Ianna Journal of Interdisciplinary Studies, EISSN: 2735-9891
Volume 8, Issue 2, 2026

The Changing Landscape of Elderly Care: Factors Determining Institutionalisation among the Geriatric Population of Nashik, Maharashtra

Manisha A. Borse, Ph.D. Scholar, NIMS University, Jaipur, Rajasthan
Prof. (Dr.) Deepika Varshney, Principal, Faculty of Humanities and Social Sciences & Head, Department of Geography and Geoinformatics, NIMS University, Jaipur, Rajasthan
Dr. Ghansham Baburao Jagtap, Assistant Professor, Department of Social Work, M.V.P.S. College, Nashik
Dr. Yashomandira Kharde, Assistant Professor, Symbiosis Institute of Operations Management, Nashik, SIU, Pune
Ms. Khushi Sham Nikumbh, Pursuing MBA (2026-2028), BrahmaValley College of Engineering & Research Institute, Nashik

Abstract:

Ageing is emerging as an increasingly important social and development issue in India, with its elderly population on the rise steadily. Increased life expectancy is a sign of better health and living standards, but it also brings new problems such as the need for ageing care, social support, financial security and health management. In the past, families have been the main carers for older people. The older members were respected for their experience and wisdom in a joint family system and were generally supported by the younger generation in emotional, social and economic spheres. But there have been huge changes in the social fabric of Indian families over the last few decades. Traditional caregiving arrangements have been changed by urbanisation, migration for education and employment, changing lifestyles, and the increasing prevalence of nuclear families. Thus, the number of old people who want to live in old age homes is increasing, and this is more visible in developing cities like Nashik, Maharashtra.

In this context, the present study attempts to understand the determinants of institutionalization of old age home dwellers, geriatric people in the Nashik district. The present research aims at understanding the complex interplay of social, economic, and family circumstances that impact the decision or need to move to an institutional stay. The study does not understand institutionalisation as an event but as a process shaped by diverse life experiences and changing family situations.The study is based on primary data collected from the residents of the 6 old age homes selected in Nashik. A descriptive and analytical research design was employed to determine the profile of the respondents and the factors related to the institutionalization of the respondents. Based on the guidelines of the WHOQOL-BREF, a designed interview schedule was used to gather the data, and analysed by means of statistical tools like percentage, mean, and comparative clarification to classify broad outlines and relations.

The growing number of the aged in institutional care is a reflection of the larger changes in the family structure and social values in contemporary Indian society. While care and support to senior citizens in old age homes is important, the findings pointed to the need for greater participation from family, community support systems and accessible health care services for the elderly. The study indicates holistic approach to elderly welfare comprising family support, social security policies, access to health care and community engagement. Such efforts can help to enhance the dignity, independence and quality of life of the ageing population and to meet the emerging challenges of population ageing in Maharashtra and India

Keywords: Ageing Population, Geriatric Population, Institutionalisation, Old Age Homes, Elderly Care, Quality of Life, Family Support, WHOQOL-BREF, Changing Family Structure, Community-Based Care, nuclear families, Urbanisation and Migration

Introduction:

The twenty-first century has seen the ageing of populations become one of the most important demographic changes in both developed and developing countries. India is one of the most populous countries in the world. There is also a gradual increase in the geriatric population. Advances in healthcare, improved standards of living, declining fertility rate and increased life expectancy are responsible for the significant rise in the geriatric population in the last few decades. Census data showed that the percentage of senior citizens in India had gone up from 7.7 percent in 2001 to 8.14 percent in 2011. Demographic estimates suggest this trend will continue, with the population aged 60 and over growing exponentially in the period to come. This progression is a sign of social and developmental advancement. But it is also an important concern with respect to care, wellbeing and social security of the Geriatric Population.

In India, the family has been the main provider of care for the elderly. The joint family structure gave emotional support, economic security, joint involvement and a sense of belonging to the geriatric people in the family. They were seen as the keepers of experience and knowledge and their presence was felt to be a necessary element in the fabric of family life. Family members rotated into caring for the elderly, keeping them in touch with their families and communities. Later, institutional care for the elderly was not the norm and the primary model of care was family support.But the societal plot of Indian civilization has changed a lot in present scenario. Urbanisation, industrialisation, education, employment, immigration and changing aspirations have transformed family structures and social relationships. The slow shift from joint families to nuclear families has changed the traditional way of caregiving and the reduction of support systems that many elderly people relied on. Such changes have left older people isolated, emotionally lonely, ignored and in many cases less protected.

The challenges of growing old have become more intense in the current family situation where the members are balancing the professional obligations, geographical mobility and changing lifestyles. This means many older people are living alone or need help from outside the family. Old age homes have become an alternate source of care, companionship and security for some. Deterioration of health, long-lasting illness, widowhood, absence of caregivers and declining family bonds are issues that have contributed to the increasing acceptance of institutional care among sections of the Geriatric population. At the same time, changing social attitudes and the impact of current lifestyles have helped redesign perceptions of ageing and caregiving.

Compared to this background, older age homes have emerged as a more visible part of the elderly care system in India. These institutions cater to different segments of the elderly population, from the economically deprived who need basic assistance and shelter, to the financially secure seniors seeking managed care and social interaction. Although the number of old age homes has increased significantly across the country, little research has been conducted on the conditions & factors that drive elderly people to such institutions. Previous research has concentrated on quality of life, health conditions and living arrangements, with little emphasis on the complex personal, familial and social dynamics that influence the process of institutionalisation.

Understanding these factors is all the more important as societies age rapidly. Institutionalisation is rarely a single event but a convergence of social, economic, health and emotional conditions which unfold. Knowledge about such determinants is useful to throw light on changing nature of family support systems, changing needs of the elderly.

The present study, “The Changing Landscape of Elderly Care: Factors Determining the Institutionalisation among the Geriatric Population of Nashik, Maharashtra” is in this context an attempt to study the factors which encourage the geriatric population to stay in old age homes. The study intends to contribute to the understanding of the realities of ageing, the challenges faced by the older adults and the larger social transformations underway that shape elderly care in modern India through the experiences of the inmates of selected old age homes in Nashik district.

