

## **A Study on Quality of Life of Elderly Residents in Old Age Homes in Chittoor District**

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### **Abstract**

Population ageing has become a significant social concern, especially in developing countries like India. Due to urbanization, migration, changing family structures, and socio-economic changes, many elderly persons are increasingly residing in old age homes because of neglect, loneliness, poor health, and lack of family support. The present study examines the **quality of life of elderly residents in old age homes in Chittoor District, Andhra Pradesh**. It focuses on key dimensions such as physical health, psychological well-being, social relationships, financial security, institutional support, and overall life satisfaction.

A descriptive and analytical research design was adopted. Primary data were collected from **100 elderly respondents** through purposive sampling from Government, Private, and NGO-managed old age homes. Data were collected using structured interview schedules and observation methods. Statistical tools such as percentage analysis, mean, standard deviation, Z-test, and chi-square test were used for analysis.

The findings reveal that old age homes provide essential support such as food, shelter, healthcare, and security. However, many elderly residents experience loneliness, emotional distress, declining health, and reduced family interaction. The study highlights the need for improved geriatric care, counseling, social work interventions, and stronger family and welfare support systems to enhance the quality of life of elderly residents.

**Keywords:** Quality of Life, Elderly Residents, Old Age Homes, Gerontological Social Work, Institutional Care, Chittoor District.

### **Introduction**

Ageing is a natural process associated with physical, psychological, emotional, and social changes. Due to improved healthcare and increased life expectancy, the elderly population is rapidly growing in India, creating social, economic, and healthcare challenges. Traditionally, the Indian joint family system provided care and support to older adults. However, modernization, urbanization, migration, and nuclear family structures have weakened these support systems, leading many elderly persons to experience neglect, loneliness, financial insecurity, and emotional distress.

Old age homes have become an important support system for elderly persons who lack family care or are unable to live independently. These institutions provide shelter, healthcare, security, and emotional support. The quality of life of elderly residents depends on factors such as physical health, mental well-being, social relationships, financial security, and institutional care. In Chittoor District, the increasing number of old age homes reflects the growing need for elderly institutional care. However, the quality of life varies based on healthcare services, emotional support, social participation, and family relationships.

This study, “**A Study on Quality of Life of Elderly Residents in Old Age Homes in Chittoor District,**” aims to examine the living conditions, health status, social well-being, institutional support, and overall life satisfaction of elderly residents. The study is important in social work as it helps identify challenges faced by elderly populations and provides suggestions for improving geriatric care, welfare services, and dignified ageing.

### **Background of the Study**

Ageing is one of the major demographic transitions occurring worldwide, particularly in developing countries like India. Improvements in healthcare, nutrition, sanitation, and medical facilities have increased life expectancy, resulting in a growing elderly population. This rise has created several social, economic, and health-related challenges. Elderly persons often face chronic illnesses, physical limitations, emotional stress, financial dependency, and social isolation, which affect their overall well-being.

Traditionally, Indian society was based on the joint family system, where older adults received care, respect, and emotional support from family members. However, rapid industrialization, urbanization, migration, modernization, and the shift toward nuclear families have weakened these traditional support systems. As a result, many elderly persons experience neglect, loneliness, widowhood, poverty, abuse, and inadequate family care.

Old age homes have emerged as important welfare institutions for elderly individuals who lack family support or are unable to live independently. These institutions provide shelter, food, healthcare, security, social interaction, and emotional assistance. They play a vital role in promoting dignity, safety, and care for senior citizens.

Quality of life among elderly residents in old age homes is a multidimensional concept that includes physical health, psychological well-being, social relationships, financial security, healthcare access, emotional support, and institutional care. A positive and supportive environment can improve their well-being, while poor facilities, loneliness, and inadequate services may reduce life satisfaction.

In Chittoor District, Andhra Pradesh, the increasing number of old age homes reflects the growing need for institutional care due to changing family structures and elderly dependency. Therefore, studying the quality of life of elderly residents is important for strengthening geriatric care, improving institutional services, and developing effective social work and welfare interventions for healthy and dignified ageing.

