



Quality of Life, Health Status and Socio-Economic Condition among the Elderly Peoples in Malda District of West Bengal (India): A Study of Gerontology and Geriatric

Dr. Md Areful Hoque*

*Assistant Professor, Department of Geography, St. Xavier's College, Mahuadanr, Latehar district, Affiliated College under Nilamber Pitamber University (NPU), Medininagar, Jharkhand, India

ABSTRACT:

Population is the most important component of any country. Our country India stands in the second position in aged population with 104 million. The current world population is 7.9 billion (2022) and the current Indian population is 139 crores (2022). The standard of living among older age people is not satisfactory in rural areas. Most of them are living without social insecurity. The quality of life and Socio-economic status is not satisfactory they are dependent on the working-age peoples in the aspect of medical treatment, feeding, cloth and other needs. The study of social, cultural, psychological, cognitive and biological aspects of the elderly is called Gerontology and medical care and treatment of diseases of elderly people are called Geriatric. The main objective of this research work is to assess the health status, morbidity pattern and living conditions, and social well-being of elderly people living in the study area and to examine the causes of food insecurity among the elderly peoples in the rural areas of Malda district and to generate the quality of data and research materials related with elderly age peoples and give some suitable suggestion to improve the quality of life and health condition in a rural areas of Jharkhand. The study is based on primary and secondary sources of data. The result of the study showing that 60.46 percent of the respondents has not getting three times of nutritious food due to poverty and less income and 81.41 respondents are getting the old age pension (Rs 1500 per month), most of the elderly are affected numerous diseases (Malaria, T.B., Paralysis, Typhoid fever etc.) due to weak immune system of body. The researchers suggested that Central government as well as State government should be given Health card for the Elderly peoples for the treatment of diseases at subsidy rate in hospital and should increase the pension money from Rs. 1000/1500 to increase up to Rs. 5000 per month for the elderly peoples in Malda district of West Bengal.

Keywords:-Population, Human Resource, economical Growth, Central Government

Introduction:

The current world population is 7.9 billion (2022) and the current Indian population is 139 crores (2022). According to the United Nations (UN) by the year 2025, the total number of elderly people in the world will reach 1200 million. The standard of living among the elderly people is not satisfactory in the rural area. Most of them are living without social insecurity. The quality of life and Socio-economic status is not well, they depend on the working-age peoples in the aspect of medical treatment, feeding, cloth and other needs. The study of social, cultural, psychological, cognitive and biological aspects of the elderly is called **Gerontology** and medical care and treatment of diseases of the elderly are called **Geriatric**. Most elderly old age people are economically unproductive but some are economically productive though they may have retired and need to be provided with food, clothing and intensive medical care. **The International Day for the Elderly is celebrated on 1st October every year.** The day is celebrated to spread awareness about the importance of senior citizens in our society and to appreciate their great contributions. According to Eleanor Roosevelt "Beautiful young people are an accident of nature, but beautiful old people are works of art".

The population is the most important part of any country. Ultimately a country is known by itself by population. Population refers to the total number of beings living in a particular area. World Population Day is observed annually all over the globe on 11th July to raise awareness among the people of various social and economic problems. Those who studied the changing structure of the human population are called demographers. Human resource is the most vital resources for the economic growth and development of a country. The proportion of Indian adults (aged 60 years and above) is growing comparatively faster than in other regions of the world due to longer life expectancy and declining fertility rates. Old age has now become a prevalent social problem in our society. In our modern society, where money is the scale of everything, old age people are measured as an economic liability and a social burden. Many people get extremely fearful when they become old. Our country India stands in the second position in aged population with 104 million (53 million female and 51 million males) after China. The old-age dependency ratios are 15.1 and 12.4 for rural and urban areas respectively in our country. The life expectancy at birth has also increased from 62.6 years in 2000 to 66.8 years in 2011. According to a report released by the Ministry of Statistics and Programme Implementation number of citizens over 60 years jumped from 7 crores in 2001 to 10.3 crores in 2011 (The Indian Express

Newspaper). It is said that old age is the evening of life and people always want to be alive but nobody wants to be old. In the year 2011, the Indian census shows that the elderly were 8 % of the total population of which 7.7. and 8.40 per cent were males and females respectively.

