



Research Article

Comparing the Living Conditions of Older Individuals: A Qualitative Exploration of Home-Based and Old Age Home Residences

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ABSTRACT	Manuscript Information
<p>With respect to India, society emphasizes a collectivistic culture. Thus, the harbingers of a family, who are senior citizens (aged 60 and above for the purpose of this paper), become an integral part of life. The treatment of these individuals can thus have repercussions on different domains of their own lives, such as their physical and emotional health. The present paper aims to get a better understanding of the apparent similarities and differences among elderly individuals, both living in old age homes and with their own families in their own homes. These similarities and differences are looked at through the lens of the treatment of the individuals, respectively: lifestyles, conflicts, hobbies, emotional regulation, etc. The sample for the study consisted of 12 participants (3 males and 9 females) in the age range of 60 and above. Semi-structured interviews were developed in the current study and were thus administered to the 12 consenting participants, which consisted of both participants living in Old Age Homes (OAH) and participants living with their own families in their own homes. This administration was conducted through a primary data source, which was in-person interviews. Over half of the participants living in the Old Age Home claimed to have experienced better living facilities and received better treatment and care with respect to their physical and emotional health than those living in their own homes with their own families. Similarly, almost all participants living in their own homes with their own families claimed to be more independent and have a wider variety of lifestyle options than the participants living in old-age homes. Findings from the paper can allow future researchers to develop interventions aimed at fostering better relations between the elderly and their families at home.</p>	<ul style="list-style-type: none"> ▪ ISSN No: 2583-7397 ▪ Received: 04-03-2024 ▪ Accepted: 02-04-2024 ▪ Published: 15-04-2024 ▪ IJCRM:3(2);2024:152-163 ▪ ©2024, All Rights Reserved ▪ Plagiarism Checked: Yes ▪ Peer Review Process: Yes
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KEYWORD: Old Age Home (OAH), Residence, Emotional Regulation, Satisfaction, Living environment.

1. INTRODUCTION

The fastest-growing age group globally is that of people who are sixty years and older (WHO, 2002). Promoting health and well-being becomes a priority for aging healthily with this striking

growth in older people (WHO, 2014). Ageing well has been conceptualized using different contemporary theoretical frameworks in the last decades, including healthy aging, positive aging, productive aging, active aging, and successful aging (L.

Foster and A. Walker, 2015). The environment an older person lives in has an impact on their quality of life. Many individuals prefer to live in old-age homes for a number of reasons, while others are forced to remain with their family. While some people would prefer to remain with their family, others are obligated to live in nursing facilities. The BKPAI report states that the marriage of children as well as other factors, including the loss of a spouse, family disputes, and kid migration, are causes for older people to live alone. Furthermore, the demand for senior housing has soared. (Janbandhu PV, Phad SB, Bansod DW, 2022). Because older people spend the bulk of their time at home owing to a lack of energy in old age, their living arrangements or the location in which they dwell have a big influence on their emotions and well-being. For a number of reasons, including injuries, the loss of a spouse, having no one to care for them, etc., many people choose to live in old-age homes. More research is required to understand who moves their living situation, to what kind of dwelling, why, and under what conditions, in order to assess how demographic and socioeconomic trends are affecting how older Indian people live (S.S. and T.M., 2020). Nonetheless, some elderly people receive care from their family members while living in their own houses. It raised the need for old-age housing in India, lowered socioeconomic support and care for the elderly, and accelerated the expansion of nuclear families. If people live longer, more old people will need long-term care, which would cost money that would need to come from their families. As a result, family members may stop attending class or working in order to care for the senior. Older individuals are therefore seen as a burden (The Hindu, 2021). A challenge that older people who have never visited an old age home must contend with, in addition to the strain on the younger generation to care for the elderly, is deciding whether to enter one.

The structures of families can have various forms and can altogether provide a different meaning to individuals in various nations and societies. In Western countries, the family structure is mainly viewed as a financial and social unit. Conversely, in the eastern regions (for example, India or China), the family is seen as a cultural and religious structure. While individuals in the former societies, that is, the Western structure, are seen to be moving ceaselessly away from their extended families, in terms of geography and emotions, and making more modest family units, Asian or Eastern structures have and still underline family associations, bonds, and commitments. For example, Chinese culture gives importance or regard for power, devotion to guardians, restraints, and the significance of education. On the eastern side, including India, cultural similarity and family securities are areas of strength and are deeply rooted in the community. Extended family and even neighbors contribute significantly to the bringing up of kids and are effectively engaged with the existence of kids even after their marriage, and joint families are still exceptionally predominant. In Western culture, this is viewed as obstruction and an encroachment of individual space.

