**	0.839	1.192
Life satisfaction		0.072	0.032	0.146	2.215*	0.839	1.192

** Significant at 1% level. *Significant at 5% level.

The results indicate that there is significant positive influence of elderly adjustment and life satisfaction on quality of community life among the respondents. Therefore, the research hypothesis (H_{14}) is accepted.

4.8 Discussion

"The older generation is not a homogeneous group for which one-size-fits-all policies are sufficient. It is important not to standardize older people as single category but to recognize that the older population are just as diverse as any other age group, in terms of, for example age, sex, ethnicity, education, income and health" (UNFPA and Help Age International, 2012). As a corollary, social work research and practice embarked upon the application of intersectionality as an approach, perspective, strategy and method with Social markers of inequalities e.g. age, caste, locality, social class, gender and ethnicity that regulate possibilities for societal participation and the access to resources that impact individuals' marginalization or discrimination in society. In consonance with the proposition that the "elderly do not constitute a single homogenous category", the multiple identities interlocking with the aged individuals engenders heterogeneity and inequality, differential deprivation etc,

among the elderly population, this thesis argues that, elderly individuals and groups differ in terms of their existential condition and degree of marginalization in relation to the multiple identities they occupy in a given social context. In the backdrop of the current emphasis of the contemporary social work profession and research engagement with intersectionality, the present research has delved into the, adjustment, life satisfaction and quality of community life and intergenerational relationship of urban-tribal-elderly in Wayanad municipality.

The socio-demographic characteristics of elderly in the present study shows that more than half (51.5%) of the respondents are in the age group of 60 years to 65 years and majority (60 per cent) were females, similar results were found in the study that maximum participant 49.6 per cent are from the same age group (Marya et al., 2013). Majority 72.3 per cent of respondents are from the same age and majority 80.1 per cent are female elderly in another study (Lena et.al., 2009). It is evident that more than three – fourth (78.8%) of the respondents are from Paniya community, which according to Census (2011) is the largest tribal group in Kerala. The study also reveals that majority are married.

Majority (87.3%) of the respondents are illiterate, similar finding was reported by Bera, (2013), in the study on educational awareness on tribal parents. The lack of infrastructure, poverty, absence of relevant syllabus in vernacular medium and ignorance about education among the tribes are few factors responsible for high illiteracy among the tribes. Though, Kerala being the highest literate Indian state, it does not perform well on literacy among tribes. In this study almost less than three – fifth (58.8%) of the respondents belong to joint family and remaining more than two – fifth (41.2%) of the respondents belong to nuclear family. Various studies (Singh, *et al.,*1994; Padda, *et al.,*1998) have brought out similar findings. This study reveals that more than two – third (67.3%) of the respondents are not working and remaining less than one third (32.7%) of the respondents are working, similar results were found in a study by Elango (1998) that majority of tribes are unemployed, they are unable to reap the benefits of reservation sanctioned by the Indian constitution on education, employment etc. it was also evident from the study that majority of tribes in their previous or present employment was engaged in unorganized sectors as unskilled

labourers or coolie, agricultural labourers, domestic maid etc, same has been corroborated by Haddad, et al., (2012). Majority of tribal elderly have no or minimal income and mainly depend on irregular pension given by government, this corresponds with the findings of the study by Das (2012) and Borooah (2005) on the inequalities of poverty among tribes in India. It is revealed that elderly mainly stay with their son's and daughter's family, this co-residence with married children is more likely among Indian and Chinese seniors. It was found that "Malay and Indian seniors were about equally likely to live with their child of either sex than that of Chinese elderly" (DaVanzo and Chan, 1994). Major health problems among the respondents have been reported in this study, similar finding was reported in other studies (Dasgupta and Malhotra, 2012; Hoeymans, et al., 1999).

(Meshram et al.,2012; Kusuma, 2008) study on Tribes in Orissa and Kerala respectively have also found high prevalence of hypertension among tribal men and women. Centers for Disease Control and Prevention, U.S., (2003) in their study have also found dramatic increase in the prevalence of chronic diseases such as diabetes and cardiovascular disease among the tribes over two decades and tuberculosis respectively, almost similar result has been found in another by Lena et.al., (2009). Haddad, et al., (2012) in their study on the magnitude and nature of health inequalities between indigenous (Scheduled Tribes) and non-indigenous populations, in Kerala found that Tribes suffer from various chronic illnesses such as hypertension, asthma, anaemia, diabetes and tuberculosis in higher magnitude than that of non-tribes. "Even in the egalitarian state of Kerala, the health of Scheduled Tribes continues to lag behind other social groups" (Haddad, et al., 2012). Differences in endowments between indigenous and non-indigenous groups (poverty status, occupation, education, housing conditions, etc.) are themselves largely attributable to past exclusion and discrimination practices (Das and Bose, 2012). According to United Nations Population Fund (2002), the essential issue connected to ageing populations in developing countries is lack of resources and poverty. There has been a continual degradation in the support system which is turning worse by the day. Khan, (2004) stated that "In the recent years, indignity, disgracefulness, embarrassment, dishonour, disheartening, disregard, indifference, injustice, lack of care, psychological torture and host of negative behaviours and attitudes are reflected in the society towards elderly".

Gerontological research has evinced considerable concern – among several challenges confronting the aged – about their response to their transition and social transformation in terms of their level of adjustment. In consonance with this endeavour in its attempt to measure the level of adjustment of tribal elderly employing old men adjustment scale, this study has brought to light that tribal elderly have high level of elderly adjustment as found by Gaur & Kaur, (2001), while low level of elderly adjustment as reported by Vandana & Subramanyam, (2004)). Although the adjustment is found to be higher among older elderly, the phenomena of significant representation of respondents in both high and low level of elderly adjustment was subjected to further investigation in search of validity of the inference from the quantitative data by resorting to eliciting qualitative data through FGD.

Urbanization is commonly perceived to engender structural changes in social organizations manifesting in the large scale disintegration of joint families compensated by the proliferation of nuclear families. Nevertheless in contrast to, the observation that the families in urban locations are disintegrating faster into nuclear families, roles and status are being shuffled, the survey data establish the perpetuation of joint families among tribal elderly even in urban areas similarly while mobility and migration is more than the remote hilly areas of the town, the data reveals the indigenous nature of tribal elderly to inhabit in their native place which is succumb to the process of urbanization.

The other factors that affect adjustment are lack of health, low socio-economic status, social neglect and isolation, lack of social security and care (Hurlock, 1976). The study reveals that elderly men have more adjustment that their counterpart has contradicting result with (Mukherjee, 2013) among elderly living in five institutions under the authority of the Kolkata Municipal Corporation to examine the nature of social adjustment. The elderly in the tribes are more adjusted is due to the fact that they command higher status and perform vital role in the community than the tribal elderly women.

Life Satisfaction among the respondents in this study is found to be moderate among vast majority of the respondents. While there is sizable number 19 per cent with high life satisfaction only few respondents (4 per cent) expressed low life satisfaction. This finding chiefly draws source from the resilience of tribal elderly encountering the challenges of urbanization. This in fact, counteracts the popular assumption of tribal mal adjustment or elderly dissatisfaction with social transformation. The moderate and high life satisfaction of tribal elderly draws from the continuity of their residential location kept intact by urbanization process. Thus the non-displacement of tribes ensured continuity of their living space with the sense of belonging and community sentiment contributing largely to their life satisfaction despite deprivation and marginalization.

The findings related to the quality of community life follows the same pattern of elderly adjustment as almost equal representation of respondents are reported in both in high and low category. This is due to the fact that those tribal elderly staying in the outskirts of the town have high quality of community life, as the community sentiment among them is still intact, and less affected by urbanization.

Greater correlation between economic status and adjustment, satisfaction and quality of community life of tribal elderly is revealed by the study. Based on the proof offered by quantitative data that tribal elderly with high family income are found to have high level of adjustment, high level of life satisfaction and high level of quality of community life, it is generalized that better economic status is an imperative for the empowerment, rehabilitation and well being of tribal elderly. Likewise adjustment and satisfaction and quality of community life are found to be high in the case of tribal elderly who have remarried than those who are divorced. This finding reiterates the significance of conjugal relationship for the well being of tribal elderly. nevertheless, educational status does not seem to have less bearing on the adjustment, satisfaction, quality of community life, Tribal women elderly on the other hand appear to have adjustment problems in facing the challenges of ageing as well as urbanization, which is reiterated by the findings of the study in which women respondents have low adjustment, low life satisfaction and low quality of community.