The ageing process is not determined truly by genes and personal characteristics but mainly by his adjustment to the environment he lives. Ageing of a person depends on many factors which influence the course of life like physiological, social, psychological, economic, environmental and cultural factors which in turn affect the Quality of Life (QOL). Rapid growth in the percentage and proportion of elderly in the country is associated with major consequences and implications in all areas of day-to-day human life. So, as a result, the aged peoples suffer from various problems related to health and health care, family composition, living arrangements, housing and migration. Urbanization, modernization, industrialization and Globalization have brought major transformations in the family in the form of structural and functional changes. As a result of these socio-demographic changes, older adults at times are forced to shift from their place to some institutions or old age homes.

Health is considered to be the most significant component of well-being and essential for the balanced growth of a society. **The future of the nation lies with its healthy population and the sick population is a liability to the nation.** Health is of the utmost importance and it becomes the top priority that has been given full attention and focuses by every individual and society. The famous quote, “**Health is wealth**” stands for the fact that the level of development achieved by society is often determined based on the level of health and the system prevalent in the society. A healthy and nutritionally well-fed population is indispensable for the economic growth and development of a nation. On the other hand, malnutrition or food insecurity adversely affected human health in terms of sickness and life expectancy. The lifestyle of an individual is of great importance for both his health status and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of [health science](#), but also through the efforts and intelligent [lifestyle](#) choices of the individual and society. According to the [World Health Organization](#) (WHO), the main determinants of health include income and social status, social support networks, educational and literacy level, employment the social and economic environment, the physical environment and the person's characteristics and behaviors, personal health practices (*yoga*), health care services etc. Good health can be achieved by consuming of proper and nutritious diet timely, daily or routine exercises and good sleep.

Health is an important component of ensuring a better quality of life. Our father of the nation Mahatma Gandhi says “**It is Health that is real wealth and not pieces of gold and silver**”. The large masses of the Indian poor continue to fight and constantly lose the battle for survival and health. A person with poor health is often a liability to his family, society and nation. In the countryside of West Bengal, the average health condition and its infrastructure are not satisfactory due to lack of proper treatment, lack of government hospitals per Lakh of population, lack of doctors and nurses, high cost of treatment in private hospitals etc. Social well-being can be defined as sharing, communicating, developing and sustaining meaningful relationships with others. On the other hand social well-being is a sense of belonging to a community and making a contribution to society.

Quality of life is considered an important aspect of any age group. Quality of Life is considered as a person's physical health condition, psychological state and level of independence, social relationship and relationship with the socio-economic environment. Elderly age people are characterised by negative characteristics that as narrow-minded, stubbornness, foolishness, unable to do daily work and lack of decision-making capacity etc. The Younger generation discriminates elderly population because they need constant care, and medical attention and they become dependent. People always expect to get a good return by investing their time, effort and money even if they are educated and well aware of the old age problems, which ultimately affect the well-being of the geriatric population. The elderly population is very prone to chronic comorbid conditions, isolation, social insecurity and depression. In the absence of a joint family system and the increasing number of nuclear families old parents have no other choice than to join the Old Age Homes (OAHs). The quality of life, health condition and Socio-economic status of old age peoples in urban areas is good. Most of the people are belongs to retired government services. Older age people live in polluted environments. They are living lack social security because most of them are sent to Old Age homes.

Table 1.1: Percentage share of older population in total population

Source	Persons	Female	Male	Rural	Urban
Census 1961	5.6	5.8	5.5	5.8	4.7
Census 1971	6.0	6.0	5.9	6.2	5.0
Census 1981	6.5	6.6	6.4	6.8	5.4
Census 1991	6.8	6.8	6.7	7.1	5.7
Census 2001	7.4	7.8	7.1	7.7	6.7
Census 2011	8.6	9.0	8.2	8.8	8.1

Source: Census of India, Report 2016

Review of Literature:

The review highlights the distinction areas covered by the many researchers and academicians which may be helpful to understand the issues relating to the present study. The basic sources of literature review of my study areas are- published research papers, articles in the journal of national and international repute, books, Government reports, Research agencies reports etc.

