

Original Research Article

PERCEIVED SOCIAL ISSUES AMONG ELDERLY RESIDENTS OF OLD AGE HOMES IN AHMEDABAD: A QUALITATIVE STUDY

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ABSTRACT

Background: Rapid population ageing, coupled with changing family structures, has led to an increasing number of elderly individuals residing in old age homes in India. While institutional care addresses basic needs, the social experiences and challenges faced by elderly residents remain underexplored, particularly from a qualitative perspective. The objective is to explore the perceived social issues and lived social experiences of elderly residents living in old age homes in Ahmedabad district, Gujarat.

Materials and Methods: A qualitative exploratory study was conducted among elderly residents aged 60 years and above residing in old age homes in Ahmedabad from September 2020 to November 2022. Data were collected through purposive sampling using in-depth interviews and focus group discussions until thematic saturation was achieved. Interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis involving open, axial, and selective coding.

Results: Thematic analysis revealed key social issues including perceived social isolation and loneliness, weakened family ties, loss of autonomy and dependency, and restricted social participation. Participants frequently expressed feelings of abandonment, emotional distress, and reduced dignity. Despite these challenges, adaptive coping mechanisms such as peer support, religious practices, and acceptance were identified as important buffers against social distress.

Conclusion: Elderly residents of old age homes experience significant unmet social and emotional needs despite institutional support. Addressing these social dimensions through participatory, psychosocial, and family-inclusive interventions is essential to promote dignified and socially inclusive ageing.

Keywords: Elderly; Old age homes; Social issues; Qualitative study; Institutional care; Ageing; India.

INTRODUCTION

Population ageing is a rapidly emerging global phenomenon, with significant social, economic, and public health implications. According to the World Health Organization, the proportion of people aged 60 years and above is expected to double globally from 12% in 2015 to 22% by 2050, reflecting improved life expectancy but also increasing vulnerability to social and care-related challenges.^[1] Ageing is often accompanied not only by declining physical health but also by profound social

transitions, including retirement, loss of spouse, shrinking social networks, and reduced economic independence, all of which contribute to social marginalisation and isolation among older adults.^[2] In India, demographic ageing is accelerating due to declining fertility and increasing longevity. Census and national survey data indicate that the elderly population in India has crossed 10% and is projected to rise sharply in the coming decades.^[3] Traditionally, Indian society relied on joint family systems to provide social, emotional, and economic support to older adults. However, rapid urbanisation, migration,

nuclearisation of families, and changing socio-cultural values have weakened these traditional support structures, leading to an increasing number of elderly individuals residing in old age homes.^[4,5] While old age homes were once considered a last resort, they are now becoming a common living arrangement for elderly persons facing neglect, loneliness, or lack of family support.

Beyond physical and medical concerns, elderly residents of old age homes experience a wide range of social problems, including social isolation, loss of familial roles, perceived abandonment, lack of autonomy, reduced social participation, and diminished sense of dignity.^[6] Studies from India have reported that institutionalised elderly individuals often experience feelings of loneliness, social disconnectedness, and emotional insecurity, which adversely affect their overall well-being and quality of life.^[7] These social issues are deeply influenced by personal life histories, cultural expectations, and interpersonal relationships, making them difficult to capture through quantitative methods alone.

Qualitative research is particularly valuable in exploring such perceived social issues, as it allows elderly individuals to express their lived experiences, emotions, and meanings attached to institutional living in their own words.^[8] Understanding these perceptions is essential for designing elderly-friendly social interventions, improving the functioning of old age homes, and informing community-based geriatric welfare policies. In urban settings like Ahmedabad—one of the fastest-growing cities in Gujarat—the number of old age homes has increased alongside socio-economic transitions, yet limited qualitative evidence exists exploring the social experiences of their residents.^[9]

In this context, the present qualitative study aims to explore the perceived social issues among elderly residents of old age homes in Ahmedabad, providing in-depth insights into their lived social realities and informing more responsive geriatric care and social support systems.

MATERIALS AND METHODS

The present study adopted a qualitative exploratory design to examine the perceived social issues among elderly residents living in old age homes in Ahmedabad district, Gujarat. The study was conducted over a period of two years, from September 2020 to November 2022, and included old age homes located in both urban and peri-urban areas of the district. All 19 functional old age homes listed in Ahmedabad were approached, and permission was obtained from the respective authorities prior to data collection.

The aim of the study was to explore the perceived social issues and lived social experiences of elderly residents living in old age homes in Ahmedabad. The objectives were to understand elderly residents' perceptions regarding social relationships and family

support, explore experiences of social isolation, loneliness, dependency, and loss of autonomy, identify perceived social challenges and coping mechanisms within institutional settings, and generate qualitative insights to inform elderly-friendly social and welfare interventions.

