TRIBAL ELDERLY IN URBAN INDIA: A STUDY ON THE INTERGENERATIONAL RELATIONSHIPS

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ABSTRACT

There are no other age groups increasing rapidly than elderly, which is projected to be doubled by 2050. Such demographic transition is witnessed in many developing countries including India. It is also indicated that the elderly population including the tribal elderly are increasingly dwelling in urban areas due to migration or their native areas becoming urbanized. The purpose of this research is to understand the intergenerational relationship among tribal societies dwelling in urban areas. This paper argues that elderly as like other age groups, do not constitute a single homogeneous category while marking the shift from single dimension paradigm of studying aged individual to multi-level approach i.e. 'urban-elderly-tribes', in understanding the intergenerational relationships. In total six Focus Group Discussions (FGDs), with fifty elderly tribes (aged 60-82 years) comprising of three FGDs at nearby center of the town and three 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 data gathered went through several phases of interpretative thematic analysis. Subsequently, three main themes were identified, *"impact of urbanization", "better life than before" and "cultural degradation"*. The participants perceived that there has been a disruption in intergenerational relationship in contemporary times owing to shift from socio-cultural approach to economic approach to development. This study draws attention towards tribal elderly perspectives on intergenerational behaviors and relationships for researchers, academicians, practitioners and policy makers to design their interventions accordingly.

Keywords: Elderly, Tribal Elderly, Urbanization, Intergenerational Relationships.

INTRODUCTION

Ageing trend is predicted to continue (UN 2020), 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 program and policies on ageing by the UN 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

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old age and ensuring enabling and supportive environment" (UNFPA & Help Age International 2012).

There is no other age group escalating rapidly than elderly (Chakraborti 2004; UN 2020). In 2022, globally the aged population, 60 years and above are 1.1 billion, that constitutes 13.9 percent of the total world population. The increasing elderly population is projected to be more than doubled, reaching nearly 2.1 billion by 2050 (International Institute for Population Sciences & United Nations Population Fund 2023). The challenges and opportunities of such demographic trend have been experienced by the developed countries of the world. Many other countries including India is witnessing similar demographic trend. Presently, about two thirds or 62 per cent of the 868 million of the world's elderly population live in developing countries. By 2050, this proportion will be 20 per cent (UN 2013). 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 (UN 2015).

The proportion elderly population in India in the year 2022, was 149 million around 10.5 percent of the total population, which was an increase from 8.6 percent in the year 2011. However, it is likely that the proportion of senior citizen in India will double to 20.8 percent by 2050. During 1991 – 2001 decade, the growth rates of elderly among 60 years plus, 70 years plus and 80 years plus, were much higher compared to general population growth in India (Rajan et al. 2006).

The regional distribution of the proportion of elderly across countries is higher in urban than in rural areas (UNFPA & Help Age International 2012). Kinsella (2001) also indicated the same trend in the regional distribution of elderly population in urban and rural areas. Globally, from "the year 2000 to 2015, the proportion of elderly population has increased by 68 per cent in urban areas, compared to 25 per cent increase in rural areas. Consequently, higher proportion of elderly population are residing in urban areas" (UN 2015: 2).

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-tribes, 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 intergenerational relationships 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 intergenerational relationships. This research study is designed to enquire into the intergenerational relationships among tribal elderly in urban community.

Urbanization and Elderly

This demographic transition is experienced by developing countries at higher rate than it is in developed countries, and unfortunately in many occasions, the developing countries 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. In developing countries with less developed 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" (Aminbakhsh & Gass 2017: 958). UNFPA (2023) mentions that nearly 149 million elderly population are residing in India and by 2050 it will be around 343 million, making India a home to one person out of every six persons in the world. This demographic trend is a celebration and a challenge (UNFPA & Help Age International 2012). It is a celebration because life expectancy has improved from 40 years in 1951 to 64 years in recent times, 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. (Jain & Korzhenevych 2020) opined that the nature of urbanization in India is 'over-urbanization' or 'pseudo-urbanization'. The big cities are over-burdened with large population size which has led to disruption in the urban basic services exacerbated by issues of housing, potable water, health infrastructure and quality of life. 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 are 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, low socio-economic and health status (Liu et al. 2017).