4.8.1 Critical Analysis of Policy and Schemes for Elderly

The National Policy on Older Persons was announced in January 1999, to reiterate the commitment to achieve well being of ageing population. The policy envisages state support to ensure economic and food security, health care, shelter, protection against abuse and exploitation and improvement of quality of lives. One of the prime objectives of the policy is to encourage families to take care of the elderly; in this regard concerted efforts need to be enhanced by stakeholders to create a congenial environment to protect, preserve and valuable the best traditional practices in the family and community. In the wake of urbanization and migration families, continue to disintegrate losing its traditional role of care giving and protecting the elderly. The other important objective to provide care and protection to the vulnerable elderly has also become a big challenge in the present scenario. The government of India passed the Maintenance and Welfare of Parents and Senior Citizens Act in 2007 to ensure need based maintenance and welfare of parents and senior citizens. The Act establishes the maintenance tribunal and mandates the establishment of an old age home in every district. As per the Act entry of advocate is prohibited from the purview of tribunal without any justification and jurisdiction of other courts is also barred by this legislation. Moreover, the presiding officer does not hold any discretion in fixing the maintenance amount rather the decision making power is vested with the state government which will vary in each state (Shukla, 2014).

National Old Age Pension Scheme (NOAPS) launched by Ministry of Rural Development, Government of India (2014) is a centrally sponsored scheme to support poor elderly in India. In the year 2007, the scheme was renamed as India Gandhi National Old Age Pension Scheme (IGNOAPS) and was extended to all eligible persons below poverty line. In Kerala IGNOAPS is implemented through Gram Panchayats, at District level and State level it is handled by revenue department and social welfare department respectively. As “the scheme is implemented by three departments in the State, there is a lack of coordination and precision in scheme implementation”(Chathukulam, Rekha and Thilakan, 2012). Majority of respondents reported that pension amount is very low and it is not disbursed on time, moreover it was also revealed that no agency is taking the responsibility or admitting the delay from its side. It is evident, that the tribal elderly has no voice or representation in implementation of pension scheme. Nevertheless, the Government of Kerala had

started a separate pension scheme for elderly agricultural workers and widows, that attempts to cater to the felt need of aged population.

4.8.2 Facilities for Elderly

Indian Railways provide 30 per cent and 50 per cent concession to male and female senior citizens aged 60 years and above respectively. Air India under Ministry of Civil Aviation provides concession up to 50 per cent for male senior citizen of 65 years and above and for female senior citizens of 63 years above in air fares. Under Annapurna Scheme 10 kg of food grains free of cost per month to eligible elderly not covered under National Old Age Pension Scheme (NOAPS). Under Antyodaya Scheme elderly persons below poverty line are given priorities for issuing food grains at Rs. 3 per kg for rice and Rs. 2 per kg for wheat. Separate queue for registration and medical examination for elderly in hospital in the guidelines given by the Ministry of Health and Family Welfare. Under the guidelines given by the Ministry of Road Transport and Highways two seats in the front row of the buses shall be reserved for elderly (Choudhary, 2014).

The next chapter "Intergenerational Relationship of Tribal Elderly in Urban Kerala" would present the qualitative findings of the research study, discussion and conclusion.

CHAPTER - V

INTERGENERATIONAL RELATIONSHIP OF TRIBAL ELDERLY IN URBAN KERALA

5.1 Introduction

This chapter enlightens the intergenerational relationship of tribal life in urban community, the challenges and opportunities experienced by the tribal elderly at the backdrop of changing nature of society. It comprises of the explanation of key findings corroborated by the excerpts from the focus group discussion. The key findings synthesize data gathered from the focus group in three major areas. First is the representation of participants' view on intergenerational relationship. Second, highlight the impact of urbanization on tribal life, and third draws attention to challenges and opportunities faced by tribal elderly in urban community.

5.2 Participants

Participants represented in focus group included elderly men and women members of all five tribal communities comprising of Paniya, Kurichiya, Kuruma, Oorali and Kattunayaka who are residing in the center and outskirts of Wayanad Municipality. Using the self-administered check list pertaining to discussions were broached on intergenerational relationships, family support, impact of urbanization and challenges and opportunities experienced by them in the urban community. The researcher facilitated the focus group with the assistance of translator. It is important to note that the major issues related to intergenerational relationships, urbanization, challenges and opportunities faced by respondents in urban community were raised by almost all the groups. There was considerable agreement about the issues and significant consistency among all the groups about how and why these issues have arisen.

5.3 Key Findings and Discussions

Analysis of focus group discussion revealed numerous key findings related to respondents' experiences of intergenerational relationship. These findings include:

5.3.1 Intergenerational Relationships

Focus group participants were facilitated to first talk about what intergenerational relationship meant to them, how it was in the past, how it is in the present and what your expectations in this relationship are. Almost all participants expressed intergenerational relationship as very special that governs their life, it is their intrinsic characteristics to show high sense of reciprocity to their elders which has been inherited from their forefathers, however when asked about the current scenario, majority of them expressed displeasure, and were of the opinion that the changing role and nature of family and society is fast happening. Consequently, such high valued relationships are losing its sheen and significance.

As few of the elderly stated *"I am a tribal, was born and brought up in a tribal community, we gave so much respect to our parents and elders in the whole community, there was strong bond of relationship, high level of intimacy and deep reverence. We had never gone against the will and wish of our elders".*

Another elderly added: *"because we gave respect to our elders, we command respect from our children too, we have a sense of reciprocity, however, such sense found in present generations, is very weak".*

However it was also evident from the expression of many participants that they are still living a happier life with community sentiments intact. They receive community support and care when needed at the time of illness etc. It is very significant to note that for respondents 'Community' means the collection of extended families and other relatives dwelling at the same place as neighbourhood.

As one elderly mentioned *"we are closely knit people, they are all my close relatives staying together, there are lot of people to take care of me, I have never experienced any difficulty rather I am satisfied with my life.*

Another elderly shared *"we live a community life, not confined to family, and in many occasions we get support from community members. If anyone falls sick, there are lots of people to take care, but our people suffer more in reaching hospital when the illness is severe, nevertheless, we rely more on our traditional therapy"*

An elderly around 78 years old, added *"our people who are critically ill, and need emergency care is taken care of by the community members"*

Another elderly shared: *"though we are poor, we live a much happier life together and share concrete bond with community members, we share all our joys and sorrows, even an elderly living alone is provided community care and support".*

It was observed that one colony comprised of family members, extended family and other relatives only, having separate houses, but communal water source, toilet, washing area etc. The elderly in such set up never faced in difficulty in terms of care, support, affection and respect.

The fact that elderly can play an important role in the family has lead to the recent focus and studies on the intergenerational relation. There can be mutual co-existence between the adult children and the elderly. While the adult children can be the closest source of social, psychological and economic support, the elderly can reciprocate in giving time in the family. The incessant social and economic support has been a part of family interaction. Family care is usually home based which provide variety of assistance and care to the elderly. Nevertheless, such extended family which makes such care giving possible is gradually undergoing a structural disintegration towards the nuclear family system. This change has been brought by the process of urbanization, rapid development, and rural-urban migration etc. These changes have affected the traditional role of directly caring for the aged relatives and moreover there is no guarantee that the family will continue to do it in years to come (Aziz, and Yusooff, 2012). Intergenerational support is inbuilt in the traditional domestic arrangement. The modern living pattern is severely destroying this significant social welfare feature (Apt, 2002). The individualistic and materialistic life in this fast pace world does no longer provide all-inclusive social support to the aged. This calls for an urgent need to enable the traditional family support system with alternative infrastructure, strengthen the community and create new statutory avenues. These alternative systems would enable the elderly to keep pace with the modernization. Majority (63.11%) of the elderly staying at home had problems of passing time. Suicidal tendencies were also found to be high among them (m=73.6%, f=57.6%) (ibid). Roles of elderly parents are reversed in their own home as they

become dependent on their children (Dasgupta, and Malhotra, 2012). The proportion of elders in non-family households has increased tremendously (Park, Phua, McNally, and Sun, 2005).

