

RESETTLEMENT REALITIES: IMPACT OF DAM PROJECTS ON ELDERLY POPULATIONS

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ABSTRACT

Dam-induced displacement disrupts the social, economic, and cultural foundations of affected communities, with the elderly emerging as one of the most vulnerable groups in this process. This study, titled “Resettlement Realities: Elderly Survival Strategies After Dam Displacement,” examines how older adults navigate the challenges of relocation, loss of traditional livelihoods, and weakened social networks. The research explores the multidimensional impacts of displacement on the aged—ranging from physical and psychological stress to economic insecurity and cultural disorientation. It highlights how the breakdown of community support systems, unfamiliar resettlement environments, and inadequate rehabilitation measures intensify their vulnerabilities. The paper also highlights how inadequate resettlement policies, limited compensation, and weak institutional support further marginalize aged populations.

Despite these adversities, the elderly adopt a range of survival strategies such as reliance on family support, rebuilding social ties in resettled colonies, engaging in small-scale economic activities, drawing on traditional knowledge, and participating in community-based groups. The study further evaluates the role of government rehabilitation packages, local institutions, and civil society organisations in shaping their post-displacement experiences. By focusing on the lived realities of the aged, the abstract underscores the need for age-sensitive resettlement policies that ensure dignity, security, and social inclusion for elderly populations affected by dam projects.

Keyword: *Dam-induced displacement, elderly, resettlement, survival strategies, vulnerability, rehabilitation, social support, ageing.*

1. INTRODUCTION

Large dam projects have long been promoted as catalysts of economic growth, agricultural expansion, and regional development. However, the social costs of such infrastructural interventions are often borne disproportionately by vulnerable groups, particularly the elderly. For older populations, displacement from ancestral land is not merely a physical relocation but a profound disruption of identity, livelihood, and social belonging. The topic “Resettlement Realities: Impact of Dam Projects on Elderly Populations” draws attention to these overlooked human dimensions of development-induced displacement. The elderly face unique challenges during and after resettlement, including weakened physical capacity, limited livelihood options, declining health, and deep emotional attachments to their land and community. Their ability to cope, adapt, and rebuild life in

resettlement colonies is significantly constrained compared to younger groups, making them one of the most vulnerable categories in displacement scenarios (Tandi, at al., 2019).

In the Indian context, the experience of the Lower Suktel Irrigation Project (LSIP) in the Balangir district of Odisha offers a compelling case for understanding these realities. Conceived to enhance irrigation, improve agricultural productivity, and address drought-like conditions, the project has led to large-scale land acquisition and the displacement of thousands of families across several villages. For elderly residents—many of whom have lived their entire lives cultivating local fields, participating in community institutions, and preserving cultural traditions—the disruption has been particularly severe. The transition from familiar rural landscapes to resettlement sites often results in social isolation, economic insecurity, and psychological distress.

Moreover, compensation delays, inadequate rehabilitation packages, and the erosion of community networks intensify their vulnerabilities (Tandi and Sarma, 2021).

The Lower Suktel case also highlights how resettlement planning frequently overlooks age-specific needs such as accessible healthcare, mobility support, continuity of social relations, and provision of alternative livelihoods suited to older adults. As a result, many elderly people struggle to reconstruct their lives in the post-displacement phase. Understanding their lived experiences and challenges is therefore essential for developing inclusive rehabilitation policies that acknowledge the rights, dignity, and well-being of older populations.

This introduction sets the stage for a deeper examination of resettlement realities, showing how dam projects like the Lower Suktel Irrigation Project create long-term and often irreversible effects on elderly communities. By analyzing these impacts, the study advocates for more humane, participatory, and age-sensitive approaches in future development and rehabilitation processes.

2. OBJECTIVE OF THE STUDY

The following objective is focus on the study;

- 1) To discuss the various problems and utility of aged displaced people of major irrigation project of Bolangir district.

3. METHODOLOGY OF THE STUDY

A) Research Design

The present study adopts a **descriptive and exploratory research design** to examine the socio-economic, health, and psychosocial impacts of dam-induced displacement and resettlement on elderly populations. This design is suitable for understanding lived experiences, coping strategies, and adjustment patterns of elderly persons affected by large dam projects.

B) Study Area

The study is conducted in Khuntapali village which submerged in **Lower Suktel Irrigation projects of Bolangir District of Odisha**. These areas were chosen because they have a significant concentration of elderly persons who were displaced due to dam construction and subsequent resettlement.

C) Universe and Sample

The **universe of the study** consists of elderly persons aged **60 years and above** who have been displaced due to dam projects. A **sample of 50 respondents** was selected for the study.

A **purposive sampling technique** was adopted to ensure that respondents had direct experience of displacement and resettlement. Priority was given to elderly individuals who had lived in the original village prior to submergence and were subsequently relocated to resettlement sites.

D) Tools of Data Collection

Both **primary and secondary data** were used in the study.

- **Primary Data:**

- A **semi-structured interview schedule** was used to collect information on demographic characteristics, livelihood changes, access to basic services, health conditions, social relationships, emotional well-being, and perceptions of resettlement.
- **In-depth interviews** were conducted with selected elderly respondents to capture qualitative insights into loss of land, social networks, cultural spaces, and traditional support systems.
- **Observation method** was used to understand living conditions, housing quality, accessibility, and daily challenges faced by the elderly in resettlement areas.