Singh and Ahlawat (2014) insisted that the ageing situation affected the quality of life, especially among elderly age people. Growing older is a natural phenomenon. Over the years, there has been a shift in the population structure with an increasing number of the elderly. Their study reveals that the mental health of the elderly is influenced by ageing changes in the body and mind and socio-economic and quality of life. **Nagar and Patel (2021)** observed that in our modern society, where the value of money is the scale of everything, old age people are measured as an economic liability and a social burden. Their study reveals that health ageing is a very important indicator of any country or region thus health status should be of prime importance. The researcher suggested that there should be a provision of money granted that shall help in the provision of basic services like the bare minimum of groceries, health care and medicines. **Chakraborty and Chakraborty (2018)** expressed their view that ageing is a natural process in a life cycle. The result of their study shows that most of the oldest people are a widow and the oldest female separated and divorced cases absent. These features reflected the stability and life pattern among the oldest old female under study areas. The study also reveals that most of the elderly age people are less educated and economically dependent on their wards, most of them are without work, and most of them did not receive any pension from any sources. **Kengnal, Bullappa, and Kumar (2019)** highlighted that ageing process is not determined truly by genes and personal characteristics but mainly by his adjustment with the environment he lives. Their studies mainly focus the comparative study if quality of life among elderly people living in old age homes and in the community. The study also reveals that the quality of live is influenced by the place where a person lives. **Bakshi and Pathak, P., (2016)** examine that ageing situation in India has three perspective namely well-being of an ageing individual, the ageing household ageing population. Their main objectives of their work are to know the various aspects of ageing, financial dependence, integration, empowerment, elder abuse are studied in relation to age, gender and marital status. The result of their study shows that working older adults those who possess valuable property or assets are more likely to finically independent. The study reveals that older males are more likely to participate in the household work and activities as compared to the older females.

Statement of Problems:

Ageing is a universal phenomenon, old age is not a disease, but a normal part of the human span. Ageing is a phenomenon normal universal, progressive and irreversible process. Human life is normally divided into five main stages namely, infancy, childhood, adolescence, adulthood and old age. Old age is accompanied by several physical and psychological problems. In old age, physical strength and energy deteriorate, mental stability diminishes and money power becomes bleak coupled with negligence from the children and relatives. Thus old age is a critical period which requires special attention in adapting to the changes of life. A large of elderly peoples are suffered from failing of health, economic insecurity, isolation, neglect, abuse, fear, boredom and idleness , lower self-esteem, loss of control, lack of preparedness for old age etc. these combined problems faced by elderly peoples in Malda district. The quality of life, health condition and Socio-economic condition of elderly people in rural areas of Malda district of West Bengal are not satisfactory. Most elderly people depend upon their ward. There are various problems associated with the elderly people in rural and urban areas of Malda district such as poor standard of living, poor quality of life, poor purchasing power parity, poor health condition, instability in Socio-Economic conditions, social insecurity, chronic poverty, high level of morbidity, lack of intensive care and love, forcefully sent to Old Age Homes, neglected attitude by their family members etc. These combined problems attract great attention to the researchers and thus researchers have a very keen interest to take up this particular study. The outcomes from the study will be very fruitful for the researchers, planners, administrator and Ministry of Women's Child and development, Government of India as well as Government of West Bengal.

Objectives of the Study:

Keeping in the view of the quality of life, health status and social well-being among the elderly age people in Malda district of West Bengal in particular, the following objectives have been taken into consideration:

1. To assess the health status, morbidity pattern and living conditions, and social well- being of elderly people living in Malda district of West Bengal.
2. To examine the socio-economic well-being among the elderly peoples in the study area.
3. To enrich the quality of the database and research materials related to elderly people and put forward some suitable suggestions to improve the quality of life, health condition and social well- being of elderly in Malda district of West Bengal.