The developing world has undergone a phenomenal urban growth in the last six decades. This development has been mired by disparity in income, higher vulnerability, issues of

migration among the lower income group (Mots'oene 2014). The report released by (The Economist Intelligence Unit 2012) cites that urbanization induced enhanced mobility among younger generations and increasing ratio of working women are some of the compelling reasons for deteriorating support for the elderly. The pattern of balance exchange between the generations has been disrupted by urbanization. People of different generations are no longer found co-residing in urban areas giving way to the formation of nuclear families. Modern living is destroying the social welfare feature of families (Puschmann & Solli 2014). Urbanism indicates that old and younger generations are less likely found inhabiting under one roof (ibid.) (van Hoof et al. 2018) 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. Urbanism have obverse impact on elderly wellbeing (UNFPA & Help Age International 2012). Weaking traditional family support system is the hallmark of urban living. Older persons often deprived of extensive social network in urban settings as well as absence of alternate supportive mechanisms that could replace the family support (UNFPA 2012). The elderly are more vulnerable than ever before, owing to the degrading socio-cultural values. This has paved the way for individualism, materialism and selfishness affecting the geriatric care and support both physically and emotionally (Näsman et al. 2020). The neglect and rejection are affecting the mental health of the aged. They feel depressed and isolated by the society (Cheng et al. 2021).

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 percent in 1971 to 2.8 percent in 2011 with a decadal growth of 49.7 percent from 2001 to 2011 (Chandramouli 2013). Consequently, this demographic phenomenon has led to concentration of more tribal elderly population in urban areas than ever before.

Numerous studies reiterate 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.

"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: 399).

The study which taps the view point of urban-elderly-tribes on intergenerational relationships, impacts of urbanization, opportunities and challenges experienced by them in society are very scarce. Hence, this research study attempts to bring out the viewpoints of elderly respondents with respect to intergenerational relationships, impacts of urbanization, opportunities and challenges faced by them in society.

Tribes and Elderly

The Government of India defines Tribes as Scheduled Tribes (STs) "enshrined in the Article 366 (25) of the Constitution of India that refers to STs as those communities, who are scheduled in accordance with Article 342 of the Constitution" (Ministry of Tribal Affairs 2023: IX). Most of these communities reside in mountainous regions which are geographically remote areas with poor amenities. The Government of India while recognizing their social discrimination and exclusion from their habitat has enacted Recognition of Forest Rights Act, 2006 to safeguard the rights over their ancestral land (Ministry of Tribal Affairs 2023). "Land is one of the vital resources which does not merely determine one's socio-economic condition but also regulates social position in society" (Alam et al. 2023: 1). Lost identity and originality are 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 non-tribes. Old aged is considered a burden in the modern family, whereas the youngsters in the tribal society are exhibiting similar attitude towards elderly (Sethurajakumar & Venkatesh 2019). However, traditionally 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 life in many

tribal communities 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 ensure care and protection of the elderly and support them with all 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 decade as they have been the migrant settlers in search of livelihood opportunities and better health care facilities in urban areas. In many instances it is also witnessed that their settlement areas have turned into urban centers due to immigration of general population and as a result of it they had become more vulnerable and marginalized. The census data reveals that the localities (districts) with a higher proportion of Tribal population are associated with poorer infrastructure, lack of health facilities and sanitation (Narain 2019).

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 (Kshatriya & Acharya 2016). Such socio-cultural changes bewildered tribes as never before, have bearing on cultural deterioration, disrupted intergenerational relationships, 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. This demographic transition is not only linked to changes in values but also alter socio-economic contexts that affects the family structure and relationships especially in urban areas (World Youth Report 2003).

