

A Study on Socio-Economic Conditions and Existing Caregiver Support System of Elderly in Migrated Families at Pallathur Village, Sivagangai District, Tamil Nadu

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DOI: https://dx.doi.org/10.51244/IJRSI.2025.1210000163

Received: 22 October 2025; Accepted: 29 October 2025; Published: 11 November 2025

ABSTRACT

India is experiencing a rapid demographic transition characterized by a growing ageing population. The rising number of elderly persons, especially in rural regions, presents complex socio-economic and caregiving challenges. This paper explores the socio-economic conditions and the existing caregiver support systems of elderly individuals residing in Pallathur Panchayat, Sivagangai District, Tamil Nadu. Using a Rapid Need Assessment design, the study collected data from 200 elderly respondents through structured interviews. The findings reveal that 81% of the respondents live below the poverty line, and 70% require support for daily living. A significant 40% depend financially on their children, while only 18% receive any form of government benefit. Digital literacy and awareness of insurance policies remain critically low. The study highlights the urgent need for community-based elder care systems, family support, and sustainable welfare interventions tailored to the unique socio-cultural setting of rural Tamil Nadu.

Keywords: Elderly, Socio-economic conditions, Caregiver support, Migration, Rural Tamil Nadu, Ageing

INTRODUCTION

The phenomenon of population ageing is one of the most significant social transformations of the twenty-first century. According to the United Nations (2020), the global population aged 60 years and above is projected to reach 2.1 billion by 2050. India, with its growing life expectancy and improved healthcare, is witnessing an unprecedented rise in its elderly population, expected to reach 347 million by 2050, representing nearly 20% of the total population (UNFPA & IIPS, 2023). While the demographic shift brings opportunities for "active ageing," it also poses challenges concerning income security, health care, and caregiving. The migration of younger generations to urban areas or abroad has resulted in the increasing isolation of older adults, particularly in rural communities. Pallathur, a village in Sivagangai District, Tamil Nadu, serves as a microcosm of this issue, reflecting both the resilience and vulnerabilities of rural elderly populations.

REVIEW OF LITERATURE

Several studies and reports highlight the socio-economic and health challenges faced by older adults in developing nations. The World Economic and Social Survey (2007) emphasized that ageing will alter health care systems, necessitating reforms in chronic illness and long-term care management. The World Report on Ageing and Health (WHO, 2015) identified gaps in public health systems and the need for integrated, community-based approaches. In India, the India Ageing Report (UNFPA & IIPS, 2023) outlines that 10.5% of India's population are aged 60 and above, expected to double by 2050. Rural ageing is marked by financial insecurity, dependency, and limited awareness of welfare schemes. Dominelli (2012) and Pease (2020) have stressed the importance of eco-social and rights-based frameworks in addressing the needs of elderly populations. HelpAge India (2023) further noted that 40% of India's elderly belong to the poorest wealth quintile,



and one-fifth have no income at all. In Tamil Nadu, demographic data show that elderly persons constitute around 13% of the total population, with higher concentrations in urbanized districts such as Chennai and Coimbatore.

METHODOLOGY

The study adopted a Rapid Need Assessment approach to identify socio-economic conditions and caregiving needs of elderly individuals. This design facilitated quick yet reliable data collection at the community level. The study was conducted in Pallathur Panchayat, Sivagangai District, Tamil Nadu. The village is known for its Chettinad architecture and mid-sized population. As per census projections, elderly persons constitute around 1,300–1,500 individuals in Pallathur. A convenience sampling method was used, selecting 200 respondents aged 60 and above. The tool for data collection was a structured interview schedule, covering demographic details, health, family structure, income, and caregiver support. Data were collected through face-to-face interviews by field investigators and analyzed using descriptive statistics and percentage analysis.

RESULTS AND DISCUSSION

The Demographic Profile

The study revealed that 42% of the respondents were between 50–60 years, and 35% were between 61–70 years. The sex ratio showed a near balance, with 51% male and 49% female respondents.

Table 1: Demographic Profile

Variable	Percentage
Age 50–60	42
Age 61–70	35
Age 71–80	20
Above 80	3
Male	51
Female	49

Economic Status

Majority of the elderly population, nearly 81% of them fall below poverty line. This population is employed through daily wage work and jobs like painting and repairing works in and around the region of Pallathur and in the nearby towns of Karaikudi and Sivagangai. A meagre 19% of them fall above poverty line, but are still not independent financially to satisfy their day-to-day needs.

