

Lived Experience of Elderly: A Narrative Study of Old Age Home in Silchar of Assam

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Abstract: The increasing population of elderly individuals in India presents significant challenges related to elder care and well-being. This study explores the lived experiences of elderly residents of old age home in Silchar, focusing on the emotional, social, and psychological dimensions of aging in institutional care. Using a qualitative narrative inquiry approach, the study captures the personal stories of elderly individuals, highlighting their reasons for relocation, adaptation to institutional life, and coping mechanisms. Data were collected through in-depth interviews and participant observation, allowing for a rich understanding of the emotional landscape and social interactions within the old age home. The study underscores the need for more comprehensive emotional support systems and policy interventions to elevate life quality for elderly residents in institutional settings.

Keywords: Elderly, Old Age Home, Lived Experience, Narrative Inquiry, Family Abuse, Elder Neglect, Institutional Care

Introduction

Population ageing is a growing concern globally, and India is no exception. With advancements in healthcare, nutrition, and with better overall advancements in living standards have led to a marked rise in life expectancy, contributing to a growing elderly population. According to the UN World Population Ageing Report (2023) the share of population aged 60 and above is projected to double by 2050. In India, this demographic transition presents emerging social, economic, and healthcare challenges. Traditionally, the Indian family structure particularly the joint family system played a crucial role in providing support and caring for the elderly. However, due to urbanization, migration, changing socio-economic dynamics and the increasing influence of nuclear family systems, many elderly individuals find them without adequate support and care from their families.

This demographic and cultural shift has resulted in a significant growth in the number of older adults opting for institutional care in old age homes, especially in urban and semi-urban areas. Old age homes, once viewed

with stigma, are increasingly becoming a necessary option for numerous older adults experiencing neglect, abandonment, or a lack of physical and emotional care from their families. This shift brings forth important concerns about the quality of life, emotional well-being, and social experiences of the elderly within institutional settings. While these institutions may provide physical shelter and healthcare, they often fall short in addressing the emotional and psychological needs of their residents.

Elder abuse and neglect, particularly within family settings, are significant yet often underreported issues in India. Studies reveal that a substantial number of elderly people face emotional abuse, financial exploitation, and social isolation, primarily from their close family member (Help Age India, 2022). In many cases, the decision to move into an old age home is not a matter of choice but one of compulsion, stemming from experiences of abandonment, conflict, or the inability to live independently. These situations highlight the urgent need for a deeper understanding of the lived experiences of the elderly who have transitioned from family homes to institutional care.

Within the context of Silchar, a semi-urban town located in Assam, the phenomenon of elderly institutionalization is gradually gaining attention. Silchar, while deeply rooted in tradition Assamese and Bengali cultural norms that prioritize family bonds and intergenerational support, is not immune to the broader societal changes impacting elder care. The old age homes in Silchar are reflective of the complex realities faced by elderly individuals' realities that involve emotional loss, cultural disconnection, and social adjustment. As such, there is an urgent need to examine the lived experiences of elderly residents in these institutions to inform social work practice, elder care policy, and community awareness.

This study seeks to explore the lived experiences of elderly residents in a government-supported old age home in Silchar through a narrative approach. By listening to their personal stories, the research aims to uncover the reasons behind their institutionalization, the emotional and psychological effects of family neglect, the coping mechanisms they adopt, and the role of institutional care in their daily lives. The factor contributes to academic literature but also serve as a resource for policymakers, social workers, and caregivers aiming to improve the life for elderly individuals in institutional settings.

This study is particularly significant in the current social context where elder care is becoming an increasingly complex issue, shaped by demographic trends, changing family values, and the evolving role of institutional support. By focusing on the narratives of elderly residents in Silchar, this research hopes to illuminate the human side of ageing and institutionalization—one that is often overlooked in policy discussions and academic discourse.

Literature Review

Lamb (2009) explored the emotional conflicts faced by elderly Indians transitioning from joint families to institutional life. Her study indicated that a large number of elderly people experience grief, loneliness, and a sense of abandonment, despite the fulfillment of fundamental physical requirements in met in old age homes.

Mishra (2014) examined old age homes in India and found that institutionalization is often driven by neglect, abuse, or the elderly inability to contribute economically. While these institutions may provide shelter and food, they often lack adequate mental health and social support services.