- **Secondary Data:**

- Government reports, rehabilitation and resettlement (R&R) policy documents, census data, research articles, and NGO reports related to dam-induced displacement and ageing were reviewed to contextualize the findings.

E) Variables of the Study

Key variables examined include:

- Socio-economic status before and after displacement

- Health and access to healthcare facilities
- Livelihood security and pension benefits
- Social support systems and community participation
- Psychological well-being and sense of belonging
- Satisfaction with resettlement and rehabilitation measures

F) Data Analysis

The collected data were analyzed using **both quantitative and qualitative techniques.**

- Quantitative data were processed using **simple statistical tools** such as percentages, averages, and tabulation to identify trends and patterns.
- Qualitative data from interviews were analyzed thematically to understand subjective experiences, perceptions, and coping mechanisms of elderly respondents.

G) Ethical Considerations

Ethical principles were strictly followed during the study.

- **Informed consent** was obtained from all respondents.
- Confidentiality and anonymity of respondents were maintained.
- Special care was taken to ensure sensitivity while interacting with elderly participants, considering their physical and emotional conditions.

H) Limitations of the Study

The study is limited to a **sample size of 50 respondents**, which may not fully represent all dam-displaced elderly populations. The findings are context-specific and depend on respondents' recall and personal experiences, which may involve subjective interpretations.

Result and Discussion

Knowledge about the social background of the respondents is an important part of social science research. It not only helps the researcher to understand the respondents but also to roughly

judge the kind of replies that will originate from the latter. It also helps the researcher in creating rapport with respondent. This chapter is devoted to the analysis of socio-economic background of respondent on study. As man is social being, he needs better social and economic development for a better living in the society. It provides multi-dimensional development of his personality

A) Gender

The given table presents the gender-wise distribution of the respondents in the study.

Table No.1 Gender Distribution of the Respondents

Sl No.	Gender	Frequency	Percentage
1	Male	25	50%
2	Female	25	50%
3	Total	50	100%

Source-Field Work-2025

Out of a total of 50 respondents, 25 are male and 25 are female. Both male and female respondents constitute 50% each of the total sample. This indicates a perfectly balanced gender composition in the study. Such equal representation of males and females is significant for social science research, as it helps to minimize gender bias and allows for a more balanced and comparative analysis of gender-based perspectives, experiences, or outcomes. The equal distribution ensures that findings derived from the study reflect the views of both genders fairly and enhances the reliability and inclusiveness of the results. In conclusion, the table shows that the sample has been evenly divided between male and female respondents, providing a strong basis for gender-neutral analysis and interpretation

B) Social Group

The given table presents the social group-wise distribution of 50 respondents. The analysis reveals the following key points:

Table No.2 Social Group Distribution of the Respondents

Sl. No	Social Group	Respondent	Percentage
1	ST	10	20%
2	SC	09	18%
3	OBC	25	50%
4	General	6	12%
5	Total	50	100%

Source-Field Work-2025

The table clearly shows an uneven distribution of respondents across social groups, with a strong concentration among OBCs, followed by STs and SCs. The General category is underrepresented. Such a composition may influence the findings of the study by emphasizing the socio-economic realities of historically disadvantaged communities. OBC respondents constitute the largest share, with 25 respondents, accounting for 50% of the total sample. This indicates that half of the respondents belong to the OBC category, suggesting their dominant representation in the study.

There are 10 ST respondents, forming 20% of the total sample. This reflects a moderate level of representation of the Scheduled Tribe population. The SC category includes 9 respondents, which is 18% of the total. Their representation is slightly lower than that of STs but still forms a significant portion of the respondents. The General category has the least representation, with 6 respondents accounting for 12% of the total. This indicates relatively lower participation from the General social group in the study. The sample is predominantly composed of socially disadvantaged groups (ST, SC, and OBC), which together account for 88% of the respondents. This suggests that the study largely reflects the experiences and perspectives of marginalized and backward social groups.

C)Age Group of the Respondents

The table presents the age-wise distribution of 50 elderly respondents classified into five age groups ranging from 60 years to above 80 years.

Table No.3 Age Group Distribution of the Respondents

Sl. No	Aged Group	Respondent	Percentage
1	60-65	12	24%
2	65-70	20	40%
3	70-75	08	16%
4	75-80	06	12%
5	80- More Than	04	08%
6	Total	50	100%

Source-Field Work-2025

The largest proportion of respondents belongs to the 65–70 years age group, comprising 20 respondents (40%). This indicates that the majority of the aged population in the study falls within this early elderly phase, suggesting relatively better survival and participation rates in this age bracket.

The second largest group is the 60–65 years category, with 12 respondents (24%). Together, the age groups 60–70 years account for 64% of the total respondents, showing a concentration of respondents in the younger segment of the elderly population.

The 70–75 years age group includes 8 respondents (16%), reflecting a noticeable decline in numbers as age increases. This declining trend continues in the higher age categories. The 75–80 years group consists of 6 respondents (12%), while the 80 years and above category has the smallest representation with 4 respondents (8%).

