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PROBLEMS OF ELDERLY TRIBAL WOMEN A STUDY IN PRAKASAM DISTRICT OF ANDHRA PRADESH, INDIA

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The social background of the elderly is very important in understanding their living conditions, perceptions and expectations from the family members, the community and the state in terms of their needs. The tribal elderly women with various cultural backgrounds follow various customs and beliefs, which ultimately mould their lifestyles. Understanding their social background in terms of culture and family life situations would probably help their problems. The social background of a person is expected to have a vital influence on the living conditions of the elderly women.

When a situation or issue cannot be tackled by the human mind and it is beyond one's skill it is called a problem. An issue may be a problem for one individual or group, but the same issue will not be the problem for the other. Some problems which are related to our basic needs may be common. But certain problems are specific to ageing. But while ageing has a charming beginning in the form of development (i.e. growth and differentiation), it has a dismal end marked by senescence, loss of adaptability of the organism to its extrinsic and intrinsic environments, decrepitude and ultimately the macabre death. Thus, the problems of elderly differ from the problems of the youth. Joshi (1971) has observed that ageing in human beings creates a number of bodily dysfunctions as well as psychological disorder. Seal (1979) has divided the problems of the aged into national special (community and family) and personal (physical, psychological and socio
economic).

Objectives of the study

1. To study the socio-economic conditions of the tribal elderly women in Prakasam District of Andhra Pradesh.
2. To examine the different kinds of abuses and problems of elderly tribal women in the study area.

Hypothesis

1. Ho: There is no significant difference of economic problem among elderly tribal women by their marital status.
2. Ho: There is no significant difference of psychological problem among elderly tribal women by their Occupation.
3. Ho: There is no significant difference of Health problem among elderly tribal women by their education.

Universe and Sampling

The predominant tribes living in Prakasam district especially in Markapuram division and the tribes are Chenchu, Sugalis (Lambadis), Yanadi's and Yerukala. The Prakasam district has three revenue divisions of Ongole, Kandukuru and Markapuram. Among three, Markapuram division was selected for the study due to the tribal population is consisting in the division only. Under Markapuram division three revenue mandal such as Dornala, Pullelacheruvu and Yerragondapalem was selected for the purpose of the study.

From each sample Mandal four highly populated villages are selected for elderly tribal women in household setting and 25 respondents from each village like 12 villages of three mandal were selected randomly for in-depth study. So, the total sample constitutes 300 respondents.

Problems in Social Interactions

There are variety of problems common for the aged people throughout the world, but certain problems are typically related to Indian socio-cultural background. Burgers (1951) observes, old age emerges as a social problem where economic competition works at every level thereby creating a decline role and status of the old and non-earning members. Due to low status of the aged, the family members neglect in different ways and means such are presented in social problems.

Table – 1: Age Wise Distribution of Respondents

Sl. No	Age	Frequency	Percentage
1	60 - 70	128	42.7
2	71 - 80	84	28.0
3	81 - >	88	29.3
Total		**300**	**100.0**

Mean Age ($\bar{x}$) = 72.15 years

In the study, the age of the elderly tribal women ranges from 60 to 88 years. In order to facilitate further analysis, three age categories have been developed. The table 1 reveals that the majority of the Elderly Women respondents were belonging to age group of 60–69 years are 42.7 percent, 70–79 years of age group are belongs to 28.0 percent and followed by 80 and above years of age group belongs to 29.3 percent. Thus, making a majority of 60-70 age group and the mean age is 72.15 years. **NIBEDITHA KAR (2004)** in her study found that majority (51 percent) elderly women are 60-70 age group.

Table–2: Sub Caste Wise Distribution of Respondents

Sl. No	Sub Caste	Frequency	Percentage
1	Chenchu	134	44.7
2	Sugali/Lambada	97	32.3
3	Yerukala	53	17.7
4	Yanadi	16	5.3
Total		**300**	**100.0**

The sub caste of the sample respondents describes that 44.7 per cent belong to Chenchu sub caste in Scheduled Caste and 32.3 per cent respondents belonging to Sugali/Lambadi sub caste in the Scheduled Caste. About Yerukala sub Caste groups constitute 17.7 per cent and 5.3 per cent are Yanadi respectively. About majority of the respondents belong to Scheduled Caste in Chenchu. It is indicates that the majority

people who belongs to scheduled Caste are marginalised sections in India and they are more backward with compare to other groups.

