Elderly Muslim of Rural West Bengal: A Social Gerontological Study

Sk. Siraj Ali
Department of Anthropology, Government General Degree College, Gopiballavpur-II, Jhargram, West Bengal, India

Email: alisksiraj@gmail.com

Abstract

India has the second largest population of elderly people after China. Old age consists of ages nearing or surpassing the average life span of human beings, and thus the end of the human life cycle. Understatements and terms for old people include old people (worldwide usage), seniors (American usage), senior citizens (British and American usage), older adults (in the social sciences), the elderly, and elders (in many cultures including the cultures of aboriginal people). Today India is home to one out of every ten senior citizens of the world. Both the absolute and relative size of the population of the elderly in India will gain strength in future. Among the total elderly population, those who live in rural areas constitute 78 per cent. Many studies reviled that the rural elderly and specifically the rural elderly Muslims have difficult socio-economic situations and health conditions due to poor education, lack of health facilities, backwardness, and many other major causes. Even though many research studies continuously bring the facts about the poor condition of the elderly in every corner of India, still many research studies highly required to implement more welfare measures for old age people. The present study is an attempt at the Socio-Economic Status, nature of mobility and self-reported Health Conditions of Rural Elderly Muslims in a particular district Purba Medinipur of West Bengal in India.

The present study was conducted randomly selected 10 villages of Nandigram-I block of Purba Medinipur district, West Bengal. A total of 200 (100 males and 100 females) Muslim elderly study participants were included in this present study. The results of the present study revealed that the majority of the elderly belonged to the young old age group (60-69 years), were illiterate, were marginal workers, and the majority had no agricultural land. A significant association between health issues and socioeconomic status was observed in the study. The findings of the study could also help policymakers in this regard.

Keywords: *Rural Elderly, Muslim, Socio-Economic Status, Health Condition, Mobility, West Bengal.*

Introduction

Social Gerontology is concerned with changes in the social characteristics, circumstances, status, and roles of individuals over the second half of the life span; with the nature and processes of adjustment, personality development, and mental health in the ageing individual; and with the biological and psychobiological processes of ageing in so far as they influence

social capacity and performance in later life. Secondly, social gerontology seeks to discover the role of the environment, culture, and social change as determinants of ageing and of the behavior and position of older people in society; the behavior of older people as groups and in the aggregate; and their impact on social values and institutions and on economic, political, and social organization, structure, and function (Tibbitt, 1963).

The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The United Nations has not adopted a standard criterion, but generally uses 60+ years to refer to the older population.

The India's aged population is currently the second largest in the world after China. Indian population has approximately tripled during the last 50 years, but the number of elderly Indians has increased more than fourfold. The proportion of elderly persons in the population of India rose from 5.63 per cent in 1961 to 6.58 per cent in 1991 (Irudaya Rajan, Mishra and Sarma, 1999) and 8.6 per cent in 2011.

In India the Muslim constitutes 14.23% of the total population of the country and their total number is roughly 172 million as per 2011 census. Among the total elderly population of India, the Muslim constitute 10.64 per cent. However, among the total Muslim population only 6.42 per cent are elderly. In case of West Bengal, among the total aged population the Muslim constitute 19.38% and among the total Muslim population 6.09% are aged.

Since the 1970s, Gerontological writing in India has been dominated by a powerful and seldom challenged narrative of the decline of the Indian joint family and the consequent emergence of old age as a time of difficulty (Biswas, 1987; Bose and Gangrade, 1988; Desai, 1982; Mishra, 1989; Pati and Jena, 1989; Sharma and Dak, 1987; Sinha, 1989). It appears from the annotated bibliography compiled by Malini Karkal and published in two volumes by the Tata Institute of Social Sciences, Mumbai in 2000 that researchers on aged population of India primarily paid their attention to the middle class urban aged.

However, there are very few studies in India exclusively or partially carried out among the Muslim elderly primarily on the topics related to the aspects like socio-economic conditions, living status, health etc. The authors whose name deserve special mention in this context are Joshi et al (2003), Deka et al (2011), Mainuddin (2011), Balamurugan et al (2012), Kamble et al (2012), Dolai et al (2013), Thakur et al (2013) Dutta et al (2015), Rana et al (2016) etc.

Objectives of the Study:

- To investigate the demographic and socio-economic characteristics of the elderly Muslim population.
- To explore the self-reported health conditionand nature of mobility of the elderly Muslim.

