



Caregiver Burden and Geriatric Well-Being: A Literature Synthesis with Reference to Assam

Kongkana Pathak

Research Scholar, Department of Education, Mahapurusha Srimanta Sankaradeva Vishwavidyalaya, Nagaon.

E-mail Id: Kongkanapathak879@gmail.com

ABSTRACT

The world's rapidly aging population is demanding for caregiving. In the Indian context, especially in Assam, family members are the main caregivers for senior citizens. Although providing care guarantees emotional support, caregivers frequently experience significant financial, emotional, and physical strain. Elderly people's mental health and general well-being are directly impacted by this caregiving load, in addition to the caregivers themselves. With a particular emphasis on Assamese research and publications, this paper conducts a literature-based synthesis to investigate the connection between caregiver burden and geriatric mental health.

Secondary data has been gathered from government reports, doctoral theses, published articles, and Assamese-language literature on mental health, family care, and aging. The study focuses on important issues like stress, anxiety, depression, and social isolation in older adults and demonstrates how the caregiving environment affects these outcomes. Assamese cultural customs are also given particular consideration. The study comes to the conclusion that although family caregiving is still crucial to elder care in Assam, growing caregiver burdens frequently result in mental health issues for senior citizens. It demands awareness campaigns, more organized community support networks, and mental health treatments that are adapted to the sociocultural context of Assam. This literature synthesis helps us to understand the importance of the topic by placing geriatric mental health within a regional framework of Assam.

Keywords: Caregiver Stress, Geriatric Mental health, Modernization, Family Care

Introduction

A variety of physical, social, and psychological changes accompany aging, which is an inevitable stage of life. Renowned Assamese writer Anuradha Sharma Pujari has succinctly expressed the concept as "Is such a grand arrangement really only for life and death?" Put another way, old age is the last stage of human life, a period of time when life, crushed and worn out, carries on with a precarious struggle for survival. In India, where family ties are still very important, the majority of elderly people still rely on their families for support and care. Assam is no different. Although providing care has historically been seen as a duty of love and respect, in reality, it frequently puts stress on the caregiver.

The wellbeing of the elderly as well as the caregiver may be impacted by long caregiving hours, financial obligations, and emotional stress. Mental health of the older people has a direct impact with the standard of care they receive. Neglect, a lack of patience and a lack of emotional involvement etc. are some common reasons of caregiver stress and burn out. After careful review of existing researches conducted in Assam and other regions of India, it has revealed that issues like loneliness, anxiety, and depression etc. is common in elderly people. But with the changing scenario of the society and with evolving family structures some new dimensions are need to be discussed briefly to understand the issues of elderly people.

This paper aims to understand the relationship of caregiver burden and geriatric mental health with special reference to Assam. By examining studies, reports and Assamese writings this paper aims to understand the connections between caregiving stress and the mental health of the elderly. The main objective is to study the problem in the Assamese context and

consider the need for more culturally aware and community-based interventions for better understanding of the problems of elderly.

Objectives of the study

The study's objectives are as follows:

- To study the relationship between caregiver stress and how it relates to older people's mental health.
- To look at how issues of aging, caregiving, and senior well-being have been addressed in Assamese literature and research.
- To determine the main social and psychological issues that Assamese senior citizens face, as reported in secondary sources.
- To investigate how Assamese senior mental health is impacted by family structure, cultural customs, and traditional caregiving norms.

Research Methodology:

This is a qualitative study with literature synthesis. It is entirely dependent on secondary data resources including published books, journal articles, doctoral theses, government reports and Assamese language literature that pertain to issues such as ageing, caregiving and mental health. These sources are either secondary in nature, in the form of Assamese and English books, journals, or dissertations based on geriatric mental health care. The analysis will also include an analysis of official reports such as Government publications, health surveys and policy documents.

The relevant literature was identified by the search of academic database (Google Scholar, PubMed, Shodhganga, ResearchGate), library and archives resource materials through Assamese publications. We used terms like "geriatric mental health"; "caregiver burden"; "elderly care in Assam" and "Assamese literature on ageing." The extracted literature was reviewed, categorized and thematically analysed. The main themes identified include:

- Stress in caregiving and effect on elderly mental health
- Family structure and cultural norms in Assam
- Assessment of mental health issues in elderly (depression, anxiety, loneliness)

Research Gap:

In Assam, studies on old-age mental health and caregiving are still very limited in comparison to the vast amount of literature available at the national and international level. Most of the available studies are conducted in old-age homes or among caregivers of patients with specific diseases and hence, the experiences of the elderly in their day-to-day family and community settings are not well understood. Even though the experiences of ageing and caregiving are common in Assamese literature and culture, they are not often tapped into in academic studies. Topics such as stigma, intergenerational conflict, and the cultural obligation of children towards parents have also not been delved into. The experiences of women, both as caregivers and as elderly, are especially overlooked. Finally, very few studies have proposed solutions that are compatible with the social and cultural context of Assam.