2. REVIEW OF LITERATURE

Singh, A., and Mishra, N. (2009) investigated the connections between loneliness, depression, and sociability among older persons. It is natural that as individuals get older, they lose touch with their social networks and find it harder to establish social contacts and join new groups. This study involved 55 elderly people (both men and women). The UCLA (University of California, Los Angeles) revised Loneliness Scale, the Beck Depression Inventory, and the Eysenck Sociability Scale were the instruments employed. The findings showed a substantial link between loneliness and depression. The majority of senior adults were found to be average in terms of sociability and wished to continue participating in social activities. There are no notable differences between old men and women based on gender. Ambati, N. R. (2019) conducted a study to find out the quality of life and the coping strategies of the inmates of old age homes in the city of Ahmedabad. Participants were selected through the random sampling method. The elderly subjects were interviewed individually to find out the reasons for coming to live in old-age homes and to know their views about the living conditions and their coping strategies in the new environment. The findings of this study revealed that the majority of the elderly people did not get respect, love, and affection from their family members and were highly dissatisfied with the behavior of their children. They were considered a burden by the family members. The respondents reported that during old age, when health deteriorates and the person is unable to work, their self-respect is badly hurt. Another study by Gupta, A., Mohan, U., et al. (2012) was carried out to find out the various factors for availing of the residential services of old age homes, to assess the facilities available in old age homes, and to study the quality of life of elderly people in old age homes. It was a descriptive, cross-sectional study. The study population was elderly (age 60 years) enrolled in free and paid old age homes (OAHs) in Lucknow city. All the elderly living in OAHs for 6 months and those who consented to an interview were included in the study. The most important reason for elderly people living in free OAHs was no caregiver (77.1%), followed by poverty (20.0%). In the case of paid OAHs, it was no caregiver (36.4%), followed by self-satisfaction (34.8%) and loneliness. Services were significantly better ($p < 0.05$) in paid OAHs. Statistically significant differences in the mean score of quality of life were found in the cases of the type of OAH and the financial dependency status of elderly people. The quality of life and facilities of paid OAHs were significantly better than those of free OAHs. Gupta, G., and Devdutt, P. (2023) in Meerut conducted another study. The objective of the test was to see whether there is a significant gender difference in health, personal, economic, marital, social, and job satisfaction amongst the elderly. The sample consisted of 300 elderly people. 150 were women, and the remaining were males. The sampling was done using the purposive sampling method. Alam and Srivastava administered the sample with the life satisfaction scale that was developed. Results found that men were higher on social, economic, job, personal, and health satisfaction than women.

There was no significant difference in gender regarding marital satisfaction. Even when women have a high life expectancy, they are prone to suffering higher levels of comorbidity and functional impairment that worsen their conditions, henceforth reducing their satisfaction regarding health issues. The older women were reported to be low on economic and job satisfaction because the majority of them had low levels of education and did not work, leading them to be dependent on their families. Due to the nurturing nature of women, they are naturally affected by the social relationships around them, leading to a lack of association and social relationships that led to low scores on the same.

A study was done by Janabandhu, Phad, and Bansod (2022) to see the lifestyle changes of the elderly in old age homes in Pune. The sample consisted of 550 elderly people from 23 old age homes using both qualitative and quantitative methods. Only those aged over 60 were included for this purpose. Results indicated that at least 38 percent of the people felt that their lives changed in a positive way, which implied that they were being taken care of properly in terms of food, clothing, and other factors necessary for their needs. However, 62 percent had a negative change in their lifestyle due to staying away from home, caused by adaptation changes and getting familiar with the new environment. Further, some of them even feel lonely as one of them loses their partner. This study concludes an overall positive review of the lives of the elderly residing in old age homes in Pune.

A study was done by Kapur (2018) to assess the living conditions of the elderly in old age homes. In most cases, the children may be employed elsewhere, and they face problems supporting their parents in a direct manner. In such cases, elderly people develop an enthusiasm to get admitted to old age homes. It was found that in elderly homes, in most cases, the elderly individuals enjoy and take pleasure in their lives. There have been certain reasons for which they feel lonely, upset, and sometimes depressed, but on the whole, living in old-age homes is very peaceful and content. The main problems have been isolation, loneliness, socio-economic status, generational gaps, adjustment problems, and transformations within social roles. As an individual reaches old age, there is an increase in health problems and illnesses, and elderly individuals need someone to look after them when they do not find anybody to take care of them. They normally make the decision to get themselves admitted into old age homes. It is the duty of family members, caregivers, and old age home staff members to make sure that they do not spend the twilight years of their lives in isolation, misery, and despondency.

Mahadevi W et al. (2015) compared the death, depression, and life satisfaction between senior citizens living in old-age homes and senior citizens living within a family setting. The Death Depression Scale and Satisfaction with Life Scale were administered to a sample of 80 senior citizens. The results revealed that there is a significant difference between senior citizens living in old age homes and those living within a family setup with respect to their death depression as well as life satisfaction. It was found that senior citizens living within a family setup have significantly higher levels of death depression and life satisfaction, while senior citizens living in old-age

homes have significantly lower levels of death depression and life satisfaction. However, some children consider old age home as a good source for their parents to live with friends and enjoy their last breath, or if they have to leave the country due to their job. Due to an increase in old age homes in India, children have forgotten the meaning of family, love, and care. The essence of family is missing in old-age homes, which can lead to loneliness. The advantages of old age homes are not just special friends and memories, but also special care such as treatments by nurses and assistants, which are also provided under professional supervision. It also encourages senior citizens to pursue their hobbies and spend more time in nature. Thus, old age homes help senior citizens have a peaceful time after retirement. They are also given access to books from the library, entertainment facilities, yoga, or fitness classes. The ambulance and health care department facilities are 24×7 ready to attend to any patient, even in case of an emergency. Living in an old age home can come with various benefits, such as the ability to do regular activities, enjoy their last stage with friends, have doctors take care of them, and live a secure life with assistance from nurses and assistants. However, old-age homes also have many disadvantages, such as restricted meals, expensive medical bills, an impersonal atmosphere, and loneliness.

A study by Panday, Kiran, Srivastava, and Kumar (2015) was based on a cross-sectional research design to assess and compare quality of life (QOL) between elderly persons living in old age homes and within the family setup. The findings of the study indicate that people living in old-age homes have good health because health facilities are readily available. Findings also indicate that the physical health, psychological health, and environmental health of those people living in old age homes were better than those of those living in family setups. Social health was better for those respondents who were living with a family setup in comparison. Overall, elderly people living in old age homes had a good quality of life in comparison to elderly people living with family.