The study population comprised elderly individuals aged 60 years and above residing in selected old age homes. Participants who were seriously ill, cognitively impaired, or unable to provide informed consent were excluded. A purposive sampling technique was employed to select participants capable of providing rich and diverse perspectives. Sample size was guided by the principle of thematic saturation, with recruitment continuing until no new themes emerged. In total, approximately 35–45 participants were included across multiple old age homes through a combination of in-depth interviews (IDIs) and focus group discussions (FGDs), ensuring variation in age, gender, marital status, duration of stay, and socio-economic background.

Data were collected using semi-structured in-depth interviews and focus group discussions, conducted in the language preferred by participants. The interview guide was developed based on literature review and expert consultation, focusing on domains such as social relationships, family contact, social isolation, autonomy, dignity, dependency, stigma, participation in decision-making, and perceptions of institutional living. Each interview lasted approximately 30–45 minutes, while FGDs involved 6–8 participants and lasted 60–90 minutes. Interviews were conducted in private, quiet settings within the old age homes to ensure participant comfort and confidentiality.

Prior to the main study, pilot interviews were conducted among a small group of elderly residents from an old age home outside the study area to refine the interview guide. All interviews were audio-recorded with participant consent, transcribed verbatim, and translated into English where required. Data were analysed using thematic analysis, following an iterative coding process that included open coding to generate initial codes, axial coding to group related codes into categories, and selective coding to integrate categories into overarching themes representing core social issues. Coding was performed manually, and representative verbatim quotations were used to enhance credibility of the findings.

Ethical approval was obtained from the Institutional Ethics Committee of GCS Medical College, Ahmedabad, prior to commencement of the study. Written informed consent was obtained from all participants. Confidentiality and anonymity were strictly maintained, and participation was voluntary, with the right to withdraw at any stage without any consequences.

RESULTS

The qualitative analysis revealed multiple interrelated social issues experienced by elderly

residents of old age homes in Ahmedabad. Prominent themes included perceived social isolation and loneliness, weakened family ties, loss of autonomy with increased dependency, and restricted social participation. Many participants described emotional loneliness and feelings of abandonment despite living in institutional settings, largely due to reduced family contact and limited involvement in decision-making. Loss of personal autonomy and dependence on caregivers were commonly associated with

diminished dignity and sense of purpose. Despite these challenges, several elderly residents demonstrated adaptive coping strategies such as peer support, religious and spiritual practices, acceptance of circumstances, and engagement in available activities, which helped mitigate social distress. These findings highlight that while old age homes address basic care needs, significant unmet social and emotional needs persist among institutionalised elderly.

Table 1: Integrated Thematic Analysis of Perceived Social Issues among Elderly Residents of Old Age Homes

Major Theme	Subthemes	Illustrative Verbatim Quotations	Perceived Impact on Elderly Residents
Perceived social isolation and loneliness	Emotional loneliness; Lack of meaningful companionship; Feeling unheard	"People are around me all the time, but still I feel alone."	Emotional distress; sadness; sense of emptiness
Perceived abandonment and weakened family ties	Reduced family contact; Feeling left behind; Perceived burden on children	"My children say this place is good for me, but sometimes I feel I was left behind."	Reduced self-worth; feelings of neglect
Loss of autonomy and dependency	Restricted decision-making; Dependence for daily activities; Loss of dignity	"Earlier I decided everything myself, now everything is fixed by others."	Helplessness; frustration; reduced dignity
Restricted social participation and role loss	Limited involvement in activities; Exclusion from decisions; Social invisibility	"We stay here, but nobody asks what we want or how we feel."	Marginalisation; lack of purpose
Coping mechanisms and adaptive strategies	Peer support; Religious/spiritual practices; Acceptance and adjustment	"I pray every day and talk to others here; that gives me strength."	Emotional resilience; improved adjustment



Figure 1: Ecological Thematic Model of Perceived Social Issues among Elderly Residents of Old Age Homes

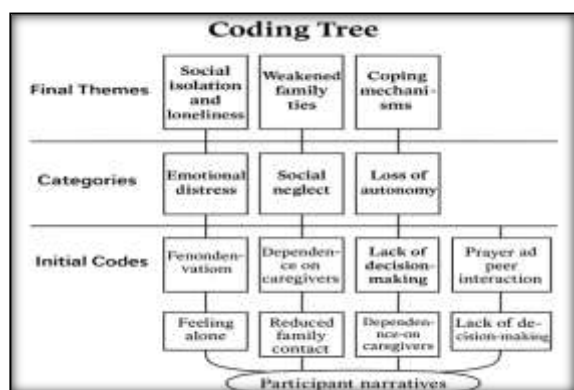


Figure 2: Thematic Coding Framework Derived from Qualitative Analysis of Social Issues among the Elderly

DISCUSSION

The present qualitative study provides in-depth insights into the perceived social issues experienced

by elderly residents living in old age homes in Ahmedabad. The findings highlight that institutional living, while ensuring basic care and safety, is often accompanied by significant social and emotional challenges. The major themes identified—social isolation and loneliness, weakened family ties, loss of autonomy, restricted social participation, and coping mechanisms—reflect the complex social realities of ageing in an institutional setting.

