



A Study on the Life of Institutionalized and Non-Institutionalized Old Age People in Vadodara City: Challenges, Well-being, and Care

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ABSTRACT

This study explores the lives of institutionalized and non-institutionalized elderly people in Vadodara city, focusing on their challenges, well-being, and care. Data were collected from 60 elderly participants (30 living in old age homes and 30 living independently or with family in their own homes in Vadodara) through structured questionnaires. The study employs a descriptive research design and simple random sampling method. The findings indicate that most participants were men aged 66-70 years. Most of the institutionalized elderly were widowed and reported higher loneliness and lower emotional well-being, despite receiving basic care. In contrast, non-institutionalized elderly experienced better family support and health satisfaction. Both groups expressed the need for improved care. Institutionalized elderly people desired more family involvement, while non-institutionalized individuals desired better healthcare access. The study provides important insights to enhance elderly care systems and support in Vadodara city.

Keywords: Institutionalized, Non-institutionalized, Old age people, Elderly care, Health challenges, Well-being, Vadodara, Social isolation, Family support.

I. INTRODUCTION

Meaning of Ageing and Old Age

Ageing can be referred as a natural process that influences the individual, family, and society in different ways. It is a phase of development in life that begins with conception and concludes with death (Saikia, 2017).

Aging is an unavoidable developmental phenomenon that brings about changes in the

physical, psychological, hormonal, and social conditions (Sujini and Bilquis, 2018).

Aging can be seen as a natural process which involves changes in a person's biological, physical, and social aspects of life and includes shifts in a person's thoughts, feelings, interaction with others as well as in their roles and social status (Kumar et al., 2021).

Old age comes with time and cannot be stopped or reversed, similar to how an incurable disease cannot be healed, it can be handled with care and attention (Solanki et al., 2015).

Old age means reduced physical strength, weaker thinking ability, doing fewer social and work activities, and going from being financially independent to depending on others for support (Bijalwan et al., 2016).

Important Aspects of the Study

The elderly population is rapidly growing, both in India and globally, with a noticeable rise in Vadodara. This study is important because it helps us understand the well-being of elderly people in different living conditions, whether in old age homes (institutionalized) or living in their own homes (non-institutionalized).

This study provides local data that can help policymakers, healthcare providers, and social organizations create better care programs tailored to the needs of the elderly in Vadodara.

By comparing elderly people living in their homes to those in old age homes, this study aims to contribute in identifying the benefits and drawbacks of both types of living arrangements, and provide insights for improving support systems.

Research Questions

Main Research Question

- How do the living conditions (institutionalized vs. non-institutionalized) affect the



physical, mental, and emotional well-being of elderly people in Vadodara?

Sub-questions

- What are the main challenges faced by elderly people living in old age homes compared to those living with their families or independently in their own homes in Vadodara?
- How do social support systems (such as family and community) influence the well-being of elderly individuals in Vadodara?
- Based on the findings, what recommendations can be made to improve the elderly care systems in Vadodara?

Objectives of the Study

The following are the objectives of this study:

- To assess the physical, mental, and emotional well-being of institutionalized old age people compared to their non-institutionalized counterparts.
- To evaluate the social support systems available to both groups and their impact on well-being.
- To identify the challenges faced by institutionalized and non-institutionalized older adults in Vadodara.
- To understand the perceptions of family members regarding the care of elderly relatives in both settings.
- To provide recommendations for improving the care systems for elderly individuals in Vadodara.

II. REVIEW OF LITERATURE

Hemavathi and Rani (2014) conducted a comparative study on the institutionalized and non-institutionalized elderly people of the state of Andhra Pradesh. The goal of the study was to know the problems faced by elderly based on type of stay (institutional vs. non-institutional). The sample comprised 100 elderly (50 from Navajeevan old age home in Tirupathi town and 50 living at home in Mannarupallivillage). The sample was selected in three categories, 60-70, 70-80, and 80 years or older. The study revealed that most people who joined the institution were from nuclear families. Institutionalized elderly people were facing more psychological and economic problems than non-institutionalized elderly people.

