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PROBLEMS AND CHALLENGES FACED BY INSTITUTIONALIZED ELDERLY: A STUDY OF OLD AGE HOMES IN VISAKHAPATNAM

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Abstract

Population ageing has emerged as one of the major social concerns in developing countries, particularly in India, where changing family structures and urbanization have weakened traditional family support systems. Consequently, an increasing number of elderly persons are residing in old age homes. Although institutional care provides shelter, food, and healthcare, elderly inmates continue to experience numerous physical, psychological, emotional, and social challenges. The present study examines the problems faced by 330 institutionalized elderly residents living in selected old age homes. The study focuses on disability, activities of daily living, loneliness, abuse, health ailments, healthcare utilization, and self-rated health status. Descriptive statistics, correlation, and ANOVA were employed for data analysis. The findings reveal that depression, poor health status, lack of doctor availability, verbal abuse, and chronic illnesses remain major concerns among institutionalized elderly. The study recommends strengthening healthcare services, counselling, recreational activities, and geriatric care to improve the quality of life of elderly residents.

Keywords: Institutionalized Elderly, Old Age Homes, Disability, Health Problems, Loneliness, Elderly Care.

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Introduction

The world's elderly population is increasing rapidly due to improvements in healthcare, nutrition, and living standards. India is also witnessing a significant demographic transition characterized by an increasing proportion of older persons. Simultaneously, modernization, migration, industrialization, and nuclear family systems have reduced the traditional family support available to elderly people.

As a result, old age homes have become an important alternative source of care for elderly individuals who experience neglect, loneliness, economic insecurity, or the absence of caregivers. Although these institutions

provide accommodation and essential services, elderly residents continue to face numerous physical, emotional, psychological, and social challenges.

Health-related problems, disability, loneliness, dependency, abuse, chronic diseases, and inadequate healthcare services considerably influence the quality of life of institutionalized elderly persons. Therefore, understanding these challenges is essential for developing effective policies and improving institutional care.

The present study examines the major problems experienced by elderly residents in selected old age homes.

Objectives of the Study

The study was conducted with the following objectives:

- To identify disability related problems among institutionalized elderly.
- To assess Activities of Daily Living (ADL).
- To examine feelings of loneliness and experiences of abuse.
- To study health ailments affecting elderly inmates.

Research Methodology

The present study adopted a descriptive research design to examine the socio-economic profile, health status, institutional facilities, and life satisfaction of elderly inmates residing in old age homes in Visakhapatnam District, Andhra Pradesh. The universe of the study consisted of all institutionalized elderly persons aged 60 years and above residing in recognized old age homes. A purposive sampling method was used to select respondents who could provide relevant information on the objectives of the study. Eight old age homes, comprising four free and four paid institutions from both urban and rural areas, were selected. A total of 330 elderly inmates constituted the sample for the study.

Results and Discussion

Table 1. Disability Related Problems among Elderly Inmates

Sl. No	Statement	Good	Average	Poor	Total N=330
1	Ability to Engage in Conversation	59.1	17.6	23.3	100.0
2	Hearing Ability	62.1	19.7	18.2	100.0
3	Visual ability	67.9	14.5	17.6	100.0
An overall percentage		63.0	17.3	19.7	100.0

The findings indicate that most elderly respondents maintained satisfactory functional abilities despite advancing age. Visual ability was reported as good by **67.9%**, followed by hearing ability (**62.1%**) and conversational ability (**59.1%**). However, nearly one-fourth experienced poor conversational ability, suggesting communication difficulties that may affect social interaction and emotional well-being.

Although institutionalized elderly generally maintain acceptable sensory functioning, age-related deterioration remains evident. Regular eye examinations, hearing assessments, speech therapy, and rehabilitation services should therefore be integrated into institutional care. Correlation analysis further showed that conversational ability and visual ability were significantly associated with gender, while hearing ability was not significantly related to gender.

Table 2. Activities of Daily Living (ADL)

Sl. No	Statement	Dependent	Partially dependent	Not dependent	Total N=330
1	Can you feed on your own	16.1	15.1	68.8	100.0
2	Can you take bath without help	17.3	13.3	69.4	100.0
3	Can you go to toilet on your own	18.8	13.3	67.9	100.0
4	Can you dress and undress of your own	24.5	13.9	61.6	100.0
5	Can you manage money, telephone, possessions	18.5	13.9	67.6	100.0
An overall percentage		19.0	13.9	67.1	100.0

The majority of respondents were able to perform routine daily activities independently. Bathing recorded the highest independence (**69.4%**), whereas dressing showed comparatively greater dependency (**24.5%**). Overall, **67.1%** remained functionally independent.

The findings indicate that although institutionalized elderly retain considerable autonomy, nearly one-fifth still depend on caregivers for routine activities. This emphasizes the importance of physiotherapy, occupational therapy, rehabilitation services, and caregiver assistance to preserve functional independence and dignity among elderly residents. Gender showed statistically significant relationships with all ADL indicators.

Table 3. Feelings of Loneliness among Elderly Inmates

Do you feel lonely	Gender		Total
	Male	Female	
Yes	34	85	119
	10.3%	25.8%	36.1%
No	74	137	211
	22.4%	41.5%	63.9%
Total	108	222	330
	32.7%	67.3%	100.0%

Although nearly two-thirds of respondents did not experience loneliness, more than one-third (**36.1%**) reported feeling lonely. Loneliness remains an important psychological concern among institutionalized elderly because separation from family members often reduces emotional support and social connectedness.

