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A STUDY OF PROBLEMS FACED BY SENIOR CITIZENS AND THE REASONS OF JOINING OLD AGE HOMES

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Abstract

Population ageing has emerged as a significant social and public health concern worldwide. Rapid socio-economic transformations, including urbanization, migration, and the gradual weakening of traditional family support systems, have contributed to an increasing number of senior citizens residing in old age homes. The present study aimed to investigate the reasons for joining old age homes and the problems faced by senior citizens living in these institutional settings. A quantitative descriptive research design was employed. Data were collected from 95 senior citizens residing in five selected old age homes in Islamabad and Rawalpindi through a self-developed structured questionnaire. The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS), and descriptive statistical techniques such as frequency distributions, bar charts, histograms, and pie charts were applied for data presentation. The findings revealed that the primary reasons for admission into old age homes included the absence of caregivers, family conflicts with children, lack of familial support, and personal choice. A substantial proportion of respondents reported infrequent or no visits from their children. Although most participants indicated satisfactory access to medical care, adequate nutrition, and generally stable physical health, many still experienced emotional loneliness, adjustment difficulties, chronic health conditions, and financial insecurity, particularly due to the absence of pension support. The study highlights the increasing vulnerabilities of older adults in contemporary society and underscores the need to strengthen family support systems, improve institutional elderly care services, and develop effective social welfare policies to enhance the overall quality of life of senior citizens residing in old age homes.

INTRODUCTION

Globally, ageing is a natural biological process that began with the emergence of life approximately 3.5 billion years ago. Ageing-related changes gradually accumulate within cells and tissues, leading to a progressive decline in bodily functions

and ultimately contributing to death [1]. Population ageing has become a major global phenomenon, with the proportion and number of older adults increasing across different regions of the world, although the rate of growth varies considerably. The global elderly population increased from approximately 130 million in 1950 to 419 million in 2000, representing more than a threefold increase. During the same period, the proportion of older individuals in the total population rose from 4% to 7% [2].

As the global elderly population continues to expand, ageing has increasingly become a major social and public health concern. Traditionally, old age has been considered a challenging stage of life, often associated with self-reflection and a search for meaning and purpose. At this stage, many individuals become increasingly dependent on others because of declining physical strength and growing concerns about their future. Furthermore, reduced income and a diminished role within the family and society can contribute to feelings of hopelessness and despair [3]. Ageing is a universal and inevitable process that affects all individuals throughout their lifespan. As people grow older, they often experience changes in their physical, psychological, and social well-being, increasing their vulnerability to a range of health-related and emotional challenges [4].

These age-related changes are further intensified by evolving social and demographic patterns that influence the lives of older adults. Several factors contribute to the social marginalization of older adults, including the transition from joint family systems to nuclear families, changing societal norms and values, migration of younger generations to urban areas for employment opportunities, and the increasing participation of women in the workforce [5]. In addition to physical changes, older adults often undergo emotional, psychological, and social adjustments. While some individuals adapt effectively to these transitions, others may experience considerable mental stress, frustration, and emotional difficulties. Therefore, family members and caregivers should recognize the psychological changes associated with ageing and provide older adults with adequate care, support, and attention to maintain their well-being and quality of life [6].

As traditional family support systems continue to weaken, ensuring a high quality of life and positive subjective well-being for older adults has become increasingly important [7]. In response to these changing circumstances, old age homes have emerged as an important source of care and support for many elderly individuals. These institutions play a crucial role in addressing the needs of the ageing population; however, a deeper understanding of their functions and services is still required. Old age homes often reflect age-related challenges such as dementia, cognitive decline, severe disabilities, multiple health conditions, and the resulting dependence on others for daily care and support [8]. Furthermore, the growing number of elderly individuals residing in old age homes has increased the need to focus on improving the living conditions and quality of care provided within these facilities [9].

Health is considered one of the most valuable assets in old age because it enables individuals to live longer and maintain a better quality of life during their later years. Although ageing results in inevitable physiological changes that cannot reverse the natural process of decline, various preventive and supportive measures can be adopted to improve health outcomes, extend life expectancy, and reduce the risk of physical and mental disabilities [10]. Old age presents substantial challenges to both the physiological and psychological dimensions of human life [11]. Moreover, as individuals age, the gradual weakening of the immune system increases vulnerability to a wide range of health problems and diseases. These challenges become even more severe when adequate healthcare services and support systems are limited or unavailable [12]. Despite the rapid growth of the elderly population globally, awareness and understanding of issues affecting older adults remain insufficient in many countries [13]. Developed and developing nations alike face different challenges in designing and implementing effective service delivery systems for their ageing populations. Achieving successful ageing in place requires innovative approaches, appropriate support mechanisms, and comprehensive longitudinal data to guide policy and interventions [14]. Since ageing is fundamentally a biological process associated with

ongoing changes in health status, it requires continuous medical care, social support services, and effective healthcare interventions to ensure the well-being of older adults [15].