Overall, the table reveals a gradual decrease in the number of respondents with increasing age, which may be attributed to factors such as higher mortality, declining health, and reduced mobility

among the oldest age groups. The distribution highlights that the elderly population in the study is predominantly concentrated in the 60–70 years age range, with comparatively fewer individuals surviving or participating beyond 75 years.

D) Marital Status of the Respondents

The given table presents the marital status of a total of 50 respondents. The distribution reveals a clear predominance of married individuals within the sample.

Table No.4 Marital Status Distribution of the Respondents

Sl. No	Marital Status	Total	Percent
1	Married	40	80%
2	Un Married	2	4%
3	Widower	8	16%
4	Total	50	100%

Source-Field Work-2025

Married respondents constitute the largest group, with 40 individuals (80%). This indicates that the majority of the respondents are currently married, suggesting that family-based responsibilities and spousal relationships may play a significant role in their social and economic lives. Unmarried respondents are very few in number, accounting for only 2 individuals (4%). This low percentage implies that the sample largely represents people who have already entered marital life, with minimal representation of never-married individuals. Widowers make up 8 respondents (16%), which is a notable proportion. This indicates a significant presence of individuals who have lost their spouses, pointing towards issues related to ageing, social support, and vulnerability that may be relevant for further analysis. The total of all categories sums correctly to 50 respondents (100%), confirming the internal consistency of the data. Overall, the table highlights that the study population is predominantly married, with a considerable section of widowers and a very small proportion of unmarried individuals. This marital composition may influence patterns of social

support, economic dependency, and household structure within the study area.

E) Occupation Status of the Respondents

The given table presents the occupational distribution of 50 respondents.

Table No.5 Occupational Distribution of the Respondents

Sl. No	Occupation	Frequency	Percentage
1	Agriculture	32	64%
2	Pension	6	12%
3	Business	4	08%
4	Any Other	8	16%
5	Total	50	100%

Source-Field Work-2025

A majority of the respondents are engaged in agriculture, accounting for 32 individuals (64%). This clearly indicates that agriculture is the dominant occupation among the respondents and reflects a largely agrarian socio-economic background. Dependence on agriculture also suggests vulnerability to seasonal employment, climatic conditions, and limited income security. The second major category is “Any Other” occupations, which includes 8 respondents (16%). This category may consist of casual labor, service-related work, or informal employment, indicating some level of occupational diversification, though still relatively limited. Pensioners constitute 6 respondents (12%), showing a noticeable proportion of elderly or retired individuals within the sample. This suggests the presence of an aging population that relies on fixed income sources, which may have implications for social security and welfare support. Business is the least represented occupation, with only 4 respondents (8%). This low percentage indicates limited entrepreneurial activity or access to capital and market opportunities in the study area. Overall, the occupational structure reveals a heavy dependence on agriculture with minimal diversification into business or other non-farm

activities. This pattern highlights the need for livelihood diversification, skill development, and income-generating opportunities beyond agriculture to enhance economic stability and resilience among the population.

F) Types of Houses Before and After Displacement

Although the table heading repeats “*Before Displacement*”, from the values it is clear that the first column refers to “Before Displacement” and the second to “After Displacement.” The analysis is based on this assumption.

Table No.6 Household Pattern Distribution of the Respondents

Sl No.	Type of House	Before Displacement	After Displacement
1	Kuchha	10	00
2	Pucca	12	42
3	Mixed	28	08

Source-Field Work-2025

Kuchha Houses

Before displacement, 10 households lived in kuchha houses. After displacement, no household is living in kuchha housing. This indicates a complete elimination of kuchha houses, suggesting improvement in housing quality after displacement.

Pucca Houses

Pucca houses increased significantly from 12 before displacement to 42 after displacement. This sharp rise suggests that resettlement or rehabilitation measures provided more durable and permanent housing, often a stated objective of displacement-related development projects.

Mixed Houses

Mixed-type houses decreased from 28 before displacement to only 8 after displacement. This decline indicates a transition from semi-permanent housing to pucca housing, reflecting structural upgradation.

The data clearly shows a shift from kuchha and mixed houses towards pucca houses after displacement. From a development perspective, this suggests improvement in physical housing conditions of displaced households. However, while housing quality has improved quantitatively and structurally, this table does not capture social, economic, or cultural dimensions such as livelihood security, community cohesion, or access to resources, which are equally important in displacement studies.

The table reflects a positive change in housing structure after displacement, marked by increased pucca houses and the disappearance of kuchha houses. This indicates successful implementation of housing-related rehabilitation, though comprehensive assessment would require additional socio-economic indicators.

G) Educational Status of the Respondents

The table presents the educational attainment of 50 respondents and highlights a generally low level of formal education in the study population.

Table No.7 Educational Distribution of the Respondents

Sl. No.	Education	Frequency	Percentage
1	Illiterate	23	46
2	Primary and Upper Primary	21	42
3	Secondary	5	10
4	Higher Education	1	2
5	Total	50	100

Source-Field Work-2025

The data reveal that 88% of respondents are either illiterate or educated only up to the primary/upper primary level, demonstrating a predominantly low educational profile. The negligible representation in secondary and higher education underscores structural disadvantages, such as economic hardship, early entry into the

workforce, social constraints, or inadequate educational facilities.