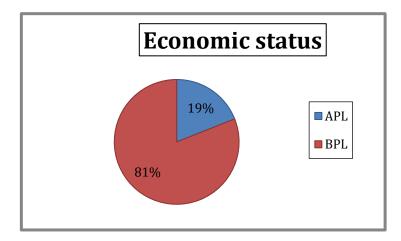


Fig 1: Economic status



Financial Dependency

40% of respondents are fully dependent on their children, 39% are self-reliant, and 21% are partially dependent. Most elderly rely on remittances from migrated family members, indicating strong but limited transnational ties.

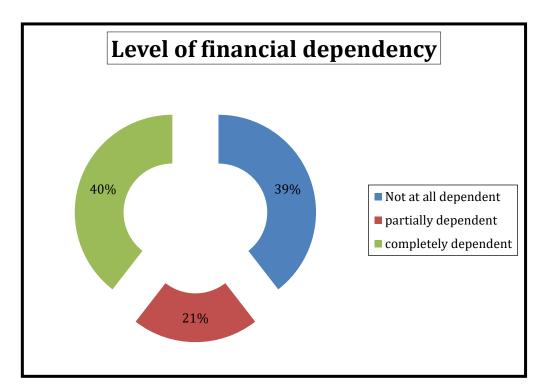


Fig 2: Financial Dependency

Health and Medical Support

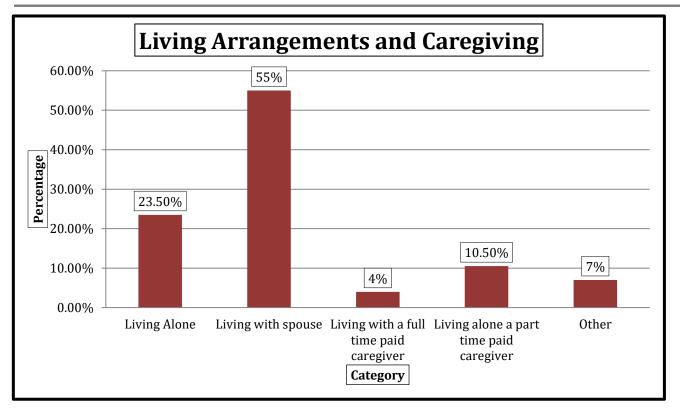
71.75% of respondents reported being active, 9.5% partially assisted, and 2.5% bedridden. Half of the respondents take regular medication for chronic diseases such as hypertension and diabetes. However, lack of transport and healthcare access restrict routine medical visits.

Table 2: Health and Medical support

Indicator	Percentage
Active Elderly	71.75
Partially Assisted	9.5
Bedridden	2.5
Need Support	70.0
Have Insurance	13.0
Receive Govt Benefits	18.0

Living Arrangements and Caregiving

55% of them are living with spouse and 23.50% of them are living alone. 10.50% percent of them are being taken care of part time paid caregiver. A meagre percent of 4% and 7% are living with full time paid caregiver and also living with the families of their sons and daughters. Most of the houses are occupied by elderly male or female or as couples.



Digital Literacy and Scheme Awareness

Only 16% of respondents know how to use smartphones, primarily for WhatsApp calls to their children. Awareness about insurance and pension schemes is extremely low — 87% had no insurance coverage, and only 18% received benefits such as ration subsidies or cash assistance.

DISCUSSION

The data underline the precarious socio-economic position of rural elderly populations in Tamil Nadu. The absence of sustained income, insufficient state support, and limited health awareness increase dependency levels. Migration of younger family members exacerbates loneliness and neglect. The findings align with national patterns of "care crisis" in ageing societies (UN, 2020). There is a pressing need to strengthen community-based geriatric programs and integrate local governance mechanisms to reach the most vulnerable.

RECOMMENDATIONS

- Establish community-based elder care centers through Panchayats and NGOs.
- Conduct awareness campaigns about pensions, insurance, and health programs.
- Train social workers and volunteers in geriatric care and counseling.
- Promote digital literacy among elderly persons to enhance connectivity.
- Encourage family-based and intergenerational support programs.
- Integrate home-based healthcare and nutritional programs into PHC services.
- Incorporate elderly welfare initiatives in CSR and local governance schemes.

CONCLUSION

The study concludes that elderly persons in Pallathur Panchayat face multiple vulnerabilities—economic insecurity, social isolation, and poor health access. With the migration of children and the erosion of traditional caregiving systems, elders increasingly rely on irregular financial help and limited government schemes. The research calls for the integration of community-based care systems and sustainable policies for ageing with



INTERNATIONAL JOURNAL OF RESEARCH AND SCIENTIFIC INNOVATION (IJRSI) ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue X October 2025

dignity. Promoting local participation and ecosocial approaches to welfare can strengthen the bridge between family, society, and the state.

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