Irudaya Rajan (2016) emphasizes that due to migration, urbanization, and the nuclear family model, traditional care giving roles are disappearing. This vacuum has led to a growing reliance on institutional care such as old age homes, yet the emotional and psychological well-being of residents remains under-researched.

Bhattacharjee (2018) studied elderly care practices in the Cachar district and found that although joint family values are respected, economic pressures and job migration have weakened intergenerational support. Many elderly individuals, especially widows and childless persons, find themselves in old age homes due to neglect.

Das and Barman (2020) conducted research on old age homes in Assam, finding that emotional distress along with social isolation was prevalent among a shortage of inadequate mental health support within these institutions.

Help Age India (2022) reported that more than 50% of the elderly experience some form of abuse, primarily emotional and financial, often by family members. A significance number of elderly people feel neglected and isolated within their homes, leading to a preference or necessity for institutional care.

Objectives

1. To know the Reason for moving in to old age home.
2. To find out the emotional and social wellbeing of the older person.
3. To know the family connection of the older person.
4. To understand the care and support provided by the old age home

Research Methodology

Research methodology refers to the systematic approach used to study a particular problem. It involves the procedures used to describe, explain, and predict phenomena.

Sampling Design

- **Sampling Technique:** The study employed a non-probability sampling technique was used, specifically convenient sampling.
- **Sample Size:** 30 elderly person
- **Location:** Silchar, Assam.

Data Collection Tools:

1. **Observation** – In-depth observation of respondents.
2. **Questionnaire** – A structured questionnaire designed to meet research objectives and verify hypotheses.
3. **Interviews** – Formal discussions with respondents to gather qualitative insights.

Data analysis and interpretation:

Part 1 Profile of the Beneficiaries

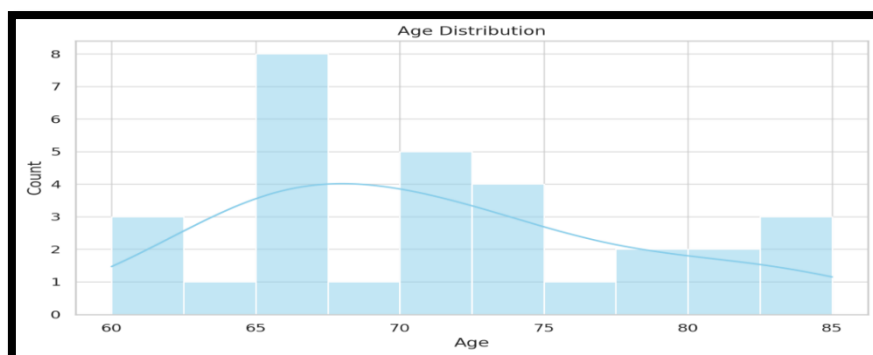


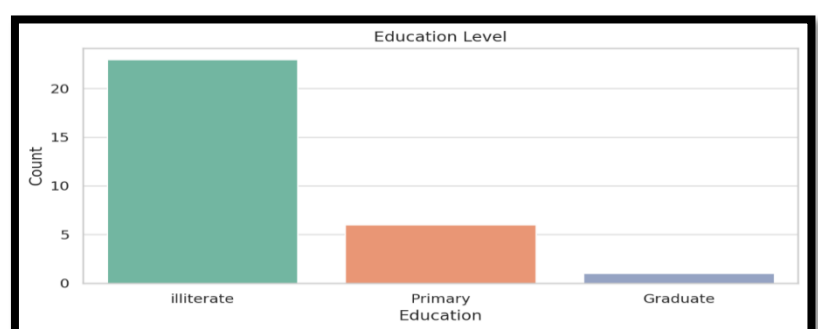
Table No. 1 age of the Beneficiaries

The participants in this study are aged between 60 and 85 years, with an average age of approximately 71 years. This indicates that most residents are in the early to mid-phase of old age. This age range is

often associated with a transition in physical health, mobility, and increased need for support, which can directly impact an individual's dependency level and emotional state.

Table No2 Educational Level

A significant number of residents (23 out of 30) are illiterate, while the rest have attained only a primary level of education. This low level of literacy can be linked to reduced employment opportunities, lower income throughout life, and limited awareness of health and legal rights. It may also affect how residents engage with



care staff or participate in activities, particularly those involving reading or writing. Illiteracy may further isolate residents, especially in an institutional environment where communication and information access are essential to emotional well-being.