- **Illiterate (46%):** Nearly half of the respondents (23 out of 50) are illiterate. This indicates a serious educational deprivation and suggests limited access to schooling, possibly due to socio-economic constraints, poverty, remoteness, or lack of educational infrastructure.
- **Primary and Upper Primary Education (42%):** A substantial proportion of respondents (21 individuals) have attained only primary or upper primary education. While this reflects some level of school access, it also indicates a high dropout rate before secondary education.
- **Secondary Education (10%):** Only 5 respondents have completed secondary education. This sharp decline from the primary level shows significant barriers to continuing education beyond the elementary stage.
- **Higher Education (2%):** Merely one respondent has attained higher education, reflecting extremely limited opportunities or motivation for advanced studies within the community.

This educational pattern has important implications for employment opportunities, awareness of rights and welfare schemes, and overall socio-economic development. Targeted interventions such as adult literacy programs, scholarships, and improved access to secondary education are essential to uplift the educational status of the population.

H) Health Status of the Aged Before and After Displacement

A clear trend emerges showing a significant increase in all reported health problems after displacement, indicating the adverse health impact of displacement on the affected population.

Table No.8 Distribution of the Respondents Health status of the Aged before and after Displacement

Sl. No	Diseases	Before Displacement	After Displacement
1	Blood Pressure	14	28
2	Diabetes	6	12
3	Eyes Problem	10	20
4	Hearing	5	10
5	Joint Problem	12	24
6	Heart Problem	3	6
7	Others	50	100

Source-Field Work-2025

The given table presents a comparative picture of the prevalence of various diseases before and after displacement.

1. Overall Increase in Morbidity

All disease categories have exactly doubled after displacement. This suggests that displacement has led to a substantial deterioration in health conditions, possibly due to poor living conditions, stress, lack of healthcare access, and changes in lifestyle and diet.

2. Blood Pressure and Joint Problems

Cases of blood pressure increased from 14 to 28, and joint problems rose from 12 to 24. These conditions are often associated with stress, ageing, physical strain, and inadequate medical care, which tend to intensify after displacement.

3. Diabetes and Heart Problems

The number of diabetes cases doubled from 6 to 12, while heart problems increased from 3 to 6. This rise reflects lifestyle disruptions, irregular food habits, psychological stress, and reduced access to regular health check-ups.

4. Sensory Problems (Eyes and Hearing)

Eye problems increased from 10 to 20, and hearing issues from 5 to 10. These increases may be linked to poor nutrition, unhygienic living environments, and lack of preventive healthcare services in resettlement areas.

5. Other Diseases

The category of 'Others' shows the highest numbers, rising sharply from 50 to 100, indicating the presence of multiple untreated or emerging health issues that are not individually categorized. This reflects a general decline in overall health status after displacement.

The table clearly demonstrates that displacement has a negative and severe impact on health, with all diseases showing a 100% increase after displacement. This highlights the urgent need for adequate healthcare facilities, continuous medical monitoring, and targeted health interventions for displaced populations, particularly the elderly and vulnerable groups.

I) Support Mechanism by the Aged Before and After Displacement

The table presents the responses of 50 respondents regarding the utility or support received in different social and economic contexts. A clear pattern emerges showing strong reliance on community, kinship, and social networks.

Table No.9 Distribution of the Respondents of Support Mechanism

Sl. No	Utility	Respondents
1	Marriage	40 (Out of 50 Respondents)
2	Pilgrimage	30 (Out of 50 Respondents)
3	Relatives	25 (Out of 50 Respondents)
4	Care when ill	37 (Out of 50 Respondents)
5	Purchased land	32 (Out of 50 Respondents)
6	Village family festivals	43 (Out of 50 Respondents)

Source-Field Work-2025

1. Village Family Festivals (43 out of 50 respondents)

This category records the highest response. It indicates that village and family festivals play a crucial role in strengthening social cohesion, collective participation, and mutual support. Such events act as important spaces for maintaining

cultural traditions and reinforcing community bonds.

2. Marriage (40 out of 50 respondents)

A large majority of respondents acknowledged receiving utility or support during marriages. This highlights the importance of kinship networks and community cooperation in meeting social obligations and sharing economic and emotional responsibilities during marriage ceremonies.

3. Care When Ill (37 out of 50 respondents)

The high response in this category reflects the strong role of informal support systems during health-related crises. Family members, relatives, and community networks continue to function as primary sources of care in times of illness.

4. Purchased Land (32 out of 50 respondents)

More than half of the respondents reported utility in land purchase. This suggests that social networks and relatives are also significant in economic decisions, such as land transactions, through financial help, information sharing, or mediation.

5. Pilgrimage (30 out of 50 respondents)

A moderate number of respondents indicated support during pilgrimages, reflecting the religious and cultural importance of collective travel and shared faith-based activities within the community.

6. Relatives (25 out of 50 respondents)

Although this category has the lowest response, it still shows that half of the respondents rely on relatives for various forms of support, indicating that kinship ties remain relevant, though possibly more selective or situational.

