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The Lived Experiences of the Elderly in Mizoram: Case Narratives

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Abstract

Background*:** Aging comes with a unique set of challenges. Among the most significant are the loss of independence, declining physical and intellectual abilities, and age-related discrimination. Changes in physical health, mental perception, and reduced social interaction often contribute to isolation, impairment, and hopelessness among the elderly. ***Aim*:** This study aims to assess the lived situation of the elderly through case investigations, focusing on the challenges they face in daily life and the coping strategies they adopt to manage physical, emotional, social, and economic difficulties. ***Methods & Materials: The present study is descriptive in nature, employing a qualitative approach to explore the lived experiences, challenges, and coping mechanisms of the elderly in Mizoram. The case interview was administered to assess the lived experiences of the elderly in Mizoram. ***Findings:*** Aging in Mizoram, especially among low-income and semi-urban elders, is characterized by a complex mix of physical hardship, emotional vulnerability, economic dependence, and spiritual resilience. ***Conclusion*:** There is a need to promote research and education on geriatric care at a higher educational level to build a future workforce for elderly care.

Index terms: Elderly, Challenges, Case Narratives, Mizo Elders, Coping

INTRODUCTION

In accordance with the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, a "senior citizen" refers to any Indian citizen who has attained the age of sixty years or older. As reported by the Ministry of Social Justice & Empowerment (2022), in India, as per the Census of 2011, the population of senior citizens (individuals aged 60 years and above) stood at 10.38 crore. According to projections by the Technical Group on Population Projections, constituted by the National Commission on Population, this number is expected to rise to 17.32 crore by March 1, 2026. A total number of 5,376,619 senior citizens in India were also reported to be living with some form of disability, accounting for approximately 5.18% of the total elderly population of 10.38 crore.

In India, life expectancy has consistently improved, increasing from a mere 32 years at the time of independence to surpassing 63 years by 2001. As people age, they experience transformation in various aspects of life, including physical health, mental well-being, and social roles (Lena, A., Ashok, K., Padma, M., Kamath, V., & Kamath, A., 2009). Although the rise in life expectancy signifies advancements in public health and medicine, it also brings forth new challenges. The lack of sufficient healthcare infrastructure, combined with longer lifespan, contributes to a higher prevalence of incapacity among the elderly, thereby increasing the demands on caregivers (Lena, A., Ashok, K., Padma, M., Kamath, V., & Kamath, A.,2009).

Moreover, as life expectancy rises and healthcare systems remain inadequate, the incidence of disability among the elderly continues to grow (Jamuna, D.1997).

One of the most noteworthy demographic transformations in recent decades has been the growing proportion of elderly individuals, driven by decreasing birth and death rates, improved child survival, and increased life expectancy (Lena, A., Ashok, K., Padma, M., Kamath, V., & Kamath, A.,2009). The emergence of nuclear families, urbanization, migration, and households with dual-career couples is also another factor contributing to the growing personal and social challenges of elder care in India as in many Indian families, the primary caregiver is usually the spouse or daughter-in-law, who frequently encounters considerable stress while striving to fulfil the physical and emotional needs of fragile and dependent older adults (Jamuna, D.1997).

The anticipated growth of the elderly population in the upcoming decades is projected to create unparalleled changes in illness and mortality throughout India. Access to medical care for senior citizens is hindered by several critical challenges, such as social obstacles influenced by gender, caste, religion, socioeconomic status, and stigma, which greatly impact the healthcare-seeking behaviour and service utilization. Physical barriers, such as reduced mobility, declining social engagement, and the limited reach of the healthcare system, particularly in rural and underserved areas, further restrict access. Additionally, financial constraints stemming from limited income, lack of employment opportunities, and insufficient resources exacerbated by inadequate financial protection within the Indian health system, make healthcare unaffordable for many elderly individuals (Dey, S., Nambiar, D., Lakshmi, J. K., Sheikh, K., & Reddy, K. S. 2012).