Table – 3: Marital status Wise Distribution of Respondents

Sl. No	Marital status	Frequency	Percentage
1	Married	171	57.0
2	Unmarried	5	1.7
3	Widow	111	37.0
4	Divorced	13	4.3
Total		**300**	**100.0**

It plays a crucial role in identity formation, social, emotional and economic well-being, especially in the case of women. Patriarchal social structure has always expected women to be dependent on her husband in her youth. A high value is attached to the marital status of women, and widowhood, separation, divorce are taken as curse on her.

Regarding marital status it was found that majority 57.0 percent of the respondents were married followed by 37.0 per cent widows. While 1.7 per cent of the elderly women were unmarried and 4.3 per cent respondents were divorced.

Most of the elderly women respondents were reported to be married and widowhood, however, proportion of others are found very few.

Table – 4: Education Wise Distribution of Respondents

Sl. No	Education	Frequency	Percentage
1	Illiterate	225	75.0
2	Primary	46	15.3
3	Secondary	15	5.0
4	Inter	8	2.7
5	Graduate & above	6	2.0
Total		**300**	**100.0**

It is often held that education leads to empowerment. Education is believed to inculcate knowledge, understanding, confidence and independence. It follows that, generally speaking, literate people would tend to be more vulnerable than literate or educated ones. Most of the elderly women were found poor in terms of education and literacy development. Even, 75.0 per cent elderly women respondents were reported to be illiterate. Importantly, educated elderly women respondents were reported high in primary education about 15.3 percent. Further, 5.0 per cent are secondary education followed by 2.7 per cent studied inter and 2.0 per cent studied graduate. **Khan et al (2013)** reported in their study that a majority (93 percent) of elderly women was illiterate and 7 percent primary and secondary are studied

matriculation.

Table–5:

Percentage Distribution of Respondents Who will Listen you most when you need to talk Vs. Age

Age	Listening						Total
	Spouse	Children	In-laws	Grand Children	Relatives	neighbours	
60 - 70	15	48	41	15	5	4	128
	5.0%	16.0%	13.7%	5.0%	1.7%	1.3%	42.7%
71 - 80	6	36	27	11	2	2	84
	2.0%	12.0%	9.0%	3.7%	.7%	.7%	28.0%
81 - >	2	33	36	8	4	5	88
	.7%	11.0%	12.0%	2.7%	1.3%	1.7%	29.3%
Total	**23**	**117**	**104**	**34**	**11**	**11**	**300**
	7.7%	**39.0%**	**34.7%**	**11.3%**	**3.7%**	**3.7%**	**100.0%**

χ^2=10.633, df=10, P < 0.387, Not Significant at 0.05 level

The table 5 shows that 39.0 percent of the surveyed elderly tribal women said that they wish to ask anything to their children; followed by 34.7 percent their In-laws and remaining 11.3 percent grandchildren and 7.7 percent spouses respectively listen to carry out their wishes. For most of the elderly, they are annoyed and irritated to depend on others even for most basic personal needs.

The chi-square table revealed the relationship between age and who will listen you. There is no relationship in between age wise categories of listening and there is no statistically significant at 0.01 level

Table–6:

Percentage Distribution of Respondents Help in crisis situation Vs. Education

Education	Helping in crisis						Total
	Spouse	Children	In-laws	Grand Children	Relatives	neighbours	
Illiterate	16	91	83	19	8	8	225
	5.3%	30.3%	27.7%	6.3%	2.7%	2.7%	75.0%
Primary	4	15	19	8	0	0	46
	1.3%	5.0%	6.3%	2.7%	.0%	.0%	15.3%
Secondary	0	9	3	1	2	0	15
	.0%	3.0%	1.0%	.3%	.7%	.0%	5.0%
Inter	1	3	2	2	0	0	8
	.3%	1.0%	.7%	.7%	.0%	.0%	2.7%
Graduate & above	0	4	2	0	0	0	6
	.0%	1.3%	.7%	.0%	.0%	.0%	2.0%
Total	21	122	109	30	10	8	300
	7.0%	40.7%	36.3%	10.0%	3.3%	2.7%	100.0%

χ^2=21.697, df=20, P < 0.357, Not Significant at 0.05 level

As seen from table 6, majority of the women had family support during crisis situation from spouse, children, in-laws, relatives, friends and neighbours. Out of those who had support, 40.7 were given by children. About 36.3 per cent were given In-laws and 10.0 per cent and 7.0 per cent were given grand children and spouses respectively. Hardly 6.0 percent were having support from relatives and neighbours. However, difference is noticed in the level of support during crisis between children and in-laws.