Bhattacharyya (2015) conducted a study on the condition of the elderly population and several forms of problems faced by them, which need to be

addressed. The study was based on secondary sources and included some of the studies on the ageing population. The study found that with societal changes, the needs of the elderly required introspection and analysis and their quality of life declined with age; even those with high incomes did not guarantee security. Elderly individuals faced neglect, which made them feel redundant and worthless. The study also found that the absence of grandparents created a gap in the family system that material goods could not fill. Although society became more technologically advanced, humanistic values in the younger generation diminished, posing risks for society's future.

Mishra and Mishra (2016) conducted a study to examine the health status and problems of the elderly people living in old age homes in South Gujarat, and to understand how quality of life impacted their overall health. The sample consisted of 120 elderly individuals from 24 old age homes across Surat and Navsari districts of Gujarat, selected using a simple random sampling technique. Primary data were collected through structured interviews and secondary data from books, journals, and reports on the health status of the elderly. The study found that most inmates of old age homes were economically dependent, less educated, and had unsatisfactory health conditions. The study suggested recreational facilities, social participation, income-generating activities, increased grants, free medical treatment, low-premium health insurance, free checkups, emergency services, regular medical visits to old age homes, and similar healthcare provisions in hospitals for the elderly.

Solanki (2017) conducted a study to estimate the prevalence of mental health in elderly people and to determine the association of mental health with types of family and gender in Rajkot district of Gujarat state of India. The sample consisted of 120 old people from different old age homes and families. Mental Health was measured through a questionnaire "Mental Health Inventory" developed by Bhatt and Gida in 1992 and the data was analyzed by t-test. The study found that there was no significant difference between male and female old people with respect to mental health, while a significant difference between old age home and family setup old people was observed in relation to mental health.

Amiri (2018) studied the major socio-economic problems faced by elderly people and their staying arrangement in Pune city, Maharashtra,



India. A sample of 300 elderly people was taken by using convenience sampling method. The study found that the elderly people were facing mainly economic and health problems. In addition to these issues, many also experienced psychological problems. Very few of them were not having any socio-economic problems. The study also found that most of the elderly were staying with their married sons or daughters, while some of them were staying alone or with relatives due to the negligence by their family members and conflict with son and daughter in law.

- Sarwar and Tarannum (2019) conducted a study to analyze the psychosocial problem faced by the elderly and to analyze the programs and policies for the senior citizen in India. The study was based on secondary data sources like census reports, and other reports published in different journals and books. The researchers concluded that the development of institutions was necessary to provide quality service to elderly people. The study also showed that a social worker plays an important role in dealing with psychosocial problems among the aged.
- Talukdar (2019) conducted a study to examine factors behind the shift of elderly citizens to old age homes, explore family relationships, and assess the impact of human rights on elderly health, identifying gaps in implementation at the grassroots level. The research was conducted in two old age homes in Guwahati, Assam, using a qualitative approach. In-depth interviews were conducted with 30 elderly people and 4 officials, selected through purposive sampling. The study found that both men and women in old age homes experienced similar mental trauma, with women being the majority. Many elderly, abandoned by their families, were cared for by a few selfless individuals, but caregivers struggled to support a large homeless population. Despite government and NGO efforts, a gap remained between policy-making and grassroots implementation. The study concluded that abandoning elderly parents for financial gain or lack of time does not define modernity.
- Kumar et al. (2021) conducted a sociological study on the mental health status of elderly in rural Haryana. The sample was selected randomly and comprised of 180 elderly males and 180 elderly females, making a total sample of 360 rural elders. Personal interview method was used for data collection. The study concluded that over 50% of the respondents had average mental health, about

30% had good mental health, and men had better mental health in comparison to women. The mental health and well-being of the elderly directly affected their physical, social and health issues. The study suggested that the mental health of the elderly can be improved by involving them in useful activities.

- Parmar and Bhatt (2023) studied the quality of life of elderly people living in old age home and with family in Vadodara, Gujarat. Quality of Life (QOL) of elderly was assessed using WHOQOL - BREF questionnaire and data was analyzed using SPSS and Excel program. A total of 80 older adults (40 living with family and 40 in old age homes) were the study respondents. The study concluded that QOL of elderly living with family was better than elderly living at old age homes. The study also concluded that psychologically many people were depressed as they lived separately from their family, relatives, friends, and community.
- Sharma et al. (2024) studied about the social problems of elderly residing in old age homes of Haryana. The study was conducted in five cultural regions of Haryana and the total sample size was 200. The objectives of the study were to study the social problems faced by people in old age homes, to identify factors related to these problems and to suggest ways to reduce social problems for older people. The study found that age, caste, family type, family size, annual income before coming to the old age home, living arrangement before coming to the old age home and land holding after coming to the old age home were significant factors which contributed to the social problems of the elderly people living in the old age homes. The study suggested that solving problems faced by older people in old age homes needs a full plan, including community events, activities with different age groups, support groups, using technology, pet therapy, cultural activities, volunteers, counselling, and training for staff.