Regarding health issues, Lena, Ashok, Padma, Kamath, and Kamath (2009) discovered that all participants in their study reported health problems, with the most prevalent being hypertension, osteoarthritis, diabetes, and bronchial asthma. Other conditions included cataracts, anemia, and various skin disorders. The majority of participants experience multiple health challenges. Notably, osteoarthritis was more common among females, while other health problems were found to be similarly distributed across both genders. Conversely, Elango (1998) identified arthritis, cataracts, bronchitis, skin diseases, and malnutrition as the primary causes of illness among the elderly in his study.

As far as financial security is concerned, Rajan (2001) reported that nearly half of the elderly population in India relies on others for economic support, often due to circumstances such as widowhood, divorce, or separation. A significant portion of this economically dependent elderly population comprises women, making up about 70%. In a study by Yadava, Yadava, and Vajpeyi (1997), a large number of elderly participants expressed a demand for old-age pensions, highlighting the urgent need for financial security in later life. However, Goel, P. K., S. K. Garg, J. V. Singh, M. Bhatnagar, H. Chopra, and S. K. Bajpai (2003) suggested that the financial and social demands of older adults can be addressed by upholding the traditional joint family system, promoting light home-based occupations, encouraging lifestyle changes that support healthy aging, and increasing awareness and utilization of geriatric welfare programs. Additionally, improving access to government healthcare services is essential to ensure the well-being of the aging population.

In a study conducted by Singh et al. (1995), within a sample of 376 elderly individuals residing in joint families, 207 (55%) reported being respected, 71 (18.9%) experienced treatment with indifference, and 98 (26.1%) faced neglect from their family members. Concurrently, Lena, Ashok, Padma, Kamath, and Kamath (2009) observed that approximately 52% of the respondents felt that old age had diminished their role within the family. Moreover, 35% reported that they were not consulted by family members when making decisions, attributing this oversight to their health issues and financial dependency. Additionally, half of the participants in their study felt overlooked by their family members, 47% expressed feelings of unhappiness, and 36.2% believed they were a burden to their families. An unfavorable attitude toward aging was observed to be more prevalent among females than males.

Lena, Ashok, Padma, Kamath, and Kamath (2009) also discovered that 48% of those surveyed reported feelings of sadness primarily due to poverty, followed by illness (41.3%). Other contributing factors included the presence of unmarried daughters at home, an alcoholic son or son-in-law, financial loss, illness of a spouse, children residing away, the death of children, and the lack of homeownership. In another investigation by Lena, Ashok, Padma, Kamath, and Kamath (2009), 68.5% of the participants indicated that they maintained friendship and social ties outside the home. When confronted with family disputes, 45% of

the elderly chose to cope by sleeping, 33% chose to engage in discussion with others, while 20% sought to resolve the conflict.

Various socio-behavioral factors have a profound impact on health status of elderly individuals. Specifically, illiteracy and poverty, have been identified as detrimental to health outcomes in aging. Moreover, strained familial relationships frequently contribute to stress-related disorders, exacerbating both physical and mental well-being of the elderly (Yadava, K. N. S., Yadava, S. S., & Vajpeyi, D. K.1997).

METHODOLOGY

The current study examines the lived experiences of the elderly in Lungbial, Zemabawk, Aizawl City using a qualitative research approach. Interviews were conducted with elders above the age of 60 years who were identified through snowball sampling. Ethical considerations in the form of informed consent were followed in the interview with respondents. The study presents Case studies of the elderly experiencing various challenges in third-person narratives.

CASE NARRATIVES

Case 1: Aging with Dignity

Mr. Raymond (fictitious), aged 75, sits quietly in his modest home in Lungbial, Zemabawk, the corner of Aizawl City, with his eyes reflecting moments of resilience, loss, and service. A member of the Hmar tribe and a devoted Christian under the North East United Pentecostal Church, his journey from the rural hills of Biate village to the city life of Aizawl is marked by hard work, commitment, and a strong sense of responsibility.