Areckal, Arunkumar, and Pai (2021) aimed to compare the quality of life among the elderly people living in old age homes and those living with their families among elderly men and women in Mangalore. The study group consists of 160 elderly subjects over the age of 60, and their quality of life was assessed using questionnaires from the World Health Organization Quality of Life (WHOQOL). The elderly people living with their families had better social relationships and social participation than those living in old-age homes. The elderly in old age homes had a better personal and intimate relationship than those living with their family. The elderly men had better social relationships compared to the elderly women. Social participation and intimate relationships were not significantly different for elderly men and women. Lack of support from family degrades the quality of life of the elderly. Older people who experience social isolation and loneliness are at greater risk for morbidity, depression, and cognitive decline. Hence, it is the responsibility of every individual to work towards the improvement of quality of life in the elderly population.

Researchers (Shreya C. and S.K. Shrivastava, 2018) conducted a study based on 150 older persons, 75 participants living in old age homes, and 75 participants living with their families. They were administered the Oxford Happiness Questionnaire. Results showed that older people living with their families were happier than the elderly living in old age homes. Also, it was seen that the older people living in the old-age homes were merely interested in associating with other residents due to differences in their attitudes. This also affects their mental health, while participants living with their families were reported to have a better level of well-being.

Another study by Marsa, Younesi, Barekati, Ramshini, and Ghyasi (2020) on the older population of Iran. A total of 436 participants, aged 60 to 80, residing in old age homes and those living with their families, were included in the study. People who were physically ill or had severe illnesses such as Parkinson's and dementia were excluded from the study. The Depression Anxiety Stress Scale (DASS-21) was used to assess the study sample. The results indicated that the elderly living in nursing homes experienced greater amounts of stress, anxiety, and depression than the elderly living with their families. The cultural dynamics of Iranian acts play a huge role in the dissatisfaction of older persons, who believe that nursing homes are a symbol of isolation and that they cannot adapt to living in old age homes (Vahab Karamivand, 2022).

Another literature review uncovers significant disparities in the living arrangements of older individuals between Western and non-Western countries. In Western regions, like Europe and Northern America, smaller households are common, while larger households prevail in non-Western areas, especially Southern Asia and Africa. Regionally, older adults in non-Western countries often live with children or extended family members, whereas their Western counterparts typically cohabit with a spouse or live alone. Gender differences are notable, with older women in Western nations more likely to live independently due to longer life expectancy and higher widowhood rates, while older men tend to live with younger family members. In Western countries, co-residence with children is less common, while skipped-generation households, where grandparents care for grandchildren, are rarer but more prevalent in non-Western regions facing high adult mortality or parental migration. Older women are more likely to live in skipped-generation households, particularly in countries like Lesotho, Malawi, and Uganda. Temporal trends vary across these regions, with some countries witnessing an increase in skipped-generation households, others remaining stable, and a few experiencing a decline over time (United Nations Department of Economic and Social Affairs, Population Division, 2019). The study on "Family Care Prior to the Admission of the Elderly in a Nursing Home and Continuity in Family Care: A Comparative Study of Colombia and Spain" offers insights into family care patterns and continuity of care for older residents in Western cultures, specifically in Colombia and Spain. This paper provides valuable insights into the patterns of family care and continuity of care for elderly residents in both Colombia and Spain. The study revealed several significant findings across these two countries. It found that both Colombia

and Spain exhibited similar sociodemographic characteristics among elderly residents and their family caregivers, with a majority of residents being women and an average age of around 82 years. Disease-related health deterioration was identified as the primary reason for admission to nursing homes in both nations. Post-admission family care was characterized by frequent visits and high satisfaction among caregivers, although the type of nursing home (HRNHs vs. LRNHs) significantly influenced family involvement, with LRNHs showing fewer visits and longer stays. These findings underscore the importance of understanding cultural and socioeconomic factors that shape family care patterns for older persons in both Colombia and Spain, while also emphasizing the influence of the type of nursing home on the continuity of care (Riquelme-Marín et al., 2022).

A survey study based in Ohio, United States, by Stump (2021) provided a contrast between the thirty older persons living in a nursing home and another thirty older persons living in their own homes. The survey covered depression and happiness levels, the merits and demerits of the respective living conditions, and ways to make the conditions better. It was found that older people who live in nursing homes have a higher quality of life and lower depression levels than elderly people living in their own homes. This research reveals that in a nursing home, older people are happier and have access to social interaction, unlike the elderly in their own homes who have lost their significant other or whose family is not around. Thus, the older people in the nursing home have better psychological and social well-being, which further leads to greater levels of happiness.

In a study conducted by Lin Yan et al. (2020), 215 older adults from nine nursing homes and three communities were administered the Social Support Rating Scale, Meaning in Life Questionnaire, and Life Satisfaction Index. Results showed that older people living in their community reported higher levels of life satisfaction, social support, and greater meaning in life than those residing in a nursing home. This finding suggested that living in a nursing home did not cause poor life satisfaction, but that mediating or intervening factors, which were social support and meaning in life, had an important impact on life satisfaction. The conceivable justification for community-dwelling older adults with higher life satisfaction may be due to attachments to their residences. Similarly, in a research study that studied 3,513 Chinese residents, Chengcheng Wang et al. (2022) explored the willingness of the elderly to choose nursing care. It was seen that elderly people living alone are more likely to pick nursing homes and are more willing to get care in a recognizable living climate. Older people with more emergency medical visits will generally decide to get care at home. As of now, the research shows that elders have no faith in the refined and proficient administrations given by nursing homes.