Need and Importance of the Study

India is undergoing a major demographic transition with an increasing proportion of older persons in the population. The ageing population is growing rapidly with improved health care amenities, reduced fertility rates and increased life expectancy. These have led to new challenges in respect of ageing, caregiving, health care, monetary security and community support in the urban as well as rural areas of the country.

Such changes are more evident in the faster-developing cities like Nashik, Maharashtra. The city has expanded economically, with the industries having spread across, and its population has moved at liberty. All this has had an impact on family relations and on the provision of care for the elderly. With these changes, the number of old age homes and institutional care facilities has gradually increased, reflecting the growing need for alternative support systems for the senior citizens. The existence of these institutions shows that the care of the aged is no longer a family affair but a wider social problem. The increasing trend of institutionalisation of older adults raises important questions regarding the situations in which elderly people leave their homes and live in old age homes. Institutional living is often associated with personal, family, economic, health and emotional factors. It is very important that these determinants are understood in order to improve the quality of life of the elderly residents and to create policies and support systems to allow the elderly to age with dignity and security.

The present study is important in that it tries to investigate these issues in the specific socio-cultural context of Nashik, Maharashtra. While there have been studies on ageing and the welfare of the elderly in India, there is a lack of research on the factors that influence the institutionalisation of the elderly in this region. The study is on the experiences and situations of elderly residents in old age homes and thus underscores the changing dynamics of family support systems and caregiving practices.

The findings of this study are expected to add to the existing knowledge on geriatric care and institutionalisation in India. The study provides empirical evidence of the impact of socio-economic conditions, family relationships, emotional well-being, health status, and availability of care on the decision or need to move to institutional care. This evidence can be useful for researchers, policy makers, social workers, health care professionals and organisations working in the field of elderly welfare.

The study also highlights the need to improve family relations, promote community-based care programmes, increase the social contribution of the elderly, and improve access to health care and social security services.

The study is based on the elderly residents of Nashik staying in the old age homes and provides a local viewpoint on a subject that is gaining importance across the country. The study has academic value, social and policy significance in dealing with the evolving challenges of ageing, family revolution and institutional care for the Geriatric Population

Literature Review

The problem of an ageing population is slowly gaining the attention of researchers from different disciplines, especially where it concerns the care, well-being, and living provisions of the elderly population. As the geriatric population in India is growing, studies have been done on factors affecting institutionalisation and experiences of senior citizens living in old age homes. Research recommends that the choice to move from family care to institutional care is a complex process and is influenced by a range of social, economic, psychological and health factors.

Sharma and Gupta (2018) pointed out that urban migration, altered lifestyles and slow erosion of the traditional joint family system have weakened the support system accessible to many older adults. Their findings suggest that loneliness, emotional neglect and reduced contact with family members often result in or require a move into institutional care. These observations suggest larger social changes that have altered traditional caregiving

arrangements within Indian families.

Other studies have highlighted the role of personal and economic vulnerabilities on institutionalisation, in addition to the family-related factors. Rao (2019) found that widowhood, chronic health problems, financial insecurity and dependence on others for daily needs are among the main factors associated with admission to old age homes. The study also stated that elderly women are often more vulnerable due to financial dependence and limited caregiving support after the death of a spouse.

The literature also reports significant differences in the experience of the elderly living with their family versus living in an institutional setting. Kumar and Joseph (2020) in their comparative study found that old age home residents reported higher levels of emotional distress and social isolation than elderly people living in families. At the same time, the authors noted that institutional care can offer important benefits such as regular supervision by physicians, assistance with healthcare, safety, and a structured living environment, particularly for older adults with chronic diseases and functional limitations.

Similar observations are reported from research carried out in Maharashtra. Patil (2021) also states that the influence of modernisation, urban lifestyles, and the rise of nuclear families has led to the weakening of intergenerational bonds in urban areas. The study found that family conflict, emotional insecurity, neglect, and declining family attachment were significant factors related to institutional living among the elderly. The findings indicate that the quality of family relationships is an important consideration in living arrangements of older adults.

In recent years, there has been a lot of attention to the psychological well-being of institutionalised elderly. A study by Saldanha et al. (2021) among elderly residents in Pune found that emotional stress, cognitive decline and poor psychological well-being were relatively common among people living in old age homes. Researchers emphasised the importance of addressing emotional and mental health issues in addition to physical care and called for improved psychological support systems in institutional settings.

In the literature, another important determinant is physical health. In their study on old age homes in Aurangabad, Kamble and Mhaske (2021) observed that several inhabitants had mobility-related problems, chronic health conditions, and a higher risk of falling. The researcher claims that a deterioration in physical well-being usually reduces one's freedom and increases dependence on others or carers, affecting the call for institutional care facilities.

The effect of relocation and shifting family responsibilities has been particularly clear in studies done in Maharashtra. Kulkarni (2022) found that in Nashik city and the surrounding areas, the relocation of young people to other places for education and careers has led to a scarcity of people to look after ageing parents. The researcher found that elderly people are often shifted to old age homes not only because of financial issues but also because of loneliness, neglect, and lack of emotional companionship in family surroundings.

Similar findings were reported by Chauhan and Patil (2022) in their study conducted in North Maharashtra, including the Nashik region. The study identified major determinants for institutionalisation of the elderly as marital status, declining health, financial dependence, and absence of family carers. They also said that the demand for elderly care facilities was growing, due to rapid urbanisation and changing social values in the region.

Singh and Kaur (2022) also found social support and emotional well-being to be important. Their study found that elderly people with poorer family relations and less emotional support were more likely to accept or prefer institutional living arrangements. The findings add further support to the notion that emotional connectedness and social support are important predictors of quality of life among older adults.

The psychosocial problems faced by institutionalised older adults continue to be highlighted in contemporary literature. Deshmukh and Jadhav (2024) found that the elderly living in old age homes reported lower levels of subjective well-being compared to the non-institutionalized elderly in a comparative study conducted in Navi Mumbai. Emotional loneliness, limited interaction with their family and less social connectedness were key factors

influencing their mental and emotional health.

Likewise, the research conducted by Kadale and Pandey (2025) on the aged inhabitants of Western Maharashtra also revealed a high prevalence of depression among the institutionalised senior citizens. Their findings showed a significant correlation between widowhood, lack of family support, chronic illness and financial dependency with emotional distress and depressive symptoms among the elderly residents.

