



A Comprehensive Review on Elderly Well-Being in Institutional Care

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Abstract: India is experiencing a significant demographic shift, with the elderly population projected to increase from 60 million to 227 million by 2050. This paper focuses on the well-being and living conditions of senior citizens in old age homes, analyzing data from various studies. The review finds that most residents come from underprivileged backgrounds, lack formal education, are widowed, and are economically dependent, with women outnumbering men. Major reasons for relocating to old age homes include verbal abuse by family members, financial hardships, health issues, and the absence of caregivers. Despite these challenging factors, many elderly individuals reported satisfaction with the care and facilities provided in these institutions. The study highlights the need for improving institutional care, expanding healthcare services, and increasing social engagement opportunities to enhance the quality of life for the elderly. As India's elderly population continues to grow, a holistic approach to elderly care—addressing physical, emotional, and social needs through policy changes and community initiatives—is need of the time.

Keywords: Elderly well-being, Institutional care, Quality of life, Aging population, Senior care.

1. INTRODUCTION:

India, being the second most populated country in the world, is home to about 1.32 billion people. About 8.6% (60 million) of the population constitutes people above the age of 60 (senior citizens). Advanced medical care, the spread of modern medicine, and hence falling mortality rates will lead to a rapid increase in the elderly population in the years to come. It is estimated that the current elderly population of 60 million is projected to exceed 227 million by 2050 (an increase of nearly 280%) (World Health Organization, 2020). After retirement, many of them face humiliation and are forced to live their life at the mercy of their children and relatives. Many of them are also victims of physical as well as mental ailments, are bedridden, and have limited mobility. Old age means reduced physical ability, declining mental ability, the gradual giving up of role-playing in socio-economic activities, and a shift in economic status moving from economic independence to economic dependence upon others for support. They fall into a state of solitude, especially when their partner passes away. These reasons are enough to exploit their life and force them to live a life of abuse and isolation or abandon them in old age homes. The number of old age homes has increased a lot in recent years due to various societal and cultural changes (United Nations, 1990). This shows that more than half of the elderly population spends their last phase of life until death in old age homes. Therefore, it is important to understand how they live their life in old age homes, the facilities offered, and the level of satisfaction they have. One of the most significant demographic changes of the time is the rapidly growing number of elderlies in the world population. This is the result of 'longevity,' which is the biggest achievement of the century. Major improvements in the field of nutrition, sanitation, medicine, health care, education, knowledge, and economic well-being have made it possible for people to live longer. The growing elderly segment of the population will likely introduce new societal challenges for providing this group with healthcare, financial assistance, and social as well as emotional support (United Nations, 1999). These upcoming changes have forced contemporary planners, researchers, and policymakers to think over these issues. All these concerns are reflected in the national policy for the elderly, which has made various provisions for the extension of support for institutionalized elderly care apart from the participation of the voluntary and community sectors.



2. REVIEW OF LITERATURE:

Year & Author(s)	Purpose of Research	Research Design	Targeted Population	Result
Akbar <i>et. al.</i> , (2014)	A study of psychiatric morbidity, quality of life, and expectations of old age home residents in Northern India.	Interview method	174 elderly	Misbehavior by sons and daughters-in-law (29.8%) was the most common reason for residing in old age homes.
Panday <i>et.al.</i> , (2015)	To assess and compare the quality of life (QOL) between elderly living in old age homes and family setups.	Cross-sectional research design	80 participants	QOL was better among elderly living in old age homes compared to those living within family setups.
Showkat, (2016)	Investigate and explore the emerging problems of the elderly in Indian society, particularly in Srinagar city.	Survey and observation	Elderly	Decline of joint families and emergence of nuclear families led to difficulties in old parents adjusting to the modern lifestyles of younger generations.
Kumari and Murthy, (2017)	Compare general feelings, social relationships, and personal likings of elderly in families vs. old age homes.	Interview schedule	60 individuals aged 60 and over	70% of elderly women in families were well cared for; 27% felt neglected. Most kept busy with household tasks, while 3.3% reported humiliation by daughters-in-law.
Anil and Hemamala, (2018)	Understand living standards and services provided to older residents in old age homes.	Face-to-face interview	Elderly (60+)	Improvements needed in cleaning services, freedom to plan time, and respect for residents' privacy to enhance service quality.
Rathore and Sangwan, (2019)	Examine adjustment levels in old age people and assess socio-personal factors influencing adjustment.	Old Age Adjustment Inventory (Hussain & Kaur)	30 individuals (60+)	Majority of respondents moderately adjusted. Age positively correlated, and income negatively correlated with marital adjustment.
Devi, (2019)	Examine socioeconomic and cultural status of elderly in Devghat pilgrimage areas.	Mini-ethnography study	Elderly in Devghat	Reasons for moving to old age homes included social, economic, and spiritual factors. Life in the homes was normal, and facilities provided an average happiness level.
S and S, (2021)	Investigate problem-focused coping among old age home and own home residents by age and gender.	Coping Strategies Scale (Shrivastava, 2001)	120 elderly (70 ± 10 years)	Old age home residents, males, and older individuals scored higher on problem-focused coping than their counterparts.
Rajkumari, (2021)	Examine the socioeconomic profile of elderly living in old age homes in Manipur.	Survey method	69 institutionalized elderly	Reasons for moving included verbal abuse, financial constraints, neglect, and health issues. Most were satisfied with facilities provided by the institution.



