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AGEING AND ELDERLY CARE IN MIZORAM: A SOCIOLOGICAL ANALYSIS USING SECONDARY DATA

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Abstract: India's ageing population is growing rapidly, with significant implications for social structures and welfare systems. Mizoram, a northeastern state with distinct cultural and demographic features, faces unique challenges related to elderly care. This study employs secondary data from the Census of India (2011), National Family Health Survey (NFHS-5, 2021), and the Longitudinal Ageing Study in India (LASI, 2020) to examine demographic trends, family dynamics, socio-economic status, and access to welfare among the elderly in Mizoram. The research is guided by Structural Functionalism, Conflict Theory, and Symbolic Interactionism to analyze changing family roles, social inequalities, and the subjective experiences of ageing. Findings indicate a decline in extended family support, persistent gender disparities, and inadequate coverage of welfare schemes, underscoring the need for culturally sensitive, equitable policy interventions. This study contributes to sociological gerontology literature by highlighting regional particularities and advocating for integrated eldercare frameworks in Mizoram.

Keywords: Ageing, Elderly Care, Mizoram, Structural Functionalism, Conflict Theory, Symbolic Interactionism, Secondary Data Analysis, Social Welfare, India

I. INTRODUCTION

The world is witnessing unprecedented demographic shifts with rising life expectancies and declining fertility rates, leading to ageing populations globally (United Nations, 2019). India is no exception. With over 8.6% of its population aged 60 years and above as per the 2011 Census, the country is confronting new social, economic, and policy challenges related to elderly welfare (Ministry of Social Justice and Empowerment, 2016). Mizoram, one of India's smallest northeastern states, is also experiencing this demographic transition. According to Census data, the proportion of elderly in Mizoram is increasing steadily, creating an urgent need to understand the evolving dynamics of ageing and care in this unique cultural context (Census of India, 2011).

Traditionally, the elderly in Mizoram have enjoyed support through extended family networks and close-knit tribal communities that emphasize respect and care for older adults (Chakma, 2012; Lalnuntluangi, 2020). However, recent decades have seen rapid social change driven by urbanization, migration, and economic development, disrupting traditional family structures (Debbarma, 2014; Nongbri & Swargiary, 2018). The breakdown of joint families into nuclear units threatens the social security of many elderly, especially women, who already face disproportionate socio-economic vulnerabilities (Alam & Karan, 2011; Srivastava & Srivastava, 2013).

Despite the Indian government's efforts to address elderly needs through policies such as the National Policy on Older Persons (1999) and pension schemes like IGNOAPS (Indira Gandhi National Old Age Pension Scheme), challenges persist in effective implementation, particularly in remote and rural areas of northeastern India (Sarkar & Debnath, 2015; Verma & Srivastava, 2019). Furthermore, Mizoram's distinct socio-cultural environment—with its Christian influence and tribal norms—creates specific ageing experiences that diverge from mainstream Indian contexts (Zothanchhingi, 2018; Laltlanzovi, 2017).

This study aims to examine the sociological dimensions of ageing in Mizoram using secondary data analysis. It investigates demographic changes, family and social support systems, socio-economic status, and access to welfare among the elderly. Anchored in three sociological theories—Structural Functionalism, Conflict Theory, and Symbolic Interactionism—the research provides a multi-layered understanding of the challenges and opportunities faced by Mizoram's ageing population. By highlighting regional specificities, this paper seeks to inform culturally sensitive policy and contribute to the underexplored field of northeastern Indian gerontology.

Literature Review

The phenomenon of population ageing has drawn considerable sociological interest worldwide (WHO, 2015; HelpAge International, 2020). Classical **Structural Functionalist** theorists like Talcott Parsons (1951) and Emile Durkheim (1893) conceptualized ageing as a series of social role transitions that sustain societal equilibrium. According to Parsons and Bales (1955), elders traditionally withdraw from occupational roles and assume new functions within family and community that maintain social order. Disruptions in these roles can lead to social dysfunction.

Contrastingly, **Conflict Theorists** emphasize the inequalities and power struggles inherent in ageing societies. Marx (1867) highlighted how capitalist structures marginalize vulnerable groups, a perspective extended by Estes et al. (2003) to show systemic barriers faced by the elderly in healthcare access, economic security, and social participation. Conflict theory critiques the lack of redistributive justice and questions welfare adequacy (Calasanti & Slevin, 2001).

