



SOCIO-ECONOMIC CONDITIONS AND WELL-BEING OF TRIBAL SENIOR CITIZENS IN TRIPURA

Dr. Rajib Malakar¹, Abinash Das²

¹Assistant Professor-Senior Grade, State Institute of Public Administration and Rural Development (SIPARD), Tripura, India

²Young Professional, State Institute of Public Administration and Rural Development (SIPARD), Tripura, India

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ABSTRACT

The present study focuses on the socio-economic conditions and general well-being of tribal senior citizens. This study aims to identify the living standards, sources of livelihood, general health condition, level of social support, and the role of welfare schemes for the elderly tribal population. The descriptive survey method was adopted for the study. The sample size of the study was 200 tribal senior citizens aged 60 years and above. These respondents were randomly selected from the Sepahijala and Khowai districts of Tripura. Both primary and secondary data were considered to elicit the required information. The primary data were collected through personal interviews, whereas secondary data were gathered from books, research articles, journals, and official reports. The study revealed that for the tribal senior citizens, agriculture is the primary source of livelihood, while others depend on government jobs and family members for financial stability. The majority of the respondents had a low monthly income, which was insufficient for their livelihood. Most of them have health insurance, but some respondents reported having problems while availing medical treatment. In addition, it was found that the family members of the respondents provide them with essential care and emotional support, and all of them experience respect from their family members. Nevertheless, the respondents reported experiencing loneliness, lack of socialization, and multiple physical health issues. This study concluded with recommendations to enhance the health, financial, and social well-being of the elderly tribal population. Moreover, the importance of family support and community participation was emphasized to ensure a positive and socially active life for senior citizens.

KEY WORD: Tribal Senior Citizens, Well-Being, Elderly Person, VB-G RAMG, Social Support, Healthcare, Pension

I. INTRODUCTION

Population ageing has emerged as one of the defining demographic transitions of the twenty-first century, with profound implications for the socio-economic and healthcare architectures of nations globally. This phenomenon is characterized by a rapid increase in the size and proportion of older persons and is primarily driven by declining fertility, reductions in mortality, and increasing survival at older ages (UNFPA, 2023). Globally, the population of individuals aged 65 years and above is projected to rise from 10 percent in 2022 to 16 percent in 2050. It is also projected that by 2050, older persons (aged 65 years and more) will be more than twice the number of children under age 5 years and equal to the number of children under age 12 (Department of Economic and Social Affairs, Population Division, United Nations, 2022).

India is undergoing a significant demographic transition towards population ageing, with the elderly population increasing steadily since 1961. According to the Report of the Technical Group on Population Projections for India and States, 2011–2036, while the growth rate of the general population has shown a consistent decline over the decades, the elderly population has continued to grow at a substantially higher rate. This divergence has become particularly pronounced in recent years (NSO, 2021). During 2011–2021, the elderly population increased by 35.8%, compared with only 12.4% growth in the general population. The disparity is projected to widen further during 2021–2031, when the elderly population is expected to increase by 40.5%, against a projected growth of only 8.4% in the general population. Consequently, the proportion of elderly

persons in India's total population is projected to rise to 13.1% by 2031.

A similar pattern of demographic ageing is evident across the North-Eastern States of India, where the proportion of elderly persons is projected to increase from 8.8% of the total population in 2021 to 12.7% by 2031 (NSO, 2021). Older persons belonging to tribal communities in the Northeast face a range of interconnected socio-economic problems characterised by severe financial insecurity, shrinking local livelihood options, geographical isolation, and limited access to quality health care facilities at the local level. Traditionally, tribal families and community-based institutions provided a strong social, economic, and emotional safety net to their elders. However, these traditional support systems are fracturing due to the migration of youths and urbanization, which have led to smaller family sizes and changing family dynamics. Maity and Sinha (2021) reported that only 3.4 percent of older persons in Northeast India lived alone, whereas 59.7 percent lived with their spouse and other family members, and 33.89 percent lived with their children without a spouse. This indicates the importance of family as the primary source of care and support.

