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Bridging Isolation: A Sociological Study Of Senior Quality Of Life And Social Inclusion In Institutional Care

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Abstract: The present study examines how institutional care contributes to the well-being of elderly residents living in Prakhanti Dham Old Age Home, Barpathar, Assam. The study explores the living conditions, health status, emotional well-being, and social relationships of senior citizens. The research is based on both primary and secondary data, utilizing interview schedules, observation, and case studies among twenty elderly residents selected through purposive sampling. The study is guided by Michel Foucault's perspective on discipline, power, surveillance, and institutional regulation. The findings reveal that while the institution provides shelter, healthcare, and safety, many residents continue to experience emotional distress due to separation from their families. The study concludes that old age homes play an important role in promoting dignity and inclusion, although institutional care should be supported by family involvement and emotional support.

Index Terms - Ageing, Old Age Home, Senior Citizens, Quality of Life, Social Inclusion, Prakhanti Dham.

1. INTRODUCTION

Ageing is a natural stage of human life and an inevitable biological process. In recent decades, it has emerged as an important social issue due to significant improvements in healthcare and increased life expectancy. In India, the elderly population is projected to reach nearly 347 million by 2050. Traditionally, Indian society was characterized by the joint family system where elderly members occupied respected positions. However, rapid urbanization, industrialization, and the shift toward nuclear families have weakened these structures. Consequently, many elderly individuals experience loneliness, neglect, and reduced social participation.

In response, old age homes have emerged as an alternative support system. Prakhanti Dham at Barpathar, Assam, serves as one such institution, providing residential care for those who lack family support. This study seeks to examine the role of this home in enhancing the quality of life for its residents.

1.1 Objectives of the Study

- 1) To study how old age homes help elderly people remain happy, healthy, and socially active.
- 2) To identify the major problems faced by elderly residents in institutional care settings.
- 3) To study the family situations and internal problems that lead to the placement of members in old age homes.

2. Theoretical Framework

This study is based on the theoretical perspective of Michel Foucault, particularly his work *Discipline and Punish*. In the context of old age homes, Foucault's concepts are applied as follows:

- **Discipline:** The institution follows fixed schedules (meals, medical routines) which produce "docile bodies," where residents learn to behave in controlled ways.
- **Surveillance:** Continuous monitoring by staff and nurses ensures health and safety but can create a feeling of diminished personal freedom.
- **Biopower:** The regulation of the body through medical check-ups, diet control, and hygiene maintenance to ensure physical well-being.

3. Research Methodology

- **Universe of Study:** Prakhanti Dham Old Age Home, Barpathar, Lakhimpur, Assam.
- **Research Design:** Qualitative and descriptive.
- **Sampling:** Purposive sampling. Respondents included 20 elderly residents and 4 staff members.
- **Data Collection:** Semi-structured interview schedules and observation.
- **Analysis:** Primary data collected from the field was supplemented by secondary sources such as books and government reports.

4. Analysis and Findings

4.1 Daily Life and Institutional Control

The daily lives of residents are organized within certain rules and disciplines. Activities such as praying, eating at set times, and socializing follow a set schedule. While this provides stability and security, it limits personal freedom. Residents cannot make all the decisions they want, such as scheduling their own meals or bedtimes, which sometimes leads to boredom or feelings of being confined. Analysis shows that life in the home reflects both "care and control" simultaneously.

4.2 Health and Emotional Well-being

Common ailments among residents include joint pain, vision loss, diabetes, and high blood pressure. While the institution provides regular nursing care and nutritious food, mental health remains a challenge. Most respondents feel a degree of security, but "family love, care and psychological support are not fully available in old age homes." Loneliness is the most common emotional problem, becoming more intense during festivals and birthdays.

4.3 Reasons for Residing in the Home

The study identified several factors leading to institutionalization:

1. Loneliness: Especially after the death of a spouse.
2. Lack of Support: Difficulty in performing daily activities due to physical weakness.
3. Family Conflict: Frequent disagreements, particularly with daughters-in-law or sons, creating "uncomfortable home environments."
4. Migration: Children living in distant cities for employment, leaving parents without local care.

4.4 Case Illustration Summary

Case studies (e.g., Mrs. X, aged 72) highlight that while residents appreciate the "safety and support provided by the institution," they admit to "missing their children and other family members." This reflects the broader finding that old age homes are successful in meeting physical needs but cannot fully replace the emotional attachment of a family.

5. Major Findings and Conclusion

5.1 Major Findings

1. Residents follow a regular daily routine that helps maintain stability but can cause monotony.
2. Social interaction among residents is a vital support system that reduces feelings of isolation.
3. Financial insecurity and physical mobility constraints are major sources of anxiety.
4. Family continues to hold great importance; even those with limited contact speak of their relatives with affection.
5. Prakhanti Dham successfully provides basic care, but there is room for improvement in specialized medical services and personal privacy.

5.2 Conclusion

Old age homes are not merely residential facilities but structured social environments where care and discipline operate together. While institutional care addresses practical needs like food and shelter, emotional well-being remains closely connected to family relationships. Prakhanti Dham plays a significant role in reducing isolation and promoting inclusion, yet a meaningful life in old age depends on the combined support of family, community, and government welfare measures.

6. Suggestions

1. Recreational Activities: Regular music, yoga, and storytelling sessions should be organized to reduce boredom.
2. Counselling Services: Professional counselling should be provided to help residents cope with sadness and separation.
3. Strengthening Healthcare: Access to specialist doctors for chronic age-related issues should be made more regular.
4. Family Engagement: Families should be encouraged to maintain frequent contact through visits and phone calls.
5. Privacy: Efforts should be made to improve personal space and individual comfort within the collective living environment.

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