5.3.2 Impact of Urbanization

At the backdrop of rapid urbanism, taking place in the Kalpetta Municipality due to high influx of immigrants mostly non-tribes and also it has become the most sought after tourist spot in the state which has witnessed the mushrooming of resorts and hotel in the area, the participants were asked to talk about the impact of urbanization and how it has changed their way of life. Many participants acknowledged that the implications of rapid urbanization and exposure to urban way of life are gradually affecting family dynamics and community life. It was evident during the interview as some of the respondents shared:

"It has become more difficult for all of us to stay in this place, the water is dirty, the place is congested, and everything seems bad here. Our forefathers had lived in such a serene and clean environment, we have always worshipped nature, now it is deteriorating"

Another elderly added: *"the people are selfish and materialistic especially the others (non STs) they came in large number and everything changed, if this is so-called development or urbanization, we wish we had lived in remote areas"*

An elderly around 80 year old added: *"this has brought change in our life as well, our rich culture, traditions and values have been severely damaged, the younger generation are perverts now, and they know nothing about our rich heritage"*

Another elderly shared: *"there is a big difference in mindset of younger generations; when young we were fond of outdoor games and activities, but today's youngsters waste their leisure time spending idle with new things (mobile etc) ,and finally they are in their own superficial world"*

The world has undergone a phenomenal urban growth in the six decades, especially in the developing world. This growth has been closely linked with

increasing levels of poverty and deprivation characterized by lack of access to safe water supplies, proper sanitation and access to assets. Other features include slums, informal settlements, low employment and increasing dependence of the vulnerable groups on public assistance (Mots'oene, 2014). The report released by the Economist Intelligence Unit (EIU, 2012) cites "factors such as urbanization, increased mobility amongst young people and growing numbers of working women are the reasons for deteriorating support for the elderly". The pattern of balance exchange between the generations has been disrupted by urbanization. Old and the young are no longer found co-residing in urban areas which gives way to the formation of nuclear families. Modern living is destroying the social welfare feature of families (Apt, 2002). "Urban living means that the old and the young are no longer found inhabiting the same dwelling" (ibid.). Apt and Grieco, (1994) also stated that traditional family support system for the elderly is declining in urban areas, it may be possible to get monetary assistance from the younger generations but they may fail to provide their physical presence in the time of illness.

5.3.3 Better Life than Before

The respondents had differing views, when asked about the opportunities of staying in urban community. They highlighted the advantages as better roads, transportation, electricity, education, livelihood opportunities, government support, and hospitals.

One elderly who represented the views of many people shared "*life is better compared to past, we had faced lot of hardships before, there were no facilities, life is easy and full of happiness now".*

The discourse of participants also acknowledged that, a paradigm shift has happened in the awareness of people regarding illness and its treatment. People had belief that disease and illness comes from our bad deeds. There is interesting belief that if trees are cut, their people would fall sick.

One elderly added *"our elders believed in traditional mode of treatment, which is also effective at times, but there is a gradual acceptance among our people about the modern ways of treatment"*

An elderly highlighted that "majority have started going to hospitals for treatment, which no so common in older time"

Another elderly shared that *"as a result of many facilities available in cities, our people have started coming out of deeper areas and started mingling with others, this has brought a positive change among them"*

5.3.4 Cultural Degradation

Respondents were quick in their response when asked about the challenges they faced in the urban community. They expressed in unison that urbanization has affected their culture, tradition and other modes of living severely.

As few elderly shared: "*I feel a cultural rift is gradually occurring due to change in the life style, dress pattern, food habits and other preferences".*

An elderly of around 70 year old shared: *"although the differences do exist, still such changes in our children is comparatively lesser than that of others (non-STs), but I fear it will not last long, as our children are influenced by them"*

Another elderly added: *"they are fast forgetting our culture such as the basics of archery, traditional dance, the harvest festivals and other rituals. We are happy that some reviving efforts are made by various organizations, government officers with the support of our people".*

Few elderly also shared that*: "migration is also one such culprit, especially the youth going to cities on social and educational aspects are the changed ones, when they come back they bring so many differences"*

One of the responsible factors of cultural degradation is the migration of the younger generation. As it has been found that the rate of migration of ST youth on social and educational aspect is quiet higher than non-tribal, however, the overall migration rate remains low as compared to non-tribal (Kijima, 2006). The tribal despite adversities in the main stream society has been strong in conserving their

culture. (Wei & Ali, 2009) found in their study found that “despite, being urbanised, most Libyans are still in touch with their traditional Bedouin culture and customs”. Attempts of cultural assimilation by the government or authority and sheer insensitiveness towards tribal way of life by non-STs have detrimental consequences leading to insurgency, high resistance, loss of identity, etc among the tribal in some countries including India. (Riley, 2007) has argued in favour of American Indians' tribal sovereignty against the American federal government attempts to control over the decision making power of tribal and further stressed that their way of life if neglected will destroy the tribal culture."

5.4 Discussion

The phenomena of significant representation of respondents in both high and low level of elderly adjustment discovered through sample survey was subjected to further investigation in search of validity of the inferences from quantitative data by resorting to eliciting qualitative data through FGD. The qualitative data gathered from the tribal elderly unfolded the differential impact of level of urbanization in terms of residential location at the centre or periphery of the town on their access to resources and benefits. FGD revealed that elderly staying in the outskirts of the town found to be more adjusted than the elderly staying at the centre of the town. It was evident, that elderly staying in the centre of the town are experiencing faster erosion of tribal values, culture and traditional way of life in response to their contact with non-tribes and exposure to urbanism.

The FGD unfold the perpetuation of joint families among tribal elderly living in urban areas similarly while mobility and migration is more than the remote hilly areas of the town. The qualitative data reveals the indigenous nature of tribal elderly to reside in their native place which is succumbing to the process of urbanization. The participants in the FGD unanimously voiced about the longevity of their stay in the same location over centuries foe several generation. It is curious to learn from the discussion that the tribal elderly studied had never migrated in to towns rather they were brought under the fold of urbanization through the process in which the residences are drawn within the jurisdiction of Municipality. This phenomenon is said to have been engendered through the conversion of tribal habitat into a tourism center and corresponding influx of non-tribal people through migration into the tribal lands.

Consequently the tribal communities were systematically deprived of their land and livelihood as well as their governance and social organization. Thus on the one hand the tribal elderly became urban dwellers by the fact that their inhabitation has become urbanized and on the other due to socio-economic and cultural deprivation, they have become marginalized.

The other factors that affect adjustment are lack of health, low socio-economic status, social neglect and isolation, lack of social security and care (Hurlock, 1976). The study reveals that elderly men have more adjustment that their counterpart has contradicting result with (Mukherjee, 2013) who conducted the study among elderly living in five institutions under the authority of the Kolkata Municipal Corporation to examine the nature of social adjustment. The elderly in the tribes are more adjusted is due to the fact that they command higher status and perform vital role in the community than the tribal elderly women.

Life Satisfaction among the respondents in this study is found to be moderate among more than three – fourth of the respondents. This suggests that tribal elderly in general are not very satisfied with their life, this may be due to various reasons; a) first, as an elderly they are enduring multi-faceted changes including physical, psychological and emotional, b) as a member of tribes, they are witnessing drastic change in the socio-cultural and political aspects, and c) being in the urban community, they are exposed to urbanization driven mostly by materialistic life. Karata & Duyan (2008) have pointed out that life satisfaction is the consequential to comparison of person's expectations and reality. The numerous problems such as adjustment, intergenerational discord, diminishing status and role in the community etc. are linked to life satisfaction.

The findings related to the quality of community life reveals the same pattern of elderly adjustment as almost equal representation of respondents are reported in both in high and low category. This is due to the fact that those tribal elderly staying in the outskirts of the town have high quality of community life, as the community sentiment among them is still intact, and less affected by urbanization. These tribal communities especially Kattunayaka, Oorali and also Kuruma compared to Kurichiya and Paniya prefer to remain in the remote part inside the hills and mostly depend on

forest produces for food and occupation. Paniya and Kurichiya are more exposed to new way of life and are found mingling with non-tribes, mostly among have reported low quality of community life.

Thus premised on the findings of the qualitative data gathered from FGD largely validating the inferences drawn from the quantitative data culled from sample survey, the major findings, generalizations and conclusions are made derived about tribal elderly through this study.

5.5 Conclusion

The simultaneous phenomena of unprecedented demographic transition and rapid urbanization have far reaching consequences on the world order. “As most of the developed world is urbanized and most of the developing world still has a high proportion of the population living in rural areas, the proportion of older people by area at the global level is higher in urban than in rural areas” (UNFPA and HelpAge International, 2012). The developing countries at much lower levels of economic developments are unprepared to grapple with the challenges in meeting the needs of increasing number of elderly. The new world order is creeping towards the tribal societies as well. The fact that some of the tribal have adopted the mainstream way of life has been acknowledged by the Ministry of Tribal Affairs, 2010. The tribal elderly exposed to urban way of life find themselves at the lowest ebb struggling with the fast changing nature of society, restructuring of intergenerational relationship and degeneration of cultural norms and values. However, the tribal known for conserving their traditional way of life still reap the benefits of community life, community conscientiousness and community rehabilitation.

The next chapter “Epilogue” would present the findings of the research study, implications pertaining to the research study, relevance to social work practice, scope for future research and conclusion.