Table No 3 Marital Statuses

The marital status of residents reveals that the majority (14) are widow, while others are married, divorced, or never married. Being widowed or single in old age can contribute to feelings of loneliness and abandonment. For widows especially, the loss of a partner often means the loss of their primary emotional and financial support system.

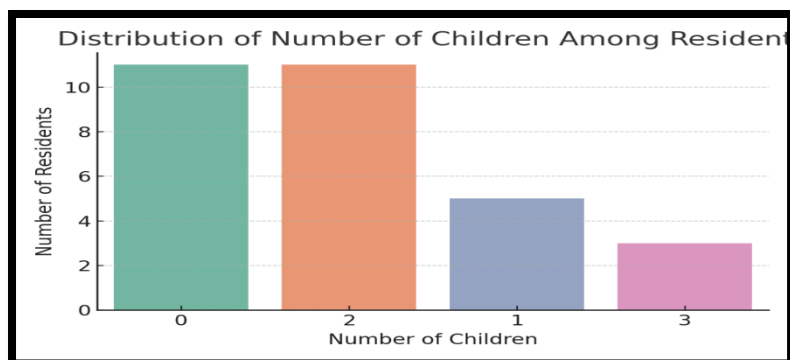
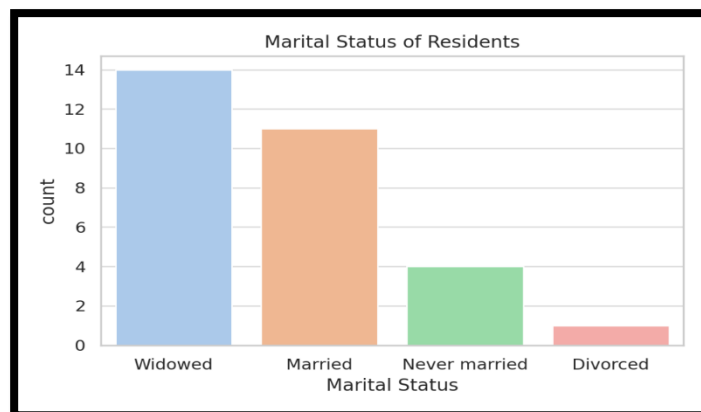


Table No 4 Numbers of Children

The number of children among the elderly residents varies, but most have between 0 to 2 children. This relatively low number may reflect smaller family sizes or strained family relationships. Importantly, even

those with children are not necessarily receiving support or care from them. This highlights a significant shift in the traditional family-based care model, where children were expected to look after aging parents. The data suggests that having children does not guarantee support in old age, a factor that is critical when evaluating the emotional state and reasons for institutionalization among the elderly