Year & Author(s)	Purpose of Research	Research Design	Targeted Population	Result
Kaur and Randhawa, (2021)	Present views of various thinkers on the problems faced by elderly people.	Systematic review	Elderly (60+)	Loneliness, ignorance by children, and unhealthy environments led elderly to move to old age homes.
Janbandhu <i>et.al.</i> , (2022)	Study based on information from residents of old age homes in Pune city.	Semi-structured interview schedule	500 residents of 23 old age homes	54% of residents anticipated staying in old age homes, while 42% were uncertain. Many wished to return to their families.
Burholt <i>et.al.</i> , (2022)	Explore whether old age homes uphold the dignity of residents using status dignity and central human capabilities.	Semi-structured face-to-face interviews	30 older residents	Considerable variation in meeting functional capabilities; evidence of human rights violations in some facilities.
Haider and Rahaman (2022)	Explore the quality of life among elderly in old age homes in Bangladesh.	Survey and observation	60 elderly	Family negligence was the main reason for moving. Facilities like medical care and safety were better in old age homes, while satisfaction with food and accommodation was average.
Mastry <i>et.al.</i> , (2023)	Study the impact of societal changes on elderly populations in India.	Phenomenological technique	Elderly (65–73 years)	Living with extended families was seen as beneficial and necessary for peace and intergenerational communication.

3. DEMOGRAPHICS OF ELDERLY POPULATION IN INDIA:

India is the second most populous country globally, with approximately 1.32 billion people. Of this population, around “8.6% (60 million)” are senior citizens aged 60 or older (Government of India, 2021). Due to advancements in healthcare, improved sanitation, and modern medical care, the elderly population is projected to grow rapidly. By “2050”, this number is expected to increase to “227 million”, representing a nearly “280% rise” (World Population Prospects, 2022). The falling mortality rates and the overall improvement in living conditions are contributing to this shift in demographics.

4. CHALLENGES FACED BY THE ELDERLY:

- **Post-Retirement Struggles:** After retirement, many elderly individuals face challenges such as “humiliation” and being forced to live under the care of children or relatives (Kaur & Randhawa, 2021). Social isolation and neglect often become significant problems.
- **Health and Mobility Issues:** Many senior citizens suffer from “physical and mental ailments”, are “bedridden”, or have “limited mobility”, making them dependent on others for daily activities (Panday *et.al.*, 2015).
- **Economic Dependence:** Old age typically leads to a shift from “economic independence” to “economic dependence” on others. This dependence can increase feelings of vulnerability and helplessness, especially if family members are unwilling or unable to provide adequate care (Showkat, 2016).

5. TRANSITION TO OLD AGE HOMES:

With increasing societal and cultural changes, many elderly individuals are turning to “old age homes” as a living arrangement. The traditional joint family system in India is weakening, leading to an increase in the number of “old age homes” (Burholt & Windle, 2022). More elderly people are choosing institutional care due to the “lack of emotional support” and “economic instability” they face within their families. “Old age homes” are emerging as a preferable option for elderly people seeking security and care in their later years (Rajkumari, 2021).



6. REASONS FOR JOINING OLD AGE HOMES:

Several factors compel elderly individuals to join old age homes, including:

- **Verbal/Physical Abuse:** From sons, daughters-in-law, or other family members (Haider & Rahaman, 2022).
- **Financial Constraints:** Inability to sustain themselves economically (Mistry *et. al.*, 2023).
- **Neglect:** Lack of caregivers to look after them (Anil & Hemamala, 2018).
- **Health Issues:** In some cases, the elderly requires specialized health services which are more readily available in institutional settings (Devi, 2019).

Many elderlies blame their “daughters-in-law” for their difficult situation, as family tensions often arise in multigenerational households (Kumari & Murthy, 2017).

7. SATISFACTION WITH LIFE IN OLD AGE HOMES:

- **Overall Satisfaction:** Many elderly residents’ express satisfaction with the services provided in old age homes, particularly when essential needs such as “food, medical care, and shelter” are available, especially when these are provided “free of charge” (Janbandhu *et. al.*, 2022).
- **Healthcare Facilities:** Regular access to healthcare, including “weekly doctor visits” and “caretaker services”, helps maintain the physical well-being of residents (Rathore & Sangwan, 2019).
- **Recreational Facilities:** Old age homes often provide “recreational activities” that help improve mental and emotional well-being, offering opportunities for “social interaction” with peers (Akbar *et. al.*, 2014).

However, a significant number of resident’s report “feelings of loneliness” and “emotional isolation” despite the facilities available (S & S, 2021).