3. METHODOLOGY

Sample

The study consisted of two sets of samples. A total of 12 participants were included in the study. One sample consisted of 6 participants (1 male and 5 females) from an Old Age

Home between the ages 60 to 95, with mean age being 81.5 years. Respondents staying in an Old Age Home (OAH) for over a year were included in the study and the participants residing in the old age homes belonged from places like Pune, Mumbai and Delhi. The other sample consisted of 6 participants (2 male and 4 females) between the ages 60 to 95, with the mean age being 80.6 years. Participants living with their respective families and owning their own homes were included in the study. The participants included in this sample belonged from Maharashtra and its other districts. Participants diagnosed with any mental health issues were excluded from the study and all the participants belong to the upper-middle class of economic strata.

Table 1: Participant Characteristics of participants living in OAH.

Name*	Gender	Age	Number of years living in an Old Age Home.
Ms.S.G	Female	61	1.5 years
Mr.A.J	Male	81	3 years
Mrs.V.A.D	Female	92	2 years
Mrs.S.M	Female	83	3 years
Mrs.S.S.K	Female	95	8 years
Mrs.S.A	Female	77	4 years
*Initials of the participants have been used instead of actual names to ensure privacy and confidentiality.			

Table 2: Participant Characteristics of participants living with their families.

Name*	Gender	Age
Mrs.D.S.J	Female	77
Mrs.D.K.F	Female	76
Mr.S.M	Male	92
Mr.P.K	Male	76
Mrs.S.K	Female	75
Mrs.S.N.V	Female	88
*Initials of the participants have been used instead of actual names to ensure privacy and confidentiality.		

Data Collection and Tools

A semi-structured interview was developed in the current study and was thus administered to 12 consenting participants aged 60 and above. This administration was conducted through primary data sources, which were in-person interviews. The data for this study was collected using purposeful sampling. The data includes information from six participants who were residing in the Old Age Home (OAH) and six participants who were staying

with their families and owned their own houses. Participants were made aware of the main purpose of the study, and informed consent was thus obtained. Interviews were conducted primarily in Marathi, English, and Hindi, and each interview lasted for about 30–60 minutes. Participants were asked questions and asked to elaborate to get a better understanding of their views and perspectives. They were made aware of the option of having the freedom to not answer questions if they felt uncomfortable disclosing any type of information during the course of the interview. Furthermore, participants were also given the freedom to express any additional views, comments, or anecdotes that would help facilitate the study.

4. RESULTS

A Thematic Analysis was conducted based on the interview transcripts. Common themes and sub-themes were identified with respect to both participants living with their families and those who are residing in old age homes. Furthermore, along the same lines, differences in themes and subthemes were also identified and described. The findings of the study are as follows:

Common themes among participants living in OAH include

1. Absence of Regrets

Majority of the participants expressed that they do not have any kind of regrets towards their past lives or current lives and are overall satisfied with the life they have lived. This was established in the form of not having the mental or physical energy to actually have regrets, being satisfied with the achievements obtained, not remembering enough about their lives to actually have any regrets and/or having belief in God or some other higher power and its will. Nearly all participants do not feel the need for changing anything about their life and state that they are past having regrets.

“No, nothing. Not about my career or life or anything.” (P.K)

“I don’t remember much.” (V.T)

“No. I don’t have any regrets in my life. I have everything I wanted in life “ (V.D)

“No, no regrets as such. I see no point in regretting over things I could not control, so no regrets.” (D.J)

“I don’t have any regrets as such. I’m satisfied with my life. I prefer not to think about something in such detail that I regret it. I keep myself busy with religious work.” (S.K).

2. Group Activities

Nearly all participants mentioned that they are very fond of and enjoy the group activities that are conducted in the OAH. Since the people residing in the OAH have group activities as the only source to socialise with people, indulge in teamwork, get a feeling of accomplishment and experience belongingness, this serves as a positive social activity in their daily routine. Activities like memory cafe, G.K quiz, newspaper reading, musical chairs, group singing, etc are conducted in the OAH daily in the evenings.

“Everyone here loves group activities. Sometimes some NGO groups organise seminars for us on different interesting topics like mindfulness, peace, self-efficiency, etc.” - (SSK)

"We do Yoga in the mornings. We have group activities every day in the evenings. We have a small G.K. question and answer sessions. We also play games on the weekends like musical chairs, Antakshari, etc. Everyone here loves group activities." - (SSK)

3. Diet Plans

The majority of the participants mentioned that they are satisfied with the quality of the food provided at OAHs. Diet plans are decided by the doctors, who create healthy, balanced diet schedules for the residents. The OAH also provides special food for their residents who cannot chew food properly. They also get special birthday and festival meals which are appreciated by the members of OAH. Some of the participants complained about the taste of the food. Since the taste of food is very subjective, it does not have anything to do with the quality of the food. Overall, nearly all participants were satisfied with the quality of food at OAHs.

"The dinner and lunch provided here are according to the diet plan, which is prepared for everyone individually." The dinner and lunch provided here are not the same every day. We also get special food items according to occasions and festivals. We also get special meals on the birthdays of members of the home. "They even grind food for people who cannot chew." - (SSK).

4. Hobbies

Nearly all participants living in the old age homes mentioned that they have very few hobbies and if they do have them, they are unable to muster up the energy to carry them out. While they do participate in group activities being conducted, each one's own preferences are not able to be carried out and the variety of hobbies they have are limited. Mostly the participants state that they stick to reading and walking but can't even do those often as they worry about their physical health.

"I don't remember much. I can't walk. I can't get up. I can't participate like others do. So, I don't do anything. At this age I can't do anything on my own." (V.T)

"I used to have hobbies like reading Marathi Sahitya, kadambari, and autobiographies. I also loved to study. But now I can't pursue all those like I used to. My health doesn't support me anymore. I can't sit for longer hours. If I stand for long, I start feeling nauseous and start feeling like I will fall down. And I can't even go down and enjoy when those people come for recreational activities." (V.D)

5. Special (Physical) Help

Majority of the participants living in the old age homes expressed that they receive extra help and care with respect to their physical health and facilities and are overall satisfied with the level of attention paid to the same. This was established in the form of being accompanied to doctor appointments, receiving tools to help equip their physical health, taking care of the patients going into and coming out of some major surgery. This is also aided by presenting them with personalised diet plans that help their recovery.