CHAPTER – VI

FINDINGS, IMPLICATIONS AND CONCLUSION

This chapter presents the summary of findings of the research study, implications, limitations of the research study, scope for future research and conclusion.

6.1 Summary of Findings Pertaining to the Research Study

6.1.1 Demographic Variables Pertaining to Respondents of the Research Study

- ❖ More than half (51.5%) of the respondents are in the age group of 60 years to 65 years, 24.9% of the respondents belong to the age group of 66 years to 71 years, 12.1% of the respondents are above 77 years of age and 11.5% of the respondents come under the age group of 72 years to 77 years.
- ❖ Three fifth (60.0%) of the respondents are females and remaining two – fifth (40.0%) of the respondents are males.
- ❖ All (100%) of the respondents belong to Hindu religion.
- ❖ More than three – fourth (78.8%) of the respondents are from Paniyar community, 11.5% of the respondents belong to Kuruma community, 4.2% of the respondents are from Kuruchya community, Kattunayakan community constitutes 3.6% of the respondents and 1.8% of the respondents belong to Oorali community.
- ❖ Less than three – fifth (58.8%) of the respondents are married, 29.7% of the respondents are widow, 4.8% of the respondents are unmarried, 3.7% of the respondents are widower, 1.8% of the respondents are divorced and 1.2% of the respondents are remarried.
- ❖ Majority (87.3%) of the respondents are illiterate and 12.7% of the respondents are literate.
- ❖ Less than three – fifth (58.8%) of the respondents belong to joint family and remaining more than two – fifth (41.2%) of the respondents belong to nuclear family.

- More than two – third (67.3%) of the respondents are not working and remaining less than one third (32.7%) of the respondents are working.
- More than two – third (67.3 %) of the respondents are not working presently, 15.2 % of the respondents are labourers, 12.7% of the respondents are coolie, agriculture as a profession is pursued by 3.0% of the respondents and 1.8% of the respondents are employed as domestic maid in neighbouring houses.
- More than one third (34.5%) of the respondents have not been working previously, 30.9% of the respondents were employed as labourers previously, coolie as a profession was pursued by 21.8% of respondents previously, 6.7% of the respondents were employed as domestic maid previously, 4.8% of the respondents were agriculturist previously and 0.6% of the respondents individually were attenders and government employees previously.
- Less than three fifth (57.6%) of the respondents have no monthly income, 30.3% of the respondents receive monthly income up to Rs.5,000 and 12.1% of the respondents get monthly income above Rs.5,001.
- More than two – fifth (41.2%) family income per month is below Rs.5, 000; 38.2% of the respondents family income per month is within Rs. 5001 to Rs. 10,000; 12.1% of the respondents family income per month is Rs. 10, 001 to Rs. 15,000 and 8.5% of the respondents family income per month is above Rs.15, 001.
- More than one – fourth (26.1%) of the respondents stay with their son's family, 24.2% of the respondents live with their daughter's family, 23.6% of the respondents reside with their wife and children, 15.8% of the respondents live with their husband and children, 4.8% of the female respondents live alone, 3.0% of male respondents stays alone and 2.5% of the respondents are residing with other relatives.
- 71.5% of the respondents have major health problems and remaining (28.5%) of the respondents do not have major health problems.
- Less than two – fifth (39.4%) of the respondents have multiple health problems, 28.5% of the respondents have minor health problems, 8.5% of the respondents have joint pain, 7.9% of the respondents have blood pressure, 5.5% of the respondents have eye problem, 4.2% of the respondents have

asthma, 2.4% of the respondents have heart disease and 1.8% of the respondents individually have diabetes and tuberculosis respectively.

- All (100%) of the respondents have taken treatment for their health problems.
- About half (53.9%) of the respondents have taken treatment for their health problems from primary health centre or community health centre, less than one third (27.9%) of the respondents took treatment by traditional therapy (AYUSH) and equal number (9.1%) of the respondents have taken treatment from government hospital as well from private hospital.

6.1.2 Descriptive Analysis of Variables in the Research Study

- The minimum score for life satisfaction pertaining to respondents of the research study is 61.000 and maximum score for the said variable for the respondents of this research study is 162.000.
- The mean of life satisfaction pertaining to respondents of the research study is 117.509.
- Standard deviation for life satisfaction pertaining to respondents of the research study is 20.587.
- Minimum score for elderly adjustment pertaining to respondents of the research study is 25.000 and maximum score for the said variable for the respondents of this research study is 116.000.
- The mean of elderly adjustment pertaining to respondents of the research study is 78.630.
- Standard deviation for elderly adjustment pertaining to respondents of the research study is 17.400.
- Minimum score for quality of community life pertaining to respondents of the research study is 52.000 and maximum score for the said variable for the respondents of this research study is 96.000.
- The mean of quality of community life pertaining to respondents of the research study is 72.490.

- ❖ Standard deviation for quality of community life pertaining to respondents of the research study is 10.105.

6.1.3 Level of Adjustment, Life Satisfaction and Quality of Community Life of the Respondents

- ❖ More than two – fifth (41.820%) of the respondents have high elderly adjustment, 38.787% of the respondents have low elderly adjustment and 19.393% of the respondents have moderate elderly adjustment.
- ❖ More than three – fourth (76.363%) of the respondents have moderate life satisfaction, 19.394% of the respondents have high life satisfaction and 4.243% of the respondents have low life satisfaction.
- ❖ More than one third (35.758%) have low quality of community life, 35.152% of the respondents have high quality of community life and 29.090% of the respondents have moderate quality of community life.

6.1.4 Significant Difference between the Selected Demographic Variables and Elderly Adjustment, Life Satisfaction and Quality of Community Life of Respondents

- ❖ No significant difference exists in mean value of community (F value = 0.745, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also shows that respondents belonging to Kuruchya community (Mean value = 86.428) have high elderly adjustment and less elderly adjustment is seen in the respondents from Oorali community (Mean value = 68.666).
- ❖ No significant difference in mean value of community (F value = 1.687, p value > 0.050) pertaining to respondents with respect to life satisfaction. It is also evident that respondents belonging to Paniyar community (Mean value = 119.276) have high life satisfaction and less life satisfaction is seen in the respondents from Kuruchya community (Mean value = 102.571).
- ❖ No significant difference is seen in mean value of community (F value = 0.845, p value > 0.050) pertaining to respondents with respect to quality of community life. It is also evident that respondents from Kattunayakan

community (Mean value = 79.333) have high quality of community life and less quality of community life is seen in the respondents from Kuruma community (Mean value = 71.157).

- No significant difference is found in mean value of present employment (F value = 0.759, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also shows that respondents whose profession is agriculture (Mean value = 87.600) have high elderly adjustment and less elderly adjustment is seen in the respondents who work as domestic maid (Mean value = 66.666).
- Significant difference exists in mean value of present employment (F value = 2.627, p value < 0.050) pertaining to respondents with respect to life satisfaction. It is also seen that respondents who work as domestic maid (Mean value = 134.333) have high life satisfaction and less life satisfaction is seen in the respondents having no work (Mean value =114.162).
- No significant difference is found in mean value of present employment (F value = 1.844, p value > 0.050) pertaining to respondents with respect to quality of community life. The results further indicates that respondents who have taken agriculture (Mean value = 81.600) as a profession have high quality of community life and less quality of community life is seen in the respondents who have no work (Mean value =71.414).
- Significant difference is found in mean value of respondents' residential details (F value = 4.895, p value < 0. 010) with respect to elderly adjustment. It also shows that respondents residing with daughter's family (Mean value = 87.350) have high elderly adjustment and less elderly adjustment is seen in the female respondents living alone (Mean value = 60.250).
- Significant difference exists in mean value of respondents' residential details (F value =3.025, p value < 0.010) with respect to life satisfaction. The results further shows that respondents residing with other relatives (Mean value = 134.750) have high life satisfaction and less life satisfaction is seen in the female respondents staying alone (Mean value = 96.875).
- Significant difference is seen in mean value of respondents' residential details (F value = 3.124, p value < 0.010) with respect to quality of community life. It

also shows that respondents residing with daughter's family (Mean value = 76.350) have high quality of community life and less quality of community life is seen in the female respondents living alone (Mean value = 62.625).