Overall, the table demonstrates that social capital in the form of family, kinship, and community networks plays a vital role in both social and economic aspects of life. Collective activities such as festivals, marriages, and caregiving show stronger dependence compared to individual or optional activities like pilgrimage or land purchase. This reflects the continuing importance of traditional support systems in sustaining community life.

J) Socio-Economic Utility of the Aged by Before and After Displacement

The table presents a comparative picture of advisory agents influencing social, cultural, and livelihood-related domains among 50 respondents, showing a clear shift between the "Before" and "After" situations. The analysis highlights patterns of decline, transformation, and selective increase.

Table No-10 Distribution of the Respondents to advise on some socio-economic activities

Sl No	Advisory Agent	Before	After
1	Marriage	50(Out of 50 Respondent s)	20(Out of 50 Respondent s)
2	Cultivation	50(Out of 50 Respondent s)	14(Out of 50 Respondent s)
3	Socialisation	50(Out of 50 Respondent s)	16(Out of 50 Respondent s)
4	Husbandry	50(Out of 50 Respondent s)	2(Out of 50 Respondent s)
5	Healing Practices	50(Out of 50 Respondent s)	4(Out of 50 Respondent s)
6	Indigenous Medicine	50(Out of 50 Respondent s)	8(Out of 50 Respondent s)
7	Education	10(Out of 50 Respondent s)	45(Out of 50 Respondent s)
8	Social Participation	50(Out of 50 Respondent s)	7(Out of 50 Respondent s)
9	Kinship Relationship	50(Out of 50 Respondent s)	12(Out of 50 Respondent s)
10	Sustain Traditional Knowledge (Skill)	50(Out of 50 Respondent s)	10(Out of 50 Respondent s)
11	Child Bearing	50(Out of 50 Respondent s)	5(Out of 50 Respondent s)
12	Women	25(Out of 50 Respondent s)	4(Out of 50 Respondent s)

13	Youth	40(Out of 50 Respondent s)	15(Out of 50 Respondent s)
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Source-Field Work-2025

Marriage

Before the change, all 50 respondents acknowledged the role of advisory agents in matters of marriage, indicating their centrality in arranging, guiding, and regulating marital practices. After the change, this number declined sharply to 20 respondents, suggesting a significant erosion of traditional authority, possibly due to modernization, legal frameworks, or increasing individual choice in marital decisions.

Cultivation

In the "before" situation, cultivation practices were entirely guided by advisory agents, as reflected by 50 out of 50 respondents. After the change, only 14 respondents continued to rely on them. This decline indicates a shift towards modern agricultural techniques, external experts, or market-driven farming decisions, reducing dependence on indigenous advisory systems.

Socialisation

Socialisation processes earlier involved advisory agents universally, with full participation from all respondents. The post-change figure of 16 respondents highlights weakening intergenerational transmission of norms, values, and customs, suggesting that formal institutions and mass media are increasingly shaping social behaviour.

Husbandry

Animal husbandry earlier depended completely on traditional advisory agents. After the change, only 2 respondents reported such reliance. This drastic decline reflects replacement of indigenous knowledge by veterinary services, government schemes, and scientific livestock management practices.

Healing Practices

Traditional healing practices were universally acknowledged earlier. After the change, reliance fell to just 4 respondents, showing a strong shift towards modern healthcare systems, hospitals, and biomedical approaches, marginalising traditional healers.

Indigenous Medicine

All respondents earlier recognised advisory agents in indigenous medicine. After the change, only 8 respondents continued this practice. Although reduced, this relatively higher figure compared to healing practices suggests that indigenous medicine still survives in limited contexts, especially where modern healthcare access is constrained.

Education

Education shows a contrasting trend. Before the change, only 10 respondents associated advisory agents with education. After the change, this increased significantly to 45 respondents. This indicates growing awareness and engagement with education, possibly through formal institutions, NGOs, or community-level guidance replacing traditional advisory roles.

Social Participation

Earlier, advisory agents played a key role in social participation for all respondents. After the change, only 7 respondents reported such involvement. This decline suggests reduced collective decision-making and weakening of traditional community institutions.

Kinship Relationship

Kinship relationships were earlier regulated and guided by advisory agents for all respondents. Post-change, only 12 respondents acknowledged their role, indicating changing family structures, nuclearisation of families, and reduced importance of traditional kinship norms.

Sustaining Traditional Knowledge (Skills)

All respondents earlier relied on advisory agents to sustain traditional skills and knowledge. After the change, this dropped to 10 respondents, highlighting a serious threat to the continuity of indigenous skills due to lack of transmission and declining relevance among younger generations.

Child Bearing

Child-bearing practices were earlier universally guided by advisory agents. After the change, only 5 respondents continued this reliance, reflecting the dominance of institutional healthcare, family planning programmes, and medical advice over traditional norms.

Women

Before the change, 25 respondents acknowledged

advisory agents' role concerning women-related issues. After the change, this reduced to 4 respondents, indicating changing gender roles, legal protections, and increased autonomy of women, reducing dependence on traditional authority.

Youth

Among youth, advisory agents earlier influenced 40 respondents, but after the change, this declined to 15. This suggests growing exposure of youth to education, technology, and external influences, leading to detachment from traditional advisory systems.