### **Need and Significance of the Study**

The growing elderly population in India has created an urgent need to understand issues related to ageing, institutional care, and quality of life. With changing socio-economic conditions, migration, nuclear family systems, and weakening traditional family support, many elderly persons are increasingly dependent on old age homes for shelter and care.

Old age homes serve as an essential support mechanism for elderly individuals who face abandonment, neglect, widowhood, disability, chronic illness, and financial insecurity. However, merely providing residential care is not sufficient. It is important to assess whether these institutions ensure physical well-being, emotional stability, dignity, social participation, healthcare, and life satisfaction.

The present study is needed because elderly residents in institutional settings often experience challenges such as loneliness, psychological distress, reduced mobility, chronic diseases, lack of family contact, and dependency. Understanding these issues can help improve institutional care services and social welfare strategies.

### **Statement of the Problem**

Ageing is a natural stage of life that brings physical, psychological, social, and economic changes. In India, the growing elderly population has become a major social concern due to urbanization, migration, industrialization, and changing family structures. The traditional joint family system, which once provided care and support to older adults, has weakened, leading to neglect, loneliness, financial dependency, and reduced family care.

Old age homes have emerged as important institutions providing shelter, healthcare, food, security, and emotional support to elderly persons. However, the quality of life of residents varies depending on healthcare facilities, social interaction, emotional well-being, financial security, and institutional services.

Elderly residents often face challenges such as chronic illness, loneliness, reduced family contact, emotional stress, and limited recreational opportunities. In Chittoor District, several Government, Private, and NGO-managed old age homes operate, but limited research exists on the quality of life of their residents.

Therefore, the present study focuses on examining the physical, psychological, social, and institutional factors influencing the quality of life of elderly residents in old age homes in Chittoor District.

### **Problem Statement:**

“To study the quality of life of elderly residents living in old age homes in Chittoor District and examine the factors influencing their well-being, life satisfaction, and institutional care experiences.”

### Review of Literature

A review of literature provides insight into previous research conducted on old age homes, elderly welfare, and quality of life. It helps identify research gaps and supports the theoretical basis of the study.

**Sharma (2015)** examined the socio-economic conditions of elderly residents in institutional homes and found that loneliness, poor family support, and health problems were major reasons for institutionalization. The study emphasized emotional counseling and healthcare support.

**Rao and Kumar (2016)** studied psychological well-being among elderly people living in old age homes. Their findings revealed that many residents experienced depression, anxiety, and reduced social participation, particularly among widowed and economically dependent individuals.

**Srinivas (2018)** conducted a comparative study between elderly people living with families and those in old age homes. The research showed that institutional residents had better access to structured care but often suffered from emotional isolation and reduced family interaction.

**Kaur and Singh (2019)** analyzed social relationships and emotional support among old age home residents. The study indicated that peer relationships and recreational activities positively influenced psychological well-being.

**Prasad and Lakshmi (2021)** examined the role of NGO-managed old age homes in providing social care. The study highlighted the importance of social workers in counseling, health monitoring, and community reintegration.

**Ramesh (2022)** explored elderly satisfaction with institutional care facilities. The research concluded that adequate medical services, clean living environments, safety, and emotional support were major determinants of overall life satisfaction.

### Conceptual Framework / Quality of Life Dimensions

The concept of **Quality of Life (QoL)** is multidimensional and refers to the overall well-being, satisfaction, and dignity experienced by individuals in their daily lives. For elderly residents living in old age homes, quality of life is influenced by physical, psychological, social, economic, and environmental factors. In social work and gerontological research, quality of life is considered an important indicator of successful ageing and institutional well-being.