Geriatric Psychology and Its Reflection in Assamese Literature: An Analysis:

In Assam, the traditional family system is undergoing a gradual transformation, and support for the elderly is diminishing. Although the themes of ageing, loss, and care have been depicted in Assamese literature, very few research studies have been conducted on these themes from the perspective of mental health. Very few studies have been conducted on the emotional and psychological toll of caregiving and the mental well-being of the elderly in families and communities. It aims to relate the existing research to the realities of Assamese society and literature. The results will help in understanding the topic of ageing and caregiving in Assam and will also help in planning future community programs and mental health initiatives.

Just as a child requires love, care, and attention to grow up, the elderly also require similar attention in their old age. Parents normally provide what they can to their children, but in old age, not all parents are able to get the same kind of care from their children. The demands of life and work obligations do not allow children to be with their parents all the time. The fast

pace of life and being too busy have also led to a lack of emotional availability. Ironically, the virtual world has replaced many genuine and sincere relationships with artificial ones and insincere communication.

The Yayati episode from the epic literature also holds the same truth. Yayati, cursed to lose his youth, tries to postpone or avoid old age. Even after bargaining with Shukracharya, he has to finally accept the reality of old age. Finally, Yayati understands that the longing for eternal youth is endless and cannot be denied.

But how should we accept ageing? In this respect, the lifestyle of the Japanese is often cited. Interestingly, the Japanese language does not have a word for “retire.” Perhaps the key to their happiness and longevity is in this. They continue to work and stay active as long as their body permits them to. Studies on the long-lived Japanese show that even at 100 years old, they can ride bicycles, and at 107, they can still dance like they did when they were children. Their longevity is due to staying physically and mentally active, helping others, having a bright outlook, and not being worried about ageing and death.

The Japanese live life with laughter, value friendships, enjoy the seasons, have a positive outlook, respect traditions and values, and live a simple lifestyle. Nature, habits, and practices like yoga from the Indian culture come together to achieve what could be termed as “sophisticated simplicity” in their lifestyle. These habits make old age a beautiful and bearable phase of life for them.

Perhaps our aim could be to make old age a joyful experience. Time is always moving forward, and life is always full of activities. However, in the midst of all these, we can always be young at heart or forget that we have grown old until we reach old age. Ingmar Bergman, a famous film director, at the age of 87, said: “Therefore we don’t lose heart. Even though our outward man is perishing, yet the inward man is being renewed day by day” (Bergman). Although our bodies are decaying, our inner being can always develop and renew itself every day, as long as we do not lose hope.

As Robert Browning said: “Grow old along with me. The best is yet to be” (Browning). This means that perhaps we have to wait until we reach old age to enjoy the greatest and best experiences of life. To enjoy old age with the same energy and spirit as in youth is perhaps the most wonderful accomplishment of life. Modern science, although one of our greatest hopes, has not been able to overcome old age, and there is no doubt that it will remain beyond our control in the near future.

This stage of life is aptly portrayed in Assamese literature, especially in the renowned novel “Astorag” by Homen Borgohain. The author, through the character of Dilip, portrays a realistic picture of an old father’s physical and mental condition as he is about to leave this world.

Dilip, a professor living in the city, does not want to face his weak and old father, and he feels guilty about it too, but his love and sense of responsibility towards his father make him stay with him. This conflict is reflected in his dialogue with another character, Chandra, where he is struggling between his discomfort and sense of responsibility towards his father (Astorag, Borgohain H.).

Later, when Dilip visits his village after many years, he is overcome by memories of his childhood, and he finds himself lost in the past. When he brings his ailing father to the city, he faces the challenges of taking care of him. This portrays a realistic picture of old age.

The dialogue between Dilip and Dr. Sharma provides information about diseases such as senile dementia and their impact, which makes the story scientifically realistic. This shows that Borgohain’s writing is not just fiction but is deeply rooted in reality.