India (LASI) Wave 1 report (Arokiasamy et al., 2022) indicates that the elderly population of Tripura is economically better placed than the national average, although they continue to face considerable social and healthcare-related challenges. The elderly population in the state also depends considerably on the public healthcare system. More than four-fifths of older adults used public health facilities for inpatient care,



representing one of the highest proportions among the states in India. In terms of living arrangements, the majority of elderly persons continue to live with their families, with 43.6 percent living with their spouse and children and another 27.1 percent living with children alone, while only 5 percent live alone. However, despite living largely within family settings, only 66.3 percent of elderly persons reported being satisfied with their living arrangements, which was considerably lower than the national average of 74.9 percent.

Financial well-being is another important dimension of the overall socio-economic condition of elderly persons. The LASI Wave 1 findings (Arokiasamy et al., 2022) show that only 6.1 percent of elderly persons in Tripura received financial support from their families, compared with 15.2 percent at the national level. At the same time, a considerable proportion of elderly persons continue to work for their livelihood, with 51.2 percent of elderly men and 21.8 percent of elderly women engaged in economic activities. Although various government welfare programmes, such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Ayushman Bharat and other state-level social assistance programmes, have been introduced to improve the welfare and social security of senior citizens, empirical evidence on their reach, accessibility and effectiveness, particularly among elderly tribal populations in Tripura, remains limited.

Previous studies have primarily focused on the health status and socio-economic conditions of tribal communities in general (Basu et al., 2018; Mog & Debbarma, 2021; Sojeetra et al., 2025). Few studies have specifically examined the overall well-being of tribal senior citizens by integrating socio-economic conditions, health status, family support, and welfare mechanisms. Furthermore, empirical evidence from Tripura remains scarce despite the state's substantial tribal population. This highlights the need for further research to understand the socio-economic vulnerabilities, livelihood conditions, healthcare access, and social security of elderly tribal persons in the state.

2. NEED AND SIGNIFICANCE OF THE STUDY

The present study is necessary because the tribal elderly population in Tripura is increasing while continuing to face multiple socio-economic, health, and psychological challenges. Rapid social change, the migration of younger family members, the decline of traditional joint family systems, and limited access to healthcare and welfare services are adversely affecting their quality of life. Although several government schemes are available, many tribal senior citizens remain unaware of or unable to access these benefits because of poor literacy, geographical isolation, and inadequate service delivery.

The study is significant in that it examines the socio-economic conditions, health status, social support, and overall well-being of tribal senior citizens in Tripura. It identifies the principal problems confronting elderly tribal people, including low income, poor health, financial dependency, inadequate health insurance, loneliness, and limited participation in community activities. At the same time, it highlights the positive role of family care, community respect, and social support in enhancing their well-being.

The findings provide evidence for policymakers, government departments, social workers, researchers, and non-

governmental organisations to design more effective and culturally sensitive welfare programmes for tribal senior citizens. The study also contributes to the limited literature on tribal ageing in Tripura and supports the achievement of the Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities), by promoting healthy, dignified, and socially inclusive ageing among tribal communities.

3. REVIEW OF RELATED LITERATURE

The issue of ageing among tribal communities has received increasing attention from researchers because of the growing elderly population and the socio-economic challenges it faces. Existing studies indicate that tribal senior citizens often experience poor health, economic dependency, limited access to healthcare, and inadequate social security. However, research focusing specifically on the socio-economic conditions and well-being of tribal elderly people in Tripura remains limited, thereby creating the need for the present study.

Baruwa (2015) reviewed ageing research with special reference to North-East India. The review highlighted that although studies on elderly health and living conditions were increasing, region-specific research in the North-East remained limited. The author emphasised persistent problems such as financial insecurity, weak social support, gender inequality, and low literacy among older adults, and recommended multidisciplinary approaches for improving their quality of life.

Basu, Mondal, and Roy (2018) conducted a community-based study among elderly tribal people in West Bengal and found that most respondents were illiterate, economically dependent, and lived in poor housing conditions. The study reported common health problems such as joint pain, hypertension, anaemia, and vision impairment. It also revealed low awareness of welfare schemes and considerable psychological distress, highlighting the need for better healthcare and social support for tribal elders.

Sethurajakumar and Venkatesh (2019) explored the socio-economic conditions of elderly tribal people in India and observed that modernisation, displacement, and the decline of the joint family system had weakened traditional support mechanisms. Their findings showed that tribal elders frequently experienced poverty, poor health, dependency, and social isolation despite the existence of government welfare programmes.

Mog and Debbarma (2021) studied the socio-economic status of tribal communities in Tripura and found that most tribal households depended on agriculture and shifting cultivation, while education, infrastructure, and government employment opportunities remained limited. The study also reported inequality, poor infrastructure, and declining land ownership, which adversely affected tribal development.