The literature reviewed indicates that institutionalisation among the elderly is a multi-dimensional phenomenon, influenced by a combination of socio-economic circumstances, changing family structures, health conditions, emotional well-being, widowhood, financial dependency, and social isolation. Studies in Maharashtra and elsewhere in India indicate that modernization, migration, and changing family dynamics have consistently changed traditional patterns of care and support for the elderly. The existing literature provides valuable insights on the experiences of the institutionalised elderly. However, there are very few studies focusing on the determinants of institutionalisation of the elderly in the Nashik district. The dramatic social and economic changes in the region make it imperative to conduct local studies about socio-economic, family, psychological, and health factors of the institutionalisation of the elderly. The present study is an attempt to fill this gap and contribute to a better understanding of the changing landscape of elderly care in Nashik, Maharashtra.

Problem Statement:

In India, the family system has for generations been the primary institution for the care of the geriatric population. The traditional joint family system provided the old with a guaranteed emotional support, social inclusion, and financial security, and help in case of illness or physical dependency. Older family members were often seen as a source of wisdom and guidance, and caring for them was considered a collective family duty. Institutional care for the elderly was thus still relatively rare, for the majority of old people lived out their last years within the family.

But in the last few decades, major socio-economic and demographic changes have changed this traditional pattern of elderly care. Urbanisation, industrialisation, migration for education and employment, changing aspirations and increasing prevalence of nuclear families have led to changes in family structures and interpersonal relationships. These changes have resulted in economic development and modernisation, but have taken a toll on the availability of family-based support for older adults. Today, many elderly people are suffering from loneliness, emotional neglect, social isolation, financial dependence, declining health, and limited access to carers.

Ageing populations are changing the game with the erosion of traditional support systems. The elderly are often faced with widowhood, chronic illness, diminished mobility, and the lack of family members who can provide regular care and companionship. Family conflicts, changing intergenerational expectations, and the greater demands of contemporary life have made caregiving arrangements more complex. As a result, more and more elderly people are deciding or are forced to turn to support beyond the family setting.

Old age homes are an important part of elderly care in this changing social scenario. These facilities provide shelter, medical care, support, security, companionship, and assistance with daily activities. With the growing need for alternative care arrangements for senior citizens, especially in fast urbanising cities like Nashik, the number of old age homes is increasing in Maharashtra. Some of the elderly see life in an institution as a way of getting better care and security. Others find themselves in such institutions through no fault of their own, due to lack of family support, health limitations, or economic hardship.

Old age homes are becoming more visible as the number of old people residing in these institutions increases. But there is lack of empirical evidence regarding factors affecting institutionalisation of aged in Nashik. The prior research has been mostly on generic issues such as ageing, quality of life and welfare of the elderly. However, little attention has been paid to understanding the socio-economic, familial, psychological and health-related factors that

predispose elderly persons for institutionalization in the region.

The changing social and demographic dynamics in Maharashtra demand a systematic enquiry into the factors leading to the institutionalisation of the elderly. This knowledge is crucial for building stronger family support systems, enhancing community-based care services, developing responsive welfare policies, and promoting the health and well-being of the elderly population.

In this context, the present study attempts to understand the factors responsible for institutionalisation among the geriatric population living in old age homes of Nashik, Maharashtra. The purpose of the study is to increase the knowledge about the changing scene of elderly care and the problems faced by the elderly population in the present society by analysing the socio-economic, familial, psychological, and health-related factors associated with residential living.

Definition of the variables

Variables are measurable characteristics, conditions or attributes that impact the outcome of a study. These help the researcher understand the relationship between different social, economic, familial and psychological factors affecting the lives of the elderly. The variables are classified into independent variables and dependent variables in the present study in Nashik.

Independent Variables

Factors that affect or contribute to elderly institutionalisation are independent variables. These variables help to know the reasons and circumstances that force the elderly to stay in old age homes.

1. Sociodemographic Variables

These variables describe the social and personal background of the elderly respondents.

- Age – This is the respondent's elderly chronological age in completed years. Ageing can have an effect on health, dependency, and caregiving needs.
- Gender – Whether the respondent is male or female. Gender plays an important part in social support, emotional care, and living arrangements in old age.
- Marital Status – The marital status of the respondent, married, widowed, divorced, separated or never married. The emotional and social vulnerability in elderly widowed or separated may increase.
- Educational Qualification – The highest level of formal education completed by the respondent. Education affects awareness, financial independence, and decision-making.
- Family Type – It means the structure of the family, whether it is a joint family or a nuclear family. The shift to nuclear families in Maharashtra has disordered traditional care structures for the elderly.
- Occupation – Whether the elderly had previously worked or are currently employed. Financial firmness and pension benefits in later life are often determined by occupational background.
- Number of children – It is the total number of children, sons, and daughters of the respondent. Availability of children may affect provisions for emotional support and caregiving.

2. Economic Factors

The financial condition and economic security of older persons are determined by economic variables.

- Monthly Income – Regular monthly income from pension, savings, rental income, employment or family support. A good income is important in order to live in better conditions and to have access to health care.
- Pension Availability – Whether respondent receives a pension from government or private employment. Pension support cuts financial insecurity in old age.
- Financial Dependency – Indicates the degree to which elderly persons rely on family members or others for daily expenses and medical needs. Higher dependency may impact self-esteem and well-being.

- Property Ownership - Ownership of assets such as land, house or any other property. The property you own can impact your economic independence and your family relationships.
- Medical Expenditure – It is the amount spent on medicines, treatment and health care services. For elderly in urban areas like Nashik, the cost of medical treatment is one of the major concerns.

3. Family Variables

Familial variables refer to the quality of family relationships and the support available to elderly.

- Family Support – Refers to the emotional, financial and physical support from family members. Old people feel comfortable and safe with the support of strong families.
- Family Conflicts – Disagreements, misinterpretations or difficult relationships in the family. Constant arguments can be harmful to mental peace and family bonding.
- Neglect by Family Members – Indicates the extent to which older people feel neglected, isolated or uncared for by their family members. Institutionalisation is a major cause of abandonment.
- Caregiving Support – Assistance with daily activities, healthcare management and emotional care. Often, lack of caregiving support can lead to greater reliance on old age homes.
- Children's Migration – This refers to migration of children to other cities or countries for education, employment or marriage. Migration decreases the direct contact and caregiving support for elderly parents.
- Intergenerational Relationship – It is the quality of relationship and communication between elderly people and younger family members. Positive intergenerational relationships enhance emotional satisfaction and social security.