"Yes. There's a nurse who checks my BP daily. Also, there are doctors who come here. If something is painful, I tell them. Doctors do come and check. They give medication also. It's okay. (त्यांचय कडून जितकय होऊ शकते, जततकां तेकरणुय च प्रतन करतयत ते)." (V.T)

"Yes. It is. Doctors and available. Nurses are here. I fell down some days ago. I already had a broken hip and hand. Now I have vitiligo. They took me to a doctor. I got stitches. They brought my medicines. They give me those at times. They take care of us. Health is being taken care of. Not like those VIP hospitals. But it's better I would say" (V.D)

"Absolutely. The people here are very competent and take very good care of us. If I have the wish to eat something) that is not available in the home) I simply ask one of the authorities here and they bring it for me! Especially since my leg got fractured, I am unable to walk as I used to. They take good care of me here and all people here – especially when there is something major, like a surgery. "No one is allowed to go out without a person and official permission." (S.M).

6. Emotional Regulation

Nearly all participants living in the old age home mentioned that they do not get angry very often, but once in a while, they do get sad, as they have reported missing their family or deceased spouses. They have stated that they generally have good control over their emotions and that they cope with their emotions through worship or by sharing their problems and thoughts with the caregivers.

"I don't get angry much." It's okay. I think I can control my emotions. There's never any reason to be angry or sad. Happiness is shared. "We are there for each other here in this place." (V.A.D)

"I feel sad sometimes when I miss my family and my late husband. That makes me sad sometimes. Otherwise, I think I have good control over my anger. There's actually nothing at this home that makes me angry. We keep ourselves busy with something or other. (S.S.K)

"I do not get swayed by emotions easily." But, once in a while, I think I go through emotional ups and downs." (A.J)

"Nothing much! I don't keep it to myself is one thing. I like to talk and listen, so I like sharing my feelings and thoughts with the people here. I don't get angry honestly and happy thoughts who wouldn't want to share that". (S.M)

7. Reasons for joining

The majority of the participants have mentioned that they have been admitted to an old age home after getting into accidents, like having fractures, or due to the demise of their parents or spouses. Another reason that the participants were residing at the old age home is that their children were not capable of taking care of their parents full-time since all of them have jobs and nobody would have been there to take care of them. Also, the facilities provided at this particular old age home did ensure that

the participants were taken care of, and hence their children sent them to this old age home.

"I have been living here for three years." My wife died in 2020, and my son stays in the United States of America with his family, so he has put me here to stay. (A.J)

"My parents died tragically, and I have always wanted to stay in old age homes, so with the help of my sister, I came here to stay." (S.G)

"I have been living here for the past four years." I had my left hip dislocated, and it was getting difficult for me to do things on my own. Both my sons are busy with their own lives, so they brought me here. (S.A)

"I had an accident eight years ago, and that has made things quite difficult for me. I have a rod in my right leg, and so, I cannot walk much. Also, I have to use diapers. My daughter is married but my son isn't. He goes to work and therefore there is nobody to look after me. Since this old age home is in front of our house, my son bought me here and I have been living here for the past eight years." (S.S.K)

8. Arguments

Most of the participants living in old age homes stated that they don't usually fight among themselves or with the authorities. They get along very well as they are of the same age group making it easy for them to be with each other. Whenever they disagree with something or want to communicate with the authorities about the services in the home, they feel free to do so. They also mentioned that they do not have many conversations with the other people in the home so no point of disagreement arises.

"Oh! I absolutely hate fighting! I see no use for it... I have no reason to engage in or start fights. ...But even with the authorities, it's a nice and peaceful relationship. No fights of any kind! It's a very sisterly environment. If it happens that someone wants or demands something in the home that they are not getting, they can complain to the authorities, and action is taken immediately." (S.M)

"We do not talk mostly. Nobody here mingles with anybody. So, there is no question of getting into a fight, let alone resolving it." (A.J)

"... Authorities are also okay. No fights happen. There is not much conversation amongst us" (V.T).

"We talk happily. If something little happens that we don't like. We sort it out with the authorities. But no major fights. It's good." (V.A.D)"

9. Contentment

The participants residing in the old age homes conveyed that they had fulfilled their responsibilities, especially those as being parents and thus were content with their lives. Most of them also

mentioned that they were satisfied with the accomplishments they had achieved in their lives. The interviewed residents of the old age home also mentioned that they remembered their most cherished memories and shared them as if they were reliving those moments.

"I had a good life. I am 92 years old and the most senior person over here. I can't talk about one cherish memory. But if I want to talk then it will be me being a lawyer even in my 60's and getting that degree. It was a beautiful day." (V.A.D)

"...Being a singer at an orchestra. The others told me that I had been by far the best at singing like the original singers. That boosted my enthusiasm. I still vividly remember everything." (A.J)

"I feel like I've done everything that God had decided for me and now it's my time to go in peace." (S.S.K)

"Oh, it was so nice! My friends and I (who were working with me) and my college friends as well went on a trip together. The train journey was especially so nice! I had a great time back then." (S.M)

"When I gave birth two times and both were boys. This made my mother- in- law happy as she always wanted a boy. Seeing her happy, I also felt contented because I fulfilled her dreams" (S.A)

10. Spirituality

The participants residing in the old age homes mentioned that they enjoy praying to God and indulge in some religious activities such as singing bhajans and even hoping to be with God soon.