Ashifa (2023) examined the social circumstances of elderly people among the Irula tribal community in Tamil Nadu. The study found that most elderly respondents were economically dependent, suffered from chronic illnesses, and had limited access to healthcare because of poor transport and inadequate medical facilities. Elderly women and widowed persons were identified as particularly vulnerable. The study recommended mobile healthcare services, counselling, and awareness programmes to improve the quality of life of tribal senior citizens.



Reang (2024) analysed the implementation of tribal development schemes in Tripura and found that although several welfare programmes had been introduced, many tribal communities continued to experience poverty, poor infrastructure, and inadequate awareness of government benefits. The study emphasised the need for inclusive, community-based development strategies and better monitoring of welfare schemes.

Sojeetra et al. (2025) investigated the socio-demographic status and health profile of Scheduled Tribes in the West Tripura and Sepahijala districts. The study revealed poor housing, inadequate sanitation, dependence on unsafe drinking water, and widespread use of tobacco and alcohol. It recommended improvements in healthcare services, sanitation facilities, and public health awareness to enhance the well-being of tribal communities.

4. OBJECTIVES OF THE STUDY

The specific objectives of the study are as follows:

1. To analyse the socio-economic conditions and social support systems of tribal senior citizens in Tripura.
2. To examine the problems, challenges, and psychological well-being of elderly tribal individuals.
3. To assess the role of welfare mechanisms in improving the quality of life of tribal senior citizens.

5. RESEARCH METHODOLOGY

The present study was conducted using the descriptive survey method to examine the socio-economic conditions of tribal senior citizens in Tripura. The descriptive survey design was considered appropriate, as it facilitates the systematic collection, analysis, and interpretation of data relating to the socio-economic characteristics, livelihood patterns, health conditions, and social support systems of the respondents.

The study was carried out in the Sepahijala and Khowai districts of Tripura. A total of 200 tribal senior citizens aged 60 years and above constituted the sample. Respondents were selected using a stratified random sampling technique to ensure adequate representation of tribal elderly from the selected villages and to enhance the reliability and representativeness of the findings.

Both primary and secondary data were employed in the study. Primary data were collected directly from the respondents through a structured interview schedule and personal interviews, enabling the researcher to obtain reliable and comprehensive information on their socio-economic status, health, income, family support, and living conditions. Secondary data were drawn from a wide range of sources, including books, peer-reviewed journals, research articles, government reports, Census publications, policy documents, official statistics, and other relevant literature, to provide theoretical support and contextual understanding of the research problem.

6. RESULTS AND DISCUSSION

The findings are organised into five principal themes: demographic characteristics, socio-economic conditions, health status, social support, and the challenges faced by the respondents.

6.1 Demographic Characteristics

The study included tribal senior citizens from three villages: Kendraicherra (48.4%), Khamar Bari (38.7%), and Moharpara (12.9%). These villages were drawn from the Sepahijala and Khowai districts of Tripura, ensuring representation of both districts. Among the respondents, 54.8% were male, and 45.2% were female, indicating fairly balanced gender representation. The majority of respondents (53.2%) were aged between 60 and 64 years, followed by 32.3% in the 65-69 years age group; only 9.7% were aged 80 years or above, indicating that the study predominantly covered the younger segment of senior citizens. Most respondents (91.9%) were married, while 8.1% were widowed.

The study also revealed changes in family structure among tribal communities. Approximately 75.8% of respondents lived in nuclear families, while only 24.2% lived in joint families, suggesting that the traditional joint family system is gradually declining in the tribal areas of Tripura.

The educational attainment of respondents was generally low. Nearly half (48.4%) had studied only up to the primary level, 16.1% were illiterate, and only 6.5% had completed graduation. Low educational attainment can impede elderly persons' ability to understand health information, access government welfare schemes, and manage their finances.

6.2 Socio-economic Conditions

The findings indicate that agriculture is the principal source of livelihood for most tribal senior citizens, with 72.6% of respondents depending on farming. The erstwhile Mahatma Gandhi NREGA (Now VBG RAMG) constitutes the second most common source of income, benefiting 67.7% of respondents, while 64.5% receive financial support from family members. Notably, 41.9% of respondents continue to work as daily wage labourers or in part-time employment even in old age, owing to the necessity of supporting themselves.

