

## Ageing in institutions: Quality of life perspectives and underlying reasons for residing in old age homes of Meerut

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### ARTICLE CYCLE

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### ABSTRACT

**Background:** Old-age homes provide sheltered accommodation for elderly individuals, without any specialized nursing or health-care infrastructure, established for senior citizens who cannot stay with their families or are destitute. Quality of life is identified as an important concept and measure of outcomes in health care, and the concept is gaining significance, also in context of long-term care. The lack of family support made elderly resort to old age homes (OAHs) run by private or voluntary organization for their care and social support. **Aim & Objective:** 1. To assess the reasons for availing stay in old age homes 2. To estimate the quality of life among elderly individuals in old age homes. **Settings and Design:** An institutional-based cross-sectional study conducted in all elderly aged 60 years and above, residing for more than 1 month in old age homes of Meerut district. **Methods and Material:** Enumeration of all the residents was done by the investigator in all the 7 old age homes of Meerut. Random selection of total 30 registered elderly by using lottery method from each old age home for the purpose of our study. So, the total participants taken for the study comes out to be 210. Tools used were semi structured schedule and OPQoL brief questionnaire. **Statistical analysis used:** Jamovi 2.3.28 **Results:** The main reason for staying in old age homes was loneliness, followed by strained relations. Overall mean score is 2.99, demonstrated moderate Quality of Life. **Conclusions:** No one to take care at home and loneliness was found to be the most common reason given by the elderly for staying in old age followed by misbehaviour by children. Only 2.8% elderly rated their overall quality of life (QoL) as "very good" while for majority (39.8%) it was "alright".

### KEYWORDS

Elderly, Old Age Home, Quality Of Life

### INTRODUCTION

Old-age homes provide sheltered accommodation for elderly individuals, without any specialized nursing or health-care infrastructure.<sup>(1)</sup> They are meant for senior citizens who cannot stay with their families or are destitute. The old age home sector comprises not-for-profit and private homes.<sup>(2)</sup> For older people who have no one to support them, old age home provides a safe haven. Senior citizens experience a sense of security by sharing their joys and sorrows with each other. In Indian society, cultural values and traditional practices emphasize the importance of honoring and respecting elderly family members, with the expectation that they live in good health. However, with the rise of urbanization, modernization and globalization, there has been a noticeable disruption in family structures and societal norms, leading to increased challenges and deprivations for the elderly in contemporary Indian society.<sup>(3)</sup> Quality of life is identified as an important concept and measure of outcomes in health care, and the concept is gaining significance recently, also in context of

long term care.<sup>(4)</sup> The lack of family support made elderly move to old age homes (OAHs) to get support and care. Therefore, the present study is conducted to address the challenges faced by those elderly residents of old age homes located in Meerut district.

### Aim & Objective(s)

- To assess the reasons for availing stay in old age homes
- To estimate the quality of life among elderly individuals in old age homes.

### MATERIAL & METHODS

An institutional-based cross-sectional study conducted in all elderly aged 60 years and above, residing for more than 1 month in old age homes of Meerut district. There are 7 old age homes in Meerut, only one was completely funded by the state government while the other 6 were supported by various NGOs. Each study participant was contacted personally by the investigator at their respective old age home. Before contacting the participants individually, a verbal permission was taken

from the managers of the respective old age homes. After explaining the nature and purpose of the study and assuring confidentiality, a verbal consent was taken from the study participants.

**Sampling technique:** Enumeration of all the residents was done by the investigator in all the old age homes of Meerut. The 7 old age homes comprised a total of 445 residents, aged 60 years and above as per the records of each old age home. Since the number of residents was variable in each institute, with least being 33 residents in one old age home. So, we randomly selected total 30 registered elderly by using lottery method from each old age home for the purpose of our study. So, the total participants taken for the study comes out to be 210. If the elderly according to the lottery was not available or did not give verbal consent or was severely ill, the elderly who was next in the random selection was taken.

**Tools used:** (a) Socio-demographic data was collected using a semi-structured self prepared schedule (b) Older People's Quality of Life- brief Questionnaire (OPQOL-brief) to assesses quality of life (QoL) in older adults, with higher scores indicating a better QoL. The OPQOL-Brief questionnaire consists of 13 items along with a preliminary single item assessing overall (global) QoL. This single item captures the general perception of QoL and is not included with the OPQOL scoring; coded

as Very good (1) to Very bad (5). The responses to 13 items are summed to obtain total OPQOL-Brief score. The positive items are reverse coded, with higher scores representing higher QoL. Due to no specific cutoffs given to grade QoL based on these total scores of 13 items, the global QoL was taken into consideration to grade the overall QoL of the study participants.

