



Health Status Among the Old Age of the God Tribe: A Bio-Cultural Study

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ABSTRACT

The term old age refers to the last period of human life, in which along with the increase in age, the working capacity decreases and changes in biological, psychological and social family conditions are also visible. Mostly we see that elderly people are found suffering from some disease or the other in their old age. But if 73% of the people in a population are suffering from some disease or the other, then it shows the dire state of morbidity of that population. As per the Global Health Security Index 2019, India is ranked 57th in terms of the country's health rank. According to the World Economy Forum 2019, India is ranked 109 in a survey of 141 countries in terms of healthy life expectancy. The medical journal Lancet 2018 ranked India 145th in terms of quality of healthcare services. Therefore our health condition can be compared with the condition of the health system of other countries. In a country like India, health schemes need to work at the grassroots level. Which we rarely see during our research in the present rural caste-tribe areas.

Introduction:- India is an agricultural country and also a country of villages. The soul of India resides in the natives living in villages/towns/forests. India being a rural dominated country, the soul of India resides in the villages and before the advent of modern Indian medical system in these villages/towns/tribal areas, the availability of experts (scholars) of Ayurvedic medicines was there in every village/town/houses of caste-tribe. Whom we call a vaidya. These Vaidyas, with their knowledge of traditional medical system, used to serve the people living in remote villages/towns without any selfish



motive. But due to the influence of modernity, today this knowledge of traditional medical system is changing/getting extinct/being forgetting. Due to which today many health problems can be seen in the rural and tribal areas of India and Chhattisgarh state. t present, this situation is more visible in those areas where there is influence of modernity but due to low level of education, superstition is more prevalent. Health issues are a major problem in tribal areas, which is rapidly changing today due to changing health standards related to their lifestyle. In the present era of modernity, every person seems to be suffering from some kind of physical and mental problems. As far as rural/tribal people are concerned, even today there has not been much change/improvement in their condition, be it in the level of education or health or socio-economic standard of living, which we see as a difference in rural/urban caste/tribe areas. According to the Census (2011), 8.6% (10.3 million) of the population in India consists of elderly people. Out of this total elderly population, 65% are illiterate, 50% are living below the poverty line, 90% are on government social security, 81% elderly are facing family and physical abuse². The Central Government (Government of India) and the Government of Chhattisgarh have launched various schemes to tackle health related problems and to uplift the socio-economic status. In view of the increasing problem of the elderly at the global level, the United Nations declared in 1999 to celebrate the International Year of the Elderly every year in honor of the elderly. Therefore, every year 1st October is celebrated as International Day of Older Persons³. To evaluate the success of Old Age Day and the special government schemes being run by the government for the elderly, Health Status of Elderly People of Gond Tribe residing in Village Kumhra, Makardona, Mardapoti, Banraud, Banbagoud, Kantakuridih of Dhamtari District of Chhattisgarh State: A Bio-Cultural Study was selected and an attempt has been made to know the health status at the ground level.

The word old age is made up of old age + state/avastha. The literal meaning of old age is advanced age or maturity, whereas the meaning of state is condition or state. Old age is that stage of life in which the age of a person is close to or more than the average duration (last period) of human life, then it is called old age. Old age is the final Period of life when a person takes stock of their life and begins to live based on their present achievements and achieve their ultimate Target. Just as death is certain for every living being born on earth, similarly, growing old is also a universal truth. Growing old in the literal sense refers to the effects of advancing age. Physical and mental decline is seen in old age, but in some people this condition is seen after 60 to 65 years and in some people it is seen after 65 to 70 years. This stage may be long for some and short for others. Because some people live for a long time after 60 years of age, while some die at a young age, even before 60 years of age. Old age often brings fatigue, decreased efficiency, decreased immunity, and other problems. In this context, according to the National