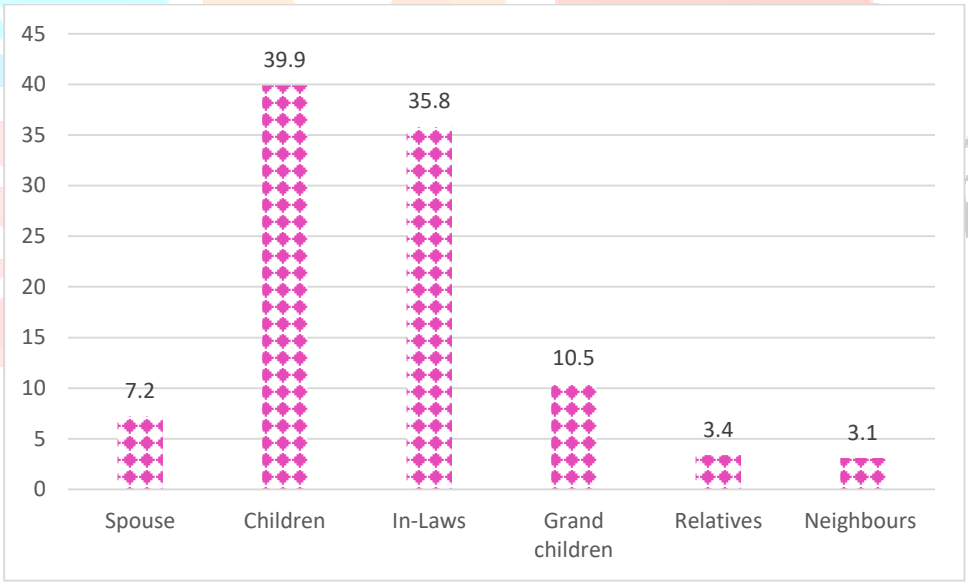
The chi-square table revealed the relationship between education and help in crisis situation. There is no relationship in between education and help in crisis situation and there is no statistically significant at 0.01 level.

Table-7 :

Percentage distribution of RespondentsWho will listen, help in crisis and spend time

Sl. No	Statement	Spouse	Children	In-Laws	Grand children	Relatives	Neighbours	Total N=300
1	Who will Listen you	7.7	39.0	34.7	11.3	3.7	3.7	100.0
2	Help in crisis situation	7.0	40.7	36.3	10.0	3.3	2.7	100.0
3	Who will spend more time	7.0	40.0	36.3	10.3	3.3	3.0	100.0
An average total percentage		**7.2**	**39.9**	**35.8**	**10.5**	**3.4**	**3.1**	**100.0**

Figure-1:Who will listen, help in crisis and spend time



Researchers have proposed a way to reverse this condition by creating a “social reconstruction syndrome." The key to this form of therapy lies in providing environmental supports, which increases the individual's sense of competence.

The table 7 and figure 1 depicts that the social interactions with the family members about who will listen you in the family revealed 39.0 per cent children followed by 34.7 per cent in laws. Who will help in crisis situation the majority (40.7 per cent) are helped their children and 36.3 per cent are helped by their in-laws. Who will spend more time, the majority (40.0 per cent) spend more time with children followed by 36.3 per cent by their in laws followed by 10.3 per cent grand children.

On the whole, 39.9 per cent having interactions with children followed by 35.8 per cent in laws and 10.5 per cent grand children. About 7.2 per cent interact by their spouses and 3.4 per cent relatives and 3.1 per cent neighbours respectively interact with the respondents.