Additionally, institutionalized seniors often grapple with complex existential ambiguity and the erosion of their self-identity following the disruption of long-standing social networks [16] Many residents report that familial neglect and the loss of traditional support networks directly correlate with increased rates of anxiety, depression, and comorbid physical ailments like hypertension and diabetes [17]. Moreover, the transition to such environments often fails to mitigate this distress, as institutional settings can inadvertently restrict opportunities for meaningful social interaction, thereby intensifying feelings of loneliness [18].

Need of the Study

In many traditional societies, including our own, older adults have historically lived with their families and were regarded as a source of emotional, cultural, and social strength. However, in recent years, this pattern has changed significantly. Elderly individuals are increasingly being viewed as a burden by some family members, and their caregiving responsibilities are often neglected. The traditional perception of older adults as a blessing within the household has gradually shifted due to changing lifestyles, urbanization, and the prioritization of personal freedom and economic pressures.

As a result, many senior citizens are no longer able to live with their families and are compelled to reside in old age homes (OAHs). Although government institutions and non-governmental organizations provide such facilities, these cannot fully replace the emotional and social support offered by a family environment. Therefore, the increasing reliance on old age homes highlights the urgent need to understand the conditions, challenges, and reasons behind this transition. It is believed that the role and importance of old age homes are becoming more significant than ever before in contemporary society.

Aim and Objectives of the Study

To identify the reasons why senior citizens join old age homes.

- To examine the socio-economic and familial factors that lead senior citizens to join old age homes.
- To identify the physical, psychological, social, and economic problems faced by senior citizens in old age homes.

3. Research Methodology

This chapter describes the methods and procedures adopted for conducting the study. It includes the research design, research instrument, participants, target population, sampled population, sampling technique, and statistical tools used for data analysis.

3.1 Research Design

The present study employed a quantitative descriptive research design. Data were collected from senior citizens residing in selected old age homes (OAHs) located in Islamabad and Rawalpindi. A structured self-developed questionnaire was used as the primary data collection instrument. The questionnaire consisted of categorical questions designed to gather information regarding demographic characteristics, reasons for joining old age homes, health conditions, lifestyle, and problems faced by senior citizens. All responses were coded and analyzed using the Statistical Package for Social Sciences (SPSS).

3.2 Research Instrument

The research instrument used in this study was a self-developed questionnaire. The questionnaire was designed to investigate various aspects of the lives of senior citizens residing in old age homes. It included questions related to demographic information, reasons for admission to old age homes, lifestyle patterns, recreational activities, medical facilities, physical health status, and social, psychological, and economic problems experienced by the residents.

3.3 Participants

The study included 95 senior citizens residing in selected old age homes in Islamabad and

Rawalpindi. Participants were recruited from the following institutions:

- Aap Ka Apna Ghar Old Age Home
- Bent-e-Fatima Old Age Home
- Haji Sadiq Old Age Home
- Nijaat Old Age Home
- Dar-e-Aafiyat Old Age Home

The participants consisted of both male and female residents who voluntarily agreed to participate in the study.

3.4 Target Population

The target population of the study comprised all senior citizens residing in old age homes across Pakistan.

3.5 Sampled Population

The sampled population consisted of senior citizens residing in selected old age homes located in Islamabad and Rawalpindi.

3.6 Sampling Technique

A convenience sampling technique was used to select participants from the chosen old age homes due to accessibility and willingness of respondents to participate in the study.

3.7 Statistical Analysis and Tools

Statistics is the science of collecting, organizing, analyzing, interpreting, and presenting data. The collected data were coded and entered into SPSS for analysis. Descriptive statistical techniques were employed to summarize and present the data.

3.7.1 Descriptive Statistics

Descriptive statistics are concerned with the organization, summarization, and presentation of data. They help researchers understand the characteristics of a dataset by providing measures and graphical displays that describe patterns, trends, and distributions of observations (Chaudhry & Kamal, 2009).

3.7.2 Frequency Distribution

A frequency distribution is a tabular arrangement of data showing the number of observations that fall into each category. It was used to summarize demographic characteristics, reasons for joining old age homes, and problems faced by senior citizens.

3.7.3 Simple Bar Chart

A simple bar chart consists of horizontal or vertical bars of equal width, with lengths proportional to the frequencies they represent. Bar charts were used to present categorical variables clearly and understandably.

3.7.4 Histogram

A histogram is a graphical representation of the distribution of numerical data using adjacent rectangles. It helps in understanding the pattern and spread of data.

3.7.5 Pie Chart

A pie chart is a circular diagram divided into sectors, with each sector representing a proportion of the whole. It was used to display percentage distributions of selected study variables.