Institute on Aging (1986) “The term gerontology refers to the comprehensive study of aging.” According to Wikipedia, “Old age is the stage of life in which age approaches or exceeds the average human lifespan.⁴” Every person passes through several stages of their life cycle, including old age, and there is considerable variation in the bodily metabolism and catabolism processes as these stages are crossed. The second problem of the elderly is related to their health. In this context, according to Ghoshal (1982)⁵ “The problems of old age are not one but many, because the social system determines them.” “D’souza (1982)⁶ in his study that the nature of work, direction of work, environmental conditions, inadequate/unbalanced diet, availability and quality of health services are responsible for this.” With increasing age, the senses of an elderly person start to weaken, resulting in a decline in eyesight, joint pain, and a gradual decrease in taste and hearing. Especially those elderly people who belong to the lower economic class neither get proper care nor adequate nutrition, due to which they are seen to be sicker than a rich elderly person. Variations in the disease have been observed based on gender. It is more common in women than in men and less common in men than in women. The study found common ailments in both men and women such as cough, fatigue, cold, pain in hands and feet, insomnia, indigestion, loss of eyesight, hearing loss, irritability, blood pressure problems, etc.

Definition of health :- Health in general: The absence of disease is called health. If a person is physically, mentally, and socially healthy, it is called good health.⁷ According to the World Health Organization (1975)⁸ “Health is not merely the absence of disease and infirmity but a complete state of physical, mental, and social well-being.” According to Rai (1985)⁹ “Health does not mean merely the prevention of disease and infirmity, but it is a completely balanced state of human being physically, mentally and socially, which is a natural human right and the highest priority is to develop the best possible level of health and to achieve this reality, efforts are required in many other social and economic areas besides the health sector. According to Maye (1968)¹⁰ “The health of an individual is the sum of two conditions: the individual's internal environment and the environment in which the individual lives. The interaction of these two determines the individual's health status.” There is always a continuity in a person's health; sometimes this continuity shows a high health status and sometimes a low health status.

Objective :- (1) The main objective of the present research is to reveal the health and treatment status of elderly people of the Gond tribe.

(2) To study the common and complex diseases prevalent among the elderly people of the Gond tribe.

(3) Knowing or disclosing the status of alcoholism in relation to elderly persons. So that it can help in preparing health programs for them.



Methodology :- In the current study, 100 elderly people aged 60 years and older were selected using purposive sampling from Kumhra, Mardapoti, Banbagaud, and Kantakuridih villages in the Nagari development block of Dhamtari district, Chhattisgarh. These included 42 males and 58 females. For collecting the data, research tools like structured interviews, a schedule, personal study, semi-participant observation, published and unpublished articles, magazines, library, books, internet, etc. have been used as primary and secondary sources for the research.

Results and Analysis:- Table No. 1 Gender and Marital Status of Respondents

S.N.	Gender	Frequency	Percentage	Marital Status	Frequency	Percentage
1	Male	42	42.0	Unmarried	03	3.0
2	Female	58	58.0	Married	97	97.0
Total		100	100.0	Grand Total	100	100.0

It is clear from Table No. 1 that out of total 100 sample, 42 (42.0%) were male respondents and 58 (58.0%) were female respondents, out of which 03 (3.0%) were unmarried informants and 97 (97.0%) were married informants.

Table No. 2: Family Structural and Educational Status of the Respondents

S.N.	Type of Family	Frequency	Percentage	Educational Status	Frequency	Percentage
1	Single	19	19.0	Literate	47	47.0
2	Joint	79	79.0	Illiterate	53	53.0
3	Mixed	02	02.0	Grand Total	100	100.0
Grand Total		100	100.0			

Table 2 clearly shows that most respondents, 79 (79.0%), belong to joint families, and 02 (2.0%) belong to mixed families. 53 (53.0%) are illiterate, and 47 (47.0%) are literate. The literate include those who know how to read but cannot read, as well as those who know how to read but cannot write.