Part 2 Living Situation

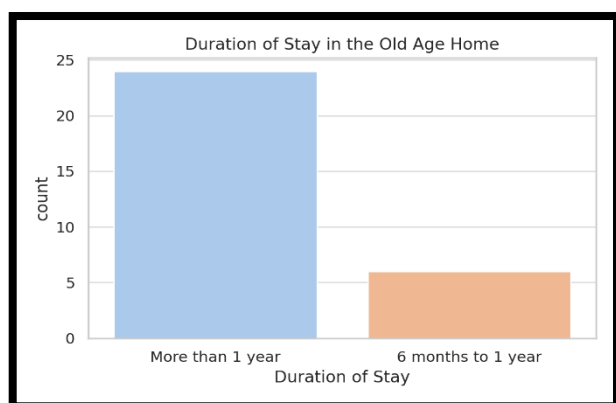


Table No 5 Duration of Stay

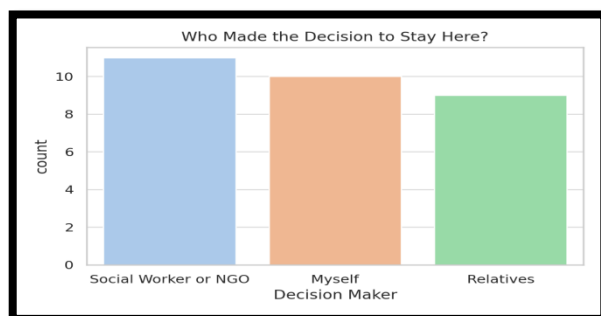
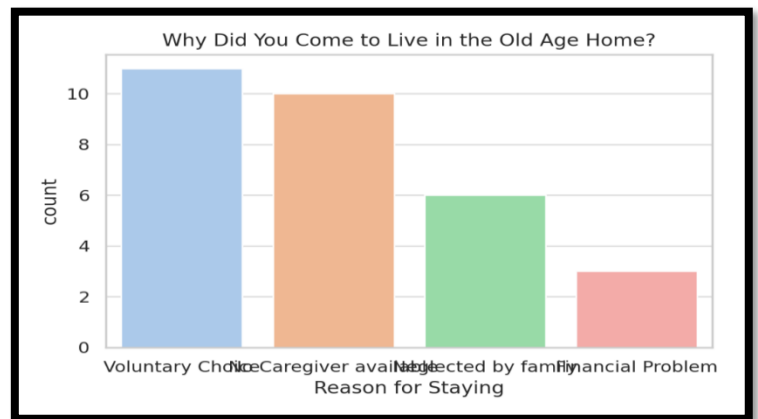
The data reveals that the majority of residents have been living in the old age home for over one year. This extended stay indicates a level of permanency in their living arrangement, suggesting either a lack of alternative options or a certain degree of comfort and adaptation to the institutional environment. Long-term residence can also imply emotional disengagement from family or a lack

of reintegration opportunities back into a familial or community setting.

Table No 6 Reason for Staying

The motivations for entering the old age home are varied and deeply personal, but several key patterns emerge:

- **Neglected by Family:** A considerable number of residents report being abandoned or neglected by their family members. This form of emotional or physical abandonment is a driving factor behind institutionalization and is often accompanied by a deep sense of hurt and isolation.
- **Voluntary Choice:** Some residents made a conscious decision to move into the old age home, viewing it as a more stable and secure environment compared to their previous living situation. For these individuals, the home represents safety, regular meals, healthcare, and companionship.
- **No Caregivers at Home:** many elderly individuals simply had anyone available to look after them—whether due to the death of family members, migration of children, or lack of close relatives. This reflects a breakdown in traditional caregiving structures within families.
- **Financial Issues:** Economic hardship also plays a significant role. Without pensions or sufficient financial support, some elderly individuals have no viable option but to depend on institutional care provided by NGOs or the government.

**Table No 7 Decision Making**

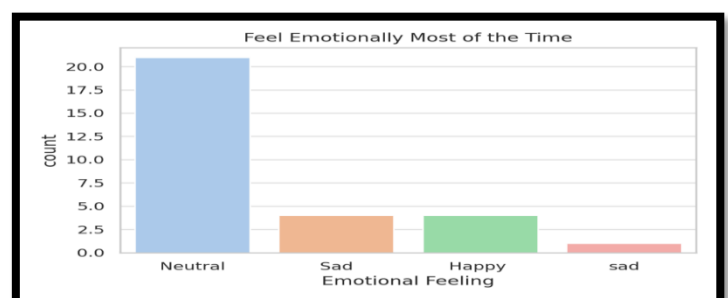
In most cases, the decision to enter the old age home was made either by a social worker or NGO, or by the elderly individuals themselves. This suggests that external support networks play a role in bridging the gap for elderly individuals without strong family backing. It also

highlights a certain level of agency retained by the elderly in making decisions about their own care, especially for those who chose institutionalization over unsafe or unstable home conditions.

Part 3 Emotional and Social Well Being

Table No 8 Emotional feeling

When asked about their emotional state, most residents reported feeling *neutral*, followed by a



notable portion who reported feeling *sad*. This suggests a sense of emotional stagnation among many, where residents are neither overtly distressed nor actively content. The presence of sadness points to lingering emotional challenges such as loneliness, past trauma, or unresolved grief, especially among the widowed or those who feel abandoned by family.