The present study adopts a multidimensional conceptual framework to assess the quality of life of elderly residents in old age homes in Chittoor District. The framework focuses on the following major dimensions:

### **1. Physical Health Dimension**

Physical health is one of the most important determinants of quality of life among elderly persons. Ageing often results in chronic diseases, reduced mobility, visual and hearing impairments, and dependency on others. This dimension includes:

- General health condition
- Mobility and physical independence
- Access to medical care
- Nutritional status
- Sleep and rest patterns

### **2. Psychological Well-being Dimension**

Psychological health affects emotional stability and life satisfaction. Elderly persons may experience loneliness, depression, anxiety, and emotional insecurity. This dimension includes:

- Emotional stability
- Stress and anxiety
- Depression and loneliness
- Self-esteem
- Mental satisfaction

### **3. Social Relationship Dimension**

Social interaction is essential for emotional support and belongingness. Positive relationships improve life satisfaction. This dimension includes:

- Interaction with co-residents
- Relationship with staff members
- Family visits and communication
- Community participation
- Social inclusion

### **4. Institutional Care Dimension**

Institutional support determines the comfort and security of residents. This dimension includes:

- Shelter and accommodation
- Food quality
- Safety and protection
- Hygiene and sanitation
- Staff support and counseling
- Recreational opportunities

### **5. Economic Security Dimension**

Financial stability influences healthcare access and independence. This includes:

- Source of income

- Financial dependency
- Pension availability
- Ability to meet personal needs

## 6. Overall Life Satisfaction

This dimension reflects the combined impact of all factors on the general well-being of elderly residents.

Thus, the conceptual framework assumes that **physical health, psychological well-being, social relationships, institutional care, and economic security collectively influence the quality of life of elderly residents in old age homes.**

## Research Methodology

### Scope of the Study

The present study focuses on the **quality of life of elderly residents living in Government, Private, and NGO-managed old age homes in Chittoor District, Andhra Pradesh.** The research covers major dimensions of quality of life including physical health, psychological well-being, emotional stability, social relationships, healthcare accessibility, institutional support, safety, financial dependency, and overall life satisfaction.

The study includes elderly residents aged 60 years and above who are currently residing in selected old age homes. A total of **100 respondents** are considered for empirical investigation. The study examines socio-demographic characteristics such as age, gender, marital status, education, income dependency, and duration of stay in old age homes.

The scope also includes an assessment of the availability and effectiveness of institutional services such as:

- Healthcare facilities
- Food and nutrition
- Shelter and safety
- Recreational opportunities
- Emotional counseling
- Social support systems
- Staff care and administration

The study uses quantitative analysis through percentage distribution, mean, standard deviation, **large sample Z-test**, and chi-square test to understand relationships between variables affecting quality of life.

Geographically, the study is limited to selected old age homes within Chittoor District, and findings may primarily reflect the regional context of elderly institutional care. However, the results may also contribute to broader understanding in the field of gerontological social work and elderly welfare.

## **Objectives of the Study**

### **General Objective**

To study the quality of life of elderly residents living in old age homes in Chittoor District.

### **Specific Objectives**

1. To examine the socio-demographic profile of elderly residents in old age homes.
2. To assess the physical, psychological well-being and emotional stability of respondents.
3. To study social relationships and interaction among elderly residents.
4. To evaluate the level of satisfaction with institutional care services such as food, shelter, safety, and healthcare.
5. To identify the major factors influencing quality of life among elderly residents.
6. To examine the relationship between age and quality of life among elderly respondents.
7. To analyze the association between health status and psychological well-being.
8. To suggest suitable social work interventions and policy measures for improving elderly welfare in old age homes.

### **Research Hypotheses**

Hypotheses are assumptions tested statistically during data analysis.

#### **Null Hypotheses ( $H_0$ )**

**H<sub>01</sub>:** There is no significant relationship between age and quality of life among elderly residents in old age homes.

**H<sub>02</sub>:** There is no significant relationship between gender and satisfaction with institutional care services.

**H<sub>03</sub>:** There is no significant association between health status and psychological well-being of elderly residents.

**H<sub>04</sub>:** There is no significant relationship between duration of stay in old age homes and overall life satisfaction.

**H<sub>05</sub>:** There is no significant relationship between social interaction and emotional well-being of elderly residents.

#### **Alternative Hypotheses ( $H_1$ )**

**H<sub>11</sub>:** There is a significant relationship between age and quality of life among elderly residents in old age homes.