III. METHODOLOGY

Research Design

The study uses a descriptive research design.

Universe of the study

The research covers Vadodara city, including institutionalized elderly individuals in selected old age homes and non-institutionalized elderly individuals living independently or with family.



Sampling method

The study employs a simple random sampling technique to ensure an unbiased and representative sample of both groups.

Sample size and selection

Institutionalized Group: 30 elderly people from selected old age homes in Vadodara.

Non-Institutionalized Group: 30 elderly individuals living independently or with family in various areas of Vadodara city.

Data collection tool and method

Structured questionnaire was used as a tool to collect data. The questionnaire comprehensively covered:

- Demographic information (e.g., age, gender, marital status)
- Health and well-being
- Social connections and isolation
- Care and support received
- Challenges faced in daily life

Data Analysis

The collected data was classified and then tabulated for simplicity. The tabulated data was then visually represented with the help of PIE CHART to facilitate better understanding.

IV. FINDINGS

- Majority of both institutionalized respondents (50%) and non-institutionalized respondents (33%) belong to age group of 66-70 years.
- Majority of both institutionalized respondents (67%) and non-institutionalized respondents (73%) belong to male gender.
- Majority of institutionalized respondents (80%) are widowed and majority of non-institutionalized respondents (87%) are married.
- Majority of both institutionalized respondents (70%) and non-institutionalized respondents (47%) have received education up to secondary school.
- Out of total 60 participants, 30 participants (50%) live in institutional setting and 30 participants (50%) live in non-institutional setting.
- Majority of both institutionalized respondents (60%) and non-institutionalized respondents (67%) rated their overall health as average.
- Majority of both institutionalized respondents (83%) and non-institutionalized respondents (77%) have ongoing health conditions.
- Majority of both institutionalized respondents (83%) and non-institutionalized respondents (77%) visit a doctor monthly.
- Majority of institutionalized respondents (56%) feel that their health is not adequately managed and majority of non-institutionalized respondents (70%) feel that their health is adequately managed.
- Majority of institutionalized respondents (53%) feel neutral about the healthcare services they receive and majority of non-institutionalized respondents (56%) are satisfied with the healthcare services they receive.
- Majority of institutionalized respondents (63%) feel socially isolated and majority of non-institutionalized respondents (87%) do not feel socially isolated.
- Majority of institutionalized respondents (63%) interact with their family members, friends, or peers on a weekly basis and majority of non-institutionalized respondents (87%) interact with their family members, friends, or peers daily.
- Majority of institutionalized respondents (47%) spend their free time by reading and majority of non-institutionalized respondents (37%) spend their free time by attending social events or activities.
- Majority of institutionalized respondents (50%) participates in social activities occasionally or sometimes.
- Majority of both institutionalized respondents (67%) and non-institutionalized respondents (40%) rated their emotional well-being as good.
- Majority of institutionalized respondents (60%) manage their own care and majority of non-institutionalized respondents (70%) receive primary care from their family members.
- Majority of both institutionalized respondents (53%) and non-institutionalized respondents (73%) are satisfied with the care and support they receive.
- Majority of non-institutionalized respondents (86%) receive sufficient physical and emotional support from their families.
- Majority of both institutionalized respondents (77%) and non-institutionalized respondents (93%) feel that their autonomy is fully respected.
- Majority of both institutionalized respondents (87%) and non-institutionalized respondents (93%) receive enough help with daily activities (e.g., bathing, cooking, shopping).