Table 3: Body height in cm of elderly women and men among the respondents

S.N.	Height of elderly women in cm	Frequency	Percentage	Height of elderly men in cm	Frequency	Percentage



1	126 - 145 cm	15	15.0	142 - 148 cm	11	11.0
2	146 -151 cm	33	33.0	149- 153 cm	21	21.0
3	152 - 163 cm	10	10.0	154 - 172 cm	10	10.0
Grand Total		58	100.0	Grand Total	42	100.0

Table 3 that the maximum height of elderly women is 33 (33.0%), i.e., 146-151 cm, and the minimum is 10 (10.0%) i.e. 152-163 cm, whereas the maximum height of elderly men is 21 (21.0%) i.e. 154-172 cm and the minimum is 10 (10.0%).

Table No. 4: Body weight of elderly women and men among the respondents in kg.

S.N.	Weight of older women in kg	Frequency	Percentage	Weight of older men in kg	Frequency	Percentage
1	40 - 41 kg	36	36.0	35 - 40 kg	12	12.0
2	42 - 50 kg	18	18.0	41 -50 kg	18	18.0
3	51 - 70 kg	04	4.0	51 - 70 kg	12	12.0
Grand Total		58	100.0	Grand Total	42	100.0

Table No. 4 that the maximum body weight of elderly women is 36 (36.0%) 41-40 kg and the minimum is 04 (4.0%) 50-70 kg, whereas the maximum body weight of elderly men is 18 (18.0%) 40-50 kg and the minimum is 12 (12.0%) 35-40, 50-70 kg.

Table 5: Status of Complicated illness among respondents.

S. N.	Names of Complex diseases	There is illness		How many, months and days	Got treatment		Current Status of Treatment			Treatment Code
		Yes	No		Ye s	No	No Relief	Improve ment Continues	Comple te Relief	
1	Chest Pain	07	93	1 month	07	00	03	04	00	2,3,6
2	Back pain	16	84	15 days	16	00	08	07	00	2,5,7
3	Waist pain	36	64	11 days	31	05	23	09	00	2,3,4,5,7
4	Leg pain	34	66	2month	30	04	16	13	01	0,2,3,4,5,7
5	Hand pain	20	80	2month	18	02	11	07	01	1,2,4,5,7
6	Arthritis	06	94	7month	06	00	06	00	00	0,2,4,5,7
7	Eye	33	67	3-4	28	05	19	08	01	2,3,4,5,6,7



	problems			years						
8	Toothache	19	81	1month	13	06	10	03	00	2,3,5,7
9	Hearing problems	27	73	5-6 years	17	00	09	01	00	2,4,5,7
10	Throat problems	01	99	2month	01	99	01	00	00	7
11	Diabetes	00	00	00	00	00	00	00	00	00
12	Paralysis	03	97	2 year	03	00	02	01	00	1,5
13	Jaundice	00	00	00	00	00	00	00	00	00
14	Asthma	03	97	1 year	03	00	02	01	00	1,5
15	Sleep problem	21	79	5 years	10	00	10	00	00	7
16	B.P.	03	97	1 year	03	00	03	00	00	2
17	Loss of taste	00	00	00	00	00	00	00	00	00
18	Malaria	02	98	1month	02	00	02	01	01	7
19	T.B.	01	99	4month	01	00	00	01	00	2,3,4,5,6,7

Table No. 5 shows that the number of complex physical problems among the respondents is very less. The major ones among them are chest pain 07%, back pain 16%, waist pain 36%, leg pain 34%, hand pain 20%, arthritis 06%, eye problem 33%, toothache 19%, hearing problem 27%, throat problem 01%, paralysis 03%, asthma 03%, sleep problem 21%, BP 03%, malaria 02%, TB 01%. However, diseases like diabetes, jaundice, loss of taste, heart disease, kidney problems, itching in the genitals and loss of appetite, accident-related diseases, hair fall, and anemia were not found in the study.