ANOVA's Descriptive Table-8:

Who will listen, help in crisis and spend time Vs. Age

Statement	Age	N	Mean	Std. Deviation	F Value	P Value
Who will Listen you	60 - 70	128	2.6797	1.14282	1.619	.200
	71 - 80	84	2.6786	1.03156		
	81 - >	88	2.9318	1.12235		
	Total	300	2.7533	1.10902		
Who help during crisis situation	60 - 70	128	2.6094	.98998	.856	.426
	71 - 80	84	2.7738	1.12315		
	81 - >	88	2.7614	1.01703		
	Total	300	2.7000	1.03614		
Who will spend more time	60 - 70	128	2.7578	1.10650	.143	.867
	71 - 80	84	2.6905	.96912		
	81 - >	88	2.6932	1.06521		
	Total	300	2.7200	1.05450		

The descriptive table 8 portrays age vs opinion of the elderly women on social interactions with the family as well as near and dear. The ANOVAs table shows the summary on who will listen you, who will help during crisis situations and who will spend more time. The values of mean and standard deviation are same and very similar and the factor values of who will listen you (1.619), who will help during crisis situations (0.856) and who will spend more time (0.143) opined that they are very similar of the elderly tribal women by their age are not significant at 0.05 level. Hence, there is no difference opinion on their age wise by involving in social interactions.

Table–9: Depend on Physical support Vs. Sub Caste

Sub Caste	**Physical support**						**Total**
	Spouse	Children	In-laws	Grand Children	Relatives	neighbours	
Chenchu	30	65	28	4	5	2	134
	10.0%	21.7%	9.3%	1.3%	1.7%	.7%	44.7%
Sugali/Lambada	23	51	17	1	3	2	97
	7.7%	17.0%	5.7%	.3%	1.0%	.7%	32.3%
Yerukala	11	20	9	4	5	4	53
	3.7%	6.7%	3.0%	1.3%	1.7%	1.3%	17.7%
Yanadi	3	5	5	0	3	0	16
	1.0%	1.7%	1.7%	.0%	1.0%	.0%	5.3%
Total	67	141	59	9	16	8	300
	22.3%	47.0%	19.7%	3.0%	5.3%	2.7%	100.0%

χ^2=24.370, df=15, P < 0.055, Significant at 0.05 level

Physical support is one of the important limitations that elderly tribal women face in their life. This is imposed upon many of them by their physical impairments. Disability at the old age forces them to depend on others even for their daily activities like washing, giving medicine and physical necessities. Social obligations, cultural and religious bindings have imposed the duty of caring for the elderly on their children and grand children. But drastic changes are taking place in the society, especially within a society where migration of the younger generation to abroad in search of better employability and living conditions and

later settling there, the problem of the elderly women have become acute. Caring centers and home nurses are assigned to take care of the elderly.

Though the sample shows that 47.0 percent of the elderly tribal women depend upon children to do their personal needs and physical necessities, it is rising. 22.3 per cent depend on spouse, 19.7 percent on In-laws, and 3.0 percent on their grand children for physical movements and for satisfy physical needs.

The study shows the results of the Chi-square test that there is statistically significant difference between sub caste and depend on physical support (P= 0.055) at 0.05 levels. The results show that there is a impact of sub caste on depend on physical support.