The table clearly shows a sharp decline in the role of traditional advisory agents across most social, economic, and cultural domains after the change, with education being the notable exception. This reflects broader processes of modernization, institutionalization, and socio-cultural transformation impacting indigenous and traditional systems.

K) Voluntary Work By the Aged in Before and After Displacement

The table lists seven types of voluntary work and the number of respondents involved in each activity before and after a particular period or intervention. There are 50 respondents in total.

Table No.11 Distribution of the Respondents in voluntary work

Sl no	Voluntary work	Before	After
1	Employment information to youth	40(Out of 50 Respondents)	10(Out of 50 Respondents)
2	Guidance to new generation	50(Out of 50 Respondents)	12(Out of 50 Respondents)
3	Craft classes for youth	50(Out of 50 Respondents)	00(Out of 50 Respondents)

4	Training in fishing	20(Out of 50 Respondent s)	00(Out of 50 Respondent s)
5	Training in agriculture	50(Out of 50 Respondent s)	10(Out of 50 Respondent s)
6	Tree plantation	50(Out of 50 Respondent s)	5(Out of 50 Respondent s)
7	Training in husbandry	50(Out of 50 Respondent s)	5(Out of 50 Respondent s)

Source-Field Work-2025

Employment information to youth

Before the intervention, 40 out of 50 respondents were actively involved in providing employment-related information to youth, indicating a strong voluntary engagement in livelihood guidance. After the intervention, this number sharply declined to only 10 respondents. This substantial reduction suggests a weakening of community-based support mechanisms for youth employment, possibly due to changing priorities, reduced collective motivation, or structural disruptions affecting voluntary participation.

Guidance to the new generation

Guidance to the new generation showed full participation before, with all 50 respondents involved. This reflects a high level of social responsibility and intergenerational support within the community. However, after the intervention, participation dropped drastically to 12 respondents. This decline highlights a serious erosion of mentorship and moral guidance roles, which may adversely affect the socialization and future orientation of younger members.

Craft classes for youth

Craft classes for youth had complete participation before the intervention, as all 50 respondents were involved. Such activities are crucial for skill

development and alternative livelihoods. After the intervention, participation fell to zero, indicating the complete discontinuation of this voluntary activity. This suggests a loss of traditional skill transmission and reduced opportunities for youth empowerment.

Training in fishing

Training in fishing was undertaken by 20 out of 50 respondents before the intervention, reflecting moderate engagement linked to livelihood needs. After the intervention, no respondent reported involvement in fishing training. This complete withdrawal points to possible loss of access to resources, displacement from traditional occupations, or reduced feasibility of fishing as a livelihood option.

Training in agriculture

Agricultural training showed strong participation before, with all 50 respondents involved. This underscores agriculture as a central economic and social activity. After the intervention, participation declined sharply to 10 respondents, indicating a significant disruption in agricultural knowledge-sharing practices and possibly reduced dependence on or access to agricultural activities.

Tree plantation

Tree plantation activities recorded full participation before the intervention, reflecting collective concern for environmental sustainability. After the intervention, only 5 respondents continued such activities. This decline suggests reduced community engagement in environmental conservation, possibly due to increased livelihood stress or lack of institutional support.

Training in husbandry

Training in animal husbandry also had complete participation before the intervention, emphasizing its importance in supplementary income and food security. After the intervention, participation dropped to just 5 respondents. This sharp fall indicates declining interest or capacity in maintaining livestock-based practices, which may have long-term implications for rural livelihoods and nutritional security.

Overall, the table reveals a consistent and significant decline in all forms of voluntary work after the intervention. The sharp reduction—and

in some cases total disappearance—of activities points to a breakdown of community participation, traditional knowledge systems, and collective welfare practices. This trend reflects deeper socio-economic and structural changes affecting the community’s capacity to engage in voluntary and developmental activities.

L) Time Spending of Aged People Before and After Displacement

The table shows the time spent by 50 respondents in various social domains “Before” and “After” a certain event or intervention (not specified in the data). It reflects a decline in participation across all domains.

Table No.12 Distribution of the Respondents Spend maximum time

Sl No	Spend time	Before	After
1	In your family	50(Out of 50 Respondents)	30(Out of 50 Respondents)
2	In your friend circle	50(Out of 50 Respondents)	25(Out of 50 Respondents)
3	In your relative	45(Out of 50 Respondents)	20(Out of 50 Respondents)
4	In Social Participation	50(Out of 50 Respondents)	14(Out of 50 Respondents)
5	In Cultural Participation	50(Out of 50 Respondents)	16(Out of 50 Respondents)
6	In Political Participation	35(Out of 50 Respondents)	10(Out of 50 Respondents)

Source-Field Work-2025

The data clearly indicates that respondents reduced social interactions across all spheres. The most affected areas are public/community

participation, including social, cultural, and political activities. Personal and close social circles (family and friends) are relatively less affected, although there is still a notable decline. This pattern may reflect social isolation, external restrictions, or lifestyle changes affecting broader social engagement more than intimate relationships.