The study also found that a significant number of the tribal aged persons of Tripura are dependent on government financial support. Approximately 13 percent of the retired elderly persons receive government pensions, and 48 percent receive old-age pensions.

The monthly income of most respondents was markedly low. More than half (53.2%) earned between ₹2,000 and ₹5,000 per month, while only 19.4% earned more than ₹10,000 per month. Such low income renders it difficult for elderly persons to afford healthcare, nutritious food, and other basic necessities.

The housing conditions of respondents were comparatively better. Most respondents (87.1%) owned their houses; however, 58.1% lived in semi-pucca houses and 16.1% in kutchha houses. Almost all households had access to electricity (98.4%) and safe drinking water (93%), yet only 54.8% had toilets with water facilities, indicating that sanitation remains a major concern in the tribal villages studied.

The study further found that most respondents owned only small pieces of land. About 45.2% held less than one acre, while only 19.3% owned more than three acres. Small landholdings reduce agricultural output and limit income, rendering many elderly persons financially insecure.

6.3 Health Status and Healthcare Access

Health is fundamental to the well-being and quality of life of older persons. In this study, most respondents (58.1%)



reported their health as good, while 27.4% considered it fair and 14.5% poor. It is possible that many older persons describe their health as good because they have become accustomed to living with age-related health problems.

The study also found that many respondents suffered from multiple health problems simultaneously. Nearly half (48.4%) had three or four health conditions at once, while 8.1% had five or more. The most common conditions were joint pain, poor eyesight, hearing problems, high blood pressure, and diabetes.

Health insurance coverage among respondents was also found to be very good. More than four-fifths (82.3%) had health insurance, and 4.8% held private health insurance. However, 12.9% of respondents were found not to be covered under any health insurance benefits. This study also noted that 54 percent of beneficiaries under government health insurance had experienced difficulties in claiming the insurance benefits.

6.4 Social Support and Psychological Well-being

Social support is essential to the physical, emotional, and mental well-being of older adults. The findings show that family is the principal source of support for tribal senior citizens. Most respondents (77.4%) lived with their spouse, 21.0% lived with their children, and only three respondents lived alone. About 66.1% reported that their family members always attended to their daily needs, whereas only 8.1% stated that they rarely received such care.

The study further found that most respondents felt respected by their families and communities. Approximately 80.6% reported that they were always treated with respect, and none reported regular disrespect. This indicates that elders continue to occupy an important position in tribal society, where their experience and wisdom are valued.

Participation in community activities was comparatively low. Only 24.2% of respondents regularly took part in social or community activities, 45.2% participated only sometimes, and 30.6% never participated. In addition, only 54.8% were members of community, religious, or support groups for older persons.

Limited social participation adversely affected the psychological well-being of many respondents. About 35.5% reported feeling lonely sometimes, and 16.1% often felt lonely or socially isolated. Although only one respondent lived alone, many nevertheless experienced loneliness, suggesting that co-residence with family does not necessarily prevent emotional isolation.

Life satisfaction among respondents was moderate. Around 77.4% reported a neutral level of satisfaction with their present life, while only 22.6% expressed satisfaction. This suggests that most respondents have come to accept their current living conditions and, despite facing several challenges, have learned to adjust to their circumstances.

7. OVERALL FINDINGS OF THE STUDY

The study examined the socio-economic conditions, social support systems, health status, psychological well-being, and welfare mechanisms of tribal senior citizens in Tripura. Based on the findings, the following major conclusions emerge:

1. The study indicates that the majority of tribal senior citizens belonged to the younger elderly age group, particularly 60–64 years. The gender distribution was

relatively balanced, with males slightly outnumbering females. Most respondents were married, indicating that spousal relationships remain an important source of companionship and support in old age.