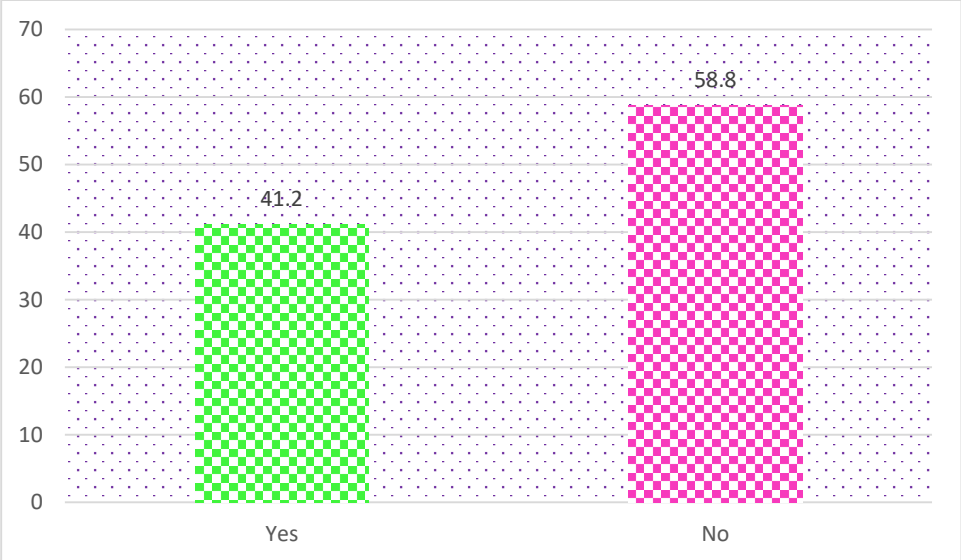
Economic problems

There is a wide range of variations is the nature of treatment received by the aged. Some of them receive positive while others negative treatment in different spheres of life. The nature of treatment of the aged depends upon many factors. But the economic condition of the family is the most crucial one. The women those who fail to receive adequate care and facilities from the family members. These people are economic non productive because of their physical disabilities and so many other reasons. The family members consider them as social burden and thereby, do not provide them adequate attention.

Table-10: Percentage Distribution of Respondents Economic Problems

Sl.No	Statement	Yes	No	Total
1	Regular expenditure	36.7	63.3	100.0
2	Food / Refreshment	45.7	54.3	100.0
3	Regular habits (drinking, Smoking etc.)	35.7	64.3	100.0
4	Pocket money (offering to grandchildren etc.)	46.3	53.7	100.0
5	Medical expenditure	36.0	64.0	100.0
6	Travel expenditure	46.7	53.3	100.0
An average total percentage		**41.2**	**58.8**	**100.0**

Figure -2: Economic problems



The table 10 and figure 2 portrays the economic problems faced by the women tribal elderly respondents. The problems of the women elderly tribal's are as classified as crisis for regular expenditure, shortage of money for regular habits (drinking, smoking), crisis for pocket money, instant expenditure, medical expenditure and crisis for travel expenditure.

It is clear from the table that 36.7 per cent of the respondents report that they have no money for even regular expenditure, nearly half (45.7 per cent) of the respondents having economic problems even for their regular food and refreshments. In the study area 46.3 per cent of the respondents do not have money for their pocket expenditure like instant needs and give to their grand children. It is a very pathetic scene are finds among the elderly tribals that 36.0 per cent of the respondents were not able to meet out the medical expenditures even though they are practicing sidha medicine only nearly half of the respondents suffered for travel.

It is clear from the analysis that more than 41.2per cent of the respondents were in economical crisis for their regular food, pocket money and medical expenditures.

ANOVA's Descriptive Table-11:

Ho: There is no significant difference of economic problem among elderly tribal women by their marital status.

Percentage Distribution of Respondents Economic problems Vs. Marital status

Statement		N	Mean	Std. Deviation	F Value	P Value
Regular expenditure	Married	171	1.5848	.49420	1.497	.216
	Unmarried	5	1.6000	.54772		
	Widow	110	1.7091	.45626		
	Divorced	14	1.6429	.49725		
	Total	300	1.6333	.48270		
Food / Refreshment	Married	171	1.5205	.50105	.763	.516
	Unmarried	5	1.8000	.44721		
	Widow	110	1.5545	.49929		
	Divorced	14	1.6429	.49725		
	Total	300	1.5433	.49895		
Regular habits (drinking, Smoking etc.)	Married	171	1.6433	.48044	1.087	.355
	Unmarried	5	1.6000	.54772		
	Widow	110	1.6727	.47137		
	Divorced	14	1.4286	.51355		
	Total	300	1.6433	.47982		
Pocket money (offering to grandchildren etc.)	Married	171	1.5263	.50077	.279	.840
	Unmarried	5	1.4000	.54772		
	Widow	110	1.5636	.49820		
	Divorced	14	1.5000	.51887		
	Total	300	1.5367	.49949		
Medical expenditure	Married	171	1.6667	.47279	1.154	.328
	Unmarried	5	1.6000	.54772		
	Widow	110	1.5818	.49552		
	Divorced	14	1.7857	.42582		
	Total	300	1.6400	.48080		
Travel expenditure	Married	171	1.5380	.50002	.634	.594
	Unmarried	5	1.6000	.54772		
	Widow	110	1.5455	.50021		
	Divorced	14	1.3571	.49725		
	Total	300	1.5333	.49972		