The mastery of language and storytelling in Homen Borgohain’s writing is nothing short of enchanting for all ages of readers. His writings, particularly Astorag, are a revivifying experience for Assamese readers, offering subject matter such as aging and dementia with elegance and profundity. There is no doubt that this book is one of the best in Assamese literature.

Geriatric Mental Health and Discussion from Other Scholarly Articles in Assam:

According to a research paper, “Anxiety Depression and Burden among the Caregivers of Persons with Neurological Illness in Assam,” (Roy, Gujar, Ali & Borah, 2018) caregivers of individuals with neurological illnesses experience ongoing stress and burden. The caregivers themselves may collapse as a result of this caregiving burden. It has been discovered that the PwNI’s caregivers are experiencing severe psychological distress, elevated levels of depression, physical illness and a variety of social, personal, and financial problems. Additionally, it has been discovered that they are burdened, lonely and that their physical and mental health have been compromised. Caregivers may experience severe psychological distress if they are caring

for someone who has been diagnosed with Alzheimer's disease, stroke, cancer, motor neuron disease (MND), multiple sclerosis (MS), or Parkinson's disease (PD) during the period of caregiving.

It has been found that even though neurological conditions are among the most prevalent causes of disability, very little research has been done on how these conditions affect caregivers in India, particularly in the north-eastern region.

In addition, Talukdar, Atlanta also carried out a study on "Aging and Its Impact on the Health of Elderly Citizens in Old Age Homes in Guwahati, Assam"(Talukdar,2019). The study reveals that the primary cause of elderly residents of these facilities is that their children fail to care for their aging parents when they most need their children near by. The family has grown smaller over time as a result of urbanization. Additionally, the cost is increasing. People are now more emotionless and competitive. The children began to treat their parents disrespectfully, which had a negative impact on the elderly parents and, most of the time, led to their mental depression. Most parents' children push their parents out of the house most of the time due to disagreements that result in miscommunication. Another reason is that there is conflict among family members over property, which is one of the primary causes of the children pressuring their parents to leave when they refuse to give them ownership rights. Second, there are frequent arguments and verbal altercations between the parents, particularly the mother and their daughter-in-law in the home, which is out of the son and husband's control. At one point, the man must decide between his mother and his wife; if he chooses his wife, the elderly parents will be placed in assisted living facilities.

Patir Basobi carried out additional research on "Abuse and Neglect of Older Women: A Study of Old Age Home Residents of Assam."(Patir,2023) The abuse and neglect of elderly women residing in Assamese old age homes is the main topic of the current study. For this study, 50 elderly women were selected at random from five senior living facilities spread across five Assamese districts. Data was gathered using a semi-structured interview schedule that included both open-ended and closed-ended questions. According to the study's findings, older women were compelled to live in assisted living facilities because their children or family members were abusive. The most common forms of abuse experienced by older women include neglect, physical abuse, abandonment, emotional abuse, and property abuse. The abusers are mostly son & daughter-in-law. Most of the widowed women reported that they were viewed as a burden by their children or relatives. Older women who are financially independent are abused for not dividing or giving away their property to their children. Married older women are mostly victims of spousal violence even in their old age. Unmarried, separated, or divorced elderly people reported "accommodation" as their main reason for abuse. Elderly women in the aged 80+ or elderly women who have health problems reported "health" as the main reason for abuse.

Psycho-Social Issues of the Elderly in Assam

Old age is not only a biological process but also a deep psychological and social transformation in human life. With the gradual change from joint families to nuclear families, the life of senior citizens in Assam is also undergoing a major transformation.

In Assam, the experience of growing old is not only due to the biological process of aging but also due to the rapid social change and cultural transformation taking place in the state. The Psychological Changes drawn from careful review of the existing literature can be explained as follows: -

1. Loneliness and Social Isolation

Due to the migration of the younger generation to cities for education and job opportunities, the elderly are left alone in villages and that impacts on feelings of loneliness and emotional neglect in the part of the elderly people.

2. Depression and Anxiety

Ill health, lack of economic security and the fear of becoming dependent on others often lead to depression and anxiety among the elderly people.

3. Cognitive Decline

Old age problems like memory loss and dementia are increasingly being noticed, but there is a lack of awareness and specialized mental health care for the elderly in Assam.

4. Loss of Role and Identity

Elders in Assamese society have traditionally occupied important roles in joint families. However, with the transition to nuclear families, they feel less important.

5. Fear of Dependency and Death

Older people are afraid of becoming a burden to their children, especially in families that are not doing well financially.