Intergenerational Relationships

People aged 60 years and above experience decline in health and associated functional disabilities as age progresses. Various biological theories of ageing (such as Error theory, Cross – linkage theory, Wear and tear theory, Immunity theory etc.) postulate age related deterioration of body and functional decline (Rodgers 2015). 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 has 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 (Sharma 1971; Sarkar 1979). The theory of Gero-transcendence propounded by Tornstam (2005) also corroborates the individual self-progression at the final stage. At this juncture it is pertinent to mention two important theories namely Activity theory and Continuity theory. 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, behavior and activities as they performed in earlier stages 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. Havighurst (1984/1972) asserted that development is continuous throughout the life span which is divided into six stages and characterized by apt tasks and values. In the last stage i.e. later maturity stage (over 60 years) the individual tries 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.

"Intergenerational relations refer to the ties between individuals or groups of different ages" (Sánchez 2020). The fact that elderly can play an important role in the family has led to the recent focus on studies pertaining to intergenerational relations. 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 & Yusooff 2012). In Indian context, the incessant social, emotional and economic support have been a part of family interaction. Family care is usually home based which provide variety of assistance and care to the elderly. Some recent comparative studies explore the implications of socio-cultural settings for intergenerational relationships (Klaus 2012). In India, the norm of familial devoutness exists even in contemporary times. Children must behave in a socially responsible manner, support extended is not only limited to financial but physical care with all reverence for elderly parents. The ultimate objective of family members is to offer all kinds of care and protection to its elder members. However, the social interpretation of what constitutes appropriate behavior toward elderly adults has changed significantly over time. Earlier studies also suggest that elderly today are less likely to expect the same family service as they did in the past as a result of changing interpretation of family

support and perception among the elderly themselves that their children will establish reciprocal relationship with them (Akhter et al. 2023). Concomitantly, the significance of family support has been an important discourse among the gerontologists.

This has also brought a change in the way elders define care and support. This shift in their perceptions and expectations have led to emphasize that they look forward to solely emotional rather than material forms of support from their children as the virtue of family care. This shift in perception suggests that one-sided support from their family members may be viewed as a burden for their children rather than as a duty. However, many elderly parents continue to rely upon their children because of their dependence and legitimize it by the norm of filial piety. Nevertheless, this kind of one sided narrow reciprocal relationship is increasingly creating discomfort among elderly persons. 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. However, on the contrary 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. Majority of elderly people living in remote areas and those engaged in the unorganized sector in urban areas are neglected. This draws the attention of researchers and practitioners to look into the perspective of covering all sections of the elderly in a single spectrum. In the face of social change and the opportunities for economic development, the intergenerational relationships and behaviors are changing concomitantly against the changing family needs and values. Earlier studies on intergenerational relationships were mainly interested on single parameter i.e., intergenerational co-residence, and undermined the complex nature of changing society (Park et al. 2005). The paradigm shifts from socio-cultural approaches that emphasize on long standing traditional family and extended family connectedness to economic approaches that rely on cost and benefit analysis, productivity and financial viability emanating from the industrialization and modernization (Leeson 2018).

The fact that elderly can play an important role in the family has led to the recent focus and studies on the intergenerational relations. There can be mutual co-existence between the adult children and the elderly. While the adult children can be the immediate 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 invariably home based which provide all assistance and care to the elderly. Nevertheless, such family and extended family norms of care giving are gradually undergoing a structural disintegration towards the nuclear family system. This change has been brought by the process of urbanization, industrialization and migration from remote areas. The individualism and materialism in contemporary societies fail to provide all-inclusive social support to the aged. There is an urgent need to revive and enable the traditional family support system with alternate support system in place to strengthen the community and create new statutory avenues. These alternative systems would enable the elderly to keep pace with the modernization. However, it is observed that the proportion of elders in non-family households has tremendously increased (Park et al. 2005).

Methodology

About the Respondents

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 laborers were once sold along with plantations by the landlords. Most of the Paniya live in nuclear families. The paniyas are divided into two categories on the basis of their inhabitation, the paniyas living on plains and having contact with non-tribes and those living in isolated deep forests with limited contact 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.

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 (2023) Kuruma come under particularly vulnerable tribal group (PVTG).

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.

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.

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 (2023) Kattunayaka come under particularly vulnerable tribal group (PVTG).

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.

Data Collection*.* Focus group discussion (FGD) was used to procure data about intergenerational relationships. FGD 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

& 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 & Casey 2000). The focus group discussion is highly efficient in tapping the subjective information from the respondents because they allow the participants to interact as group interaction is the fundamental part of this exercise and validate the information allowing the moderator to probe into the details.