Statistical analysis was done using Jamovi 2.3.28 software.

The study was approved by the ethical committee of the institution wide letter No./SC-1/2025/2961 dated 23/04/2025.

**RESULTS**

The study was conducted among elderly who were 60 years and above residing in the old age homes of Meerut district. The mean age was 71.04 years with a standard deviation of 8.48 among the study participants. The age distribution of study participants with a predominance of 'young-old' individuals (49.5%) aged 60-69 years (Category I), followed by 'middle-old' (31.9%) aged 70-79 years (Category II), with a minority (18.6%) aged 80 years or above (Category III). Male participants 135 (64.3%) were in majority as compared to female participants 75 (35.7%).

**TABLE 1: Reason of staying in old age home# (n=210)**

Age category	Sex	Total respondents	Reasons for stay in old age homes#							
			Children do not support	Self satisfaction	Misbehaviour by children	Death of spouse	Poverty	No one at home/ Loneliness	Health problems	Strained relations
I	F	41	19	2	12	6	3	26	0	14
	M	63	15	9	17	13	16	54	10	26
II	F	18	7	0	8	10	10	4	3	8
	M	49	15	11	17	10	8	32	20	12
III	F	16	6	3	8	8	4	8	6	3
	M	23	12	3	5	2	4	14	4	8

#Multiple responses

Table 1 shows data on the distribution of respondents according to age, sex, and reasons for staying in old age homes showed significant differences in gender and age categories. For Age Category I, the main reason for staying in old age homes was loneliness or absence of relatives at home, which was more common in males (54), followed by strained relations (26) and misbehaviour of children (17), whereas in females, it was lack of support from children (19), loneliness (26), and strained relations (14). For Age Category II, the main reasons for staying in old age homes were death of

spouse (10) and poverty (10) in females, whereas in males, it was loneliness (32) and health issues (20). For Age Category III, the main reasons were misbehaviour of children (8) and death of spouse (8) in females, whereas loneliness (14) and lack of support from children (12) were more common in males. Social isolation, lack of familial support, strained inter-generational relationships, and health issues were identified as important factors for institutionalization of the elderly, with loneliness being a significant factor in males.

**TABLE 2: Mean scores of quality of life for items in OPQoL-brief**

Item	Mean ±SD
I enjoy my life overall	2.83 ±0.91
I look forward to things	2.8 ±0.91
I am healthy enough to get out and about	2.66 ±1.03
My family, friends or neighbours would help me if needed	3.11 ±1.12
I have social/leisure activities/hobbies that I enjoy doing	2.94 ±1.02
I try to stay involved with things	2.75 ±0.91
I am healthy enough to have my independence	2.92 ±1.06
I can please myself what I do	2.99 ±0.93
I feel safe where I live	2.24 ±1.19
I get pleasure from my home	3.38 ±1.30

I take life as it comes and make the best of things	2.87 ±0.94
I feel lucky compared to most people	3.74 ±1.03
I have enough money to pay for household bills	3.66 ±1.04

Table 2 shows mean scores of quality of life for items in OPQoL-brief questionnaire. The highest scoring domains included feeling lucky compared to most people (3.74 ± 1.03), having enough money to pay household bills (3.66 ± 1.04), and deriving pleasure from their home environment (3.38 ± 1.30), reflecting relatively better financial security, positive outlook, and residential satisfaction. In contrast, lower mean scores were observed for feeling safe where they live (2.24 ± 1.19) and being healthy enough to get out and about (2.66 ± 1.03), indicating concerns related to safety and physical mobility.

The calculated overall Quality of Life mean score is 2.99 (approximately 3.0). On a Likert-type scale (assuming higher scores indicate better perceived quality of life). Overall, the elderly residents demonstrated moderate Quality of Life, with strengths in financial stability and positive self-perception, but comparatively lower scores in safety and physical mobility domains. These findings highlight the need for interventions focusing on enhancing environmental safety and physical health to further improve institutional living conditions.

**TABLE 3: Quality of life scores of the participants**

Overall QoL	Frequency	Percentage
Very good	6	2.8
Good	53	25.1
Alright	84	39.8
Bad	53	25.1
Very Bad	14	6.6
Total	210	100

Table 3 illustrates the distribution of study participants according to their overall quality of life. Majority of the participants graded their quality of life as alright, accounting for 84 (39.8%) of them. An exact equal number of the study participants, 53 (25.1%) had good and bad quality of life overall. Very bad was reported by 14 (6.6%) individuals and only 6 (2.8%) of them graded their overall quality of life as very good.