Time spent with family-The table shows that all 50 respondents initially spent time with their family, indicating strong familial engagement. However, after the specified period or intervention, the number decreased to 30 respondents. This suggests a notable reduction in family interaction, with 20 respondents spending less or no time with family. While a majority still maintain family connections, the decline points toward a shift in priorities or constraints affecting family time.

Time spent with friends-Similarly, all respondents initially spent time with their friends, but this number dropped to 25 after the period in question. This represents a 50% decline, indicating that friendships were more significantly impacted than family interactions. It reflects that social bonds outside the household may be more vulnerable to changes in routine, obligations, or external factors.

Time spent with relatives-The data shows that 45 respondents spent time with their relatives initially, which reduced drastically to 20 respondents. This reduction of more than 50% suggests that relationships with extended family were least prioritized or most affected. The relative decline compared to friends and family indicates that ties with relatives may be more susceptible to disruption.

Participation in social activities-Initially, all respondents engaged in social participation, but after the period, only 14 continued. This sharp decline demonstrates that communal or social engagement outside immediate personal circles decreased significantly. It highlights a trend toward reduced social involvement, possibly due to time constraints, changing interests, or external limitations.

Participation in cultural activities-Cultural participation also saw a significant reduction, with 50 respondents initially involved, dropping to 16 after the period. This mirrors the decline in social participation and suggests a broader decrease in

involvement in organized or communal activities that are not immediate family or friend-centered. It may reflect shifting priorities or limited access to cultural events.

Participation in political activities-Political participation started with 35 respondents, the lowest initial figure among all categories, and further declined to only 10 respondents. This indicates that political engagement was the least common and also the most significantly reduced. The data suggests that political participation is peripheral compared to family, friends, or social-cultural engagement and is more sensitive to changes in circumstances.

Overall, the table shows a clear pattern of reduced engagement across all social domains after the specified period. Family interactions remain relatively higher, but social, cultural, and political engagements experienced the most dramatic decreases. This suggests a trend of shrinking social networks and participation outside immediate personal relationships.

M) Facility To Aged Displaced People By the Governments and NGOs

While basic welfare and financial support programs are well-received, there is a significant gap in housing, employment, and health services, indicating areas for policy improvement and targeted intervention.

Table No.13 Distribution of the Respondents to Facility to Aged-People by the Government and NGOs

Sl No	Facility	Respondents	Percentage
1	Ration card	45(Out of 50 Respondents)	45(Out of 50 Respondents)
2	BPL card	45(Out of 50 Respondents)	45(Out of 50 Respondents)
3	Madhu Babu Pension	44(Out of 50 Respondents)	44(Out of 50 Respondents)
4	PM Awaas	00(Out of 50 Respondents)	00(Out of 50 Respondents)

5	Mo Kudia	00(Out of 50 Respondents)	3(Out of 50 Respondents)
6	Job/Laour card	00(Out of 50 Respondents)	00(Out of 50 Respondents)
7	BSKY card	45(Out of 50 Respondents)	45(Out of 50 Respondents)
8	Free Health Check-Up	15(Out of 50 Respondents)	40(Out of 50 Respondents)

Source-Field Work-2025

The table presents information on the accessibility of various government facilities among 50 respondents. It records both the number of respondents who reported having access to a particular facility and the corresponding percentage. The facilities include social welfare schemes such as ration cards, BPL cards, Madhu Babu Pension, PM Awaas, Mo Kudia, Job/Labour cards, BSKY cards, and free health check-ups. This analysis highlights patterns of access, gaps, and areas requiring improvement.

High Accessibility Facilities- Certain facilities show high levels of accessibility among respondents. Ration cards, BPL cards, and BSKY cards are each held by 45 out of 50 respondents, which corresponds to 90% coverage. Similarly, the Madhu Babu Pension scheme has a near-universal reach, with 44 respondents (88%) reporting access. This indicates that essential welfare schemes related to food security and financial support are effectively reaching a majority of the population surveyed.

Facilities with Low or No Access- Some facilities have notably low or no coverage. Both PM Awaas and Job/Labour cards report zero respondents having access, reflecting a total lack of reach in these programs among the surveyed group. Mo Kudia shows a minor discrepancy: while the table lists zero respondents, it mentions 3% coverage, suggesting either reporting inconsistencies or minimal awareness/utilization. These gaps indicate challenges in the distribution, awareness, or implementation of these programs.

Health-Related Facilities- The free health check-up program shows partial accessibility, with 15

respondents (30%) reporting access according to the table. Interestingly, the percentage column mentions 40%, indicating a possible data inconsistency. Regardless, it is evident that health-related services are not as widely available or utilized as core welfare schemes, highlighting a potential area for policy focus and improvement.

Overall, the data suggests that while basic welfare and financial support schemes like ration cards, BPL cards, and pensions are widely accessed, housing, employment, and health-related programs lag significantly. This indicates a need for increased awareness, better implementation, and targeted outreach to ensure that the full spectrum of government benefits reaches all eligible respondents.