In 1983, Mr. Raymond (fictitious) got married, and a year later, he moved out to start his own family. Over the years, he became a father to six children, with four daughters and two sons. In 2018, he experienced one of his deepest losses: the death of one of his daughters. Today, he lives with his wife, his two sons, and his grandchildren. His son is married with three children, and three of his daughters are also married and living with their own families.

Originally from Biate, Mr. Raymond (fictitious) migrated with his extended family to Zemabawk in search of better livelihood opportunities. Agriculture was their backbone; rice cultivation, in particular, demanded the strength of his whole family. Everyone, including Mr. Raymond (fictitious), contributed to the daily work of farming. With the rise in age, Mr. Raymond's (fictitious) health has gradually declined: he suffers from joint pain, weakened muscles, and nerve issues that make mobility and work eventually unbearable. Once an active man in the fields, he now finds himself relying entirely on his sons for financial support.

Unable to perform labour work, there are moments of loneliness, he confesses. Sometimes, the house feels too quiet, and he misses the energy of his younger years. To keep his mind and heart engaged, he participates actively in church and social activities. His involvement in the community brought him joy and societal connection.

Financially, life has changed for Mr. Raymond (fictitious). Since he stopped working, he depends on his family for his daily needs. He no longer earns, but, he continues to contribute in other forms. Currently, he serves as the president of the Mizoram UPA Pawl (MUP), which is a local association for elderly citizens. In this role, he is deeply involved in helping other older adults in his community. He assists them in accessing government pension schemes and supports those who struggle to navigate official procedures in all possible ways.

Despite physical limitations, Mr. Raymond (fictitious) remains committed to doing whatever he can for his community, particularly the aged. His leadership in MUP is a sign of his enduring commitment to the values of service, care, and dignity. His story is not only about aging but about continuing to live with purpose and service, even though aging takes its toll on his body.

Case Narrative 2: The quiet weight of aging

Mr. Sanjoy (fictitious), 66 years old, lives a life caught between memory and pain, surrounded by his wife, children, and grandchildren in Lungbial, Zemabawk. A member of the Lusei tribe and a dedicated member of Presbyterian denomination, he carries the quiet dignity of a man who has lived a full yet complicated life.

He was born in Samthang, a small village in Mizoram, and later, in the year 2013, migrated with his family to Lungbial, Zemabawk, in Aizawl City. The migration was driven by work and economic necessity, and he spent his earlier years laboring in different places to support his family. During those years, he was addicted to alcohol and gutkha, a habit that negatively affected his health and well-being. But life took a turn when his first child was born, and that moment marked a personal transformation. He quit drinking and gave up gutkha, dedicating himself to his family with strong determination. From then on, he worked harder than ever, not for himself, but for the future of his children and grandchildren. His story, in many ways, became one of improvement and devotion.

However, in 2006, serious health issues began to emerge. He was diagnosed with diabetes, hypertension, nerve pain, and ulcers. Unable to continue his labour work, his role since then within the family shifted from provider to dependent. His son and son-in-law have now taken up the main role of supporting the household, and he has to rely entirely on them for his daily needs. His health condition has gradually declined; walking/mobility has become difficult, and he is no longer able to participate in daily chores. Most of his time is spent at home, quietly watching over the family he once worked so hard to provide for.

Additionally, his physical ailments have taken a toll on his mental health as well. Despite being surrounded by loved ones, he often feels empty and unfulfilled. He confesses that he sometimes sees his life as meaningless, and his inability to work leaves him feeling like a burden to his own family. He has no plans for the future and mentioned that he is just waiting for his final day. His family, though busy with their own lives, does not neglect him. They ensure he takes his medication on time, they sit with him, and they make time for him in their everyday lives. Even when he feels lonely or overlooked, the love of his family remains.

As a man with strong faith, the main coping mechanism he employs is prayer. Mr. Sanjoy's (fictitious) story is that of a man who once stumbled, found strength in fatherhood, and now lives through the quiet grief of illness and aging.