4. Mental Factors

Psychological variables are useful for understanding the emotional and mental state of the elderly.

- Loneliness – Elderly persons experience feelings of isolation, lack companionship and social disconnection. Loneliness is often seen among institutionalised elderly people.
- Emotional Insecurity – Feelings of fear, helplessness, anxiety, and uncertainty about care, affection and future support. Insufficient social bonds and social isolation tend to engender emotional insecurity.

Dependent Variable:

Institutionalisation in the Elderly

The dependent variable in the current study is elderly institutionalisation, which describes the admission or stay of elderly individuals in old age homes or institutional care settings. It is the result of a combination of socio-demographic, economic, family, and psychological factors. The study is an attempt to find out the combined contribution of these factors to the increasing trend of elderly persons living in old age homes in Nashik and other parts of Maharashtra.

The purpose of the study:

The present study is an attempt to study the factors compelling the institutionalisation of the elderly to stay in the old age homes of Nashik, Maharashtra. In particular, the study seeks to:

- To study the background profile of the elderly persons residing in selected old age homes of Nashik, Maharashtra and to study the socio-demographic characteristics of the elderly persons.
- To explore the effect of family-related factors, including emotional support, family conflicts, neglect, caregiving arrangements, and intergenerational relationships, on the institutionalisation of older people.
- To examine the changing family structure and its consequences on traditional practices of old age care and institutionalisation of the elderly in Maharashtra. The shift from joint to nuclear family structure.

Hypotheses:

Following a review of literature and keeping in view the objectives of the study, the following hypotheses have been formulated to study the factors associated with elderly institutionalisation:

H1: Institutionalisation of the elderly is significantly associated with socio-demographic characteristics such as age, gender, marital status, educational attainment, family type and occupational background.

H2: Family-related factors such as lack of emotional support, family conflicts, neglect, inadequate caregiving assistance and poor intergenerational relationships significantly predict the likelihood of elderly people living in old age homes.

H3: The transition from the traditional joint family system to the nuclear family system has led to a decline in customary family-based elderly care and is significantly associated with increased institutionalisation in the elderly population in Maharashtra.

Data Collection:

The present study was descriptive and analytical research design to study the factors associated with institutionalisation of elderly people living in old age homes. The descriptive part of the study helped to understand the socio-demographic profile, economic condition, family condition, psychological well-being and health status of the respondents. The analytical part was used to analyse how far these factors were responsible for the decision or need for living in institutional care.

The study was carried out in selected old age homes of Nashik district, Maharashtra. The selection of Nashik as the study area is due to its rapid urban growth, industrial development, increasing migration and changing family structures that have brought about a change in the traditional patterns of care for the elderly. Such socio-economic changes create a suitable background for studying the emerging trends and challenges of institutionalising the elderly in the district.

The study population was elderly aged 60 years or above residing in registered old age homes in Nashik district. The residents were the direct recipients of institutional care and provided important perspectives in terms of personal, family, social, and health factors that shaped their move into institutional life. Their experiences provided important insights into the changing nature of care for the elderly in contemporary society.

The respondents for the study were selected using a purposive sampling technique. The method allowed for the inclusion of elderly people who were willing to participate and were able to give information about their life experiences and living circumstances. The sample consisted of respondents with different socio-economic backgrounds, family structures, and personal situations, in order to obtain a wider understanding of the determinants of institutionalisation.

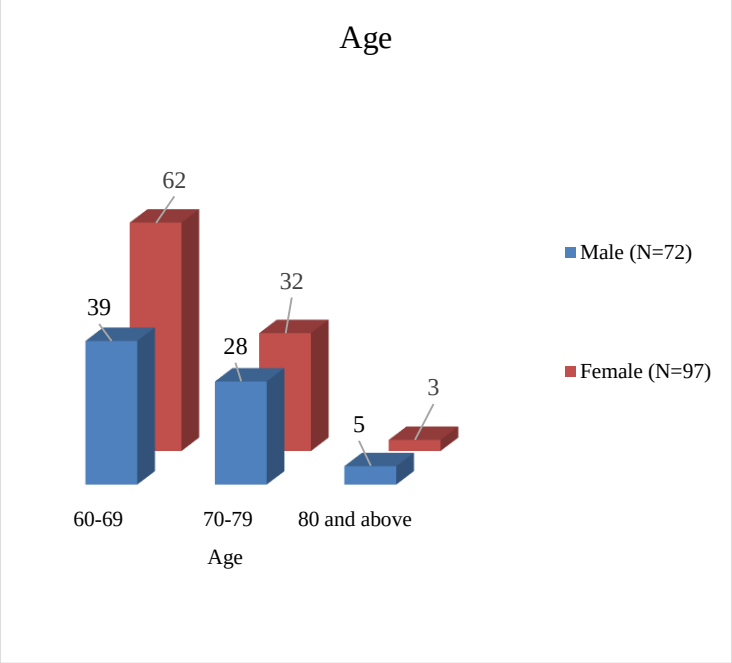
169 elderly residents were selected from different old age homes of the Nashik district. The sample size was considered adequate to cover the diversity of experiences of institutionalised elderly and to explore major socio-demographic, familial, psychological, economic, and health-related factors associated with their institutionalisation. The data gathered from these respondents were utilised to analyse the changing scenario of elderly care and the determinants influencing institutional living among the elderly in Nashik, Maharashtra.