"...and then read the Hanuman Chalisa because I feel that one should always remember God in their good as well as bad times."- (SA)

"I like singing bhajans..... I want God to take me away in my best health at this age... I keep chanting religious mantras to help calm myself..... I feel like I've done everything that God has decided for me and now it's my time to go in peace" - (SSK).

Common Themes between participants living with their families

1. Presence of Regrets

When compared we could actually see that people who lived in old age homes have no regrets than those people living in their own homes. The people living in their own homes have often felt that they would have loved to change some aspect of their lives. Some of these regrets were like:

"I wish I could have pursued law instead of doing M.A. ". - (S.K.)

"I would like my daughter to marry a better man. We made a mistake in selecting him for our daughter. That was the biggest regret of my life. He was never a good husband, nor was he a good father to his own children. That's why me and my wife raised our grandchildren. That man would have destroyed their lives like he did with my daughter's. My daughter suffered a lot. So, I would love to change that " (S.M.)

"I used to be a headmistress. I couldn't complete my entire tenure. And had to take an early retirement due to family issues. So, I would have loved to finish my entire tenure rather than take an early leave. But as of such there are no major regrets " (D.K.F.)

"Sometimes I do feel that I could have learned the harmonium more. " (S.VN.)

" The one thing for which I have regretted my whole life was leaving my big home and coming to my in-laws' home." (T.V.N.)

2. Arguments

Participants living in their homes acknowledged that they do have fights in their families due to the generation gaps and difference in opinions between their children and themselves but they tend to accept the views of their children as well. They also mentioned that they prefer to remain quiet and not interfere much in the arguments as they feel that they are the eldest ones in the family thus they should try to maintain a peaceful environment in their homes.

"We don't usually fight since I live with my daughter and my son-in-law. I try not to interfere in their matters. We sometimes have verbal fights since there is a generation gap. Sometimes our mindsets don't match. ...I prefer not to say anything. I already know that they won't agree with my solution. I just stopped talking to them." (S.N.V)

"Ah, about fights, we do fight or have arguments but it has never been a heated one." (D.S.J)

"There are very few fights. If suppose something does happen. We sort it out by talking." (S.M)

"We have fights with my husband at least once or twice a day. My son doesn't really stay around for me to actually fight with him. He runs away at the first sight of conflict. We kind of have to resolve them as soon as possible because we all live together and inevitably need each other's help for something or the other. Therefore, we have to end up talking to each other." (S.K).

3. Contentment

Participants dwelling in their own residences mostly viewed contentment in light of fulfilling their own dreams as well as seeing their children excel in their lives. Few even mentioned

that they have achieved their ultimate life goals which is their duties as responsible parents towards their children.

"Ah, my grandson's birth. The day he was born. The moment I held him in my arms. That day was and is still an important event in my life." (D.S.J)

"Yes. Seeing my children doing well. But the most favourite one is my grandson being first in school for his 10th boards exams. Also, when my granddaughter got selected for the college she applied for her Masters." (D.F.K)

"Yes. That would be when I passed my M.Com. with honours having the 2nd class/rank. I was the happiest person in the world. That was my life goal and I was very proud of it." (P.K)

"I felt the most contended when I got my daughter married. Seeing her being capable of everything makes me feel contended. I feel that as a parent I did my job right and I'm really happy for her." (S.N.V)

4. Family Activities

Participants residing in their own homes mentioned that they go out for family picnics, movies, and restaurants, but they are not interested in doing this kind of group activities. They mentioned that they would rather prefer going to the temples or visiting some holy place. This was established in the form of lack of physical capacity to travel and spend the scarce amount of physical energy in activities they are interested in like, praying to God and indulging in some religious activity.

"We go to picnics, movies, and restaurants but I don't really like going to such places since it's very tiring for me, but I don't tell them so. I would prefer going to the temple instead since it's less tiring for me."- (SNV)

"Due to my back issues and weak knee-joints, climbing down 4 stairs is a bit tiring and it will exhaust me if I have to climb them back again. So, I don't try going out as much as possible and only leave the house if it's important or necessary."- (DSJ)

5. Hobbies

The participants living in their own homes state that they have a variety of hobbies to carry out and make it a point to take out time for the same. If they cannot carry out their specific interests, they still find a way to occupy their time and keep themselves busy either independently or with aid.

"In the past I used to really like singing, dancing, and travelling. However, the only hobby I have now is reading which has still remained till now. My son has a big library and I am able to also visit and buy books on my own. If not, my daughter does that for me." (S.K)

"Reading the newspaper, birdwatching, going for walks. I also love volunteering and carrying out social work. All things I can do easily. In the past, I used to really enjoy driving the scooter and travelling. I can still drive and I prefer it but sometimes my

knees bother me. So I have definitely reduced the quantity." (P.K)

"I like reading newspapers. I am through with every day's news and like being updated with the current world. I like reading spiritual books and doing chores whilst listening to some old songs on my radio." (D.J).

6. Special (physical) Help

Individuals living in their own homes expressed that they themselves look after their own physical health and recovery. While their family members are always around if they need them to be, these individuals assert that they enjoy being independent and looking after themselves personally.

"I mostly take care of my physical needs. Not that my family can't or doesn't want too but it is all minor stuff. So, I would rather do it myself. Taking my medicine on time, visiting doctors. But for those appointments I'm always accompanied by either my wife or son." (P.K)

"I mostly take care of myself and my health. I like being independent in that way. Going to doctor's appointments, reminders to take my medicine, exercising I do it all myself. If it's quite serious regarding my health, of course, any one of my family members are always ready to accompany me." (S.K).