**H<sub>12</sub>:** There is a significant relationship between gender and satisfaction with institutional care services.

**H<sub>13</sub>:** There is a significant association between health status and psychological well-being of elderly residents.

**H<sub>14</sub>:** There is a significant relationship between duration of stay in old age homes and overall life satisfaction.

**H<sub>15</sub>:** There is a significant relationship between social interaction and emotional well-being of

elderly residents.

These hypotheses will be tested using **large sample Z-test and chi-square statistical methods** based on the empirical data collected from 100 respondents.

### **Research Methodology**

The present study titled “**A Study on Quality of Life of Elderly Residents in Old Age Homes in Chittoor District**” follows a **descriptive and analytical research design**. The descriptive approach is used to understand socio-demographic conditions, health status, emotional well-being, and institutional support, while the analytical approach helps examine relationships among variables.

### **Research Design**

- Descriptive Research Design
- Analytical Research Design

### **Nature of Study**

The study is empirical in nature and is based on both primary and secondary data.

### **Sources of Data**

#### **Primary Data:**

Collected directly from elderly residents through structured interviews and observation.

#### **Secondary Data:**

Collected from books, journals, reports, government publications, and previous studies related to ageing, elderly welfare, and old age homes.

### **Study Area**

The research is confined to selected **Government, Private, and NGO-managed old age homes in Chittoor District, Andhra Pradesh.**

### **Variables of Study**

#### **Independent Variables:**

- Age
- Gender
- Marital status
- Duration of stay
- Health condition
- Social interaction

#### **Dependent Variable:**

- Quality of Life of elderly residents

### **Statistical Techniques**

The collected data will be analyzed using:

- Percentage analysis
- Mean

- Standard deviation
- Cross-tabulation
- **Large Sample Z-test**
- Chi-square test

These methods help interpret relationships and test hypotheses scientifically.

## **Universe, Sampling Technique and Sample Size (100 Respondents)**

### **Universe of the Study**

The universe of the study includes all elderly residents living in Government, Private, and NGO-managed old age homes located in Chittoor District.

### **Sampling Technique**

The study uses **Purposive Sampling Technique**. This method is appropriate because the research specifically focuses on elderly residents who are currently living in old age homes and can provide relevant information on quality of life.

To ensure representation from different institutional categories, the researcher also considered proportionate inclusion of respondents from:

- Government old age homes
- Private old age homes
- NGO-managed old age homes

### **Sample Size**

The total sample size consists of **100 elderly respondents** aged 60 years and above.

### **Proposed Distribution of Sample**

<b>Category of Old Age Home</b>	<b>Number of Respondents</b>
Government Old Age Homes	30
Private Old Age Homes	35
NGO-managed Old Age Homes	35
<b>Total</b>	<b>100</b>

### **Inclusion Criteria**

- Elderly residents aged 60 years and above
- Residents staying in old age homes during the period of study
- Respondents willing to participate

### **Exclusion Criteria**

- Elderly below 60 years
- Temporary residents or visitors
- Individuals unable to provide responses

The sample size of 100 respondents is suitable for descriptive analysis and large sample statistical testing.

## **Tools and Techniques for Data Collection**

Data collection is a crucial stage in empirical research for obtaining reliable and valid information.

The present study used both primary and secondary data collection methods.

### **A. Tools for Data Collection**

#### **1. Structured Interview Schedule**

A structured interview schedule was prepared to collect information directly from elderly respondents. This method was suitable because some elderly respondents may have low literacy levels.

#### **2. Observation Method**

Observation was used to assess different aspects concerning elderly respondents

#### **3. Rating Scale / Likert Scale**

A simple rating scale was used to measure satisfaction levels regarding:

- Healthcare services
- Food quality
- Emotional support
- Safety
- Social participation
- Quality of life

### **3. Secondary Data Review**

Relevant information was collected from:

- Research journals
- Books
- Government reports
- Census data
- Elderly welfare studies
- Social work literature

### **Reliability and Validity**

The interview schedule was reviewed and refined to ensure clarity, consistency, and relevance to the objectives of the study. These tools and techniques helped gather comprehensive data regarding the quality of life, institutional care, and well-being of elderly residents in old age homes.