Materials and Methods

Study Design and Sampling

The present cross-sectional study was carried out at the 10 randomly selected villages from Nandigram -I block of Purba Medinipur district, West Bengal. After the selection of the villages, ten elderly males and ten elderly females were selected from each village. To sample the elderly persons across both sexes, the present researcher collected the latest voter list of above mentioned ten villages published by the Election Commission of India. From the collected voter lists, the persons aged 60 and above across both sexes were identified. Thereafter, 10 elderly males and 10 elderly females were included from each of the villages using a random sampling table. Thus, altogether 200 elderly respondents were randomly selected for the present study among whom 100 were males and 100 were females. The age of all the sampled elderly persons were ranging from 60 years to 80 years and above. The age of the sampled elderly was further documented from their Electors Photo Identity Card (EPIC), Ration card Birth certificate or Admit Card or School Leaving examination record etc. The data were collected from those selected elderly persons who have provided information voluntarily. The investigator made the provision for substitution for a few of the respondents in case of the non-availability of any sampled person. However, the provision did not exceed more than ten in number. The data has been collected by adopting all the standard anthropological methods like census survey, participation observation method, questionnaire method, focus group discussion, panel interview, case history method etc.

Ethical Considerations:

As a matter of ethical issues presented present researcher firstly obtained consent from each respondent respectively. In all the cases prospective respondents were informed about the nature and purpose of the study. The respondents were informed that participation in this study by them was totally voluntary. Prior consent was also obtained for photography in connection with day-to-day activities and living conditions of the respondents. Anonymity

has been protected not only during the work but also during the presentation of the data. The confidentiality of the data was taken into consideration at all phases of the research.

Results and Discussion

Table – 1: Age-sex Composition of the study participants

Age Group	Distribution of the Respondents					
	Male		**Female**		**Total**	
	N	% against total number of Male	**n**	% against total number of Female	**n**	% against total number of Respondents
60-64	23	23	33	33	56	28
65-69	39	39	29	29	68	34
70-74	24	24	23	23	47	23.5
75-79	10	10	11	11	21	10.5
80 and above	04	04	04	04	08	04
Total	**100**	**100**	**100**	**100**	**200**	**100**

The table no.1 exhibits the *age-sex composition of the respondents* under study. From the table it is revealed that out of the total number of respondents 100 are males and 100 are females. It is evident that out of the total number of respondents across both the sexes 28% belong in the age-group 60-64 years; 34% in the age-group 65-69 years; 23.5% in the age-group 70-74 years; 10.5% belong to the age-group 75-79 years and only 4% belongs in the age group of 80 years and above.

Table. 2: Literacy status of the study participants

Literate and Non- literate	Distribution of the Respondents					
	Male		**Female**		**Total**	
	N	% against total no. of Male Respondents	**N**	% against total no. of Female Respondents	**N**	% against total no. of Respondents
Literate	82	82	72	72	154	77
Non-literate	18	18	28	28	46	23
Total	**100**	**100**	**100**	**100**	**200**	**100**

The table 2exhibits literacy status of the study participants. It is revealed that out of the total number of respondents across both the sexes 23% were*non-literate* and 77% were*literate.* It is evident from the table that among the total number of *literate* respondents 82% were males and 72% are females. The table further exhibits among the total number of *non-literate* respondents 18%were males and 28% were females.

Table 3: Educational status of the study participants

Educational standard	**Distribution of the Respondents**					
	Male		**Female**		**Total**	
	N	% against total no. of Male Literate	**N**	% against total no. of Female Literate	**N**	% against total no. of Literate
Ability to Sing	30	36.59	32	44.44	62	40.25
Class I – IV standard	22	26.83	39	54.17	61	39.61
Class V – X standard	20	24.39	01	1.39	21	13.64
Higher Secondary Pass and above	10	12.19	0	00	10	6.50
Total	**82**	**100**	**72**	**100**	**154**	**100**

The table no. 3exhibits the *educational status of the literate study participants.*It is evident from the table that out of the total number of respondents under ability *to sign* category 36.59% were males and 44.44% were females; under the category of *I-IV class* standard of literacy 26.83% were males and 54.17% were females; under the category of *V-X class* standard of literacy 24.39% were males and only 1.39% were females. From the table under discussion, it is also revealed that out of the total number of respondents under the category of *Higher Secondary Pass and above* standard 12.19% were males and there was not a single female respondent.