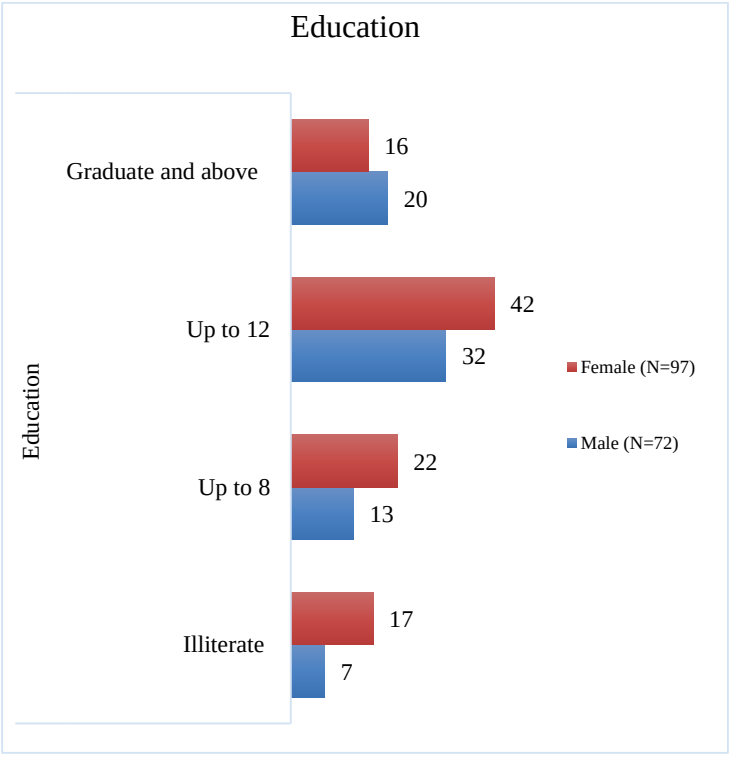
Ianna Journal of Interdisciplinary Studies, EISSN: 2735-9891
Volume 8, Issue 2, 2026

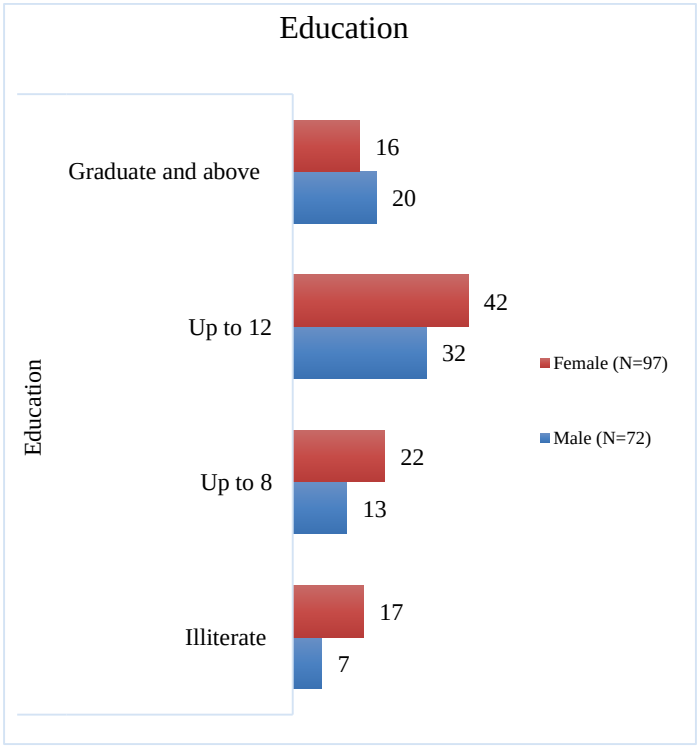
Hypotheses: Analysis and Interpretation

Table-1: Socio-demographic profile of OAH residents

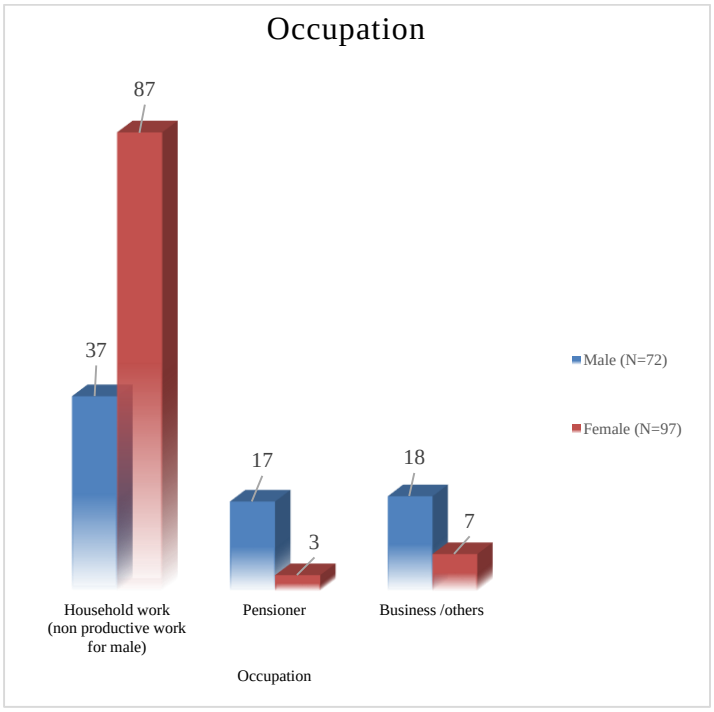
Socio-demographic details		Gender		Total (N=169)
		Male (N=72, 42.6%)	Female (N=97, 57.4%)	
Age	60-69	39 (54.2%)	62 (63.9%)	101 (59.8%)
	70-79	28 (38.9%)	32 (33.0%)	60 (35.5%)
	80 and above	5 (6.9%)	3 (3.1%)	8 (4.7%)
Education	Illiterate	7 (9.7%)	17 (17.5 %)	24 (14.2%)
	Up to 8	13 (18.1%)	22 (22.7%)	35 (20.7%)
	Up to 12	32 (44.4%)	42 (43.3%)	74 (43.8%)
	Graduate and above	20 (27.8%)	16 (16.5%)	36 (21.3%)
Marital Status	Married Living Alone	25 (34.7%)	39 (40.2%)	64 (37.9%)
	Married Living together	6 (8.3%)	3 (3.1 %)	9 (5.3%)
	Never married	9 (12.5%)	17 (17.5%)	26 (15.4%)
	Widow/widower	12 (16.7%)	15 (15.5%)	27 (16.0%)
	Divorced	20 (27.8%)	23 (23.7%)	43 (25.4%)
Occupation	Household work (non-productive work for male)	37 (51.4%)	87 (89.7%)	124 (73.4%)
	Pensioner	17 (23.6%)	3 (3.1%)	20 (11.8%)
	Business /others	18 (25.0%)	7 (7.2%)	25 (14.8%)