Old age homes should establish counselling services, grievance redressal mechanisms, family interaction programmes, and recreational activities to reduce loneliness and protect residents from mistreatment.

Table 4.

Experience of Abuse by Staff among Elderly Residents

Are you abused in any kind by staff	Gender		Total
	Male	Female	
Yes	23	56	79
	7.0%	17.0%	23.9%
No	85	166	251
	25.8%	50.3%	76.1%
Total	108	222	330
	32.7%	67.3%	100.0%

The table reveals that **23.9%** of respondents reported experiencing some form of abuse by institutional staff. Although most residents did not report abuse, the existence of abuse within institutional settings requires immediate administrative attention.

Among those reporting abuse, verbal abuse emerged as the predominant form (**20.6%**), whereas physical (**2.4%**) and sexual abuse (**0.9%**) were relatively rare.

Although the prevalence of severe abuse appears limited, verbal abuse may have serious psychological consequences, including depression, anxiety, reduced self-esteem, and emotional distress. Institutional administrators should ensure continuous staff training, ethical caregiving practices, regular monitoring, and strict disciplinary mechanisms to prevent elder abuse.

Table 5. Health Ailments among Elderly Inmates

Sl. No	Health ailments	Yes	No	Total N=330
	Arthritis	32.4	67.6	100.0
	High blood pressure	33.3	66.7	100.0
	Loss of natural teeth	27.0	73.0	100.0
	Asthma	28.2	71.8	100.0
	Diabetes	31.5	68.5	100.0
	Paralysis	15.5	84.5	100.0
	Cataract	31.2	68.8	100.0
	Dementia	14.9	85.1	100.0

	Alzheimer	15.2	84.8	100.0
	Depression	39.1	60.9	100.0
An overall total percentage		26.8	73.2	100.0

Health problems remain widespread among institutionalized elderly. Depression was the most frequently reported health condition (**39.1%**), followed by hypertension, arthritis, diabetes, and cataract.

The high prevalence of chronic diseases reflects the growing burden of non-communicable diseases among elderly populations. Depression deserves particular attention because it negatively influences physical health, treatment adherence, social participation, and overall quality of life.

The findings indicate the necessity of comprehensive geriatric healthcare, regular medical screening, mental health counselling, physiotherapy, and chronic disease management programmes within old age homes. Most health ailments showed statistically significant relationships with gender, except asthma.

Table 6. Primary Healthcare Sources of Elderly Inmates

Sl.No	Statement	Yes	No	Total N=330
1	General hospital	68.5	31.5	100.0
2	Private hospital	36.4	63.6	100.0
3	Dispensary	62.4	37.6	100.0
4	Self-medication	67.9	32.1	100.0
An overall total percentage		58.8	41.2	100.0

General hospitals constituted the primary source of healthcare for elderly residents, followed closely by self-medication and dispensaries. The high prevalence of self-medication (**67.9%**) is particularly concerning because inappropriate medication may increase adverse drug reactions and delay appropriate medical treatment.

Limited use of private hospitals may be attributed to financial constraints. These findings emphasize the need for regular medical supervision, medication review, and improved accessibility of geriatric healthcare services. ANOVA analysis showed significant gender differences in the utilization of general hospitals, dispensaries, and self-medication.

Table 7. Availability of Doctor in the Old Age Home

Do doctor is available in the Home	Gender		Total
	Male	Female	
Yes	36	71	107
	10.9%	21.5%	32.4%
No	72	151	223
	21.8%	45.8%	67.6%
Total	108	222	330
	32.7%	67.3%	100.0%

More than two-thirds (**67.6%**) reported that doctors were not regularly available in their institutions. This shortage of healthcare professionals may adversely affect disease management, emergency care, and preventive health services.

Nearly half (**49.1%**) of respondents rated their health as poor, indicating considerable dissatisfaction with their physical well-being. The correlation analysis revealed a weak but statistically significant relationship between gender and perceived health status.

These findings strongly suggest the need for full-time medical officers, regular health check-ups, nursing services, mental health support, and comprehensive geriatric healthcare within institutional settings.

Conclusion

The study demonstrates that institutionalized elderly experience multiple physical, psychological, and social challenges despite receiving residential care. Although the majority remain functionally independent in daily activities and do not report loneliness or abuse, a substantial proportion experience chronic diseases, depression, inadequate healthcare access, and poor self-rated health. Depression emerged as the most common health problem, while doctor availability within institutions was limited. Verbal abuse and loneliness also affected a considerable proportion of residents.

The statistical analysis revealed significant associations between gender and several disability indicators, activities of daily living, health ailments, and healthcare utilization. However, these relationships were generally weak, indicating that multiple factors influence the well-being of institutionalized elderly.

Improving healthcare infrastructure, ensuring regular medical supervision, promoting psychological counselling, strengthening recreational opportunities, and protecting elderly rights are essential for enhancing the quality of institutional care. A coordinated effort involving government agencies, healthcare professionals, social workers, and voluntary organizations is necessary to ensure healthy, dignified, and active ageing among elderly residents in old age homes.

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