- ❖ No significant difference is found in mean value of marital status (F value = 1.364, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also reveals that respondents who are remarried (Mean value = 88.000) have high elderly adjustment and less elderly adjustment is seen in the respondents who are divorced (Mean value = 64.666).
- ❖ Significant difference exists in mean value of marital status (F value = 2.804, p value < 0.050) pertaining to respondents with respect to life satisfaction. It also portrays that respondents who are remarried (Mean value = 149.000) have high life satisfaction and less life satisfaction is seen in the respondents who are widow (Mean value = 110.163).
- ❖ No significant difference is found in mean value of marital status (F value = 0.585, p value > 0.050) pertaining to respondents with respect to quality of community life. It also reveals that respondents who are remarried (Mean value = 78.500) have high quality of community life and less quality of community life is seen in unmarried respondents (Mean value = 68.250).
- ❖ No significant difference is found in mean value of gender ('t' value = 1.073, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also portrays that male respondents (Mean value = 80.409) have more elderly adjustment as compared to females (Mean value = 77.444).
- ❖ Significant difference exists in mean value of gender ('t' value = 2.775, p value < 0.010) pertaining to respondents with respect to life satisfaction. It also shows that male respondents (Mean value = 122.848) have more life satisfaction as compared to females (Mean value =113.949).
- ❖ No significant difference is seen in mean value of gender ('t' value = – 0.414, p value > 0.050) pertaining to respondents with respect to quality of community life. It also shows that female respondents (Mean value = 72.757) have more quality of community life as compared to males (Mean value = 72.090).

- ❖ No significant difference is found in mean value of education (‘t’ value = 0.324, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It reveals that illiterate respondents (Mean value = 78.798) have more elderly adjustment as compared to literate respondents (Mean value = 77.476).
- ❖ No significant difference exists in mean value of education (‘t’ value = 0.234, p value > 0.050) pertaining to respondents with respect to life satisfaction. It reveals that illiterate respondents (Mean value = 117.652) have more life satisfaction as compared to literate respondents (Mean value = 116.523).
- ❖ No significant difference is found in mean value of education (‘t’ value = 0.607, p value > 0.050) pertaining to respondents with respect to quality of community life. The results also show that illiterate respondents (Mean value = 72.623) have more quality of community life as compared to literate respondents (Mean value = 71.328).
- ❖ No significant difference is found in mean value for type of family (‘t’ value = 0.047, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also shows that respondents living in nuclear family (Mean value = 78.705) have more elderly adjustment as compared to respondents in joint family (Mean value = 78.577).
- ❖ No significant difference exists in mean value for type of family (‘t’ value = 1.335, p value > 0.050) pertaining to respondents with respect to life satisfaction. It also shows that respondents living in nuclear family (Mean value =120.058) have more life satisfaction as compared to respondents in joint family (Mean value = 115.721).
- ❖ No significant difference is found in mean value for type of family (‘t’ value = 0.854, p value > 0.050) pertaining to respondents with respect to quality of community life. The results portrays that respondents belonging to nuclear family (Mean value = 73.294) have more quality of community life as compared to respondents in joint family (Mean value = 71.927).
- ❖ No significant difference is found in mean value for major health problems (‘t’ value = -1.385, p value > 0.050) pertaining to respondents with respect to elderly adjustment. It also shows that respondents who do not have major

health problems (Mean value = 81.595) have more elderly adjustment as compared to respondents who have major health problems (Mean value = 77.449).

- Significant difference exists in mean value for major health problems (‘t’ value = -3.696, p value < 0.010) pertaining to respondents with respect to life satisfaction. It also reveals that respondents who do not have major health problems (Mean value = 126.553) have more life satisfaction as compared to respondents who have major health problems (Mean value = 113.906).
- No significant difference is found in mean value for major health problems (‘t’ value = - 0.766, p value > 0.050) pertaining to respondents with respect to quality of community life. It also shows that respondents who do not have major health problems (Mean value = 73.446) have more quality of community life as compared to respondents who have major health problems (Mean value = 72.110).

6.1.5 Relationship and Influence among Elderly Adjustment, Life Satisfaction and Quality of Community Life of Respondents

- No relationship is seen between age and elderly adjustment (r = - 0.033, p value > 0.050) among the respondents of the research study.
- No relationship exists between monthly income and elderly adjustment (r = - 0.045, p value > 0.050) among the respondents of the research study.
- No relationship is found between family income per month and elderly adjustment (r = 0.041, p value > 0.050) among the respondents of the research study.
- No relationship exists between monthly income and life satisfaction (r = 0.126, p value > 0.050) among the respondents of the research study.
- No relationship is evident between family income per month and life satisfaction (r = 0.112, p value > 0.050) among the respondents of the research study.
- No relationship exists between age and quality of community life (r = - 0.115, p value > 0.050) among the respondents of the research study.

- ❖ No relationship is evident between monthly income and quality of community life ($r = 0.116$, p value > 0.050) among the respondents of the research study.
- ❖ No relationship is seen between family income per month and quality of community life ($r = 0.101$, p value > 0.050) among the respondents of the research study.

6.1.6 Relationship of Elderly Adjustment, Life Satisfaction and Quality of Community Life

- ❖ Positive relationship is seen between life satisfaction ($r = 0.401$, p value < 0.010) and elderly adjustment among the respondents of the research study.
- ❖ There is positive relationship between quality of community life ($r = 0.625$, p value < 0.010) and elderly adjustment among the respondents of the research study.
- ❖ Positive relationship is seen between elderly adjustment ($r = 0.401$, p value < 0.010) and life satisfaction among the respondents of the research study.
- ❖ There is positive relationship between quality of community life ($r = 0.374$, p value < 0.010) and life satisfaction among the respondents of the research study.
- ❖ Positive relationship is seen between elderly adjustment ($r = 0.625$, p value < 0.010) and quality of community life among the respondents of the research study.
- ❖ There is positive relationship between life satisfaction ($r = 0.374$, p value < 0.010) and quality of community life among the respondents of the research study.

6.1.7 Influence between Elderly Adjustment, Life Satisfaction and Quality of Community Life

- ❖ Life satisfaction ($\beta = 0.195$, p value < 0.010) has positive influence on elderly adjustment among the respondents of the research study.

- There is positive impact of quality of community life ($\beta = 0.553$, p value < 0.010) on elderly adjustment among the respondents of the research study.
- Elderly adjustment ($\beta = 0.275$, p value < 0.010) has positive effect on life satisfaction among the respondents of the research study.
- There is positive influence of quality of community life ($\beta = 0.201$, p value < 0.050) on life satisfaction among the respondents of the research study.
- Elderly adjustment ($\beta = 0.567$, p value < 0.010) has positive impact on quality of community life among the respondents of the research study.
- There is positive effect of life satisfaction ($\beta = 0.146$, p value < 0.050) on quality of community life among the respondents of the research study.

6.2 Suggestions

Unlike many linear studies only on elderly, this study embarks on multi-dimensional approach to study elderly tribes in urban community. The blue print design of elderly policy formulation and implementation to a greater extent is less likely to deliver the development benefits equitably to different sections of ageing population. In so far as elderly do not constitute a single homogeneous category, differences amongst them in terms of socio-economic, cultural, regional attributes tend to determine their differential access to resources as well as development benefits. The elderly tribe, while experiencing the deprivation as the member of the most marginalised and backward section of the society forms the most vulnerable age group in the urban community. Therefore the elderly policies need to incorporate implementation strategies to reach the benefits to different categories of elderly in consonance with their specific needs and contextual requisites.

This thesis joints the global search for conditions and strategies for mainstreaming elderly in consonance with the promulgations by International agencies and national policies and plans of India. This endeavour has primarily unfolded fact to dispel the fallacy of predominant perception that tribal are isolated and rudimentary group of people while elderly are impervious to change. In doing so the research has endeavour to discover the relevance and primacy of intersectionality that operates to delineate elderly tribe as a distinct category from among the tribal

community on the one hand and elderly population on the other. Such a perception facilitated the distinctive features of tribal elderly drawing largely either from tribal marginalization as well as elderly deprivation. Locating this category of tribal elderly in an urban environment, this thesis has attempted to demonstrate the impinging influences of elderly issues and tribal challenges on these people in relation to the degree of urbanization. In the light of the evidences elicited by this research this thesis argues to a large extent to innovate and apply strategies on categories of elderly by propounding the following suggestions for mainstreaming tribal elderly in the context of developing nations of the world including India.

6.2.1 Health Care

i. Considering the current demographic transition of global ageing, country as ageing etc, the central and state governments should make provisions to enhance budgetary allocation to extend medical facilities to elderly, equitable distribution of resources in tribal areas with special focus on felt needs of elderly.

ii. Awareness creation should be carried out in a massive scale through various forms of media – both print and electronic – to highlight the issues and challenges faced by tribal elderly in the wake of urbanization and migration.

iii. Health Care Delivery Systems should be reoriented to provide affordable, accessible and elder-sensitive services, plausibly at three level – Primary level, secondary level and tertiary level.