Education
Graduate and above
16
20
Up to 12
42
32
Up to 8
22
13
Illiterate
17
7
Education
Female (N=97)
Male (N=72)


Education
Graduate and above
16
20
Up to 12
42
32
Up to 8
22
13
Illiterate
17
7
Education
Female (N=97)
Male (N=72)

Ianna Journal of Interdisciplinary Studies, EISSN: 2735-9891
Volume 8, Issue 2, 2026



Interpretation

The socio-demographic profile of the respondents gives us a good idea about the characteristics of elderly people who are living in old age homes in Nashik. The results revealed that most of the respondents (59.8%) were in the age range 60-69 years, followed by 35.5 percent in the 70-79 years category. Only 4.7 per cent of the respondents were 80 years and above. This distribution indicates that institutionalisation is not confined to the oldest-old population, but many people enter old age homes in the early phases of old age. The results suggest that social, family and economic factors trigger to influence living arrangements shortly after retirement or during transition to later life.

The gender wise investigation revealed that more female respondents (57.4%) than male respondents (42.6%). Some of the issues associated with higher representation of women in old age homes may be due to longer life expectancy, widowhood, financial dependence and lack of caregiving support in later life. Such consequences suggest that demographic and socio-cultural issues may increase the exposure to institutionalisation of women as they age.

The educational profile of the respondents reveals a considerable variety in educational attainment. The majority of the respondents (43.8%) studied up to higher secondary level and 20.7 % studied up to primary or middle school level. Graduates and higher educated were the biggest group at 21.3 percent and uneducated were 14.2 %. It is worth mentioning that the percentage of illiteracy was comparatively higher in case of female respondents than the male respondents. This outline is typical of the educational disadvantages of many women of the older generation who had limited access to suitable education. Educational accomplishment may influence awareness, financial independence, and access to resources and coping with challenges in old age.

Changing family arrangements are apparent in the marital status of respondents. The elderly face an increasing risk of social isolation. The largest group of respondents (37.9%) was married but separated from a partner or family members, indicating that the existence of a marital relationship does not necessarily provide social or emotional support in later life. Divorced constituted 25.4 percent of the sample, and 16.0 percent were widowed. Other figures

showed 15.4 percent never married and a mere 5.3 percent lived with a spouse. The findings point to the breakdown of conventional family support systems and the failure of marriage status to act as a protection against loneliness, neglect, or institutional care for the elderly.

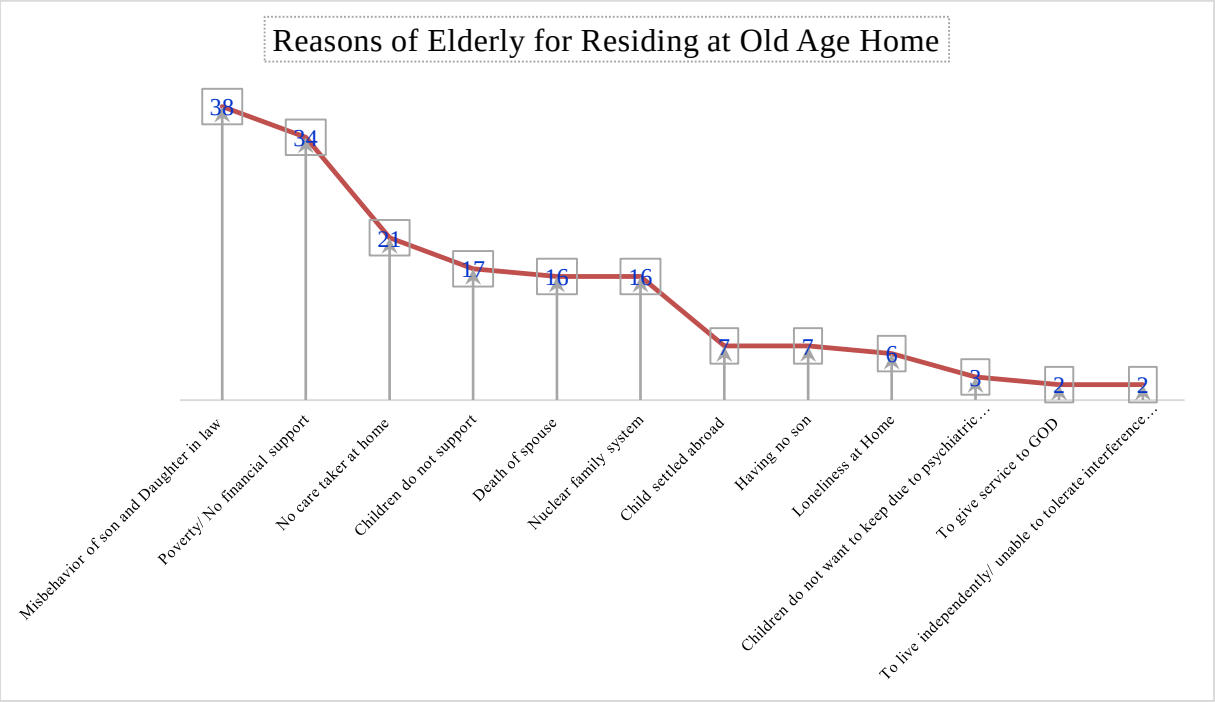
The occupational profile is also a reflection of the socio-economic circumstances of respondents. Almost three-fourths (73.4%) of the elderly residents said that they were mainly involved in household work or were economically inactive at the time of the study, with women being a large proportion of this category. 11.8 percent of the respondents were pensioners, and 14.8 percent were engaged in business or other forms of occupation. Most people are economically non-productive, which shows the financial difficulties that are often faced while ageing. The fact that there are few sources of income and reliance on family members or external support systems can increase vulnerability and lead to the decision to opt for institutional care.

In sum, the socio-demographic profile shows that the institutionalisation of elderly people is influenced by a combination of demographic, social, and economic factors. The younger elderly population, a higher proportion of women, the diversity of education, and the changing trends of marriage and economic dependence are indicative of the changing realities of ageing in modern society. The findings highlight the importance of enhancing social support systems, family involvement, and economic security measures to enhance the well-being and quality of life of older people.