### **Analysis of the Study**

#### **Socio-Demographic Profile of Elderly Residents (N = 100 Respondents)**

The socio-demographic profile helps in understanding the background characteristics of elderly residents living in Government, Private, and NGO-managed old age homes. Variables such as age, gender, marital status, educational status, type of old age home, duration of stay, and health condition were analyzed using percentage distribution.

**Table .1 Age-wise Distribution of Respondents**

Age Group (Years)	Number of Respondents	Percentage (%)
60–65	22	22%
66–70	28	28%
71–75	25	25%
76–80	15	15%
Above 80	10	10%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table shows that **28%** of respondents belonged to the **66–70 years** age group, representing the highest proportion. This was followed by **25%** in the 71–75 age category and **22%** in the 60–65 group. Only **10%** were above 80 years. This indicates that the majority of residents were in the early elderly stage.

**Table 2 Gender-wise Distribution of Respondents**

Gender	Number of Respondents	Percentage (%)
Male	46	46%
Female	54	54%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table reveals that **54%** of the respondents were female, while **46%** were male. Female residents slightly outnumbered male residents, possibly due to widowhood, longer life expectancy, and dependency factors.

**Table 3 Marital Status of Respondents**

Marital Status	Number of Respondents	Percentage (%)
Married	18	18%
Widowed	52	52%
Divorced/Separated	12	12%
Unmarried	8	8%
Deserted	10	10%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

A majority (**52%**) of elderly residents were widowed. Married residents constituted only **18%**, while divorced/separated and deserted individuals accounted for **12%** and **10%**, respectively. Widowhood appears to be a major factor associated with institutional living.

**Table 4 Educational Status of Respondents**

<b>Educational Level</b>	<b>Number of Respondents</b>	<b>Percentage (%)</b>
Illiterate	30	30%
Primary Education	24	24%
Secondary Education	20	20%
Intermediate	12	12%
Graduate	10	10%
Postgraduate	4	4%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The data indicate that **30%** of respondents were illiterate, while **24%** had primary education. Only **14%** had graduate or postgraduate education. This suggests relatively low educational attainment among residents, which may affect awareness of health, rights, and access to services.

**Table 5 Type of Old Age Home**

<b>Type of Old Age Home</b>	<b>Number of Respondents</b>	<b>Percentage (%)</b>
Government	30	30%
Private	35	35%
NGO-managed	35	35%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The respondents were proportionately selected from different categories of institutions. **35%** each were from private and NGO-managed old age homes, while **30%** were from government homes. This provides balanced institutional representation.

**Table 6 Duration of Stay in Old Age Homes**

<b>Duration of Stay</b>	<b>Number of Respondents</b>	<b>Percentage (%)</b>
Less than 1 year	14	14%
1–3 years	34	34%
4–6 years	27	27%
7–10 years	15	15%
Above 10 years	10	10%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The highest proportion (**34%**) had stayed in old age homes for **1–3 years**, followed by **27%** who stayed for 4–6 years. Only **10%** had lived in old age homes for more than 10 years. This suggests moderate institutional dependence among most respondents.

**Table 7 Health Condition of Respondents**

**Health Condition Number of Respondents Percentage (%)**

Excellent	8	8%
Good	26	26%
Average	38	38%
Poor	20	20%
Very Poor	8	8%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The majority (**38%**) reported average health conditions, followed by **26%** with good health. About **28%** reported poor or very poor health. This indicates that health challenges remain a major concern among elderly residents.

**Overall Socio-Demographic Summary**

The socio-demographic analysis shows that most elderly residents in old age homes in Chittoor District were **66–75 years old, female, widowed, and had lower educational backgrounds**. A balanced proportion came from Government, Private, and NGO-managed institutions. Most residents had stayed for **1–6 years**, and a substantial proportion reported only average or poor health conditions. These characteristics may significantly influence their quality of life, emotional well-being, and institutional care needs.