I. Primary level:

a. The health care personnel of the existing primary healthcare systems such as PHCs, Chemists, District Hospital, etc should be sensitized and strengthened through capacity building programme to enable them provide quality and effective services to the elderly.

b. Hospitals and PHCs should be made elder-friendly by way of arranging separate queue for elderly; separate consultation room and specialist for elderly; elder's consultation room in

the ground floor; assistance especially for elderly; essential generic drugs for elderly; adequate diagnostic facilities; etc. Since, field work evidences indicate that such facilities to a greater extent are conspicuously absent in public health care institutions.

c. As evidences gathered through face to face interaction reveal that the tribal elderly experience depression, anxiety and insecurity, public and private hospitals could extent efforts to offer counseling services to elderly by appointing trained counselor for this purpose.

d. Practitioners of indigenous system of medicines and supply of such medicines could alternatively be made available in hospitals to provide cultural specific treatment in response to health needs of elderly in general and tribal elderly in particular.

II. Secondary level:

a. Public and Private healthcare institutions should be encouraged to provide essential geriatric services at subsidized and affordable rates. The health professionals should be trained so that they are duly equipped for care-giving on specific geriatric conditions such as dementia, Alzheimer's and other chronic illnesses.

b. Emphasis should be given on palliative care for terminally ill, out-patient day care, respite care, hospice etc.

c. Home-based nurse-driven care should be introduced so that ill elders are visited at their residence at periodic intervals especially in those inaccessible areas where tribal elderly find difficulty in commuting to hospitals.

d. Mobile clinics to cover the remote areas should be made functional. The health care staff should sensitize the tribes

about the modern methods of treatment over traditional methods.

e. Consistently growing elderly population and proportion, should commensurate with the number of mobile clinics, staffs and equipments wherever elderly are densely populated.
f. Data on health issues of each tribal elderly should be maintained. This will be of great help for medical practitioners, researchers, analysts and decision-makers.
g. To facilitate independent living, elderly with severe health issues such as hearing impairment, visual issue, etc may be provided treatment and other services at a subsidized and wherever possible free of cost.

III. Tertiary level:

a. Collaboration with overseas geriatricians should be established to ensure alignment with national and international standard.
b. Efforts should be made to establish more number of centers for excellence in geriatrics studies for addressing critical issues of ageing as well as to train health professionals to deal with current and future geriatric challenges.

6.2.2 Elderly Enabling Ambience

i. Information centre may be established in every municipality in order to provide information about policies, schemes, concessions etc to elderly.
ii. In order to create awareness about new technology and communication, Information, Communication and Technology (ICT) centre may be made available in each district headquarters.

iii. Creation of Day Care centre to spend their time leisurely in recreation, games, yoga, and elderly gathering, will enable the senior citizens to continue to live with their off-springs and relatives at the same time mingle with cohorts.

iv. Elderly Support Network (ESN) as a network of elderly who volunteer for mutual help and companionship, participate in inter-generational activities, social events, sports and recreational activities can be popularized.

v. Universal Old Age Emergency Helpline Number should be launched to help older adults in times of emergency.

6.2.3 Barrier Free Environment

i. Buildings of both public and private sector agencies as Offices, Cinema Halls, Restaurants, Banks, Recreational Centers, etc. should be designed and built in such a way that senior citizens face no difficulty in accessing it.

ii. Providing or arranging separate lounge bus terminals, railway stations and airports, elder-friendly rest rooms, exclusive queue in all ticket counters, ramps and walkways in public and private buildings will enable independent movement of senior citizens.

iii. Public Transport operators should introduced low-floor buses accessible with wheelchair. Some seats should be reserved for elderly in the state-run buses.

6.2.4 Social Inclusion of Elderly

i. Efforts should be made to strengthen the traditional role of family as primary caregiver in old age by sensitizing younger generation and by providing incentives such as tax exemptions, subsidies etc to those taking care of elderly.

ii. Every single individual should show respect and concern toward elderly. It is important to realize that the existence of today's generation is because of the elderly. The valuable cultural heritage of reciprocity and reverence practiced by tribes for their elderly should be promoted among non-tribes especially in urban areas.

iii. Effort should be made to impart value-based education. Apart from introducing Geriatric as a distinct subject of study in all schools and colleges, exposure visit to Old Age Homes and Elder Day Care Centres will impart moral values to students and children.

6.2.5 Special Provisions for Tribal Elderly

i. Old age pension should make provisions for payment of additional emoluments up to 50 per cent to tribal elderly considering their double deprivation caused by the issues of elderly as well as challenges posed as member of tribal community.

ii. National Old Age Pension Scheme Allowance should be enhanced to commensurate with the increase in cost of living index.

iii. Special health insurance for tribal elderly should be introduced. Community-Based Health Insurance Scheme (CBHIS) should be promoted.

6.2.6 Governance

i. Separate ministry to take a responsibility of elderly care in India should be established both at the central and state. The Ministry should be responsible for making and executing strategies pertaining to elderly. The Ministry may work in collaboration with other Ministries and Departments such as Education, Transport, Welfare, Health, etc.

ii. Establishment of Department of Senior Citizens under the Ministry of Social Justice and Empowerment.

iii. Accredited NGOs funded, fully or partially, by central and state governments should be encouraged to take up initiatives for empowering and enabling elderly, through general and special programmes.

iv. Elderly Mid-Day Meal Scheme: considering the growing food insecurity among the tribes, government should make provision for Mid-Day Meal Scheme for the tribal elderly especially in Day Care Centers.

v. Kudumshree project a flagship programme of the government of Kerala should be extended to ageing population. Elderly Self Help Group (ESHG) adopted by HelpAge India should be introduced by the state government. To raise the income and employability of the elderly, Self Help Group of older adults who wish to work should be encouraged and supported by the state through appropriate microfinance and bank guarantees. In the present social system where older adults are neglected while investing on younger generations, Elder SHGs will serve as a solution to their financial issues and help them to attain self-reliance.

6.2.7 Human Resource Development

i. Medical and paramedical institutions of higher learning should make special efforts to launch courses on geriatric studies in a form of certificate and diploma programmes in addition to incorporating courses at undergraduate and postgraduate levels.

ii. Geriatric as a separate subject should be taught as hard core course in social work, psychology, sociology etc at the graduate and post graduate level.

iii. Centre should be established to train caregivers such as social workers, nurses, doctors and helpers who could be engaged in care-giving to the elderly.

iv. One or more national portal should be created to capture data at local as well as national level. The portal would also serve as a platform for exchange of valuable information sharing experiences and knowledge by the tribal elderly.

6.3 Relevance to Social Work Practice

The International Association of Schools of Social Work's (2001) define Social Work as an empowering profession that strives for social change, attempt to resolve problems and issues in human relationships and enhance well-being by intervening at a point where people interact with their environment. The rationing and prioritization of needs within current social work practice with elderly fits well with this utilitarian view of values. Geriatric social work is gaining more prominence in the Indian context in the backdrop of shifting demographic trend to ageing population.

i. Older adults should be sensitized about their legal rights and entitlements and right-based approach should be used for advocacy purpose.

ii. Tribal Elderly are the key sources of rich indigenous knowledge and tribal heritage, thus, efforts should be made to document their experiences, knowledge and skills to augment better indigenous practices to protect agriculture, environment, animal rearing, indigenous plants and herbs of medicinal value, and so on.

iii. Civil society organizations should incorporate elderly enabling and empowering as an integral agenda of every programme and activities they intend to launch.

iv. Social work professional should devote their knowledge and skills in alleviating the challenges faced by elderly belonging to deprived and marginalized groups.

v. Social work research could take forward the agenda of mainstreaming, enabling and empowering by adopting 'intersectionality approach' in studying individual, groups, communities of deprived and marginalized sections of society.

6.4 Scope for Future Research

The following suggestions are given to researchers whose area of interest is in elderly adjustment, life satisfaction and quality of community life among elderly respondents:

i. Qualitative research can be undertaken to examine the specific antecedents influencing elderly adjustment, life satisfaction and quality of community life among elderly respondents in any place in India.

ii. Comparative researches can be undertaken to assess the influence of selected demographic variables on elderly adjustment, life satisfaction and quality of community life among elderly respondents in any two geographical places in India.

iii. Considering the socio-economic and cultural differences of each tribal community. Separate study on each tribal community should be conducted.

iv. Research on all dimensions of elderly care involving medical, nursing, social work and psychology and other educational institutions. Findings of all researchers should also be maintained properly for implications.

v. Ethnographic and longitudinal research studies to protect and promote the valuable culture of reciprocity, reverence, role and status practiced by tribes for their elderly should be adopted.

vi. Studies should make an attempt to highlight the gender issues among tribal elderly and formulate ways and strategies to tackle it.

vii. Studies can be done to devise a socio-economic and culturally sensitive model of tribal development focusing on elderly.