8. COMPARISON OF QUALITY OF LIFE (QOL):

- **Health Indicators:** Studies show that elderly individuals living in old age homes have better “physical and psychological health” compared to those living with families. The access to regular “medical care” and “health services” in old age homes significantly improves their quality of life (Panday *et. al.*, 2015).
- **Social Health:** In contrast, elderly people living with family members experience better “social health” due to the emotional and social support received from loved ones (Burholt & Windle, 2022).
- **Gender and Age Differences:** “Male elderly” and those in the “late stage of life” tend to cope better with the challenges of aging compared to females and younger elderly individuals (Kaur & Randhawa, 2021). The presence of “sons” in a family often decreases negative experiences for the elderly, while more “daughters” may increase stress levels for parents (Showkat, 2016).

9. EMOTIONAL AND PSYCHOLOGICAL IMPACT:

While many elderly people in old age homes report “improvements in health” and “better care”, a large proportion feel “lonely” and “isolated”. This sense of loneliness is more prominent among the younger elderly residents who have recently joined, as they are still adjusting to the new environment (Mistry *et. al.*, 2023). About “55%” of respondent’s report feelings of emotional disconnect, particularly those who have spent less time in the homes (Haider & Rahaman, 2022).

10. GOVERNMENT AND POLICY INTERVENTION:

The government of India needs to “strengthen policies” regarding old age homes to protect the rights and dignity of residents (Rathore & Sangwan, 2019). A comprehensive “legislative framework” is required to ensure accountability for old age homes, ensuring that they meet minimum standards of care, such as:

- Health and medical services
- Personal support
- Social and recreational opportunities
- Staff-to-resident ratios and training requirements for caregivers

Such measures will help maintain a basic standard of living for residents and improve their overall well-being (Janbandhu *et. al.*, 2022).



11. VARIETY OF OLD AGE HOMES:

Old age homes can be divided into two broad categories:

- **Free Old Age Homes:** In these homes, residents often come due to “neglect from family members”, and while they offer basic services, there are “strict rules” that limit residents' freedom of movement and participation in social activities (Anil & Hemamala, 2018).
- **Paid Old Age Homes:** These homes typically offer better facilities such as “recreational activities”, “medical care”, and “accommodation”. Residents have more opportunities to “contribute to society” and maintain a higher quality of life compared to free old age homes (Devi, 2019).

12. SATISFACTION WITH SERVICES:

Satisfaction levels in old age homes vary based on the type of services provided. For example:

- **Emergency Services:** Many homes offer “ambulance services” and a “duty doctor” available on-call, ensuring quick medical attention (Panday *et. al.*, 2015).
- **Communication:** The elderly feels satisfied when staff members engage with them regularly, providing emotional support (Mistry *et. al.*, 2023).

However, certain “rules” and restrictions in some old age homes can lead to dissatisfaction among residents, particularly when they feel their personal freedoms are being compromised (Rajkumari, 2021).

13. RECOMMENDATIONS FOR IMPROVEMENT:

- **Increase Institutional Support:** More resources and government policies should be dedicated to enhancing the “institutional care” for elderly individuals (Burholt & Windle, 2022).
- **Create Social Participation Opportunities:** Activities that encourage social participation among the elderly should be promoted to improve their “mental health” and “emotional well-being” (S & S, 2021).
- **Focus on Emotional Support:** Emotional and psychological care must be prioritized alongside physical care to ensure a holistic approach to elderly well-being (Akbar *et. al.*, 2014).

14. FINDINGS:

The findings suggest that old age homes are increasingly becoming the “best alternative” for elderly people who lack family support. Though reasons for joining old age homes vary, many residents report high levels of satisfaction, particularly regarding healthcare and emotional care. However, “loneliness” and “emotional isolation” remain challenges that need to be addressed. The government, along with voluntary organizations, must “enhance support systems” to ensure that elderly individuals, whether in old age homes or with family, are treated with “dignity” and receive the care they deserve in the final phase of their lives.

15. CONCLUSION:

The rapid growth of the elderly population in India presents significant societal, economic, and healthcare challenges. The shift from traditional family structures to institutional care highlights a growing need for structured support systems for senior citizens, especially as they transition from economic independence to dependence. While old age homes have become a crucial alternative for many elderly individuals facing neglect, abuse, or isolation, they also reveal gaps in familial and social support systems.

As life expectancy continues to rise, driven by advancements in healthcare and overall living conditions, it is imperative to focus on enhancing the “quality of life” for the elderly. This includes ensuring access to “healthcare, emotional support”, and “social engagement”, both within family settings and institutional care. Policymakers, researchers, and community organizations must work collaboratively to address these emerging needs, ensuring that the elderly live with dignity, respect, and adequate support.

Strengthening “national policies” for elderly care and providing adequate resources for “institutional support”, while fostering “intergenerational solidarity”, are essential steps in creating a society that values and cares for its aging population. In doing so, we not only address the pressing challenges of today but also pave the way for a future where aging is seen as a phase of life marked by care, respect, and continued societal contribution.

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