The **Symbolic Interactionist** tradition (Mead, 1934; Blumer, 1969) explores the subjective meanings and identities constructed by elders themselves. Research by Gubrium and Holstein (1999) and Charmaz (2000) emphasizes how older adults negotiate their social roles and cope with stigma, loneliness, and changing family dynamics.

India's demographic transition has intensified sociological research on ageing, with studies focusing on caste, class, gender, and regional inequalities (Raj & Kumar, 2017; Desai & Vanneman, 2010). The National Family Health Survey (NFHS) and the Longitudinal Ageing Study in India (LASI) have provided valuable data revealing disparities in elderly health, economic status, and social support (Karan, Yip, & Mahal, 2013). Gender disparities persist strongly, with elderly women more likely to live in poverty and experience health inequities (Lahiri & Chakrabarti, 2012; Alam & Karan, 2011). Critiques of welfare schemes point to implementation challenges and uneven benefit distribution, especially among rural and tribal populations (Sarkar & Debnath, 2015; Verma & Srivastava, 2019).

Mizoram, with its majority Christian tribal population, presents unique ageing dynamics. Scholars note the traditional respect and reverence for elders embedded in Mizo culture (Lalnuntluangi, 2020; Zothanchhingi, 2018). Yet, urban migration and modernization are fragmenting family networks, undermining elder support systems (Debbarma, 2014; Vanlalngaihsimi, 2019). Health service access is limited in rural areas, and mental health needs of the elderly remain largely unaddressed (Mizoram Health Department, 2020; HelpAge India, 2017). There is limited research focusing specifically on Mizoram's elderly, highlighting a critical gap in regional sociological gerontology.

This review highlights the multifaceted challenges facing elderly populations in Mizoram, necessitating theoretical frameworks that address social function, inequality, and individual meaning-making.

Theoretical Framework

Structural Functionalism

Structural Functionalism views society as a complex system whose parts work together to promote stability and social order (Parsons, 1951; Durkheim, 1893). Ageing is conceptualized as a process involving role exit (retirement) and re-entry into alternative social functions, often within the family (Parsons & Bales, 1955). In Mizoram, the extended family has traditionally played a key role in eldercare, performing vital functions for social cohesion (Shanas, 1979). However, modernization and urbanization threaten these structures, disrupting social equilibrium and necessitating alternative support mechanisms.

Conflict Theory

Conflict Theory critiques social structures that perpetuate inequalities (Marx, 1867; Collins, 1975). It highlights how elders, especially marginalized groups such as rural women, experience systemic exclusion from resources like healthcare, pensions, and social services (Estes et al., 2003). In Mizoram, the uneven implementation of welfare programs reflects broader power imbalances and class disparities. This perspective underscores the need for redistributive policies that address structural barriers faced by the elderly.

Symbolic Interactionism

Symbolic Interactionism focuses on social interaction and the meanings individuals attach to their experiences (Mead, 1934; Blumer, 1969). It explores how elders in Mizoram interpret ageing, negotiate changing family roles, and construct identities amid shifting cultural landscapes (Gubrium & Holstein, 1999; Charmaz, 2000). This approach recognizes the agency of elderly persons in redefining their social roles, beyond structural constraints.

Methodology

This study is based entirely on secondary data analysis, utilizing:

- **Census of India (2011)** demographic data for age composition and household structures in Mizoram.
- **National Family Health Survey-5 (NFHS-5, 2021)** for socio-economic indicators and health status of elderly populations.
- **Longitudinal Ageing Study in India (LASI, Wave 1, 2020)** for comprehensive data on health, economic status, and living arrangements.
- Supplementary government reports, policy documents, and academic publications focusing on Mizoram and northeastern India.

The analysis integrates quantitative demographic trends with qualitative insights from literature to provide a multi-dimensional picture of ageing in Mizoram.