Table 2 Factors compelling the elderly to reside in old age homes

Sr.No	Reasons	No	%
1	Misbehavior of son and daughter-in-law	38	(22.0%)
2	Poverty/ No financial support	34	(20.0%)
3	No caretaker at home	21	(12.0%)
4	Children do not support	17	(10.0%)
5	Death of spouse	16	(9.0%)
6	Nuclear family system	16	(9.0%)
7	Child settled abroad	7	(4.0%)
8	Having no son	7	(4.0%)
9	Loneliness at Home	6	(4.0%)
10	Children do not want to keep due to psychiatric and/or physical illness	3	(2.0%)
11	To give service to GOD	2	(1.0%)
12	To live independently/ unable to tolerate interference from family members	2	(1.0%)

Ianna Journal of Interdisciplinary Studies, EISSN: 2735-9891
Volume 8, Issue 2, 2026



Interpretation

The findings suggest that the decision to move into an old age home is seldom based on a single circumstance. This is rather a function of the interplay of complex factors, economic, family, social, or emotional, which slowly impinge upon the lives of the older adults. The responses of the older residents reflect the changing nature of relationships and care in the modern family.

The main complaint was about the misbehaviour of sons and daughters-in-law. It was reported in 22.0% of the cases. This finding suggests an increasing tension between the generations and suggests the importance of emotional problems in the family as a factor in the decision to institutionalize. If older people are argued with, disrespected, or misunderstood at home, they may feel less at home and rejected.

The foremost contributor to the institutionalisation was economic hardship. (20.0%) Some of the respondents stated that scarcity and lack of financial support were the reasons for them staying in the old-age home. Fiscal security may be inadequate and access to health care, nutritious food and other basic necessities and older people are increasingly dependent on external support systems. The findings indicate that economic vulnerability remains a significant concern for many older adults, especially those without a steady income or family support.

Another important reason was that there was no caretaker at home, according to 12.0 percent of the respondents. Families are smaller with fewer people caring for family members and young people leaving home to work or go to school. If you are old and sick or disabled and not getting help around the house then living in an institution is often not a choice but a necessity.

The findings also found that 10.0 % of the respondents in old age homes were due to lack of support from their kids. This reflects a change in the traditional understanding of family responsibility and care of the elderly, leading to a feeling of neglect and emotional uncertainty, which greatly affects the health of the elderly population.

To be a widow or widower is a major life event in later life. It's not just the loss of emotion that is troubling but the realities of companionship, caregiving and daily care. These changes are often difficult for many elderly people to cope with on their own and they become more dependent on care from institutions. Another reason for

institutionalization is the rise of the nuclear family and 9.0% of the respondents stated that, this is because the structure of families is changing and the traditional caregiving roles in joint families are not so common.

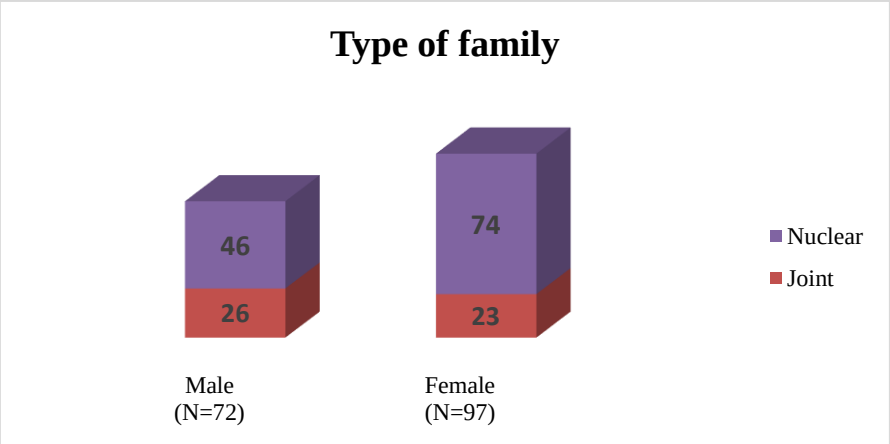
Social change and migration were frequently cited by respondents as one of the factors. 4.0% reported that their children have moved overseas and the longer distance makes it difficult to provide direct care and support. Another 4.0% say they don't have a son, a persistent demand of traditional expectations about who should take care of aging parents.

Similarly, 4.0 % reported loneliness at home as a major reason for moving into an old age home, indicating that emotional company is often as important as physical or financial support.A small percentage of respondents reported that their kids did not wish to care for them due to psychiatric or physical sickness (2.0%). Again, very few respondents reported choosing institutional living for spiritual pursuits or wanting to live independently without family interference (1.0% each). While less frequent, these reasons suggest that institutionalisation may also be the outcome of individual choices and specific life circumstances.

The results generally suggest a complex interplay of emotional, familial, economic and social factors responsible for the institutionalisation of the elderly. The prevalence of problems such as family conflict, lack of emotional support, financial insecurity, lack of carers, widowhood and loneliness points to the gradual erosion of traditional family-based support systems. These findings highlight the importance of better family involvement, better social security policies, community-based support services and caregiving initiatives that can potentially help elderly people maintain their dignity, security and quality of life in their community whenever possible.

Table 3 Type of family Respondents belong to

Type of family			
Sr.No		**Male (N=72)**	**Female (N=97)**
1	Joint	26	23
2	Nuclear	46	74



Interpretation

The distribution of respondents based on family type shows a supremacy of nuclear family arrangements among the elderly people residing in old age homes. 46 out of 72 male respondents are from nuclear families, and only 26 are from joint families. A similar inclination was observed in the case of female respondents, where 74 out of 97 are from nuclear families, as against 23 who were part of joint families. These results suggest that a large section of the institutionalised elderly population was a part of nuclear family settings before the old age homes.

The results suggest that the traditional support systems have gradually declined with the growing trend towards nuclear family living. Urbanisation, migration for work, changing lifestyles, and changing family responsibilities have resulted in smaller family units, often with limited availability of carers within the household. Thus, the elderly might have fewer social interactions and less support from family than those who live in extended family systems.