Case Narrative 3: An Old Man with Endurance and Gratitude

Mr. Phillip (fictitious), aged 65, rests without a word in his small home in Lungbial, Mizoram, a place he never imagined would become home when he first arrived from Manipur in the year 1999. Born and raised in Manipur, he travelled to Mizoram with a group of friends in search of work. He worked tirelessly cutting timber in various forested areas, earning enough to survive and eventually settling in Lungbial, where he found both love and stability.

He married and started a family, now consisting of five members. He and his wife have three children: two daughters who are still in school and a son who now works as a driver and has taken up the main responsibility of supporting the family. Although their life seems simple and modest, the family stays close and connected.

Life, however, took a difficult turn in 2015 when Mr. Phillip (fictitious) began experiencing serious health issues at the age of 55. He developed gut problems, nerve-related problems, and high blood sugar, and such ailments gradually weakened his strength and ability to work. Once a man of physical labor, he now spends most of his time at home, no longer able to provide for the family, and his role has changed from breadwinner to dependent. Consequently, he rarely steps outside; his health confines him to his home, where he quietly performs household chores and tries to help however he can. He is inactive in both church and social gatherings, and the isolation weighs heavily on him. He confesses that staying home alone for long hours makes him feel lonely and emotionally burdened. There are moments when he wishes someone would just sit beside him and listen, and he often longs for someone with whom he can share both his worries and joys.

Financially, the family is not stable. The household now runs on the earnings of his son and his wife. His son, the primary earner, works hard as a driver, while his wife supplements their income by selling chili powder in local shops. Their combined efforts keep the family barely alive, and the pressures are constant. Physically, aging seems to be setting in earlier than expected. He often complains of joint and muscle pain and gets tired very quickly. Yet, he pushes himself to do what he can at home, quietly supporting the family from behind the scenes, which is also a part of his coping mechanism to deal with loneliness and weakness. Despite the loneliness and his declining health, he remains thankful for the care and support of his loved ones. He knows his family stands by him, and that thought brings him comfort even in moments of silence. In the stillness of his home, he continues to play a vital role in holding his family together.

Case Narrative 4: Aging in the Shadow of Loneliness and Poverty

On a Sunday morning, Mrs. Julie (fictitious), aged 82, lies quietly in her home in Lungbial, Aizawl, a home she helped build through years of selfless labor and unwavering strength. A member of the Hmar tribe and a genuine follower of the North East United Pentecostal Church, she has lived a life rooted in faith, family, and endurance.

Born and raised in Manipur, she moved to Lungbial, Zemabawk, Mizoram, in her youth in search of work. She began her life here in Lungbial as a maid, a humble job, but obligatory. In 1966, she married and settled permanently in Lungbial with her husband, then raised five children, two sons and three daughters. Over the years, some of her children married and moved out of the house. Today, she lives in a joint family setup with her husband, an unmarried son and daughter, and one of her married sons and his family.

Although the family survives through subsistence farming, financial instability is continuously present. Her son and daughter work wherever and whenever possible to support the household, but resources are limited, and poverty appears in their daily lives. With age, Mrs. Julie's (fictitious) health has declined severely, and she now spends most of her time bedridden. Her aging body is troubled by nerve pain, joint and muscle aches, ulcers, diabetes, and digestive issues. Eating has become difficult, and sleepless nights are frequent. Once an active woman who worked hard to feed her children, she now relies entirely on the care of her family members.

Though she is surrounded by a loving family, Mrs. Julie (fictitious) often feels lonely and miserable. There are moments when she feels emotionally isolated, as if there is no one to truly accompany her, listen to her, or empathize with her through the burden of old age. Her husband still works tirelessly in any way he can, and her children do their best to support and comfort her. However, poverty adds another layer of hardship where there are times the family cannot afford to buy the medicines she needs. This deepens her mental stress and physical discomfort. Mrs. Julie (fictitious) laments, "All I can do now is pray as I lie here on what feels like my deathbed."

As she faces the final chapters of her life, her story reminds us of the invisible labor and inner strength of so many elderly women, mothers who built their families with hard work, only to face the trials of aging in silence and struggle.