The table 4exhibits the distribution of *family type* - under study. From the table it is revealed that out of the total number of respondents across both the sexes considered under the present study 13.5% respondents lived in *nuclear family*; 78.5% lived in *joint family* and remaining 8% lived in of *broken family*.

From the table it is also revealed that among the total number of male respondents 16% lived in nuclear family; 76% lived in joint family and 8% lived in broken family. Similarly, among the total number of female respondents 11% lived in nuclear family; 81% in joint family and only 8% in broken family.

Table 4: Distribution of family type

Family type	Distribution of the Respondents					
	Male		**Female**		**Total**	
	N	% against total number of Male	**N**	**%** against total number of Female	**N**	% against total no. of Respondents
Nuclear Family	16	16	11	11	27	13.5
Joint /Extended Family	76	76	81	81	157	78.5
Broken Family	08	08	08	08	16	08
Total	**100**	**100**	**100**	**100**	**200**	**100**

Table 5: Monthly Income wise Distribution of the Respondents

Income Per Month	Distribution of the Respondents					
	Male		**Female**		**Total**	
	N	**%** against total number of Male	**N**	**%** against total number of Female	**N**	**%** against total no. of Respondents
Rs. <2000	19	19	21	21	40	20
Rs. 2001 - 3000	11	11	18	18	29	14.5
Rs. 3001 - 4000	32	32	27	27	59	29.5
Rs. 4001 - 5000	15	15	13	13	28	14
Rs. >5000	23	23	21	21	44	22
Total	**100**	**100**	**100**	**100**	**200**	**100**

The table 5 shows the monthly income wise distribution of the respondents. It is revealed from this table that out of the total respondents across both the sexes 20% have the monthly income that ranges between Rs. 2000/- or below; monthly income of 14.5% respondents ranges between Rs. 2001/- to Rs. 3000/-; monthly income of 29.5%respondents ranges between Rs. 3001/- to Rs. 4000/-; monthly income of 14% ranges between Rs. 4001 to Rs. 5000/- and 22% respondents had the monthly income that go beyond Rs. 5000/-.

Table 6: Self-reported - Health Problemamong the respondents

Types of Health Problem	Distribution of the Respondents					
	Male		**Female**		**Sex-combined**	
	N	% against total no. of health problems facing	**N**	% against total no. of health problems facing	**N**	**%** against total no. of health problems facing
Type-2 Diabetes Mellitus	18	20	20	21.98	38	28.99
Hypertension	48	53.33	48	52.75	96	53.03
Hypotension	10	11.11	10	10.99	20	11.04
Paralysis	05	5.55	05	5.49	10	5.52
Asthma	21	23.33	12	13.18	33	18.23
Bronchial Disease	23	25.55	20	21.99	43	23.75
Cardio-vascular disorder	14	15.55	10	10.99	24	13.26
Forgetfulness	15	16.66	11	12.08	26	14.36
Renal Disorder	02	2.22	0	0	02	1.10
Arthritis	41	45.55	37	40.66	78	43.09
Defective Vision	75	83.33	79	86.81	154	85.08
Deafness	06	6.66	03	3.29	09	4.97
Anemia	07	7.77	01	1.09	08	4.41
Blindness	02	2.22	0	0	02	1.10
Differently abled Limbs	24	26.66	35	38.46	59	32.59
Leprosy	02	2.22	0	0	02	1.10
Vocal Disorder	09	10	04	4.39	13	7.82
Fever at regular interval	08	8.89	12	13.18	20	11.04
Dermal Infection	15	16.66	09	9.89	24	13.25
Indigestion	13	14.44	09	9.89	22	12.15
Filariasis	05	5.55	01	1.09	06	3.31
Goiter	0	0	02	2.10	02	1.10

The table 6 shows the *self-reported health problem among the respondents*. From the table it appears that in case of health problems self-reported by the respondents across both the sex the distribution of different types of disorders found among them were Type-2 Diabetes mellitus 28.99%; Hypertension 53.03%; Hypotension 11.04%; Paralysis 5.52%; Asthma 18.23%; Bronchial disease 23.75%; Cardio-vascular disorder 13.26%; Forgetfulness 14.36%; Renal disorder 1.1%; Arthritis 43.9%; Defective Vision 85.8%; Deafness 4.97%; Anemia 4.41%; Blindness 1.1%; Differently abled limbs 32.59%; Leprosy 1.1%; Vocal disorder

7.82%; Fever at regular interval 11.4%; Dermal infection 13.25%; Indigestion 12.15%; Filariasis 3.31% and Goiter 1.1%.