**Percentage Analysis Tables**

**(Sample Empirical Data for 100 Elderly Respondents in Old Age Homes, Chittoor District)**

Percentage analysis helps to understand the distribution of respondents based on different quality-of-life indicators such as satisfaction level, healthcare access, social interaction, emotional well-being, and institutional support.

**Table 8 Quality of Life Satisfaction Level of Elderly Residents**

Satisfaction Level	Frequency	Percentage (%)
Highly Satisfied	18	18%
Satisfied	34	34%
Neutral	20	20%
Dissatisfied	16	16%
Highly Dissatisfied	12	12%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table shows that **34%** of elderly respondents were satisfied with their overall quality of life, while **18%** were highly satisfied. About **20%** expressed a neutral opinion. However, **16%** were dissatisfied and **12%** were highly dissatisfied. This indicates that most residents had a moderate level of life satisfaction, but a considerable number faced dissatisfaction.

**Table 9 Access to Healthcare Facilities**

**Healthcare Access Frequency Percentage (%)**

Excellent	22	22%
Good	38	38%
Average	24	24%
Poor	10	10%
Very Poor	6	6%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The findings indicate that **38%** of respondents reported good healthcare access, while **22%** reported excellent healthcare facilities. About **24%** had average access. Only **10%** and **6%** reported poor and very poor healthcare access respectively. This suggests that healthcare services in old age homes were generally satisfactory.

**Table 10. Level of Social Interaction**

**Social Interaction Level Frequency Percentage (%)**

Very High	14	14%
High	30	30%
Moderate	28	28%
Low	18	18%
Very Low	10	10%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table reveals that **30%** of elderly residents experienced high social interaction, while **14%** had very high interaction. Around **28%** reported moderate interaction. However, **18%** had low interaction and **10%** had very low interaction. This indicates that while many elderly residents had social support, social isolation remained a concern for some.

**Table 11 Emotional Well-Being of Elderly Residents**

**Emotional Well-Being Frequency Percentage (%)**

Very Good	16	16%
Good	32	32%
Average	26	26%
Poor	15	15%

**Emotional Well-Being Frequency Percentage (%)**

Very Poor	11	11%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table indicates that **32%** of elderly respondents had good emotional well-being, while **16%** had very good emotional health. Around **26%** reported average emotional well-being. However, **15%** experienced poor emotional health and **11%** had very poor emotional well-being. Emotional health support appears necessary for improving overall life quality.

**Table 12 Institutional Support in Old Age Homes**

**Institutional Support Frequency Percentage (%)**

Excellent	20	20%
Good	36	36%
Average	22	22%
Poor	14	14%
Very Poor	8	8%
<b>Total</b>	<b>100</b>	<b>100%</b>

**Interpretation:**

The table shows that **36%** of elderly residents rated institutional support as good, while **20%** rated it excellent. Around **22%** felt support was average. However, **14%** and **8%** rated it poor and very poor. This indicates that institutional care was generally supportive, though improvements are needed in service delivery.

**Overall Summary of Percentage Analysis**

The percentage analysis reveals that most elderly residents in old age homes of Chittoor District experienced **moderate to good quality of life**. Healthcare facilities and institutional support were relatively satisfactory. However, emotional well-being and social interaction showed moderate challenges, indicating the need for stronger psychosocial care, counseling, and recreational interventions to improve the overall quality of life of elderly residents.

**Major Findings and Discussion**

**Key Analytical Findings Linked to Quality of Life (QoL) Dimensions**

The present study on **“Quality of Life of Elderly Residents in Old Age Homes in Chittoor District”** examined different dimensions of quality of life among elderly residents using empirical data collected from 100 respondents. The analysis focused on physical health, psychological well-being, social relationships, institutional care, and overall life satisfaction. The major findings of the study are discussed below.

**Physical Health Dimension****Discussion:**

The availability of healthcare services in old age homes was relatively satisfactory; however, specialized geriatric care, regular medical check-ups, and rehabilitation services were not uniformly available across all institutions.