7. Emotional Regulation

The majority of the participants who are staying with their families reported that they did get sad and angry often. The cause of their sadness and anger was mostly linked with their spouses or children. They mentioned that they often argued over trivial matters and that their children had their own ways of settling things. Most of the participants stated that they did try sharing their concerns with their family but kept most of their thoughts to themselves because they felt the need to maintain the peaceful atmosphere of the house or thought that their family members would understand them.

"I do get sad, but not intentionally. I mean it's usually during the evening, I just get sad. I don't know the cause either. It fades away by time. I do nothing, just let it flow and get done with it. If possible, I will chant the names of God and I will be fine after it." (D.S.J)

"If I'm angry, I make sure to point it out to the person who is to blame and usually shout." To calm myself down, I usually count to 10. I've never been one for fighting in the past or present. Since I was also an NCC commander, I've had great restraint throughout my life. I don't let people's words affect me." (P.K)

"I don't really express my feelings." I like to keep them to myself. Besides, there is no one to express them too. Not even my family. (S.K)

"Yes, many times. When both my husband and daughter do not listen to what I want to say. If it becomes too much, I cry. That helps. Though my husband and daughter don't know. But they irritate me most of the time. Both fight with each other over very small things." (D.K.F)

5. DISCUSSION

The main purpose of the present study was to qualitatively examine in detail the living conditions of the elderly in old age homes and the one's residing with their family.

Over 60-year-olds make up a sizable portion of the Indian population overall. The younger generation must take care of this demographic in great part. Relationships with friends, family, and co-workers provide a foundation for a person's growth in emotional security and wellbeing throughout their lifetime (Glover, S. A. O., 1998). The living arrangements or the place they reside in have a significant impact on their emotions and well-being because elderly people spend the majority of their time at home due to a lack of energy in old age. Individuals opt to live in old-age homes for a variety of reasons, such as accidents, a spouse's death, having no one to care for them, etc. Assessing how demographic and socioeconomic changes are influencing the living arrangements of older Indian individuals will require additional efforts to comprehend who changes their living situation, to what sort of house, why, and under what circumstances (S.S. and T.M., 2020). Some elderly people, however, remain in their own homes and are cared for by their family members.

Findings from the present study illustrated that the majority of the participants, both from old age homes and those living with their families, were looked after very well. The respective caretakers ensured that the participants were provided with all the necessities, be it in terms of food, clothing, or health check-ups. The hobbies of the participants were mostly similar. They were accustomed to singing, listening to music, chanting holy names, and many other things that were quite subjective in nature. Further, it was seen that nearly all of the participants were spiritually inclined, often engaged in worship, and sometimes used worshipping as a means of coping. Also, there was no mention of regret among the participants. They were all content with what they had accomplished and pleased with how their children were faring in their individual lives. These were some common sets of patterns among the two sets of participants.

On the other end, stark differences have been observed between the said samples. Participants residing in old age homes illustrated a greater capacity to regulate emotions, while those living with their families showed poor emotional regulation. The differences in emotion regulation could have been caused by a variety of reasons. One of the reasons for the differences in the regulation of emotions is that the participants in the old age home did not engage with other members, whereas the other participants had to adjust with their family members. The lack of association, the generation gap, and a probable urge to maintain peace in the family could have made emotion regulation a bit difficult. Similar results can be seen between the two sets of participants when it comes to anger management. The daily routines of these individuals appeared to be distinct, with those in the nursing home having a predetermined schedule, while those who lived in their own houses were believed to have a more flexible schedule. The diet of the participants were also different depending on their mode of stay. The one's living in old age homes were fed food that was tailor-made while those who lived

with their families did cook food or were satisfied with food provided by their members. Lastly, there was a difference between their mode of recreation. The participants of the old age homes had group activities where they were taught arts and crafts and had memory cafes, whereas the participants living with their families visited their relatives and often went to temples.

This study highlights the parallels and divergences between senior residents of nursing facilities and those who live with their families. According to the study's findings, older residents in old-age homes reported slightly higher rates of quality of life than the elderly who live with their families. The nature of care given to the elderly in both old-age facilities and their own homes, as well as their cultural perceptions and beliefs, determine their quality of life.

Countries with collectivistic cultures, such as China, Colombia, Africa, and Iran, typically adhere to a predetermined or rigid approach to elderly care. In fact, the majority of participants who were from these nations held the opinion that it was the responsibility of the children to care for their elderly members rather than placing them in old-age homes. The same is evident in the research that is carried out in these nations, where it is clear that the elderly admitted to old age homes have a lower quality of life than the elderly living with their families.

In contrast, however, older individuals who reside in nursing homes reported higher levels of life satisfaction than those who live alone in countries with individualistic cultures. Since many families in the west do not live together, it is not reasonable to compare the lives of the older individuals living in old-age homes with those of the older individuals who live with their families.

When it comes to the studies conducted on the ageing population of India, the results showed mixed results. Some studies claim that older citizens enjoy a greater quality of life than those who live with their relatives and families, while others claim the opposite. The variations in the research are related to the fact that our country's elderly still have a traditional attitude, and many of them are unwilling or hesitant to live in old-age homes. Nevertheless, as family socioeconomic dynamics shift quickly and children move away from their hometowns in search of better employment opportunities, the prevalent beliefs and attitudes of the elderly about living in old-age homes are changing (Agewell Foundation, 2021). The current study is an excellent illustration of this change in perception and the readiness of the elderly to reside in these institutions.

6. LIMITATIONS

The study has some limitations. It was carried out in a limited time period on a small sample and thus cannot be generalised to a great extent. Moreover, many people get admitted into OAHs due some preceding unavoidable mishaps in their lives which lead to certain grave outcomes. Although it was seen as an important factor in the living conditions of the old people, it could not be studied in depth due to certain time constraints. The study focused more on the upper middle-class people living in the old age homes as well in their own residences. The study is based on qualitative research and is not backed by quantitative

statistical evidence. Also, the data was collected from one old age home of Pune. Further research on old age homes can consider living conditions in view of the economic status of the old people, especially those living in their own homes and unpaid OAHs.