- Majority of institutionalized respondents (57%) rated the quality of care provided to them in the facility as good.
- Majority of institutionalized respondents (38%) face financial challenges on a daily basis and majority of non-institutionalized respondents (40%) face difficulty with daily activities.
- Majority of institutionalized respondents (80%) do not feel that their independence is limited in the institutional setting.
- Majority of non-institutionalized respondents (80%) living with their family feel that their family members understand their needs.
- Majority of both institutionalized respondents (63%) and non-institutionalized respondents (87%) reported that their living conditions meet their emotional and physical need.
- Majority of institutionalized respondents (47%) would like to have improved family support as a change in their current living situation and majority of non-institutionalized respondents (70%) would like to have better healthcare access as a change in their current living situation.

V. CONCLUSION

This study highlights the differences in the lives of elderly people who live in institutions like old age homes and those who live at their homes with their family or independently. The findings reveal that most of the elderly people in both the groups were men and belonged to the age group 66-70 years. Many of the elderly individuals living in institutions were widowed, while those living at their homes were married. Education levels were almost similar among both the groups, though it was slightly higher among the elderly people living in institutional settings. Most of the elderly people in both the groups reported their health status as average and they visit a doctor every month. However, those living in institutional settings often felt that their health was not well managed and they felt more lonely. On the other hand, non-institutionalized elderly people expressed satisfaction with the care they received and felt more supported by their families. Institutionalized elderly people tend to manage their own care, while those living at their homes receive care from their family members. Most of the elderly individuals from both the groups reported that their living conditions meet their emotional and physical needs, but some reported financial problems or difficulties with daily tasks. Elderly individuals living in institutions expressed a

desire for better support from their family, while non-institutionalized elderly individuals expressed a desire for better access to healthcare. Both groups expressed a need to live with respect, care, and support.

Overall, the study underscores that despite receiving reasonably good care services, institutionalized elderly people experience greater social isolation and lower emotional well-being compared to non-institutionalized elderly people.

VI. SUGGESTIONS

- Plan programs that increase social interaction and reduce feeling of loneliness among institutionalized elderly people like group activities, family engagement days, and peer bonding initiatives.
- Make sure that institutionalized elderly individuals get regular health check-ups and better medical care. Staff should listen to their health needs.
- Encourage and facilitate more frequent family visits for institutionalized elderly people through flexible visiting hours. This will help older people feel more loved and supported.
- Provide better and easier access to doctors and medical help for non-institutionalized elderly individuals.
- Teach and help family members who take care of non-institutionalized elderly individuals so they do not feel tired or stressed.
- Provide assistance for financial planning and support for daily activities (e.g., cooking, shopping) to both the groups, through governmental or NGO-based elder support programs.
- Offer simple counseling, recreational activities like games or hobbies, and wellness programs that can help elderly people feel happy and relaxed.
- Let elderly people make their own decisions about their care and daily life. This will help them feel independent and respected.

By implementing these strategies, policymakers and care providers can enhance the overall quality of life and well-being of elderly people, whether they live in a care home or in their own home.