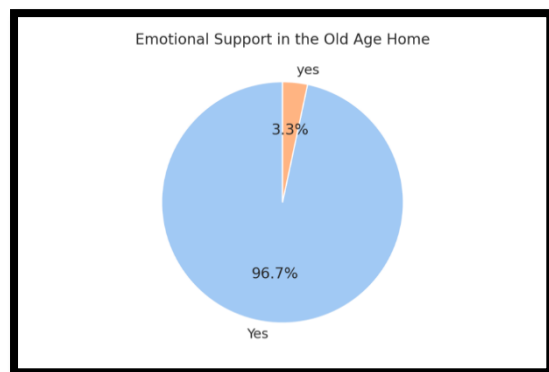


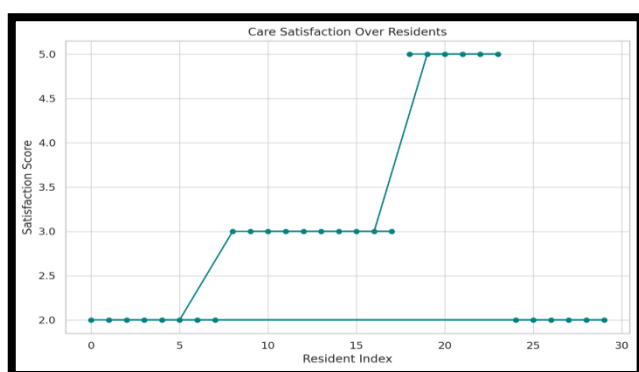
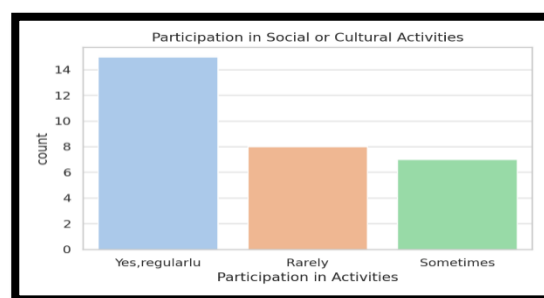
Table No 9 Emotional Supports

Despite these emotional struggles, nearly all residents stated that they receive *emotional support*, whether from staff, peers, or counselors. This indicates that the old age home is actively providing support mechanisms. However, the gap between emotional support availability and the neutral/sad feelings reported implies that the support may not always be deeply

effective or tailored to individual needs.

Table No 10 Engagement in social cultural activity

Engagement in social and cultural activities varies among residents. While some participate regularly, others do so only occasionally. Regular participation often boosts mood, promotes physical activity, and fosters community bonding, whereas infrequent involvement might be a symptom of emotional withdrawal, lack of interest, or physical limitations. Enhancing the appeal and accessibility of such programs could help boost overall engagement.



Part 4 Care and Contact

Table No11 Satisfaction with Care

The care provided by the old age home is generally satisfactory, though with some room for improvement. On a satisfaction scale of 1 to 5, most responses cluster between 2 and 5. This score leans slightly positive, indicating that while basic needs are met, residents may

still feel emotionally or socially unfulfilled in certain aspects of their care.

Table No 12 Daily needs met

In terms of basic daily needs and medical attention, the responses are overwhelmingly positive. All residents report that their daily needs consistently met, including food, hygiene, and shelter.

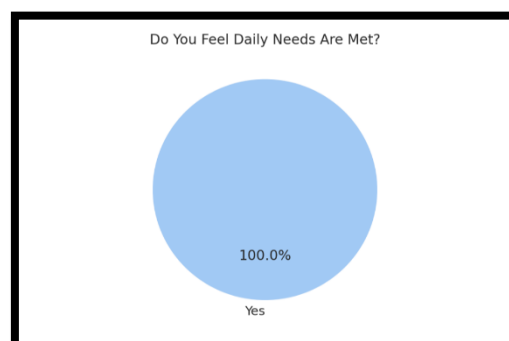
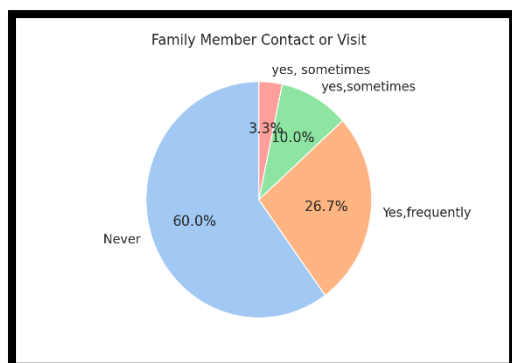
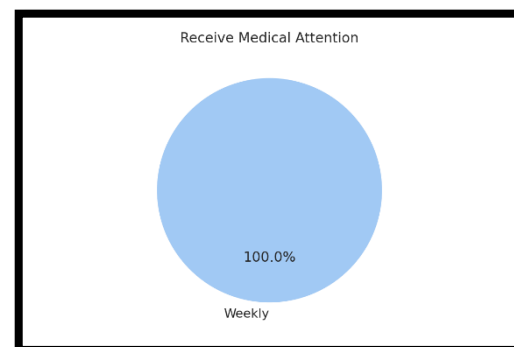


Table No 13 medical Attention

They receive medical attention on a weekly basis, which reflects a well-maintained and responsive care system. This regularity in healthcare access is crucial, given the physical vulnerabilities that come with aging.