The descriptive table 11 portrays that economic problems are Regular expenditure, Food / Refreshment, Regular habits (drinking, Smoking etc.), Pocket money (offering to grandchildren etc.), Medical expenditure, Travel expenditure by their marital status. The analysis of variance in between the economic problems and marital status. The ANOVAs table shows the summary on F value and P value as regards to Regular expenditure F=1.497 and P=0.216, Food / Refreshment F=0.763 and P=0.516, Regular habits (drinking, Smoking etc.) F=1.087 and P=0.516, Pocket money (offering to grandchildren etc.) F=0.279 and P=0.840, Medical expenditure F=1.154 and P=0.328, Travel expenditure F=0.634 and P=0.594.

Hence, the values of standard deviation scores are very similar and the scores in between marital and economic problems are not different and it is revealed that there are no statistically significant the impact of marital status on economic problems at 0.01 level.

Hence, the null hypothesis has been rejected and research hypothesis has been accepted.

Psychological Problems

Most of the elderly people were affected by psychological problems due to loss of respect, isolation and neglect by their family members.Ageing itself is a typical perception and understanding among old. The old generally are characterized by the stereotypic behavior, like, slovenly, uncouth, unhygienic, conservative, etc. In fact, these factors generally promote ageism. They have their own self concept and self regard. Adoption of new ideas is either difficult or not acceptable to the old. Loss of personal authority is basic concern for the aged, which usually disturbs them physically and psychologically. This problem is more in case of elderly women who feel that her daughters-in-law will replace them. This makes them uncomfortable and sometimes results in quarrels (Bajpai, 1998). In many cases, the young abuse the aged verbally and make them unhappy. Such condition causes stress, depression and dissatisfaction with the life amongst the aged.

Table–12:Feeling Frustration Vs. Income

Income	**Do you feel Frustration**		**Total**
	Yes	No	
< - 2500	35	51	86
	11.7%	17.0%	28.7%
2501 - 5000	25	29	54
	8.3%	9.7%	18.0%
5001 - 7500	10	20	30
	3.3%	6.7%	10.0%
7501 ->	4	12	16
	1.3%	4.0%	5.3%
Not applicable	53	61	114
	17.7%	20.3%	38.0%
Total	**127**	**173**	**300**
	42.3%	**57.7%**	**100.0%**

χ^2=4.214, df=4, P < 0.378, Not Significant at 0.05 level

Frustration has been taken as a motivational determinant. However, frustration once aroused gets expressed in various modes, such as aggression, fixation, regression and resignation. As the table 12 shows that majority (57.7 percent) of the elderly tribal women are not facing any frustration, whereas 42.3 percent of the elderly tribal women facing frustration. Women in general experience a lower level of frustration, make less use of resignation and aggression as modes of coping with frustration, are better socially adjusted, more social mature with greater need for affiliation and nurturance than men.

The chi-square table indicates that the relationship between income and feel frustration. There is no difference of perceptions on feel frustration by their income (P= 0.378) at 0.01 levels. The results show that there is no statistically significant difference of perceptions of respondents by income.

Table–13:Feeling lonely Vs. Type of house

Type of house	**Do you feel lonely**		
	Yes	No	**Total**
Pucca	59	68	127
	19.7%	22.7%	42.3%
Semi-Pucca	53	65	118
	17.7%	21.7%	39.3%
Kutcha	28	27	55
	9.3%	9.0%	18.3%
Total	**140**	**160**	**300**
	46.7%	**53.3%**	**100.0%**

χ^2=0.545, df=2, P < 0.761, Not Significant at 0.05 level

Loneliness occurs when there is a discrepancy between one's desired and one's perceived or actual relationships and loneliness results from deficiencies in the person's social relations. Because of these changes it is very difficult to adapt changes of the conditions of life during the old age which will lead to the occurrence of Loneliness among them. On an assessment of this factor with respect to the sample it was found that 53.3 percent of elderly tribal women did not feel the loneliness. About 46.7 percent elderly tribal women are facing loneliness.