Socio-Demographic Profile of the Respondents

S.No.	Socio-demographic variables	Frequency (50)	Percent
1	**Age (in years)** 60 – 65 66 – 71 72 - 77 77 - 82	12 09 12 14	24 18 24 28
2	**Gender** Males Females	20 30	40.0 60.0
3	**Religion** Hindu	50	100.0
4	**Community** Paniyar Kattunayakan Kuruma Oorali Kuruchya	24 06 11 03 06	48 12 22 06 12
5	**Marital status** Married Unmarried Widow Remarried Divorced Widower	27 02 13 01 02 05	54 04 26 02 04 10
6	**Education** Illiterate Literate	43 07	86 14
7	**Type of family** Nuclear family Joint family	21 29	42 58

8	**Employment status** Working Not working	16 34	32 68
9	**Details of present employment** Domestic maid Coolie Agriculturist Labourers Not working	02 06 02 06 34	04 12 04 12 68
10	**Monthly income** No income Up to Rs.5000 Rs.5001-10,000 Rs. 10,000 above	24 16 08 02	48 32 16 04
11	**Types of Health Problems** Joint pain Heart disease Blood pressure Eye problem Diabetes Tuberculosis Asthma Multiple health problems Minor health problems (i.e. fever, cold and cough, etc.)	04 01 03 03 01 01 03 20 14	08 02 06 06 02 02 06 40 28
12	**Place of treatment for health problem** Primary/Community Health Centre Traditional Therapy (AYUSH) Government Hospital Private Hospital / Clinic	25 14 05 06	50 28 10 12

The above table shows 28 percent of the respondents are in the age group of 77 years to 82 years, followed by 24 percent in the age group of 60 to 65 years. It is evident from the table that majority 60 percent of the respondents are females and remaining 40 percent of the respondents are males. Elderly females (60 years and above) outnumber males in India (WHO 2023). All the respondents belong to Hindu religion. It is indicated that 48 percent of the respondents are from Paniyar community, 22 percent of the respondents belong to Kuruma community, 12 percent each from Kuruchya community and Kattunayakan community and 06 percent of the respondents belong to Oorali community. The table reveals that 54 percent of the respondents are married, 26 percent of the respondents are widow, 10 percent are widower, 04 percent each are divorced and unmarried. It is portrayed from table that majority (86 percent)

of the respondents are illiterate and 14 percent of the respondents are literate. The elderly population in India has high rates of illiteracy (Malik et al. 2021). More than half (58 percent) belong to joint family followed by nuclear family (42 percent). Majority 68 percent are not working due to old age out of those who are working, majority are engaged as laborer and coolie. They come under economically backward groups with nearly half (48 percent) have no income. Majority (40 percent) of the respondents suffer from multiple health problems, whereas 28 percent has minor health issues, the remaining respondents have joint pain (8 percent), blood pressure (6 percent), eye problem (6 percent), asthma (6 percent), heart disease (2 percent), diabetes (2 percent), and tuberculosis (2 percent). As age progresses, people aged 60 years and above experience decline in health and associated functional disabilities (Rodgers 2015). Half of the respondents (50 percent) go for treatment at Primary/Community Health Centre/ Government hospital, 38 percent of the respondents choose traditional/alternate therapy (AYUSH- **A**yurveda **Y**oga and Naturopathy **U**nani **S**iddha and **H**omeopathy), and only 12 percent go to Private Hospital / Clinic for treatment.