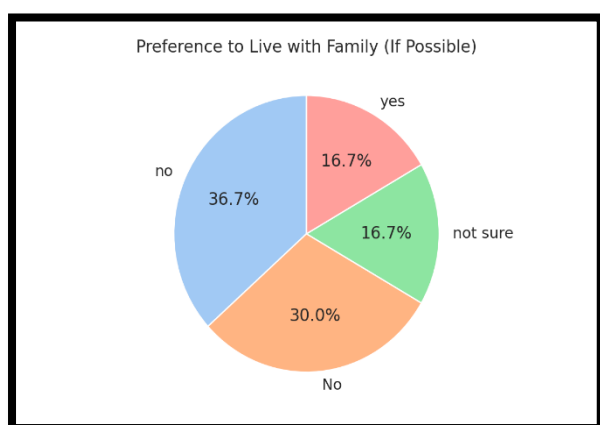
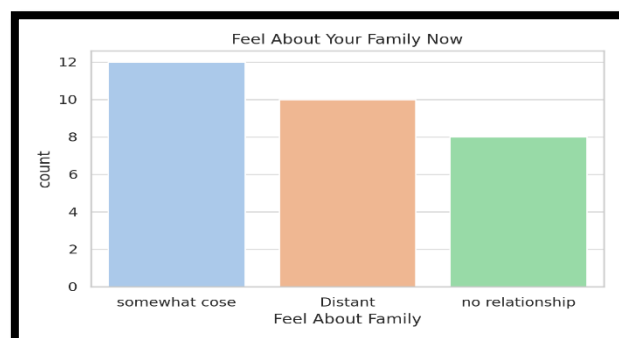
**Table No 14 Family Contacts**

A striking 60% of the residents report no contact with their family members at all ("Never"). This isolation from loved ones may have long-term effects on mental health, self-worth, and emotional well-being, especially in a culture where family support is traditionally expected in old age.

Part 5 Family Relationship and preferences

Table No 15 fell about family

The nature of present family relationships indicates emotional detachment in numerous instances. Upon enquiring about their current feelings toward their families, responses ranged from "Distant" to "Somewhat Close," with only a few reporting a strong emotional bond. This emotional gap may originate from previous neglect, abandonment, or merely the impact of prolonged separation.

**Table No 16 Prefer to live with family**

With regard to residential preferences, only a limited number of residents showed inclination to return to their families. The majority either responded negatively or expressed uncertainty. This indicates a notable transition from conventional family-centered elderly care norms and may imply an increasing acceptance of institutional care as a more secure and reliable setting compared to family homes where assistance might be irregular or lacking.

Findings

The findings reveal that a considerable proportion of elderly residents in the old age home have limited or no contact with their families, indicating profound emotional and social disconnection. Majority of the inmates characterized their familial relationships as distant, and notably, many indicated no willingness to return to their families even when given an opportunity. This points to a substantial degree of detachment or unresolved familial conflict. Nevertheless, residents reported that their routine requirements, such as nutrition, personal hygiene, and healthcare, are regularly fulfilled, implying that the institution ensures consistent and sufficient physical care.

However, there is a noticeable contrast between the availability of emotional support and the emotional state of the residents. While many acknowledge receiving emotional support from staff or peers, their predominant emotional state is neutral, with some experiencing sadness. This highlights a gap between the presence of support structures and their actual impact on emotional well-being. Social and cultural engagement, which could positively influence emotional health, appears to be limited, as most residents only occasionally participate in these activities.

Decisions regarding moving into the old age home are often made by the residents themselves or through intervention from NGOs or social workers, with family playing a minimal role. These further underscores the lack of familial involvement in their lives. Most residents cite reasons such as neglect, abandonment, or a lack of caregivers as the primary motivations for entering the home. A significant proportion of the residents are widowed, which may contribute to their emotional vulnerability and need for institutional care.

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