Table No. 6: Status of common diseases among the respondents

S. N.	Names of Common Diseases	There is illness		How many, months and days	Got treatment		Current Status of Treatment			Treatment Code
		Yes	No		Yes	No	No Relief	Improvment Continues	Complete Relief	
1	Indigestion	02	98	9 days	01	00	01	01	01	6,7
2	Cold	13	87	13 days	00	13	00	13	00	7
3	Cough	13	87	13 days	09	04	02	07	00	7



4	Fever	13	87	13 days	13	00	00	13	00	2,5,6
5	Vomiting	00	00	00	00	00	00	00	00	00
6	Diarrhea	01	99	3 days	00	00	00	00	01	2,3
7	Headaches /Migraines	07	93	15-16 days	07	00	03	04	00	2,3,5,6
8	Fatigue	39	61	4 days	08	31	00	00	00	0,2,5
9	Chills	00	00	00	00	00	00	00	00	00
10	Itching	00	00	00	00	00	00	00	00	00

Table 6 clearly shows that the most common physical problems among respondents were indigestion (2%), cold (13%), cough (13%), fever (13%), diarrhea (1%), headache/migraine (7%), and fatigue (39%). However, complaints like vomiting, chills, and itching were not reported. In this context, Sathe & Sathe (1991)¹¹ clarified in their study that traditional medicine is still practiced in rural areas, a finding we observed during our study of this ethnic group. Among the Gond tribe, complex and some common illnesses are treated by government and private doctors. However, due to economic constraints, most Gond tribes in the villages seek treatment through quack doctors, vaidyas, baigas, and guniyas. These are coded as treatment codes 1, 2, 3, 4, 5, 6, and 7.

Table No. 7 Status of Drug Abuse Habits among the Respondents

S.N.	Means of Intoxication Name of drugs	Male		Female	
		Yes	No	Yes	No
1	Zarda/Gutka	07	35	04	54
2	Beedi	29	13	09	49
3	Cigarette	00	42	00	58
4	Gutkha	06	36	17	41
5	Bhang	00	42	00	58
6	Ganja	23	19	02	56
7	Tobacco	30	12	40	18
8	Paan	03	39	4	54
9	Mandira Paan/liquor	31	11	24	34
10	Sulfi/Toddy	37	05	47	11

Table No. 7 shows that among elderly women, men consume more drugs than women in terms of means of drug addiction, whereas in some cases, women also consume more drugs than men.



conclusion:- In the study group, 42% are men, 58% are women, and 3% are unmarried. 97% are married, 19% live in nuclear families, 79% in joint families, 2% in mixed families, 47% are literate, and 53% are illiterate. The majority of women are 146-151 cm (33%), and weigh 40-41 kg (36%). Men are 149-153 cm tall (21%) and weigh 41-50 kg (18%). And about 75% of the elderly in the study group reported that they were suffering from some kind of illness/disease during the month. Of these, 3% of the informants were suffering from complex diseases like asthma, paralysis and BP respectively. Apart from this, 6% were suffering from arthritis, 33% from eye problems, 1% from TB, 2% from malaria, 13% from cold, cough, fever, 7% from migraine, 39% from fatigue, along with major physical problems, as well as from drug related habits, mostly using beedi, gutkha, ganja, tobacco, mandira paan, toddy/sulphi and suffering from diseases during the last one month during the field work. 75.3% were still in treatment at the time of fieldwork completion. Their main treatments included Baiga, Guniya, Vaidya, quack doctors, private hospital, and government hospital doctors. Generally, every elderly person suffers from some form of illness in old age. However, approximately 75 percent of the elderly in this ethnic group suffer from some form of illness, which explains the dire situation of morbidity in that population. Treatment by quacks and long duration of treatment further increases the severity. On one hand, quack doctors are maintaining the health standards in these areas; on the other hand, they are also playing a role in increasing the duration of the disease. Local quack doctors, to earn money, claim to cure even serious diseases of people, due to which poor ethnic people prolong the duration of their illness in the hope of getting cured. The government needs to work towards strengthening the education, health as well and economic condition of the ethnic groups.

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