Database and Research Methodology:

The entire research work is based on both primary and secondary sources of data. This research work is an analytical, descriptive and empirical type. For the collection of primary data a total 115 respondents has been selected based on purposive random sampling and face to face interview was conducted based on well structured questionnaire with regard to objectives in mind. The survey was conducted during the month of April 2021 to June 2021. The household survey has been conducted at different villages of 15 community development block of Malda district of West Bengal.

The secondary data has been collected from Longitudinal Ageing Study in India (LASI), Mumbai, Census of India, Bureau of Applied Economics and Statistic Government of West Bengal, District Statistical Handbook, Malda Collectorate, Books, Research Paper, Journals, Newspaper, Researchagate, Google Scholar etc. After the collection of data for showing the result Simple Percentage Method, and Computer Cartography has been used.

A Geographical Profile of Study Area:

Malda district of West Bengal has been selected as research study area. Malda district is entirely located in North Bengal, it is also known as “Gateway of North Bengal”. It lies in North Bengal on lower Indo-Gangetic plain. The latitudinal range of Malda lies between 24°40'20" North and 25°32'08" North, and the longitudinal range is 87°45'50" East and 88°28'10" East. For administrative purpose the district has been divided into 15 Community Development Block and two sub-division namely Malda Sadar and Chanchal Sadar. The district is very much famous for Mango Production, Litchi production, Jute Production and Sericulture activity (Raw Silk production), school educational sectors. Majority of the male population of this district are migrants labour, agricultural labour and Hawkers due none availability of any large scale, medium scale industries, majority of female population in rural are engaged in bidi making household industries. According to 2011 Census of India still 86.14 per cent population are belong to rural area.

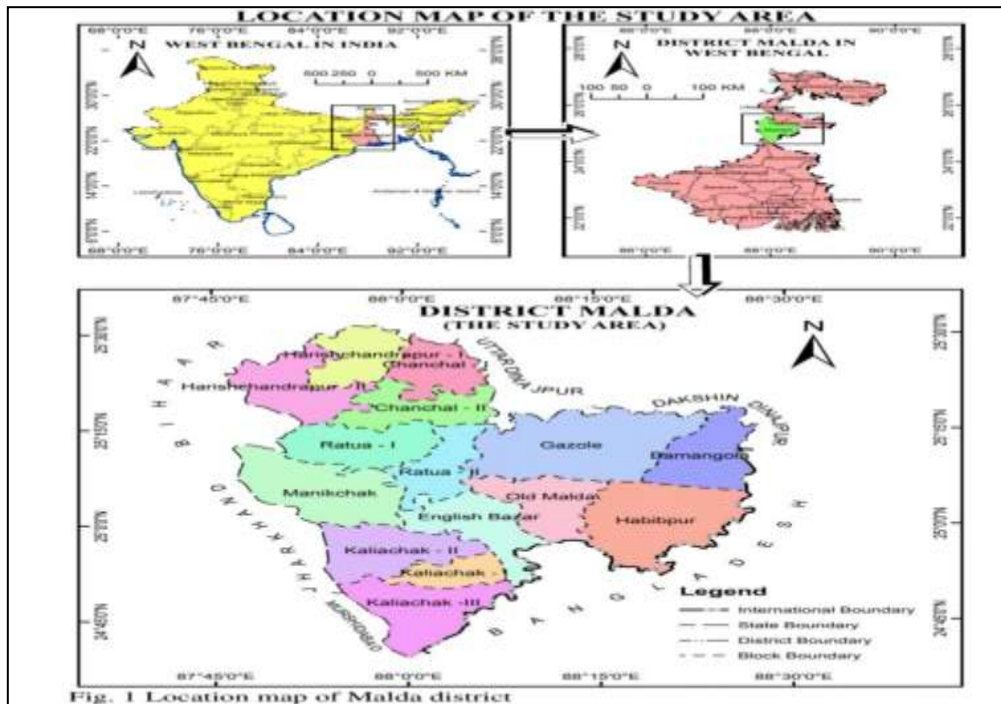


Fig. 1 Location map of Malda district

Result and Discussion:

Table 1. 2: Gender-Wise Sampled Elderly in Malda district, West Bengal

Sl. No.	Gender	Number of Respondents	Percentage (%)
1.	Male	39	33.91
2.	Female	76	66.08
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 2 shows that 66.08 per cent of the sampled elderly peoples are females which is highest percentage and only 33.91 per cent of the sampled elderly peoples are Males.