There is difference of perception on feel lonelyby their type of house wise categories (P= 0.761) at 0.01 levels. The results show that there is no statistically significant impact of type of house on feel lonely.

Table–14: Abused Vs. Type of family

Type of family	**Do you abused**		
	Yes	No	**Total**
Nuclear	157	50	207
	52.3%	16.7%	69.0%
Joint	41	14	55
	13.7%	4.7%	18.3%
Extended	29	9	38
	9.7%	3.0%	12.7%
Total	**227**	**73**	**300**
	75.7%	**24.3%**	**100.0%**

χ^2=0.050, df=2, P < 0.975, Not Significant at 0.05 level

Elderly abuse in the family is harassment or injustice, which is committed or which occurs in the domestic situation or perceived to be committed by their own family members (Kapur, 1996). Since it takes place within the four walls of the house it is very difficult to tackle. The abuse can be verbal, physical, psychological or emotional. It may include depriving the elderly of love, care, understanding and concern or neglecting their basic needs like Food, Clothing and Medicare. In few cases, the elderly may be thrown out of the house.

The table 14 shows that one third of elderly tribal women were abused by different causes in different forms. About only 24.3 percent were not abused.

The chi-square table indicates that the relationship between type of family and do you abused. There is no difference of perception on do you abusedtheir type of family wise categories (P= 0.975) at 0.01 levels. The results show that there is no statistically significant impact of type of family on abused.

Table–15: Types of abused Vs. Age

Age	Type of Abused				Total
	Verbal	Physical	Emotioal	Not Abused	
60 - 70	59	25	11	33	128
	19.7%	8.3%	3.7%	11.0%	42.7%
71 - 80	37	19	8	20	84
	12.3%	6.3%	2.7%	6.7%	28.0%
81 - >	35	23	10	20	88
	11.7%	7.7%	3.3%	6.7%	29.3%
Total	131	67	29	73	300
	43.7%	22.3%	9.7%	24.3%	100.0%

χ^2=2.133, df=6, P < 0.907, Not Significant at 0.05 level

The table 15 reveals that among the elderly women respondents facing abuse, majority (43.7 percent) have experiencing verbal abuse. While physical abuse had been reported nearly 22.3 percent and followed by 9.7 percent have undergone emotional abuse that is being ignored and neglected. Further, data show a significant proportion of elderly women being abused verbally, physically and emotionally.

The study shows the results of the Chi-square test that there is no significant difference between age and type of abused (P= 0.907) at 0.01 levels. The results show that there is statistically significant difference in type of abused by their age.

ANOVA's Descriptive Table-16:

Ho: There is no significant difference of psychological problem among elderly tribal women by their Occupation.

Psychological problems Vs. Occupation

Statement	Occupation	N	Mean	Std. Deviation	F Value	P Value
Do you feel Frustration	House wife	114	1.5175	.50190	.930	.447
	Agriculture	18	1.6667	.48507		
	labour work	144	1.5972	.49217		
	Petty Business	19	1.6316	.49559		
	Any other	5	1.8000	.44721		
	Total	300	1.5767	.49491		
Do you feel lonely	House wife	114	1.4912	.50213	.486	.746
	Agriculture	18	1.5556	.51131		
	labour work	144	1.5694	.49688		
	Petty Business	19	1.5263	.51299		
	Any other	5	1.4000	.54772		
	Total	300	1.5333	.49972		
Do you abused	House wife	114	1.2632	.44229	.643	.632
	Agriculture	18	1.2222	.42779		
	labour work	144	1.2292	.42176		
	Petty Business	19	1.3158	.47757		
	Any other	5	1.0000	.00000		
	Total	300	1.2433	.42981		
Type of Abused	House wife	114	2.2895	1.61697	1.167	.325
	Agriculture	18	2.1667	1.46528		
	labour work	144	2.5139	1.63008		

	Petty Business	19	2.5789	1.60955		
	Any other	5	1.2000	.44721		
	Total	300	2.3900	1.60619		

ANOVA descriptive table 16 discussed to find whether there is any significant difference between the psychological factors and by their occupation. The ANOVA table shows that the Do you feel Frustration F= 0.930, P=0.447, Do you feel lonely F=0.486 and P= 0.746, Do you abused F=0.643 and P=0.632, Type of Abused F=1.167 and P=0.325. It is inferred that there is no significant impact of occupation on psychological factors at 0.01 level.