The findings indicate that the elderly in nuclear families are more susceptible to risks like loneliness, emotional neglect, lack of caregiving support, and social isolation. Such difficulties can increase the risk of institutionalisation, especially when family members are unable to provide the level of support that is needed in later life. The predominance of nuclear families in the sample, therefore, suggests the importance of changing family structures in shaping the patterns of institutionalisation of the aged.

The results show a slow general shift from family care to other means of support for the elderly. The results are consistent with the view that family structure still remains an important predictor for consideration in the evolving context of elderly care and rising dependence on old age homes in the modern Indian society.

Conclusions of Research Study:

The present study was undertaken to understand the factors influencing the elderly to stay in old age homes of Nashik, Maharashtra, and to study the changing family structures and social conditions that have shaped the patterns of elderly care. The results indicate that the process of institutionalisation of older adults is a complex one, determined by the combination of demographic, economic, familial, psychological and health-related factors. The move to institutional living is not typically the result of one event or circumstance, but rather the cumulative impact of a number of later-life challenges.

Reasons for institutional care in old age Many are affected early stage The higher percentage of women population in old age homes also reflects some specific vulnerabilities of elderly women like, widowhood, economic dependency, lesser social support, higher susceptibility towards emotional insecurity in later life.

The institutionalisation was primarily a family context. The study also pointed to changing patterns of family relationships and companionship in old age. The majority of the respondents were widowed, divorced or separated from their spouse. Secondly, the large number of respondents from nuclear family background shows the slow transition from the traditional joint family system which was providing care and emotional support to elderly relatives. Families are smaller and more geographically dispersed and the informal support system for caregiving appears to be weaker.

This study is on the effects of family related problems on the decision to enter into old age homes. The respondents often referred to neglect, lack of emotional support, difficult relationships with their children and daughters-in-law and the absence of reliable carers. These experiences indicate a shift in intergenerational dynamics and the importance of emotional well-being in caring for the elderly. The findings suggest the importance of the need for affection, respect, companionship and a sense of belonging, as well as financial and physical support in later life.

Economic insecurity was another factor associated with institutionalisation. Many respondents cited lack of financial resources, poverty, or dependence on family members as circumstances that led to their transition to institutional care. In addition, the migration of younger members of the family for educational and employment purposes, changing work patterns, and the increasing incidence of nuclear households have reduced the ability of the family to provide continuous support to ageing parents. Consequently, institutional care is increasingly becoming an alternative form of help and security for the elderly with financial and carer problems.

To sum up, the findings suggest that the provision of elderly care should be understood as a collective responsibility to be shared by families, communities, civil society organizations and government institutions. India is witnessing demographic ageing and social change and there is an increasing need to create enabling environments for the older

population to live with dignity, security and meaningful social connections. An important component in addressing the changing needs of the elderly population in Maharashtra and all of India will be an integrated approach of family support, community participation, social protection, health care services, and institutional support. The conclusions suggested that institutionalisation in the geriatric population is due to a complex interaction of numerous factors. Domestic problems were particularly salient. Many respondents reported little emotional support, troubled family relationships, loneliness, neglect and no reliable carers. They were made more vulnerable by other personal factors such as widowhood, poor health, chronic illness and financial dependency.

References

1. Amonkar, P., Patil, R., & Desai, S. (2018). Family support and quality of life among elderly in Raigad district of Maharashtra. *Indian Journal of Gerontology, 32*(3), 245–259.
2. Basavaraj, K., Jadhav, S., & Patil, M. (2024). Changing family structures and elderly care in Western Maharashtra. *Journal of Family Studies, 30*(2), 178–194.
3. Bowling, A. (2005). *Ageing well: Quality of life in old age*. Open University Press.
4. Cacioppo, J. T., & Cacioppo, S. (2018). The growing problem of loneliness. *The Lancet, 391*(10119), 426.
5. Chauhan, R., & Patil, N. (2022). Determinants of institutionalisation among older adults in North Maharashtra. *Maharashtra Journal of Social Sciences, 16*(2), 87–101.
6. Dani, A., & Bhore, P. (2015). Living arrangements and wellbeing of older persons in Pune city. *Indian Journal of Social Work, 76*(4), 531–548.
7. Government of India. (2011). *Census of India 2011: Population enumeration data*. Office of the Registrar General & Census Commissioner.
8. HelpAge India. (2022). *India report on elderly wellbeing*. HelpAge India.
9. Kamble, S., & Mhaske, P. (2021). Health status and functional limitations among elderly residents of old age homes in Aurangabad. *International Journal of Community Medicine and Public Health, 8*(9), 4415–4421.
10. Kumar, S., & Joseph, L. (2020). Quality of life among elderly residing in old age homes and family settings in India. *Indian Journal of Gerontology, 34*(2), 146–160.
11. Lokare, V., Shinde, M., & Pawar, R. (2019). Socio-economic determinants of elderly wellbeing in Amravati, Maharashtra. *Journal of Rural Development, 38*(2), 216–229.
12. Ministry of Statistics and Programme Implementation. (2021). *Elderly in India 2021*. Government of India.
13. National Statistical Office. (2021). *Elderly in India*. Ministry of Statistics and Programme Implementation.
14. Power, M. (2003). Development of the WHOQOL instruments. In A. Nosikov & C. Gudex (Eds.), *Measuring quality of life*. WHO Regional Office for Europe.
15. Saldanha, D., Fernandes, R., & Pinto, A. (2021). Psychological wellbeing of elderly residents in old age homes of Pune. *Indian Journal of Mental Health, 8*(3), 301–310.
16. Singh, K., & Kaur, H. (2022). Social support, loneliness and emotional wellbeing among institutionalised older adults. *Journal of Geriatric Mental Health, 9*(1), 24–31.
17. United Nations Population Fund. (2023). *India ageing report 2023*. UNFPA India.
18. Vishveshwar, S., Patankar, A., & Kulkarni, P. (2023). Comparative assessment of institutionalised and community-dwelling elderly in Navi Mumbai. *Indian Journal of Community Medicine, 48*(1), 112–118.
19. World Health Organization. (1996). *WHOQOL-BREF: Introduction, administration, scoring and generic version*. World Health Organization.
20. World Health Organization. (2002). *Active ageing: A policy framework*. World Health Organization.