Table 1. 3: Age-Group among Sampled Elderly in Malda district, West Bengal

Sl. No.	Age-Group	Number of Respondents	Percentage (%)
1.	60-65 Years	66	57.39
2.	66-70 Years	30	26.08
3.	71-80 Years	12	10.43
4.	Above 80 Years	7	6.08
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 3 shows that 57. 39 per cent of the sampled elderly are age group in between 60 -65 years which is highest percentage and only 6. 08 per cent of the sampled elderly peoples are above 80 years in the study area.

Table 1. 4 : Family Status among the Sampled Elderly in Malda district, West Bengal

Sl. No.	Family Status among the Elderly	Number of Respondents	Percentage
1.	Lives alone	23	20. 00
2.	With Spouse	18	15. 65
3.	With Spouses and Children	45	39. 13
4.	With Wards	29	25. 21
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 4 depicts that 39. 13 per cent of the sampled elderly peoples are lives with spouse and children which is highest percentage and only 15. 65 per cent of the sampled elderly peoples are live with spouse.

Table 1. 5 Occupation among sampled Elderly in Malda district, West Bengal

Sl. No.	Occupation	Number of Respondents	Percentage (%)
1.	Retired Govt. Employ	28	24. 34
2.	Employed	21	18.26
3.	Housewife	41	35. 65
4.	No Occupation	25	21. 73
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 5 shows that 35. 65 per cent of the sampled elderly peoples have occupation of housewife among females and only 18. 26 per cent of sampled elderly peoples have job / employed occupation in the study area.

Table 1. 6 Status of three times nutritious food security among Sampled Elderly in Malda district, West Bengal

Sl. No.	Status of three times nutritious food security	Number of Respondents	Percentage (%)
1.	Yes	103	89. 56
2.	No	12	10. 43
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 6 show that 89. 56 per cent of the sampled elderly people are consuming three time nutritious food and 10. 43 per cent of the sampled elderly people are deprived from consuming nutritious food due to poverty.

Table 1. 7: Causes of Nutrious Food Insecurity of Sampled Elderly in Malda district, West Bengal

Sl. No.	Causes of Food Insecurity	Number of Respondents	Percentage
1.	Poverty	47	40. 86
2.	Unable to perform work	32	27. 82
3.	No proper care by wards	15	13. 04
4.	No Agriculture land	13	11. 30
5.	No Ration Card	8	6. 95
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 7 show that 40. 86 per cent of the sampled elderly people are deprive from consuming nutritious food due to poverty and only 6. 95 per cent of the sampled elderly peoples have no ration card.

Table 1. 8: Numbers of Major and Minor Diseases Affected by Sampled Elderly People in Malda district, West Bengal

Sl. No.	Affected Diseases	Number of Respondents	Percentage
1.	Malaria/ Dengue	12	10. 43
2.	Typhoid Fever	9	7. 82
3.	Skin Diseases	11	9. 56
4.	Blindness	13	11. 30
5.	Tuberculosis (T.B)	10	8. 69
6.	Paralysis	11	9. 56
7.	Cardiovascular	8	6. 95
8.	Blood Pressure	7	6. 08
9.	Cholesterol	11	9. 56
10.	Joint Pains	12	10. 43
11.	Diabetes	11	9. 56
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 8 shows that 11. 30 per cent of the sampled elderly peoples are suffered from blindness and only 6. 08 per cent of the sampled elderly peoples are suffering from High Blood pressure (B.P) in the study area.