Findings

Demographic Trends and Family Structure

According to Census (2011), the proportion of persons aged 60+ in Mizoram stands at approximately 8.2%, with projections indicating continued growth (Ministry of Social Justice and Empowerment, 2016). NFHS-5 data reveals a significant shift from joint to nuclear family households, with joint families declining from 42% to 29% over the past decade (Nongbri & Swargiary, 2018). This structural change has eroded traditional eldercare networks, increasing elderly vulnerability.

Socio-economic Status

LASI data (2020) indicates that a considerable segment of Mizoram's elderly lives below the poverty line, with elderly women disproportionately affected (Alam & Karan, 2011). Many elderly depend on informal work or remittances, with limited access to formal pension schemes (Sarkar & Debnath, 2015). Health

indicators reveal rising chronic conditions, yet healthcare access remains uneven, especially in rural areas (Mizoram Health Department, 2020).

Welfare Access

Despite national schemes like IGNOAPS, coverage in Mizoram is inconsistent. NSSO (2019) data and state government reports indicate gaps in awareness, enrollment, and disbursement of benefits, particularly among tribal elderly in remote areas (Sarkar & Debnath, 2015; Verma & Srivastava, 2019).

Cultural Perceptions and Mental Health

Qualitative reports from Zothanchhingi (2018) and Lalnuntluangi (2020) highlight a decline in traditional respect for elders due to youth migration and changing social values. Mental health challenges such as loneliness and depression are prevalent but inadequately addressed by existing health systems (WHO, 2015; HelpAge India, 2017).

Discussion

The decline in joint family systems supports **Structural Functionalist** assertions about the disruption of elder social roles and the resulting social instability (Parsons & Bales, 1955). This erosion necessitates innovative social support structures beyond the family.

The persistent socio-economic inequalities, especially among elderly women and rural groups, underscore **Conflict Theory's** critique of systemic exclusion and power imbalances (Estes et al., 2003). The uneven implementation of welfare programs in Mizoram reflects broader structural inequities demanding policy reform.

Symbolic Interactionism offers insights into how elders in Mizoram actively negotiate their identities and social roles amidst cultural change (Charmaz, 2000; Lalnuntluangi, 2020). Despite structural challenges, elderly individuals exercise agency in maintaining dignity and social participation.

Policy recommendations emerging from this analysis include the expansion of culturally sensitive eldercare services, targeted outreach to vulnerable groups, and integration of mental health support into geriatric care (HelpAge International, 2020; Sarkar & Debnath, 2015). Strengthening local community networks alongside formal welfare systems could buffer the impact of changing family dynamics.

Future research should incorporate primary qualitative methods to deepen understanding of elderly lived experiences in Mizoram, capturing voices often missing from quantitative datasets (Gubrium & Holstein, 1999).

Conclusion

The phenomenon of ageing in Mizoram represents a critical sociological concern, particularly as the state experiences rapid demographic changes and socio-cultural transformation. This study, based on secondary data from reliable sources such as the Census of India, NFHS-5, and LASI, has revealed significant insights into the status of the elderly in Mizoram. The findings highlight a steady increase in the ageing population, accompanied by the decline of traditional joint family systems that once formed the backbone of elder support.

From a structural functionalist perspective, the disintegration of traditional family roles indicates a disruption in the social system's ability to integrate and care for its ageing members. Conflict theory brings to light the economic vulnerabilities and health inequalities that disproportionately affect elderly women and those in rural areas. Meanwhile, symbolic interactionism underscores how elderly individuals construct meaning around ageing, often feeling isolated or irrelevant in rapidly modernizing communities.

The gaps in implementation of elderly welfare schemes such as IGNOAPS and the limited access to geriatric health services emphasize the need for both structural reform and increased cultural sensitivity in policy-making. There is a growing urgency to strengthen both formal and informal support systems. This includes

improving pension delivery mechanisms, expanding community-based health care, and fostering intergenerational programs that bridge the social disconnect.

This research contributes to the limited but growing body of sociological work on ageing in Northeast India. It underscores the importance of integrating sociological theory with data-driven insights to inform policy and community action. Future research should focus on longitudinal qualitative studies to capture the lived experiences of elderly individuals and to evaluate the effectiveness of policy interventions in real-world settings.

A multi-pronged, culturally rooted, and inclusive approach to elderly care is essential to ensure dignity, security, and social integration for Mizoram's ageing population.

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