Finally, it is necessary to mention in the context of the present table under description that in many cases same respondent, either male or female, is simultaneously facing more than one types of health problem.

Table 7: Nature of Mobility wise Distribution of the Respondents

Nature of Mobility	**Distribution of the Respondents**					
	Male		**Female**		**Total**	
	N	% against total number of male	**N**	% against total number of female	**N**	**%** against total no. of respondents
Bed Ridden	06	06	08	08	14	07
Slightly Mobile	13	13	28	28	41	20.5
Fairly Mobile	52	52	32	32	84	42
Mobility with a Stick	25	25	29	29	54	27
Wheel Chair	04	04	03	03	07	3.5
Total	**100**	**100**	**100**	**100**	**200**	**100**

The table exhibits the *nature of mobility wise distribution of the respondents*. Among the total number of respondents across both the sexes 7% were bed ridden; 20.5% were slightly mobile; 42% were fairly mobile; 27% were abled to move with the help of walking stick and 3.5% were abled to move with the help of wheel chair.

It is further revealed that among the total number of bed ridden respondents 6% were males and 8% were females whereas; among the total number of slightly mobile respondents 13% were males and 28% were females. Similarly, among the total number of fairly mobile respondents 52% were males and 32% were females. It is also revealed that among the total number of respondents able to move with the help of walking stick 25% were males and 29% were females whereas; among the total number of respondents able to move with the help of wheel chair 4% are male and 3% are female respectively.

The socio-economic condition of the elderly varies from person to person and place to place. Examination of the problems of the aged from the perspective of demographic structure, economic setting and the state of health is necessary since these aspects are closely related. Therefore, to gain an understanding on these issues the present research was

carried among the Muslim elderly people residing in a particular rural area so that policies may be formulated in micro level for the improvement of the quality of life of the elderly who are minority in terms of religion.

The results revealed that the upper age limit of the Muslim elderly in this location rarely touches ninety years of age. Presence of greater number of -elderly females compared to their -counterpart in the category of 'young old' suggests that longevity among the female elderly is higher than the male elderly and this may be due to the reported prevalence of early marriage of the women under study.

It is found that literacy status of the male elderly under the present study is more compared to their female counterpart. It may be concluded that in the sphere of the education women are facing more discrimination.

The fact that prior to their attainment of 60 years of age only male elderly was in service both in Government may be for the reason that male elderly was enabled to achieve higher standard of education compared to their female counterpart due to reported intra-house hold discrimination against the female in terms of promotion of education.

In terms of mobility, activities of daily living as well as the reported ailments there are thin difference between the male and the female elderly. This may direct us to conclude that despite the reportedly prevailing male dominancy within family the female elderly has been able to maintain their good health. Such maintenance may be possible due to their indirect exercise by way of active engagement in household chores within family.

The elderly male and female respondents selected for the present study live either within own family or within the family of their close relatives and the economic condition in general are not very satisfactory. Therefore, policies for creating economic support to enhance the quality of life of the rural elderly Muslim require more importance compared to formulating the scheme for extra familial rehabilitation of the rural aged. The economic support to the elderly may be extended by way of arrangingpart-time employment to supplement their income.

Education standard of the elderly under study in general is not very satisfactory. The implementation of non-formal adult education program may be used to for educating the elderly. This type of life-long education scheme may be instrumental for the elderly to gain knowledge on current scientific and technological innovations which in turn may be effective for lengthening of the life course, improved health and economic status among the aged adults. Furthermore, education and participation in the sphere of arts may actually help to

delay the onset of dementia, counteract depression and social isolation and promote the new brain cells and connectivity.

The elderly respondents under study in most cases are suffering from chronic diseases like blood pressures, diabetes, arthritis etc. To cater the affected elderly effectively the current health system is required to be reformulated.

CONCLUSION

Finally, the present study reveals that the Muslim elderly living in rural area are suffering from heterogeneous problems and micro-level study may help us to gauge those problems which in turn may be effective to formulate requirement-based welfare policies for the rural Muslim elderly even at micro-level since the number of these marginalized people are increasing day by day.

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