4. DISCUSSION

A) The Impact of Dam-Induced Displacement on Aged Displaced People

Dam construction can bring national benefits — electricity, irrigation, flood control — but it often carries a heavy, disproportionate cost for the people who are forced from their homes. Among the displaced, older adults are a particularly vulnerable group. Their needs, capacities and social roles differ from younger populations, and yet resettlement schemes and relief measures frequently assume a “one-size-fits-all” approach. This article examines the unique ways dam-induced displacement affects older people, looking at physical and mental health, livelihoods and economic security, social networks and caregiving, access to services, and policy implications for more humane, age-responsive interventions.

B) Physical health and mobility

Aging is accompanied by declining mobility, chronic conditions and a higher need for regular medical attention. Forced relocation disrupts continuity of care—older people may lose access to familiar health providers, medication supplies, and assistive devices. The physical act of moving — packing, carrying, negotiating difficult terrain, long journeys — can exacerbate musculoskeletal pain, injure frail elders or worsen chronic illnesses such as hypertension and diabetes. New resettlement sites are often on different topography and lack accessible housing or safe paths, making daily tasks harder and increasing the risk of falls and injuries. Additionally, changes

in water sources, sanitation and nutrition at relocation sites can provoke new health problems or aggravate existing ones.

C) Mental health, identity and dignity

Displacement severs more than physical ties to place; it often uproots identity. For many elders, sense of self is closely bound to ancestral land, graves, community rituals and long-standing social roles. Losing the homestead — and sometimes the ability to visit family graves or participate in rituals — can produce profound grief, a sense of cultural dislocation, and a loss of purpose. Depression, anxiety, and complicated grief are common but frequently invisible, particularly in contexts where mental health services are limited and older people’s complaints are normalized as “old age.” The stress of navigating compensation processes, legal claims, or unfamiliar bureaucracies can further erode dignity and self-esteem, especially when elders are sidelined in household decision-making about resettlement.

D) Social networks, caregiving and kinship changes

Social capital — neighbors, reciprocal labor arrangements, informal caregivers — is crucial for elders. Displacement fractures these networks. Households are sometimes split during resettlement: some members move to urban centers for work while elders stay in new rural sites or with relatives. Elders left behind may lose both practical help (fetching water, carrying firewood) and emotional support. Conversely, elders who relocate to sites where they lack kin often face isolation. The redistribution of family roles following displacement can also shift caregiving patterns: younger adults may need to migrate for work, leaving older people alone or with reduced support precisely when their care needs increase.

E) Economic insecurity and livelihoods

Many older people depend on land-based livelihoods — smallholder farming, homestead gardens, or seasonal labor — for subsistence and modest cash income. When reservoirs inundate farmland, elders often lose not only productive assets but also their primary means of social protection. Pension systems are limited in many low- and middle-income countries; hence, land and livelihood often represent older adults’ main

buffer against poverty. After displacement, resettlement plots may be smaller, less fertile, or distant from markets; alternative livelihoods offered (if any) may not suit older bodies or skills. The result is an increased risk of destitution, food insecurity, and dependence on younger relatives who themselves may be economically strained.

F) Access to services and legal protections

Even when governments or developers promise compensation and amenities, older people often experience barriers to accessing them. Documentation requirements for compensation (land deeds, identity papers) may exclude elders who rely on customary tenure or lack formal IDs. Health services in resettlement areas may be scarce or not age-friendly: clinics may be far, staff untrained in geriatric care, and transportation limited. Social protection schemes, like old-age pensions, may not be portable or may require enrolment steps that displaced elders cannot complete without assistance. Legal literacy is lower among older cohorts, and they can be sidelined in negotiations and consultations, resulting in inadequate compensation or unsuitable housing options.

G) Gendered dimensions among older adults

Gender intersects with age in important ways. Older women are more likely to be widowed, to lack formal land titles, and to be economically dependent on family members. Their access to compensation and resettlement decision-making is often weaker than older men's. They may also carry the double burden of household care while facing diminished physical capacity. Older men, on the other hand, may struggle with loss of identity tied to agricultural roles and social status. Policy responses must therefore be sensitive to how gender shapes vulnerabilities and capacities in older age.

H) Cultural loss and intangible heritage

Elderly people are often custodians of oral history, local knowledge of ecosystems and traditional agricultural practices. When resettlement disperses communities, this intangible cultural heritage is at risk. Loss of intergenerational transmission — younger people moving away, elders isolated — can erode cultural continuity. For older people, this is not merely academic; it intensifies the feeling of being obsolete and

disconnected from the very rhythms that gave life meaning.

5.CONCLUSION

Indian scenario has significantly changed, Modern India is undergoing with the western impact aged are the asset for their family, they have various socio-economic utilities for their family. They need support because for their sustenance Government is supporting them by providing old age pension and other facilities also. But it is little supply for the great need for the aged. Government is propagating one child norm policy. Last, but not the least old period has to face by all. Govt. can't impose or create affection by heart of children. Awareness Programme through mass media might reduce the problem henceforth it is the sole responsibility of the family to take care of aged along with governmental assistance.

To sum up as the number of old people increase, so will it become more urgent that they should play as active a part in society as possible. They are not at all unproductive. They have socio economic utility to their family. Since there is no retirement age in household never ending work in household, elderly contribute till the last minute in their life. But support system is threatening position. As old people gradually become really aged and unable to maintain their own care, so will they have to continue to pass, as they mainly do at present into the care of the family

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