Case Narrative 5: An Elderly Woman's Battle Against Abandonment and Loneliness

At 70 years of age, Mrs. Rami (fictitious) lives a life shaped by hardship, resilience, and faith. A member of the Lusei tribe and a follower of the Presbyterian Church, now lives alone in Lungbial, Zemabawk, Aizawl, a life she did not choose, but one she has come to embrace with resilience and strength.

Born and raised in Vanbawk village in Mizoram, Mrs. Rami's (fictitious) early life was filled with dreams of family love and stability. But, due to unresolved family issues, she left home and travelled to Aizawl, where she began selling vegetables in the local markets to survive and support her family. In 1962, she got married and became a mother to four children, gifted with two sons and two daughters. However, tragedy followed her closely: one of her daughters died in early childhood, and soon after giving birth to her fourth child, her husband passed away. Left to raise the children alone, she worked tirelessly to make family ends meet.

When her third child died at the tender age of nine, grief overwhelmed her. She even began to question the purpose of prayer and her faith as a Christian. Her sorrow and emotional distress led her to spend much of her time away from home, seeking comfort among friends, which caused tension within the family. Eventually, her family placed her in the care of TNT (a rehabilitation center) at Muanna Veng, where she stayed for two years. After returning home, she remarried, this time to a man younger than her, and had two more children. Her older children married and moved on with their lives, while her two younger children from the second marriage also married at an early age.

But fate struck again. In 2017, she lost her second husband. The pain was further deepened when a landslide destroyed her home. With the support of local leaders, she was provided with a new house, but soon after, her son and daughter-in-law moved away, leaving her alone in the house. Alone once more, she continued working, determined to provide for herself despite her age. Now, in her older years, she still cultivates a variety of vegetables and sells them at the local market, which is her only source of income. Her body shows signs of aging: weak hearing and chronic muscle and joint pain.

Living alone, she often feels isolated. The absence of someone to share her burdens or joys is deep, she declares. Yet, she holds fast to her independence and faith. Her relationship with God has grown stronger, and she finds contentment in her daily labor and the small joys it brings. Though physically fragile, her willpower and determination keep her moving forward.

Her siblings, who live in Lungbial, continue to support her emotionally and financially whenever possible. Their presence, even from afar, is a source of strength. In moments of solitude, she clings to her faith and reminds herself that her journey, however difficult, is not without purpose.

DISCUSSION

1. *Health Challenges:* All five elderly individuals face multiple chronic health conditions, including joint pain, nerve pain, diabetes, hypertension, ulcers, and mobility issues. These conditions, primarily a result of aging, have significantly diminished their ability to engage in daily activities such as work, social interaction, and participation in religious or community events. Moreover, limited access to medical treatment, primarily due to financial constraints, has worsened their health outcomes and increased their dependence on family members for financial care and support. A similar observation is noted in a study by Khan et al. (2024), which highlighted a wide array of public health issues linked to escalating aging, including the rising burden of chronic diseases, the occurrence of multi-morbidities and co-morbidities, and increasing levels of disability and dependency among older adults.

2. *Psychological Tension and Loneliness*: The weight of mental health problems is frequently regarded as an unavoidable aspect of aging, further deepening the stigma associated with growing old (Fernandes & Paúl, 2017). Undoubtedly, feelings of loneliness, emotional distress, and a sense of worthlessness are found to be common across the cases in this study, particularly among those who live alone or are unable to make a financial contribution to their families. Even in households where elders are surrounded by family members, many elders expressed a deficiency in meaningful companionship and a desire to express their thoughts and feelings. The emotional burden of bereavement, abandonment, and isolation is ever present. Despite these challenges, some elders exhibit significant resilience and emotional acceptance, drawing strength from their spiritual beliefs, which offer them a sense of hope, peace, and purpose amid physical suffering and personal loss. Similarly, mental health issues are also recognized as a major hurdle in a study by Khan et al. (2024).