6.5 Conclusion

Global ageing has become a prominent feature of contemporary society, that draws international attention to contextualize and comprehend the proliferation as well as challenges and issues confronting the elderly and at the same time, appraising the implications of this phenomena to wider society and development. Corresponding to the argument of the post structural perspective that elderly do not constitute a single homogeneous category as differing identities and varying life experiences delineate the ageing population into different social categories. In the back drop of contemporary development in social work research to explore into the lived experiences of the elderly adopting the intersectionality paradigm, this research has endeavoured to contribute to the current advancements in social work research and practice, by focusing the enquiry on the tribal elderly in urban community.

This study critically analyses elderly adjustment, life satisfaction and quality of community life of tribal elderly living in urban community. The study also analyses the intergenerational relations and consequences of urbanization faced by the respondents in the urban community. To test the study variables a mixed method design is used to undertake descriptive analysis. It is anticipated that the findings of this study will contribute enriched understanding of tribal life in the wake of rapid urbanization within Indian context. This understanding will enable gerontological

researchers and professionals, social workers and public policy makers to ground their decisions based on enriched insights put forth by the study.

The study has gained greater contemporary relevance not only by the fact of studying the ageing phenomenon but by drawing attention to specific concerns and challenges of a particular category of elderly, and suggesting strategies in tune with advocacy of inclusive development. In this process this study has explored into the relevance of applying intersectionality paradigm in gerontological study of social work research and demonstrated the relevance and adequacy of such an approach in the present and future social work research and practice in the context of Indian society.

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APPENDIX – I

CONSENT FORM

Adjustment and Life Satisfaction of Tribal Elderly in Urban Community: A Study in Wayanad District, Kerala

Dear Sir/Madam,

Greetings from Pondicherry University!

My name is IFTEKHAR ALAM, I am pursuing Ph.D from the Department of Social Work, Pondicherry University. As a part of the requirements of my Ph.D Work, I am conducting a research study on the family adjustment and quality of community life of Tribal elderly. I hope this study would help us to know how family adjustment and community support affect the life of elderly in Wayanad district. In this connection, I would like to interview you and collect information about the support of family, neighbours, friends and community, health and medical facilities, social contacts, and life satisfaction. It will take only 20 to 30 minutes to gather information from you. All these information will be treated as highly confidential and will be used only for the purpose of research study.

Thank you for all the help and cooperation.

INFORMED CONSENT & AUDIO RELEASE FORM

- Ω I have read the information sheet about this research project and I understand what it is about.
- Ω I know that my participation in the project is entirely voluntary.
- Ω I understand that research data (Audio tapes and transcripts) will be kept in secure storage for ten years, and after that it will be destroyed.
- Ω I know that the results of the study may be published or presented at professional meetings, but my identity will not be revealed.
- Ω I know that I won't benefit directly from my participation in this study.
- Ω I will get a copy of this form to keep. My signature indicates that I have read the information provided above.
- Ω I give my consent to take part in this study

Signature   Date: ……/……/….

APPENDIX - II

Adjustment and Life Satisfaction of Tribal Elderly in Urban Community: A Study in Wayanad District, Kerala

Interview Schedule

Socio Economic Background: Schedule No: ☐☐☐

Name of the Ward :

1. Name (Optional) :
2. Age : _______(completed years)
3. Sex : i. Male ii. Female
4. Religion : i. Hindu ii. Muslim iii. Christian
   iv. others (specify) ________________
5. Caste/community :______________
6. Marital Status : i. Married ii. Unmarried iii. Separated
   iv. Widowed v. Remarried vi. Divorced
7. Educational Status :________________
8. Type of Family : i. Nuclear ii. Joint iii. Extended
9. Employment Status : i. Working ii. Not working
   a) If working, specify the nature of work:_________________
   b) If not working, specify the nature of Previous Occupation:__________
10. a) What is your monthly income? (Rs.) _________________
    b) What is your family monthly income? (Rs.) ___________
11. Details of family members/custodians (who are living with respondent):

Sl. No	Name	Relationship with the elderly person	Sex	Age	Educational status	Employment status
1.						
2.						
3.						

12. Are you suffering from any health problem: i. Yes ii. No
    a) If yes, Please specify_____________________________________
13. At the time of illness do you go for treatment: i. Yes ii. No

If Yes, where

a) CHC/PHC/Govt. Hospital
b) Private Hospital
c) Private Clinic
d) Alternative Therapy (AYUSH)
e) Others________________

OLD MEN ADJUSTMENT SCALE

S.No.	Statements	Always	Some times	Never
1.	Do you find mental peace in your family?	Always	Some times	Never
2.	Do you feel that you are leading a happy life?	Always	Some times	Never
3.	Do your family members obey you willingly?	Always	Some times	Never
4.	Do you remember the happy days of your young age?	Always	Some times	Never
5.	Do you feel helpless and miserable in your family?	Always	Some times	Never
6.	Do you think that you are living on others mercy?	Always	Some times	Never
7.	Does your family provide you good treatment on your being sick?	Always	Some times	Never
8.	Do you face economic difficulty?	Always	Some times	Never
9.	Do you get the food of your choice?	Always	Some times	Never
10.	Is the behaviour of your family members sympathetic?	Always	Some times	Never
11.	Do you express your personal miseries freely to your family members?	Always	Some times	Never
12.	Do you find it difficult to adjust with the changing culture of the family?	Always	Some times	Never
13.	Do you get the same respect from your family members as you used to get earlier?	Always	Some times	Never
14.	Do you wish for an early death?	Always	Some times	Never
15.	Do all the family members like your presence in the house?	Always	Some times	Never
16.	Do your family members feel that you are an important person?	Always	Some times	Never
17.	Do you feel loneliness?	Always	Some times	Never
18.	Do you face difficulty due to your poor memory?	Always	Some times	Never
19.	Whenever you want a thing, do your family members provide it gladly?	Always	Some times	Never
20.	Do you have the facility for entertainment according to your desire?	Always	Some times	Never
21.	Do your family members object to some of your personal habits?	Always	Some times	Never

22.	Do you blame your luck for your present condition?	Always	Some times	Never
23.	Do you feel that your family members are annoyed with you?	Always	Some times	Never
24.	Do you feel uncomfortable with the modern style of living of the family?	Always	Some times	Never
25.	Do you feel unsatisfied and disturbed?	Always	Some times	Never
26.	Do your family members complain about your habits and behaviour to the visitors?	Always	Some times	Never
27.	Are you compelled to do all your work according to the wishes of the family members?	Always	Some times	Never
28.	Do you now repent for giving away all your money to the family members?	Always	Some times	Never
29.	Do you weep when you are alone?	Always	Some times	Never
30.	Do you consider your home as a happy home?	Always	Some times	Never
31.	Do you think that you are alone though you are in the family?	Always	Some times	Never
32.	Do your family members praise you?	Always	Some times	Never
33.	Do you feel that your family member neglect you?	Always	Some times	Never
34.	Does your family get perturbed by your sickness?	Always	Some times	Never
35.	Are you still as cheerful as before?	Always	Some times	Never
36.	Do you ever wish to leave your home?	Always	Some times	Never
37.	Do your family members feel happy by your being happy and cheerful?	Always	Some times	Never
38.	Do you feel that this home is not worthy of living?	Always	Some times	Never
39.	Do you get attention and respect from all the members of your family?	Always	Some times	Never
40.	Do your family members pay no heed to your desires?	Always	Some times	Never
41.	Do you think of committing suicide?	Always	Some times	Never
42.	Do you pass most of the time alone?	Always	Some times	Never
43.	Does your family feel discomfort by your presence?	Always	Some times	Never
44.	Do you pass most of the time in deep thinking?	Always	Some times	Never
45.	Do your family members take your advice on important family affairs?	Always	Some times	Never