Table 1. 9: Treatments of Diseases of Sampled Elderly Peoples in Malda district, West Bengal

Sl. No.	Treatments of Diseases	Number of Respondents	Percentage (%)
1.	Malda Medical College and Hospital (Sadar)	34	29. 56
2.	Private Hospital	27	23. 47
3.	Rural Government Hospital	13	11. 30
4.	Primary Health Centers	41	35. 65
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 9 shows that 29. 56 per cent of the sampled elderly peoples are taking treatment of their diseases from Malda Medical College and Hospital (Sadar) and only 11. 30 per cent of the sampled elderly peoples are taking treatment of their diseases from rural government hospital.

Table 1. 10: Beneficiary of Old Age Pension / Widow Pension Facilities of Sampled Elderly Peoples in Malda district, West Bengal

Sl. No.	Old Age Pension / Widow Pension Facilities	Number of Respondents	Percentage (%)
1.	Yes	107	93. 04
2.	No	8	6. 95
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 10 shows that 93. 04 per cent of the sampled elderly peoples are availing of beneficiary of old age pension / widow pension INR 1000/- per month and only 6. 95 per cent of the sampled elderly peoples are not availing any kinds of beneficiary.

Table 1. 11: Status of Social well-being of Sampled Elderly in Malda district, West Bengal

Sl. No.	Status of Social well-being	Number of Respondents	Percentage
1.	Caring by Neighborhood	45	39. 13
2.	Invitation and participate in different social programmes	26	22. 60
3.	Good Behavior by relatives	23	20. 00
4.	Participation in religious gathering	21	18. 26
Total		115	100.00

Source: Field Survey Data, April-June Month, Malda district, 2021

Table 1. 11 depicts that 39. 13 per cent of the sampled elderly peoples have good social well-being that is caring by neighborhood and 18. 26 per cent of the sampled elderly peoples are Participation in religious gathering at the local places in the study area.

Major Findings of the Study:

1. It is evident from the field survey that 60.46 percent of the respondents has not getting three times of nutritious food due to poverty and less income.
2. It is evident from the field survey that 93. 04 per cent of the sampled elderly are benefitted by old age pension / widow pension facilities that are INR 1000 per month in the study area.
3. Most of the elderly are affected numerous diseases (such as Malaria, Tuberculosis., Paralysis, High blood pressure, blindness, Joint pains, diabetes etc.) due to weak immune system of body.

Suggestion and policy Implication:

1. The central government as well as State government should be given Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (PM-JAY) for the Elderly peoples for the treatment of diseases at subsidy rate in hospital.
2. The Central Government as well as West Bengal state government should increase the pension money from Rs 1000/1500 to increase up to Rs. 5000 per month due to high cost of medicines, high cost of treatment, high inflation for the better standard of living of elderly in the study area.

Conclusion:

Man is a social animal. He cannot live without society. He is living in a society for the better and inclusive development of society each and every person's participation is required. Every social science research has great importance in society thus the result of the present study will be helpful to Sociologist, economists, Policy makers and Administrators for better policymaking, solving the challenges and problems and highlighting the problems and schemes (Pensions and Health related) to the elderly people in society because many of them are vulnerable section of the society. Life is a gift of nature or God, ageing is unavoidable. The society must show concerns towards them. Life is precious and valuable. Growing and ageing are part of life circle, so every stage must be highly value and appreciated.

References:

- Afzal, F, Hoque, A., Sahar, F. (2017). Socio-Economic and Cultural Disparity: A Study on Gender Gap in Mirzapur Village of Aligarh District in Uttar Pradesh, India International Journal of Scientific Research and Development (IJSRD), Vol.5 Issue 03, pp. 85-89.
- Ansari, N., Sharma, A., Hoque, A. (2021). Socio-Economic Status and Health Risk among the Carpet Workers: A Study of Bhadohi City, International Journal for Scientific Research and Development (IJSRD) Vol. 8 Issue 11, pp. 164-168.
- Bakshi, S., Pathak, P., (2016). Ageing and the Socio-economic life of older adults in India: an Empirical Explosion, *SAGE Journals*, Vol. 5, Issue 3, 2016, pp. 1-17.
- Bari, R., Hoque, A., Ansari, N. (2021). Socio-Economic Status and Health Condition among the E-Rickshaw Puller Drivers: A Case Study, International Journal of Trend in Scientific Research and Development (IJTSRD), Vol. 5 Issue 2, pp.174-179.
- Chakaborty, P., Chakaborty, . F. (2018). Socio Economic Situation of the rural Oldest- Old Females: Anthropological Study in Paschim Medinipur, West Bengal, Current Research Journal of Social Sciences and Humanities, Vol. 1, No. 1, pp. 29-36.