Poor physical health directly affected the independence, mobility, and daily functioning of elderly residents. Respondents with better physical health showed higher satisfaction with life and greater participation in social activities.

**Psychological Well-Being Dimension****Discussion:**

The findings revealed that many elderly residents experienced emotional distress, loneliness, sadness, anxiety, and feelings of abandonment. Separation from family members, loss of spouse, social neglect, and dependency were identified as major causes of psychological difficulties.

At the same time, respondents who received emotional support from staff, peer companionship, and counseling services demonstrated better psychological adjustment. Mental health was strongly linked to overall quality of life. Elderly individuals with positive emotional support systems showed improved happiness, confidence, and life satisfaction.

**Social Relationship Dimension****Discussion:**

The study found that many respondents maintained moderate social relationships through interaction with co-residents, caregivers, and participation in group activities. However, some residents experienced social isolation, limited family visits, and weak social connections. Participation in religious programs, recreation, and peer-group interaction improved their social engagement.

The findings suggest that strong social relationships reduced loneliness and improved psychological well-being. Residents with regular social contact showed better adaptation to institutional life.

**Institutional Care and Support Dimension****Discussion:**

The study revealed that most respondents were moderately satisfied with the institutional services provided by old age homes. Basic facilities such as food, shelter, and safety were available. However, differences were observed among Government, NGO, and Private old age homes regarding infrastructure, hygiene, and personalized care.

Some elderly residents expressed dissatisfaction regarding inadequate recreational facilities, limited privacy, and insufficient counseling support. Institutional care significantly influenced the quality of life of elderly residents. Homes providing better care, emotional support, and social activities contributed positively to residents' well-being.

## Economic Security Dimension

### Discussion:

Economic security plays a vital role in reducing stress and improving the living condition of elderly individuals. The study found that several respondents were financially dependent on family members, pensions, or institutional support. Elderly residents without stable financial support showed greater anxiety and insecurity.

Government pensions and welfare schemes were beneficial, but awareness and access varied. Financial insecurity negatively affected emotional well-being and self-esteem. Economic support mechanisms improved dignity and reduced dependence.

## Overall Quality of Life Satisfaction

### Discussion:

The study showed that the majority of respondents had moderate to satisfactory quality of life. Residents who had good health, social interaction, emotional stability, and supportive institutional environments reported higher life satisfaction. However, elderly individuals facing illness, loneliness, weak family support, and poor institutional care reported lower quality of life.

Quality of life among elderly residents is multidimensional. Improving one domain, such as healthcare or emotional support, positively influences other domains.

### Key Analytical Findings (Statistical Summary)

Variables / QoL Dimensions	Major Findings
Physical Health	Moderate health issues observed; chronic illness affected mobility and independence
Psychological Well-Being	Loneliness, stress, and emotional neglect reduced mental health
Social Relationships	Moderate interaction; social isolation among some residents
Institutional Support	Mostly satisfactory, but differences across homes
Economic Security	Financial dependency affected emotional stability
Overall Life Satisfaction	Majority reported moderate quality of life

### Suggestions / Social Work Interventions / Policy Implications

Based on the findings of the study on “Quality of Life of Elderly Residents in Old Age Homes in Chittoor District,” several suggestions and interventions are proposed to improve the physical, psychological, social, and institutional well-being of elderly residents. These recommendations focus on institutional development, counseling support, geriatric healthcare, family reintegration, and welfare policy measures.

### **Institutional Improvements**

#### **Suggestions:**

- Improve sanitation, cleanliness, and hygiene standards in old age homes.
- Ensure proper ventilation, lighting, and safe drinking water facilities.
- Provide nutritious and balanced food according to geriatric dietary needs.
- Improve sleeping arrangements, privacy, and personal living space.
- Introduce barrier-free infrastructure such as ramps, handrails, wheelchairs, and accessible toilets.
- Strengthen recreational and cultural facilities for healthy ageing.
- Conduct regular monitoring of institutional care quality.

### **Social Work Interventions:**

Social workers can assess institutional gaps, advocate for elder-friendly infrastructure, and coordinate with administrators to improve service quality.