IMPLICATIONS

The current study can be used to understand the dynamics of the elderly living in old age homes and their own homes and those in their residences. Since India has an ageing population, it is important to understand the areas in which the older persons are facing problems- psychological/social/physical domains, and tackle them in order to help them live better, healthier and happier lives. There is a common debate between whether older persons feel more satisfied with people of their own age rather than staying amongst their family, and the present research explores such areas. It will help to guide and make caregivers aware of the current situation of the elderly in order to make best decisions, behave appropriately and aid the elderly to live a truly satisfied life. It will help to improve the facilities of old age homes to provide the older persons with the best care possible.

7. SUGGESTIONS FOR FUTURE RESEARCH

This research was constrained by a modest sample size, comprising just 12 participants. This limited scope underscores the need for forthcoming investigations in this field to broaden their participant pool, in order to achieve a more comprehensive and precise understanding of the living conditions experienced by elderly individuals. Moreover, the study employed a convenience sampling approach to select its participants, which means that the sample may not accurately reflect the broader population under study. Consequently, future research endeavours should prioritize the expansion of their sample to ensure greater representativeness.

The qualitative nature of the interviews increases the likelihood of subjectivity, social desirability and inhibitions on the part of the subject. To counter these effects, future research can supplement these qualitative measures with quantitative measures.

This study also focused on upper middle class elderly people from Pune. As a result, the problems highlighted and themes are restricted to the lifestyle and values held by people with a high socio-economic standing. Hence, future studies can explore factors that affect elderly people and the organizations that are setup for their care taking.

The thematic analysis highlighted numerous themes. However, numerous uncommon factors emerged from the analysis and varied as per each sector. These themes can be further studied and elaborated on.

8. CONCLUSION

In conclusion, this study has offered valuable insights into the living conditions and emotional well-being of India's elderly population, both in the context of old-age homes and family settings. It is evident that India's elderly population is

characterized by diversity in terms of living arrangements, cultural beliefs, and emotional experiences.

The findings indicate that the majority of the participants, regardless of their living situation, received adequate care and expressed contentment with their lives. They actively engaged in various hobbies and spiritual activities, using these pursuits as sources of solace and coping mechanisms. Notably, the participants did not express any regrets, demonstrating their acceptance of their circumstances and satisfaction with their children's life progress.

However, noteworthy distinctions emerged between the two groups under examination. Individuals in old-age homes exhibited better emotional regulation, possibly due to reduced family dynamics to navigate. In contrast, participants living with their families faced challenges in managing their emotions, which could be attributed to generational gaps and the desire to maintain familial harmony.

Furthermore, participants in old-age homes adhered to more structured routines, received customized meals, and participated in group activities, while those living with their families maintained more flexible schedules, prepared their own meals, and focused on family visits and religious activities.

The study also underscored the significance of cultural perceptions on the quality of life for the elderly. In collectivist cultures like China and Iran, it is customary for children to take care of their elderly parents, resulting in higher life satisfaction for those living with their families. Conversely, in individualistic cultures like the West, older individuals in nursing homes reported higher levels of life satisfaction, as family members often live separately.

Regarding India, research outcomes exhibit a mixed picture, reflecting the evolving dynamics of family structures and economic opportunities. While some older citizens still prefer residing with their families, others are increasingly open to the idea of living in old-age homes. In summary, this study highlights the necessity of considering cultural, family, and individual factors when assessing the well-being of the elderly. It sheds light on the changing perceptions and preparedness of India's elderly population to embrace alternative living arrangements, offering valuable insights for policymakers and caregivers striving to enhance the quality of life for this growing demographic.

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APPENDIX

Semi- Structured Interview questions for elderly people living in old age home

1. What does your typical day look like?
2. How often do you fight with the members of the home and/or the authorities?
3. How do you resolve your fights?
4. What are your hobbies and how do you pursue them in the home.
5. Do you perform any group activities here? If so, what and how?
6. Is your physical health being taken care of satisfactorily here?
7. If you get a chance to change your life, what would you change about it?
8. Do you think that there is still something left to accomplish in your life?
9. Do you have any regrets?
10. Do you often have visitors? What do you talk to them about?
11. What do you cherish the most currently?
12. Do you have any worries about your life in the home currently?
13. How did you find and join this home?
14. Do you easily get angry/ happy/ sad?
15. When you get angry/ happy/ sad how do you handle it?
16. Do you feel comfortable sharing problems with the people here?
17. Do you have a memory where you felt most content? (Elaborate)

Semi- Structured Interview questions for elderly people living in their own homes

1. What does your typical day look like?
2. How often do you fight with the members of your family?
3. How do you resolve your fights?
4. What are your hobbies and how do you pursue them at home?
5. Do you perform any group activities here? If so, what and how?
6. Is your physical health being taken care of satisfactorily by your family members?
7. If you get a chance to change your life, what would you change about it?
8. Do you think that there is still something left to accomplish in your life?
9. Do you have any regrets?
10. Do you often have visitors? What do you talk to them about?
11. What do you cherish the most currently?
12. Do you have any worries about your life at home currently?

13. Did you ever want to join an old age home? / Did you ever feel pressured to join an old age home?
14. Do you easily get angry/ happy/ sad?
15. When you get angry/ happy/ sad how do you handle it?
16. Do you feel comfortable sharing problems with your family members?
17. Do you have a memory where you felt most content? (Elaborate)

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