3. *Family Dynamics and Support*: Elders residing in an extended family environment generally receive better care, emotional support, and companionship, whereas those living in broken or nuclear families often experience neglect or social isolation or find themselves living alone once their children reallocate. This is corroborated by a study of Қозоқбоев & Машрабов (2023) in China, where it was noted that family structure plays a crucial role in the well-being of older adults. Offspring are essential in their lives, offering merely financial support and caregiving but also emotional comfort and affection, significantly enhancing the elderly's subjective sense of life satisfaction. Moreover, extended family arrangements that include multiple younger generations have an additional positive impact on the overall well-being of the elderly. In the current study, while intergenerational support is evident in some families, there is a recurring pattern of dependency on sons and daughters-in-law, underscoring the fragility and inconsistency of informal elder care in the absence of broader support systems.

4. *Economic Insecurity and Work Dependency*: Beyond the unavoidable loss of family members and friends, many elderly individuals are confronted with two significant financial challenges: a reduction in income and increased medical expenses (Fuchs, Victor R. 2001). Likewise, most of the elderly in the study are economically dependent on their family members, primarily due to poor health or the inability to engage in formal employment due to aging. However, a few continue to participate in income-generating activities, such as selling vegetables, despite facing significant physical challenges, while, in particular, single or widowed elders remain in a state of financial vulnerability.

5. *Coping Mechanism*: As mentioned by Ribeiro, M. D. S., Borges, M. D. S., Araújo, T. C. C. F. D., & Souza, M. C. D. S. (2017), it can be observed that while some elderly individuals confront aging and the prospect of death with anticipatory sorrow and a desire to die driven by fears of dependency and becoming a burden to their loved ones, others navigate aging, loss, and mortality by seeking spiritual solace, social support, and a sense of acceptance. The current study found that faith plays a central and sustaining role in the lives of all the elders, particularly for those experiencing intense loneliness, grief, or physical suffering. Participation in church activities serves not only as a spiritual practice but also as an important social outlet

and coping strategy for many elders. However, for some, physical limitations have reduced their ability to attend services and engage with their faith communities. Despite such challenges, spiritual beliefs continue to provide emotional stability, inner strength, and a sense of purpose, even in the absence of material comfort or close family presence.

CONCLUSION

The analysis highlights that aging in Mizoram, particularly among the elderly from low-income, rural, or semi-urban backgrounds, is marked by a complex mix of physical hardship, emotional vulnerability, economic dependence, and spiritual resilience. There is an urgent necessity for more organised elder care, financial safety nets, and community-based psychosocial support to ensure dignity and well-being in old age.

In a Christian community like the Mizo community, where many elders turn to faith and spirituality for coping, collaborations with churches can be promoted to facilitate faith-based counselling and spiritual healing sessions. These efforts can effectively alleviate feelings of loneliness, neglect, and emotional distress while promoting psychosocial well-being.

SUGGESTIONS

1. *Improve healthcare access for the elderly*: It is essential to establish dedicated Geriatric Health Clinics at local Primary Health Centres (PHCs) and Community Health Centres (CHCs). These clinics could be useful in offering regular screenings for common age-related health issues such as diabetes, hypertension, and arthritis. To ensure that distance and mobility challenges do not prevent access to basic health care, mobile health services for older adults residing in remote or hilly regions need to be implemented.

2. *Mental Health and Psychosocial Support:* To address the emotional and psychological needs of older adults, community-based elder support groups could be established, with safe spaces where senior citizens can gather, share experiences, and offer each other emotional support. In addition, the introduction of trained counsellors or community volunteers to conduct regular home visits would be helpful, particularly for elders who live alone or come from broken or emotionally distant family environments.

3. *Economic Empowerment and Financial Security*: To enhance the financial security of older adults, particularly for those who are physically challenged or homebound, home-based income generation schemes can be introduced, with assistance from government bodies or non-governmental organizations (NGOs), to promote inclusive economic participation and reduce financial dependency.

4. *Strengthen Institutional and Community Roles*: To strengthen community-based elder care, it is essential to empower local organizations such as the Mizoram UPA Pawl (MUP) and the Mizo Hmeichhe Insuihkhawm Pawl (MHIP) to play a central role in coordinating care services and advocating for the rights and welfare of elderly citizens.

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