46.	Do your family members speak ill of you against your back?	Always	Some times	Never
47.	Do you feel your home is a happy and pleasant place to live in?	Always	Some times	Never
48.	Do you pass your time as you wish to?	Always	Some times	Never
49.	Do you feel that if you had money your family members would have treated you better?	Always	Some times	Never
50.	Do you think that now your life is miserable?	Always	Some times	Never
51.	Do your family members spend maximum time with you?	Always	Some times	Never
52.	Do the women of your family give you proper respect?	Always	Some times	Never
53.	Do your family members keep you inform regarding family affairs?	Always	Some times	Never
54.	Do the children of you family feel happy to play with you?	Always	Some times	Never
55.	Do all the family members address you with respect?	Always	Some times	Never
56.	Do your family members introduce you to their friends?	Always	Some times	Never
57.	Do you feel happy with your family members?	Always	Some times	Never
58.	Do your family members enjoy celebrating the festivals with you?	Always	Some times	Never
59.	Do your old professional friends meet you gladly?	Always	Some times	Never
60.	Do your family members give you presents on your birthday and marriage anniversary?	Always	Some times	Never

LIFE SATISFACTION SCALE

S. No.	Statements	Always	Often	Sometimes	Seldom (Rarely)	Never
1.	I set realistic goal for myself.	Always	Often	Sometimes	Seldom (Rarely)	Never
2.	I, on the whole, enjoy my life.	Always	Often	Sometimes	Seldom (Rarely)	Never
3.	I enjoy whatever I do.	Always	Often	Sometimes	Seldom (Rarely)	Never
4.	I enjoy the way I live.	Always	Often	Sometimes	Seldom (Rarely)	Never
5.	I believe life is for living.	Always	Often	Sometimes	Seldom (Rarely)	Never
6.	I am satisfied with the work I do.	Always	Often	Sometimes	Seldom (Rarely)	Never
7.	I feel that I am a successful person.	Always	Often	Sometimes	Seldom (Rarely)	Never
8.	I obtain pleasure from domestic affairs.	Always	Often	Sometimes	Seldom (Rarely)	Never
9.	I feel proud in the success of my children.	Always	Often	Sometimes	Seldom (Rarely)	Never
10.	I love to get myself involved in leisure activities.	Always	Often	Sometimes	Seldom (Rarely)	Never
11.	I feel happy when I achieve my goals.	Always	Often	Sometimes	Seldom (Rarely)	Never
12.	I am very much optimistic about my future.	Always	Often	Sometimes	Seldom (Rarely)	Never
13.	I consider my job as less demanding and more congenial.	Always	Often	Sometimes	Seldom (Rarely)	Never
14.	I think that I am a self-made man.	Always	Often	Sometimes	Seldom (Rarely)	Never
15.	I set priorities by planning the day.	Always	Often	Sometimes	Seldom (Rarely)	Never
16.	I enjoy taking part in social activities.	Always	Often	Sometimes	Seldom (Rarely)	Never
17.	I devote some time to community activities.	Always	Often	Sometimes	Seldom (Rarely)	Never
18.	Money making is not the only motto of my life.	Always	Often	Sometimes	Seldom (Rarely)	Never
19.	I want to make use of my skills to improve the quality of life.	Always	Often	Sometimes	Seldom (Rarely)	Never
20.	I want to raise my standard of living.	Always	Often	Sometimes	Seldom (Rarely)	Never
21.	I take life as it comes.	Always	Often	Sometimes	Seldom (Rarely)	Never
22.	I think I am capable of fulfilling demands of my life.	Always	Often	Sometimes	Seldom (Rarely)	Never
23.	I feel, I have a healthy sense of self.	Always	Often	Sometimes	Seldom (Rarely)	Never
24.	I hold optimistic attitude towards life.	Always	Often	Sometimes	Seldom (Rarely)	Never
25.	I maintain self respect in different roles.	Always	Often	Sometimes	Seldom (Rarely)	Never
26.	I understand my strength and weaknesses.	Always	Often	Sometimes	Seldom (Rarely)	Never
27.	I believe in self-help and self-sufficiency.	Always	Often	Sometimes	Seldom (Rarely)	Never
28.	I have a lot of control over my life.	Always	Often	Sometimes	Seldom (Rarely)	Never
29.	I never leave a job unfinished.	Always	Often	Sometimes	Seldom (Rarely)	Never
30.	I am interested in sports activities.	Always	Often	Sometimes	Seldom (Rarely)	Never

31.	I can solve my problems effectively.	Always	Often	Sometimes	Seldom (Rarely)	Never
32.	I derive satisfaction from whatever I do.	Always	Often	Sometimes	Seldom (Rarely)	Never
33.	I believe I am a healthy person.	Always	Often	Sometimes	Seldom (Rarely)	Never
34.	I can face unanticipated hardships.	Always	Often	Sometimes	Seldom (Rarely)	Never
35.	I feel, I am a courageous person.	Always	Often	Sometimes	Seldom (Rarely)	Never

QUALITY OF COMMUNITY LIFE SCALE

Q.1. Are you satisfied with the amount of contact you have with people in your community?

1. Not really 2. To some extent 3. Very much

Q.2. Are you satisfied with opportunities to obtain information about your own locality?

1. Not really 2. To some extent 3. Very much

Q.3. Are you satisfied with the help you get from your neighbours?

1. Not really 2. To some extent 3. Very much

Q.4. Are you satisfied with the opportunities in your area to obtain general information?

1. Not really 2. To some extent 3. Very much

Q.5. Do you feel content about the relationship you have with your relatives?

1. Not really 2. To some extent 3. Very much

Q.6. Do your relatives share your happiness?

1. Not really 2. To some extent 3. Very much

Q.7. Do you think that you will get enough help from your neighbours in your family functions?

1. Not really 2. To some extent 3. Very much

Q.8. Are you satisfied with the relationship you have with colleagues at your working place?

1. Not really 2. To some extent 3.Very much. 4. N.A.(unemployed, house wife, retired)

Q.9. Do you think that criminals are making daily life of people difficult in your community?

1. Very much 2. To some extent 3. Not really

Q.10. Do you feel that you can easily get good support from police against criminals?

1. Very much 2.To some extent 3. Not really

Q.11. Do you feel that you can easily get good medical care?

1. Not really 2.To some extent 3. Very much

Q.12. Do you sometimes feel disappointed that you cannot avail of the services/benefits which you feel are due to you?

1. Very much 2.To some extent 3.Not really

Q.13. Are you satisfied with the transport facilities in your area?

1. Not really 2.To some extent 3. Very much

Q.14. Are you satisfied with the help you get from your family members?

1. Not really 2.To some extent 3.Very much

Q.15. Do you think that your family members will sympathize with you in times of sorrow?

1. Not really 2.To some extent 3. Very much

Q.16. If people are in difficulties, do you think that it is your duty only to help persons of your own religion?

1. I would only help people 2. Sometimes it may be of my religion right to help people of other Religions 3.No.I should help anybody 4. N.A. (homogenous community)

Q.17. Do you sometimes feel disappointed for not getting what is due to you because of caste or religious considerations?

1. Very much 2.To some extent 3. Not really

Q.18. Are you often unhappy-because of your family?

1. Very much 2.To some extent 3. Not really

Q.19. Are you sometimes disappointed that friends are unwilling to help when you are in need?

1. Very much 2.To some extent 3. Not really

Q.20. Do you feel that your neighbours will share your grief?

1. Not really 2.To some extent 3. Very much

Q.21. Do you think that your colleagues at work will help you financially in times of need?

1. Not really 2.To some extent 3. Very much 4.N.A. (unemployed, self-employed, housewife)

Q.22. Do your relatives share your grief?

1. Not really 2.To some extent 3. Very much

Q.23. Do you think your friends will help you out in times of need?

1. Not really 2.To some extent 3. Very much

Q.24. Could getting help from your colleagues at work cause problems in the future?

1. Not really 2.To some extent 3. Very much

Q.25. Do you feel that you should share your happiness only with people of your own caste?

1. Very much 2.To some extent 3. Not really

Q.26. If people are in difficulties, do you think that it is your duty only to help persons of your own cast

1. I would only help people 2. Sometimes it may be of my own caste right to also help people of other castes 3. No.I should help anybody

Q.27.Are you satisfied with the ease of access of medical facilities in ;your community?

1. Not really 2.To some extent 3. Very much

Q.28. Do you think that sufficient efforts are being made by people in your community to maintain sanitation of sewage and waste)?

1. Not really 2.To some extent 3. Very much

Q.29. Do you think that sufficient efforts are being made by people in your community to manage toilet

1. Not really 2.To some extent 3. Very much

Q.30.Do you think that sufficient efforts are being made by people in your community to maintain the drainage facilities?

1. Not really 2.To some extent 3. Very much

Q.31.Do you sometimes feel disappointed for not getting what is due to you because of corruption?

1. Very much 2.To some extent 3. Not really

Q.32. Do you feel that criminals in your areas are too strong and powerful?

1. Very much 2.To some extent 3. Not really

Q.33.Are you satisfied with the relationship you have with your friends?

1. Not really 2.To some extent 3. Very much