- Hoque, A. (2024). Tourism in Latehar district of Jharkhand, India: Potential, Challenges and Opportunities, *International Journal of Research Publications and Reviews (IJRPR)*, Vol. 5, Issue 5, May, pp. 10746-10752.
- Hoque, A. (2023). Major Traditional Bengali cuisines and dishes among the peoples of Malda district of West Bengal (India): A Study of Cuisine Geography, *International Research Journal of Education and Technology (IRJEdT)*, Vol. 06, Issue 05, May, pp. 144- 152.
- Hoque, A. (2024). Socio-Economic Status, Health condition and Working Profile among Online (E-Commerce) delivery associates / Workers/Partners / Executives with Special emphasis on Malda district of West Bengal, India: A Case Study, *International Research Journal of Education and Technology (IRJEdT)*, Vol. 6, Issue 2, February, pp. 139 -149.
- Hoque, A. (2023). Socio- Economic Profile, Health Status and Quality of Life among Beggars with special reference to Malda district of West Bengal (India): A Case Study, *International Research Journal of Education and Technology (IRJEdT)*, Vol. 05, Issue 12, December 2023, pp. 53-68.
- Hoque, A. (2023). Prevalence of major cultures, rituals and traditions among peoples in Indian societies: A Study of Cultural Geography, *International Journal of Research Publication and Reviews (IJRPR)*, Vol. 4, No. 12, December, pp. 4909- 4920.
- Hoque, A. (2023). Recent Trends of Rural Youths and Labour Communities Out-Migration from Malda district of West Bengal: A Case Study, *International Journal of Research Publication and Reviews (IJRPR)*, Vol. 4, No. 2, pp. 809-818.
- Hoque, A. (2018). Quality of Housing Environment and Health Status Among the female bidi workers: A Micro level study of Indian Villages, *Annals of Valahia University of Targoviste, Geographical Series*, Vol. 1, April, pp. 1-9.
- Hoque, A., Khan, D. (2017). Role of World biggest Anti-Poverty Programme MGNREGA in Reducing Rural Migration in Malda district of West Bengal (India), *The Bengal Geographer Journal, University of North Bengal*, Vol. 6 Issue 2, pp. 18-27.
- Hoque, A., Prakash, S. (2023). Analysis of Status and performance of Smart City Mission in India: An Overview, *International Journal of Trends in Scientific Research and Development (IJTSRD)*, Vol.7, Issue 1, January-February, pp. 448-453.
- Hoque, A., Ahmed, D. (2017). Labour Community Forced Migration: A Study of Malda district, West Bengal, *Excellence International Journal of Education and Research (EIJER)*, Vol. 4, Issue 11, November, pp. 129-138.
- Hoque, A., (2023). Socio-Economic Status, Health condition and Working Profile among Street Vendors (Hawkers) in Malda district of West Bengal, A Study of Unorganized and Informal Sector Economy and Livelihood Opportunity, *International Research Journal of Education and Technology (IRJEdT)*, Vol. 05, Issue, 04, April Month, pp. 12-23.
- Hoque, A., Hasmi, R. K. (2023). Growth and Development of Sericulture Production and Mulberry cultivation in West Bengal: An Overview, *International Journal of Humanities Social Science and Management (IJHSSM)*, Vol. 3, Issue 3, May-June, 2023, pp. 389-398.
- Hoque, A., Hasmi, R. K. (2023). Socio- Economic Status and Working profile among tea gardens workers in Chopra block of Uttar Dinajpur district, West Bengal (India): A Micro level Analysis, *International Journal of Modernization in Engineering Technology and Sciences (IJMETS)*, Vol. 05, Issue 08, August Month, pp. 1672-1680.
- P, Nagar., B, Patel, (2021). Prevalence of Psychiatric disorders among older adults in Jodhpur and stakeholders perspective on responsive health system, *Journal of Family Medicine and Primary Care*, Vol. 9, Issue 2, pp. 714-720.
- Siddiqui, S.H., Afzal, F., Hoque, A. (2017). Assessment of Irrigation Extension and Development in Uttar Dinajpur District of West Bengal: A Block Level Analysis” *Asian Profile*, *International Journal of Canada, Asian Research Service*, Vol. 45, No.5. pp. 421-435.
- Singh, J., Ahlawat, S.R., (2014). Comparative study of Quality of Life in Aged Persons, *Indian Journal of Applied Research*, Vol.4, Issue 9, pp. 1-3.
- Taufique, M., Hoque, A., Ansari, N (2020). Open Defection and Poor Sanitation condition a serious menace to Human Health and Dignity: A Micro level study of Indian villages, *International Journal of Trends in Scientific Research and Development (IJTSRD)*, Vol.4, Issue 3, April, pp. 781-785.
- Taufique, M., Hoque, A.(2017). Assessing the Role of MGNREGA in Alleviating Rural Poverty: A Study of Malda District, West Bengal, *The Geographer Journal, AMU Geographical Society*, Vol. 64 No. 1, pp. 119-126.
- Taufique, M., Hoque, A. (2017). Impact of Technology on the development of agriculture in Malda district of West Bengal (India): A Geographical Analysis, *International Journal of Scientific Research and Development (IJSRD)*, Vol. 5 Issue 03, pp. 413-416.
- Taufique, M., Hoque, A. (2017). Tribal Labour out Migration in Malda district of West Bengal: A Spatial Analysis, *International Journal of Scientific Research and Development (IJSRD)*, Vol. 5 Issue 02, pp. 845-849.
- Taufique, M., Hoque, A. (2019). Mouth-Watering Traditional Cuisines of India: A Study of Cultural Geography, *NSOU Open Journal, A Multi Disciplinary Online Journal of Netaji Subhas Open University*, Vol. 2, No. 2, pp. 23-30.
- Taufique, M., Hoque, A. (2021). Current Scenario of Sericulture Production in India: A Spatio-Temporal Analysis, *International Research Journal of Education and Technology (IRJEdT)*, Vol. 02, Issue, 04, pp. 12-23.