Apart from this, the following are some of the ways through which social changes can be explained:

1. Disintegration of Joint Family System

Due to urbanization and modernization, the joint family system has become less effective.

2. Changes in Value Systems

Due to modernization and technology, the generation gap has widened, which sometimes results in a lack of emotional attachment.

3. Economic Insecurity

Some elderly people, especially in rural Assam, are economically insecure as they rely on pensions or family support.

4. Limited Access to Healthcare

In the remote areas of Assam, there is a lack of access to specialized mental health care.

5. Digital Divide

Due to rapid technological advancement, there is a communication gap, and some elderly people are left out of cyberspace.

Family Structure, Cultural Transition and Elderly Mental Health in Assam:

The mental health of the elderly in Assam is intricately intertwined with its family organization and socio-cultural setting. Before 20th Century, the family structure practiced in Assam was joint family system where the elderly play the role of authority, moral guardians and symbolic continuity. During that period, old age was never considered as a process of social withdrawal. Besides, they were placed in a position of advisory and spiritual roles for the other younger generation of the family. This positioning is consistent with Activity Theory, which posits that social engagement increases life satisfaction in old age. Interaction with offspring and grandchildren served as a source of emotional validation, alleviated loneliness, and strengthened identity.

With the new wave of 21st century, the structure of family system has been changed because of urbanization, migration and economic necessity. With the introduction of nuclear family system, the power balance between generations has disrupted. The position of elderly as decision-makers has changed. They faced less authoritative power and decreased involvement in family affairs. Role Theory argues that the loss of significant roles can adversely impact self-concept and psychological well-being, often precipitating depression, anxiety, and feelings of uselessness.

In rural Assam, migration of younger generation to the urban area is one such major issue that creates caregiver stress and burden. The lack of emotional presence cannot be mitigated with the material support. This is a manifestation of the conflict between economic modernization and the traditional values of caregiving. Moreover, the digital divide is a factor that perpetuates intergenerational distance, thereby restricting the older generation's engagement with modern communication systems.

Cultural practices act as resilience factor for the elderly people. Social identity and spiritual coping of elderly person increase by involving in various religious events like naam-kirtan, temple visits, Bihu events and village meetings. Continuity Theory believes that, for psychological stability of elderly the preservation of familiar cultural practices is an important condition. Spiritual beliefs also ensure existential meaning, thereby alleviating the fear of death and dependency.

Modernization has quietly changed the concept of cultural engagement. Although the ideal of respect for the elderly continues to be a normative expectation, the actual care-giving role is progressively limited by time and work constraints. This can widen the divide between cultural ideals and actual experience, potentially exacerbating the vulnerability of the elderly to their emotions.

Therefore, the mental health of the elderly in Assam is situated within a complex dialectic between traditional support networks and modern socio-economic change.

Conclusion:

In Assam, the mental health of the elderly is impacted by the biological process of ageing, by the changing family dynamics, socio-economic shifts and cultural factors. Due to the challenges posed by urbanization and migration, the traditional support systems for the elderly, which provided emotional sustenance and a sense of identity are also declining. This leads to the risk of loneliness, depression and anxiety disorders among the elderly. While the Assamese culture and community engagement continue to be an important protective measure, it is not enough to meet the psychological requirements of the elderly population.

State and national efforts also extend some support to the elderly population realizing the challenges. Some of the programmes are home-based health monitoring initiatives like “Sparsh” in Bajali district, which ensures that the elderly, aged 90 years and above who have regular health checks. Additionally, the Population & Women Empowerment Policy of Assam has been formulated to provide support in the form of social security schemes for the elderly by introducing support for family caregivers, training for caregivers, elderly care units in the health infrastructure and old age homes as a final resort to ensure that the elderly are treated with dignity and care. The National Mental Health Programme, operational through the National Health Mission in the state, also seeks to integrate mental health care into the primary care system, decrease stigma and promote community-based care. Financial support programs such as Assam Arogya Nidhi also assist senior and financially disadvantaged citizens in coping with the high expenses associated with critical care, including chronic and mental health issues.

Although these efforts are in place, there still exist gaps in awareness, accessibility, mental health care and proactive community engagement. Hence, policy improvements such as the enhancement of mental health outreach, support for caregivers and the development of age-friendly public infrastructure are required to promote dignified and mentally healthy ageing. Inclusive programs that leverage cultural strengths along with support infrastructure will be critical in addressing the multi-faceted needs of Assam’s senior citizens.

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