REFERENCES

- [1]. Amiri, M. (2018). Problems faced by old age people. *The International Journal of Indian Psychology*, 6(3). <https://doi.org/10.25215/0603.026>
- [2]. Ansari, H. (2021). Care of elderly in India: Issues and challenges. *International Journal of Creative Research Thoughts (IJCRT)*, 9(6), e193-e203. <https://www.ijcrt.org>
- [3]. Bhattacharyya, A. (2015). Elderly in India: An issue of importance. *Advances in Social Sciences Research Journal*, 2(6), 58-63. <https://doi.org/10.14738/assrj.26.1170>
- [4]. Bijalwan, R. P., Maithili, B., & Semwal, V. D. (2016). Social and health status of elderly people in the selected areas of Hardwar district in Uttarakhand. *International Journal of Biomedical and Healthcare Science*, 6(2), 211-218. <http://www.ripublication.com>
- [5]. Gaikwad, S. R. (2019). A comparative study to assess the psychosocial problems among elderly people residing in old age home and within families at selected areas of Kolhapur district, with a view to develop an information booklet. *International Journal of Advance Research, Ideas and Innovations in Technology*, 5(3), 1924-1930. <http://www.ijisrt.com>
- [6]. Hemavathi, U., & Rani, B. S. (2014). Problems faced by elderly: A comparative study of institutionalised and non-institutionalised. *International Journal of Science and Research (IJSR)*, 3(12), 1676-1677. <https://www.ijsr.net/archive/v3i12/U1V CMTQ3MTY%3D.pdf>
- [7]. Jaggi, P., & Saleem, Z. (2020). Ageing population of urban India & psychological well-being issues. *International Journal of Social Sciences*, 9(3), 169-184. <https://doi.org/10.30954/2249-6637.03.2020.8>
- [8]. Kaur, S., & Randhawa, M. S. (2021). Problems faced by senior citizens: A literature review. *Journal of Emerging Technologies and Innovative Research (JETIR)*, 8(4). <http://www.jetir.org>
- [9]. Kumar, P., Kumari, V., & Singh, M. (2021). Mental health status of elderly in rural Haryana: A sociological study. *The Pharma Innovation Journal*, 10(8), 238-240. <http://www.thepharmajournal.com>
- [10]. Kushwah, A., & Bhadauria, S. S. (2021). Study on adjustment problems of elderly living in old age home and within family set up in Gwalior City. *Indian Journal of Extension Education*, 57(2), 128-130. <https://epubs.icar.org.in/index.php/IJE/article/view/111754>
- [11]. Mishra, A. K., & Mishra, M. (2016). Physical status of elderly people in old age homes in South Gujarat: An overview. *International Journal of Health Sciences and Research*, 6(2). <http://www.ijhsr.org>
- [12]. Modi, M., & Rai, S. (2023). A study of mental health among elder people living in home and old age home. *The International Journal of Indian Psychology*, 11(2). <https://doi.org/10.25215/1102.302>
- [13]. More, U., & Salunkhe, A. (2014). A study to assess physical problems of old age with special emphasis on psychosocial problems of geriatric population among nuclear versus joint family in selected rural area. *International Journal of Science and Research (IJSR)*, 3(4), 303-307.
- [14]. Nagaraju, H. S. (2021). Problems of elderly in India: Challenges of access and affordability, with special reference to Bangalore age-old homes. *International Journal of Innovative Research in Technology*, 7(9). <http://www.ijirt.org>
- [15]. Parmar, M., & Bhatt, T.J. (2023). A comparative study of quality of life of elderly people living in old age home & with family in Vadodara city. *International Journal of Research in Humanities & Social Sciences*, 11(1). <http://www.raijmr.com>
- [16]. Rathaur, A., & Mishra, S. (2015). Life style disease and well-being in old age. *Journal for Studies in Management and Planning*, 1(8). <http://internationaljournalofresearch.org/index.php/JSMaP>
- [17]. Saikia, A. (2017). Life satisfaction among the aged. *International Journal of Healthcare Sciences*, 5(1), 153-155. <https://www.researchpublish.com>
- [18]. Sarwar, N., & Tarannum, S. (2019). Psycho social problems encountered by aging population in India. *International Journal of Research and Analytical Reviews*, 6(1), 1037-1046. <http://www.ijrar.org>
- [19]. Sharma, T., Tyagi, R., Sharma, T., & Kathpalia, J. (2024). Social problems of elderly residing in old age homes of Haryana. *International Journal of Agriculture Extension and Social Development*, 7(Suppl. 1), 32-37. <https://www.extensionjournal.com>



- [20]. Solanki, S. L., Singhal, G., Mishra, N., & Meharda, B. (2015). Health problems of elderly: A challenge for care. *International Journal of Current Research and Review*, 7(5), 38-42.
- [21]. Solanki, V. N. (2017). A comparative study of mental health among old people. *The International Journal of Indian Psychology*, 5(1).<https://doi.org/10.25215/0501.038>
- [22]. Sujini, S. P., & Bilquis. (2018). A study on psychological well-being of elderly living in institutional and non-institutional settings. *International Journal of Pure and Applied Bioscience*, 6(6), 492-496.
<https://doi.org/10.18782/2320-7051.7146>
- [23]. Talukdar, A. (2019). Ageing and its impact on the health of elderly citizens in old age homes in Guwahati, Assam. *IRA International Journal of Management & Social Sciences*, 14(2), 61-63.
<https://doi.org/10.21013/jmss.v14.n2sp.p7>
- [24]. Totuka, N., & Verma, B. (2015). Elderly people living in institution and in home: A study of psycho-social factors. *Advance Research Journal of Social Science*, 6(2), 261-266.
<https://doi.org/10.15740/HAS/ARJSS/6.2/261-266>
- [25]. World Health Organization. (2024). Ageing and health. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>