-
- Taufique, M., Hoque, A., Hasmi, R. K. (2023). Assessment of MGNREGA Scheme in Employment Generation, Reducing Rural Poverty and Rural-Urban Migration in India: An Overview, *International Journal of Research Publication and Reviews (IJRPR)*, Vol. 4, No. 2, pp. 809-818.
- Taufique, M., Hoque, A., Hanafi, Y.S. (2020). Determinants of Sericulture in Malda district, West Bengal: A Geographical Analysis, *The Geographer Journal, AMU Geographical Society*, Vol. 66 No. 2, July, pp. 74-84.
- Taufique, M., Hoque, A., (2020). Sericulture in Malda district of West Bengal: A Block level Analysis, *KRONDOSEE, Mouthpiece of Department of Geography, Cinnamara College, Jorhat, Assam*, Vol. V, pp. 62-67.
- Taufique, M., Hoque, A., Afzal, F. (2019). Commercial Mango production in Malda district, West Bengal (India): A Spatio-Temporal Analysis in *Agricultural Development and Environment Issues in India (Ed.) by Mumtaj Ahmed and et al, Brown Book Publication*, pp. 77-88.
- Taufique, M., Hoque, S., Hoque, A. (2020). Status and Performance of MGNREGA scheme in Malda district, West Bengal (India): A Case Study, *Asian Profile International Journal of Canada, Asian Research Service*, Vol. 48, No. 04, pp. 319-336.