2. A significant proportion of respondents lived in nuclear families rather than joint families. This indicates a gradual transformation in the traditional family structure of tribal communities. Although family support remains strong, the increasing prevalence of nuclear families may create new challenges for elderly care in the future.
3. Educational attainment among the respondents was generally low. A large proportion had education only up to the primary level, while a considerable number were illiterate. This may restrict their ability to access information about healthcare, government schemes, financial services, and other welfare benefits.
4. Agriculture was the major source of livelihood for the respondents. A substantial proportion also depended on employment programmes, family assistance, and daily wage or part-time employment. The continuation of work during old age suggests that many tribal senior citizens remain economically vulnerable and cannot completely withdraw from the labour force.
5. The economic condition of many respondents was weak, with more than half earning only ₹2,000–₹5,000 per month. Low income can affect their ability to meet essential needs such as nutritious food, healthcare, medicines, clothing, and other household expenses.
6. Government pensions and old-age pensions constitute important sources of financial assistance for elderly persons. However, the relatively limited coverage of some pension categories suggests the need for greater awareness, easier enrolment, and improved accessibility of welfare programmes.
7. Ownership of houses was relatively high among the respondents, and access to electricity and safe drinking water was encouraging. However, the prevalence of semi-pucca and kutcha houses and inadequate toilet facilities indicates that housing quality and sanitation require further attention.
8. Most respondents possessed relatively small areas of agricultural land. Limited land ownership reduces agricultural productivity and income-generating opportunities and contributes to financial insecurity among elderly tribal households.
9. Although a majority of respondents perceived their health as good, many experienced multiple health conditions simultaneously. Joint pain, poor eyesight, hearing problems, hypertension, and diabetes were among the commonly reported health concerns. This indicates the importance of regular geriatric healthcare and preventive health services.
10. Health insurance coverage was relatively high; however, a considerable proportion of beneficiaries experienced difficulties while claiming insurance benefits. This suggests that insurance coverage alone is insufficient unless elderly persons are provided with assistance in understanding procedures, documentation, hospital processes, and claim settlement.
11. Family remained the primary source of social and emotional support. Most respondents lived with their



spouses or children, and a substantial majority reported that family members regularly attended to their needs. This demonstrates the continuing importance of family-based care within tribal communities.

12. Despite strong family support, participation in community and social activities was relatively low. A substantial proportion participated only occasionally or did not participate at all. Limited participation may reduce opportunities for social interaction, recreation, knowledge sharing, and emotional support.
13. Feelings of loneliness were reported by a considerable proportion of respondents, even though very few lived alone. This demonstrates that physical co-residence with family does not necessarily eliminate emotional or psychological isolation. Greater attention should therefore be given to the psychological well-being of tribal senior citizens.
14. Most respondents expressed a neutral level of satisfaction with their present lives, while a smaller proportion reported being satisfied. This suggests that many elderly persons have adapted to their circumstances but may still face unmet economic, health, social, and emotional needs

8. RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are proposed to improve the health, social security, economic well-being, and overall quality of life of tribal elderly populations in Tripura.

1. The pension system should be strengthened to ensure a minimum monthly pension of ₹3,000.
2. Pension payments should be made through a transparent Direct Benefit Transfer (DBT) system directly into beneficiaries' bank accounts, without unnecessary intermediaries.
3. The Government should take effective action to provide door-to-door healthcare services for older persons.
4. Regular home visits by healthcare workers should be arranged for health check-ups, basic medicines, screening, and follow-up care.
5. To reinstate the values of respect, care, and responsibility towards older persons in society, the Government may consider observing a dedicated "Old Age Day" at the national or state level. On this day, schools, colleges, and community institutions could organise awareness programmes and activities to motivate students and the younger generation to respect, support, and care for their elderly family members.
6. Gram Panchayats should be regularly oriented and sensitised on the rights, welfare schemes, and entitlements of older persons
7. Under VB-G RAMG, separate and suitable categories of work may be formulated for elderly job seekers to protect and strengthen their livelihood security.
8. The State Government may formulate a comprehensive policy for the well-being and welfare of older persons to address their social, economic, health, and livelihood needs

9. CONCLUSION

The study reveals that tribal senior citizens in Tripura experience a complex combination of resilience and vulnerability. Strong family support and community respect continue to provide emotional security and social integration. However, low educational attainment, limited income opportunities, widespread health problems, inadequate insurance coverage, and feelings of loneliness create significant challenges. The findings highlight the need for targeted interventions focusing on healthcare accessibility, financial security, pension expansion, social participation, and awareness of welfare schemes. Strengthening community-based support systems and promoting active ageing initiatives can significantly improve the quality of life of tribal elderly persons. Ensuring dignified ageing for tribal senior citizens is not merely a welfare concern but an important social responsibility. As India's elderly population continues to grow, greater attention must be given to the unique experiences and needs of tribal elders, whose contributions to society and cultural heritage remain invaluable.

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