Hence, the null hypothesis has been accepted and research hypothesis has been rejected

Ho: There is no significant difference of Health problem among elderly tribal women by their education.

ANOVA's Descriptive Table-17:
Chronic Health Problems Vs. Education

Health problem	Education	N	Mean	Std. Deviation	F Value	P Value
Diabetes	Illiterate	225	1.7644	.42529	2.250	.064
	Primary	46	1.8478	.36316		
	Secondary	15	1.7333	.45774		
	Inter	8	1.3750	.51755		
	Graduate & above	6	1.6667	.51640		
	Total	300	1.7633	.42575		
Blood Pressure	Illiterate	225	1.7511	.43333	2.393	.051
	Primary	46	1.8043	.40109		
	Secondary	15	1.4667	.51640		
	Inter	8	1.5000	.53452		
	Graduate & above	6	1.6667	.51640		
	Total	300	1.7367	.44118		
Asthma	Illiterate	225	1.6311	.48358	1.394	.236
	Primary	46	1.7609	.43127		
	Secondary	15	1.6000	.50709		
	Inter	8	1.6250	.51755		
	Graduate & above	6	1.3333	.51640		
	Total	300	1.6433	.47982		
Arthritis	Illiterate	225	1.7378	.44082	1.353	.251
	Primary	46	1.7609	.43127		
	Secondary	15	1.6667	.48795		
	Inter	8	1.7500	.46291		
	Graduate & above	6	1.3333	.51640		
	Total	300	1.7300	.44470		
Cancer	Illiterate	225	1.9556	.20654	.440	.780
	Primary	46	1.9783	.14744		
	Secondary	15	2.0000	.00000		

	Inter	8	2.0000	.00000		
	Graduate & above	6	2.0000	.00000		
	Total	300	1.9633	.18826		
Dementia	Illiterate	225	1.7600	.42804	.654	.625
	Primary	46	1.6739	.47396		
	Secondary	15	1.8000	.41404		
	Inter	8	1.8750	.35355		
	Graduate & above	6	1.8333	.40825		
	Total	300	1.7533	.43179		
Paralysis	Illiterate	225	1.8133	.39051	2.688	.031
	Primary	46	1.9783	.14744		
	Secondary	15	1.9333	.25820		
	Inter	8	2.0000	.00000		
	Graduate & above	6	1.8333	.40825		
	Total	300	1.8500	.35767		
Gastric ulcer	Illiterate	225	1.7067	.45631	.602	.661
	Primary	46	1.6304	.48802		
	Secondary	15	1.6667	.48795		
	Inter	8	1.5000	.53452		
	Graduate & above	6	1.6667	.51640		
	Total	300	1.6867	.46462		
Alzheimer's	Illiterate	225	1.7956	.40419	1.269	.282
	Primary	46	1.8696	.34050		
	Secondary	15	1.6667	.48795		
	Inter	8	1.6250	.51755		
	Graduate & above	6	1.6667	.51640		
	Total	300	1.7933	.40559		

The descriptive table 17 shows the sample size, mean, standard deviation, F value and P value. The study displays the results of the ANOVA test that there is no significant difference between education wise and chronic health diseases such as Diabetes (P=0.064), Asthma (P=0.236), Arthritis (P=0.251), Cancer (P=0.780), Dementia (P=0.625), Gastric ulcer P=661)and Alzheimer's (P=0.282), are not impact on their health.

However, the difference between the education and their health ailments such as Blood Pressure (P=0.051), and Paralysis (P=0.031) at 5% level of statically significant as per the ANOVA value (2.393) and (2.688) respectively. Thus, there is more prone to get the diseases even though they are educated.

Conclusion:

The core area of this paper focuses on the problems and its extent of the elders. Mainly the paper covers the various problems of social, Physical, Economic and psychological factors contributing for to suffering of elderly tribal women. It also deals with health issues of chronic and acute diseases which are suffering by the elderly women. The survey results have confirmed the fact that the aged suffer from a high morbidity burden as well as physical impairment in functioning of organs due to the degenerative process of ageing.

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