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:

Focus Group No.	No. of Members	Age Range	Location	Name of Tribal Community Participated
Group No. 1	08	60-77	Nearby center of town	*Paniya, Kurichiya & Kuruma*
Group No. 2	07	65-82	Nearby center of town	*Paniya & Kurichiya*
Group No. 3	09	66-82	Nearby outskirts of town	*Kuruma, Oorali & Kattunayaka*
Group No. 4	08	68-82	Nearby outskirts of town	*Oorali & Kattunayaka*
Group No. 5	09	60-77	Nearby center of town	*Paniya & Kurichiya*
Group No. 6	09	66-82	Nearby outskirts of town	*Oorali & Kattunayaka*

In total six FGDs, comprising of three FGDs at nearby center of the town and three 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 focus group had representation from five tribal communities comprising of *Paniya, Kurichiya, Kuruma, Oorali and Kattunayaka* residing in Wayanad Municipality in Kerala State of India. Projections indicate that by 2036 Kerala will have nearly 23 per cent of elderly population, reaching the level of contemporary demographic status experienced by developed countries as Kerala has achieved lower fertility and mortality rates earlier than other states of India. 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 (Census of India 2011).

The researcher used self-administered 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 a 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.

Data Analysis. The transcript of FGDs was analyzed. 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.

Findings and Discussion

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

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 their

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".

> Other 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".

> Few of the elderly stated "we are struggling between traditional and present day norms, we elderly are bearer of traditional living, but the youth are fast adopting present day lifestyles".

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 neighborhood.

> 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".

> Other 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".

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

> Other 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 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 difficulty in terms of care, support, affection and respect.

The fact that elderly can play an important role in the family has led to the recent focus and studies on the intergenerational relations. There can be mutual co-existence between the adult children and elderly. While 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 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 & Yusooff 2012). Intergenerational support is inbuilt in the traditional domestic arrangement. The modern living pattern is severely destroying this significant social welfare feature (Apt 2001). 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 & Malhotra 2012). The proportion of elders in non-family households has increased tremendously (Park et al. 2005).

Impact of Urbanization

At the backdrop of rapid urbanization, 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, 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".

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

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".

Other 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 developing world has undergone a remarkable urban growth in the six decades. However, such changes have been linked to increasing levels of poverty and deprivation, lack of safe water supplies, poor sanitation and less access to basic amenities. It also led to the growth of 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 2012) cites that urbanization induced increased mobility among the productive age groups. Migration of male and more importantly female have led to the deterioration of 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 (Apt 2001) which gives way to the formation of nuclear families.

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".

> Elderly highlighted that "majority have started going to hospitals for treatment, which was no so common in older time".

> Other 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".

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".

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

> Other 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 quite higher than non-tribal, however, the overall migration rate remains low as compared to non-tribal (Kijima 2006). Despite adversities in the main stream society, the tribes have been strong in conserving their culture. (Wei & Ali 2009) in their study found that urbanization has least impacted the traditional Bedouin culture and customs of most Libyans.

Attempts of cultural assimilation by the government or authority and sheer insensitiveness towards tribal way of life by non-Tribes 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 favor 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.

The qualitative data gathered from the tribal elderly unfolded the differential impact of urbanization in terms of residential location at the center 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 center of the town. It was evident, that elderly staying in the center 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, however the family system is experiencing a gradual change towards nuclear families especially among Paniyas residing in plain areas along with general population than their counterparts inhabiting in deep forests. Similarly, the mobility and migration are more in the remote hilly areas. The qualitative data also reveals the indigenous nature of tribal elderly to reside in their native place. The participants in the FGD unanimously voiced about the longevity of their stay in the same location over centuries foe several generations. It is highly inquisitive to learn from the discussion that the tribal elderly in the study 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-tribes 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, the tribal elderly became urban dwellers by the fact that their settlement became urbanized, but on the contrary 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 than elderly women. Mukherjee (2013) who conducted the study among elderly in institutional care 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.

This study suggests that tribal elderly in general are not very satisfied with their life, this may be due to various reasons; a) first, as 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. The numerous problems such as adjustment, intergenerational discord, diminishing status and role in the community etc. are linked to urbanization and modernization.

This study also indicates the fact that those tribal elderly staying in the outskirts of the town have access to better amenities and medical facilities. The tribal communities especially *Kattunayaka, Oorali* and also *Kuruma* compared to *Kurichiya* and Paniya prefer to remain deep 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 them have reported low quality of intergenerational relationships.

CONCLUSION

The simultaneous phenomena of unprecedented demographic transition and rapid urbanization have far reached 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 & HelpAge International 2012: 23). 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 (2023). 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.

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