A predominant finding of this study was perceived social isolation and loneliness, which emerged as a central theme despite the presence of peers within old age homes. This paradox of “loneliness in a crowd” has been documented in qualitative studies from India and other low- and middle-income countries, where elderly individuals report emotional loneliness stemming from the absence of meaningful familial relationships rather than physical solitude.^[10,11] Similar findings have been reported in qualitative explorations from urban India, where institutionalised elderly expressed feelings of being emotionally disconnected even when surrounded by others.^[12] The loss of intimate social bonds appears to be a key determinant of psychological distress among elderly residents.

The theme of perceived abandonment and weakened family ties strongly reflects the changing socio-cultural landscape in India. Participants frequently attributed their institutionalisation to reduced family support, migration of younger family members, and shifting priorities within nuclear households. Earlier qualitative studies have noted that elderly individuals often internalise institutional placement as abandonment, leading to diminished self-worth and

emotional insecurity.^[13] This perception aligns with broader sociological evidence suggesting that erosion of the joint family system has significantly altered caregiving norms for older adults.^[14] The emotional impact of weakened family ties was evident in narratives expressing neglect and perceived burden on children.

Loss of autonomy and increased dependency was another critical social issue identified in this study. Elderly residents described difficulty adjusting to institutional routines that restricted personal choice and decision-making. Qualitative studies conducted in old age homes across India have similarly reported that rigid schedules and dependence on caregivers contribute to feelings of helplessness and loss of dignity.^[15,16] Autonomy is a central component of healthy ageing, and its restriction has been associated with poor psychosocial outcomes and reduced life satisfaction among the elderly.^[17]

Restricted social participation and loss of social roles further compounded these experiences. Participants expressed feelings of marginalisation and invisibility due to limited involvement in decision-making and meaningful activities. Previous qualitative research highlights that exclusion from social roles and community engagement reinforces a sense of purposelessness among institutionalised elderly.^[18] Active participation, even within institutional settings, has been shown to improve social well-being and perceived quality of life.

Despite these challenges, the identification of coping mechanisms and adaptive strategies represents an important positive finding. Peer support, religious practices, acceptance, and social interaction within old age homes served as buffers against social distress. Similar adaptive strategies have been documented in qualitative studies among elderly populations in India, where spirituality and peer relationships provide emotional resilience in the absence of family support.^[19,20] These findings underscore the importance of fostering supportive social environments and culturally appropriate coping opportunities within old age homes.

Overall, the findings of this study are consistent with existing qualitative literature and reinforce the need to address social dimensions of elderly care alongside medical needs. The ecological and thematic frameworks developed in this study further illustrate how individual experiences are shaped by interpersonal, institutional, and socio-cultural factors, emphasizing the multi-level nature of social problems among institutionalised elderly.

CONCLUSION

This qualitative study highlights that elderly residents of old age homes in Ahmedabad experience a range of interconnected social challenges, including social isolation and loneliness, weakened family ties, loss of autonomy, and restricted social participation. While institutional care provides safety and basic needs, it

often fails to address the emotional and social dimensions of ageing that are central to overall well-being. The findings underscore how changing family structures and socio-cultural transitions contribute to perceptions of abandonment and diminished dignity among the elderly. Importantly, the study also identifies adaptive coping mechanisms—such as peer support, religious practices, and acceptance—that help mitigate social distress. Addressing these social issues requires a holistic, multi-level approach that integrates individual, interpersonal, and institutional interventions to promote dignified and socially inclusive ageing.

Limitations

The study has certain limitations that should be considered while interpreting the findings. As a qualitative study conducted among elderly residents of old age homes in a single district, the results may not be generalisable to all elderly populations, particularly those living in community settings or in other regions. The findings are based on self-reported perceptions, which may be influenced by recall bias or social desirability bias. Additionally, variations in management practices across old age homes may have influenced participant experiences, which were not explored in depth. Despite these limitations, the study provides rich contextual insights into the social realities of institutionalised elderly.

Recommendations

Based on the findings, it is recommended that old age homes incorporate structured social engagement activities and participatory decision-making processes to enhance autonomy and social inclusion of residents. Strengthening family involvement through regular communication and counselling may help reduce feelings of abandonment. Training caregivers and staff in geriatric-sensitive communication and psychosocial care is essential to promote dignity and emotional well-being. At a policy level, integration of social support services with geriatric healthcare programs and periodic social audits of old age homes are recommended. Future research should include multi-site qualitative and mixed-methods studies to further explore social issues among diverse elderly populations and inform evidence-based interventions.

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