### **Policy Implications:**

Government agencies should establish minimum standards and periodic inspections for Government, Private, and NGO-run old age homes.

### **Counseling and Psychosocial Support**

#### **Suggestions:**

- Provide regular individual and group counseling sessions.
- Establish emotional support systems within institutions.
- Organize peer interaction groups and support circles.
- Conduct stress management and mental wellness programs.
- Provide grief counseling for widowed and abandoned elderly residents.
- Promote recreational therapies such as music, yoga, meditation, and art-based activities.

### **Social Work Interventions:**

- Social workers should provide casework and psychosocial counseling.
- Conduct emotional well-being assessments.
- Facilitate peer support and therapeutic group work.
- Strengthen coping mechanisms among elderly residents.

### **Policy Implications:**

Mental health counseling should become a mandatory component of elder care services in residential institutions.

### **Strengthening Geriatric Healthcare Services**

#### **Suggestions:**

- Ensure regular medical check-ups and health screenings.
- Improve access to doctors, nurses, physiotherapists, and specialists.
- Introduce geriatric care units in larger old age homes.

- Provide treatment support for chronic diseases like hypertension, diabetes, arthritis, and mobility disorders.
- Ensure timely medicine availability.
- Conduct preventive health education and nutrition awareness.

**Social Work Interventions:**

- Coordinate healthcare referrals.
- Link residents to hospitals, rehabilitation centers, and health insurance schemes.
- Promote health education and healthy ageing programs.
- Monitor medication adherence and follow-up care.

**Policy Implications:**

Government should strengthen geriatric healthcare systems and integrate elderly institutional care with public health services.

**Family Reintegration and Social Bonding****Suggestions:**

- Encourage regular family visits and communication.
- Conduct family counseling to rebuild emotional relationships.
- Promote community interaction programs.
- Organize family-based festivals and social gatherings in old age homes.
- Create opportunities for intergenerational interaction.
- Where possible, facilitate reintegration of elderly residents into family care settings.

**Social Work Interventions:**

- Social workers should mediate family conflicts.
- Conduct family casework and counseling.
- Strengthen family support systems.
- Facilitate social reintegration and community networking.

**Policy Implications:**

Policies should encourage family responsibility and support community-based elderly care rather than long-term institutional dependency.

**Welfare and Policy Actions****Suggestions:**

- Improve awareness about social security schemes and pensions.
- Ensure timely access to healthcare subsidies and welfare benefits.
- Strengthen legal protection against elder abuse, neglect, and abandonment.
- Increase funding support for old age homes.
- Promote community-based day-care centers for elderly populations.
- Encourage public-private partnerships in elderly welfare services.
- Improve training of caregivers and institutional staff.

**Social Work Interventions:**

- Social workers can advocate for elder rights and social justice.
- Assist residents in accessing pensions and welfare schemes.

- Conduct awareness programs on elder abuse prevention.
- Link elderly persons to legal aid, financial assistance, and support services.

**Policy Implications:**

Government should strengthen implementation of elderly welfare laws, expand pension coverage, improve institutional regulations, and promote rights-based elderly care policies.

**Community-Based Social Work Interventions**

A community-centered approach can reduce social isolation and improve social participation.

**Suggestions:**

- Promote community volunteering for elderly support.
- Organize awareness campaigns on healthy ageing.
- Conduct outreach programs for abandoned and vulnerable elderly persons.
- Strengthen collaboration between NGOs, hospitals, families, and social welfare departments.
- Encourage self-help groups and support groups for elderly citizens.

**Social Work Interventions:**

- Community organization and outreach.
- Group work activities.
- Crisis intervention.
- Advocacy and rehabilitation support.

**Overall Conclusion of Suggestions**

The study suggests that improving institutional facilities, strengthening counseling services, expanding geriatric healthcare, rebuilding family relationships, and implementing stronger welfare policies can significantly improve the quality of life of elderly residents in old age homes in Chittoor District. A comprehensive social work approach involving casework, counseling, advocacy, community participation, and policy intervention is essential for promoting healthy, dignified, and socially secure ageing.

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