**DISCUSSION**

The present cross-sectional study was done to assess the quality of life among elderly individuals residing in old age homes of Meerut district. We also did some research to find out various reasons behind admission to old age homes. Our research found most of the elderly in the young old group, making up 49.5% aged 60 to 69 years. Fewer participants were in the middle-old category (70 to 79 years), at 31.9%, and the old-old category (80 years and above), at 18.6%. A study in Dehradun by Srivastava et al (2013)<sup>(5)</sup> and in Jammu by Kumari et al (2024)<sup>(6)</sup> found similar results with 63.1% and 60.7% of the participants from 60-69 years age group, respectively. Gupta et al (2014)<sup>(7)</sup> in old age homes of Lucknow observed a slightly different pattern, with majority belonging to middle old age group (70-79 years) and 28.7% in the 60-69 years age group, reflecting a relatively older population in institutional settings. In the current study, the strongest explanation for old-age

institutionalization was troubled family relationships, indicated by 65.7% of respondents. This general category encompassed family conflict, neglect, and abuse, highlighting breakdown in traditional support systems. Another 35.2% indicated they had no support from children, while the same percentage cited no one to look after them at home. Loneliness, poor behavior by relatives, and poverty were other reasons. These results are closely echoed with Bhandari et al (2016)<sup>(8)</sup>, where 60% of the people residing in old age homes in Kathmandu mentioned family problems as the primary cause of institutionalisation and Amonkar et al. (2017)<sup>(9)</sup>, where 43.3% of old people complained of neglect by family, and. A significant 30.5% of our respondents mentioned loneliness, paralleling research by Chaturvedi (2018)<sup>(4)</sup>. These results emphasize the reality that institutionalization is dictated more by psychosocial and relational dissolution than by mere physical or economic considerations. The majority of participants (39.8%) scored their Quality of Life (QoL) as "alright," and 25.1% scored it as both "good" and "bad." These results are in line with Chaturvedi (2018)<sup>(4)</sup> who reported that in physical QoL domain, 27.8% scored low, and 33.3% scored high. Similar patterns were observed in psychological domain also. Vignesh et al (2022)<sup>(10)</sup> also obtained mean scores for physical domain (45.56 +7.56) as highest, and environmental domain (39.02 +10.21) as lowest, mirroring the "moderate" QoL in our participants.

**CONCLUSION**

The present cross-sectional study was carried out in the old age homes of Meerut district with the aim to assess the reasons for availing stay in elderly care homes and to estimate the quality of life of the elderly in these institutions. No one to take care at home and loneliness was found to be the most common reason given by the elderly for staying in old age followed by misbehaviour by children and other family members. Only 2.8% elderly rated their overall quality of life (QoL) as "very good" while for majority (39.8%) it was "alright". Equal proportions (25.1% each) found their QoL to be "good" and "bad", while 6.6% rated it as "very bad".

**RECOMMENDATION**

We recommend counselling services for both- the elderly and their family members, for development of conflict resolution strategies to address strained family relations, and establishing regular family visitation programs to improve the psychological well-being. We can also encourage to establish intergenerational bonding programs connecting elderly residents with schools and colleges to combat isolation and provide meaningful engagement. Programs like "adopt a grandparent" connecting community members with elderly residents who receive few or no visitors.

**LIMITATION OF THE STUDY**

Due to the cross-sectional nature of study, causal inferences cannot be established. Since we only included

older adults who lived in old age homes—whose lifestyles differ from those of communities—our study's conclusions are unlikely to apply in other circumstances. Despite the limitations, to the best of our knowledge, this is the first study of its kind to use the OPQoL-brief questionnaire that assesses quality of life, conducted in old age homes.

#### RELEVANCE OF THE STUDY

The elderly population in India is aging, and at the same time, the support systems are declining, causing the elderly to opt for institutional care. Studies have revealed that the quality of life among elderly residing in old age homes differs from those staying with their families, due to physical, psychological, social, and environmental factors. The assessment of the quality of life of the elderly and the reasons for them being in the institutions (due to the absence of caregivers or family support) will help in meeting their unmet needs.

#### AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

#### CONFLICT OF INTEREST

There are no conflicts of interest.

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#### DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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