Results and Discussion

Table 1: Strengths of senior citizens in different old age homes

	Frequency	Percent
Aap ka Apna Ghar	28	29.5 %
Bent -e-Fatima	16	16.8 %
Haji Sadiq	10	10.5 %
Nijaat	13	13.7 %
Aar-e-Aafiyat	28	29.5 %
Total	**95**	**100 %**

Table 1 shows the distribution of 95 senior citizens residing in five different old age homes. The highest number of residents was recorded in Aap ka Apna Ghar and Aar-e-Aafiyat, each accommodating 28 senior citizens, which represents 29.5% of the total sample. Bent-e-Fatima had 16 residents (16.8%), making it the third-largest contributor to the study population. Nijaat housed 13 senior citizens (13.7%), while Haji Sadiq had the lowest number of residents, with 10 senior citizens (10.5%).

Table 2: Educational qualification of the respondent		
	Frequency	**Percent**
Illiterate	33	34.7%
Primary	15	15.8%
Middle	5	5.3%
Matric	19	20%
Intermediate	14	14.7%
Graduate	9	9.5%
Total	**95**	**100%**

Table 2 presents the educational qualifications of the respondents. The data show that the largest proportion of senior citizens, 33 respondents (34.7%), were illiterate, indicating that more than one-third of the participants had no formal education. Matric-level education was reported by 19 respondents (20.0%), making it the second most common educational category. Primary education was attained by 15 respondents (15.8%), while 14 respondents (14.7%) had completed intermediate education. A smaller proportion, 9 respondents (9.5%), were graduates, and only 5 respondents (5.3%) had education up to the middle level, representing the lowest percentage among all categories.

Table 3: If staying in old age homes (OAH) how often children visit here		
	Frequency	**Percent**
Frequently	4	4.2%
Once a month	23	24.2%
Once a year or twice	14	14.7%
Occasionally	17	17.9%
Never	37	38.9%
Total	**9**	**100%**

Table 3 presents the frequency of visits made by children to senior citizens residing in old age homes. The findings indicate that the largest proportion of respondents, 37 (38.9%), reported that their children never visit them. Twenty-three respondents (24.2%) stated that their children visit once a month, while 17 respondents (17.9%) reported receiving visits occasionally. A smaller number, 14 respondents (14.7%), indicated that their children visit once or twice a year, and only 4 respondents (4.2%) reported frequent visits from their children. Overall, the results suggest that contact between many residents and their children is limited, with a considerable proportion experiencing little to no family visitation. This may reflect weakened family ties, geographical distance, or other social and personal factors affecting family interaction.

Table 4: How many children of the respondent have		
	Frequency	Percent
0	8	8.4 %
1	14	14.7 %
2	14	14.7 %
3	12	12.6 %
4	7	7.4 %
5	15	15.8 %
6	7	7.4 %
7	8	8.4 %
8	10	10.5 %
Total	95	100 %

Table 4 illustrates the number of children reported by the respondents. The findings show that 15 respondents (15.8%) had five children, representing the largest proportion in the sample. Fourteen respondents (14.7%) each reported having one child and two children. Additionally, 12 respondents (12.6%) had three children, while 10 respondents (10.5%) reported having eight children. A total of 8 respondents (8.4%) had no children, and an equal number had seven children. Furthermore, 7 respondents (7.4%) each reported having four children and six children.

Table 5: Who do you miss most there		
	Frequency	Percent
Children	35	36.2 %
Husband /Wife	18	18.9 %
any other relative	3	3.2 %
Friends	6	6.3 %
no one	33	34.7 %
Total	95	100 %

Table 5 shows the individuals whom respondents miss the most while residing in old age homes. The largest proportion of respondents, 35 (36.2%), reported missing their children the most. A substantial proportion, 33 respondents (34.7%), stated that they do not miss anyone. Husband or wife was identified by 18 respondents (18.9%) as the person they miss most. Smaller proportions reported missing friends (6 respondents, 6.3%) and other relatives (3 respondents, 3.2%).

Table 6: When you started feeling that you were becoming old		
	Frequency	Percent
Weak memory	25	26.3 %
Becoming dependent	32	33.7 %
Retire from work	13	13.7 %

Arrival of grandchildren	6	6.3 %
Other	19	20 %
Total	**95**	**100 %**

Table 6 presents the respondents' perceptions of when they began to feel that they were becoming old. The findings reveal that the largest proportion, 32 respondents (33.7%), associated the onset of old age with becoming dependent on others, indicating that loss of independence is a key marker of aging for many senior citizens. Twenty-five respondents (26.3%) reported that they started feeling old due to weak memory, highlighting the importance of cognitive changes in shaping perceptions of aging. Additionally, 19 respondents (20.0%) selected other reasons, suggesting that a variety of personal experiences contribute to feelings of old age. Thirteen respondents (13.7%) reported feeling old after retiring from work, while only 6 (6.3%) associated old age with the arrival of grandchildren.

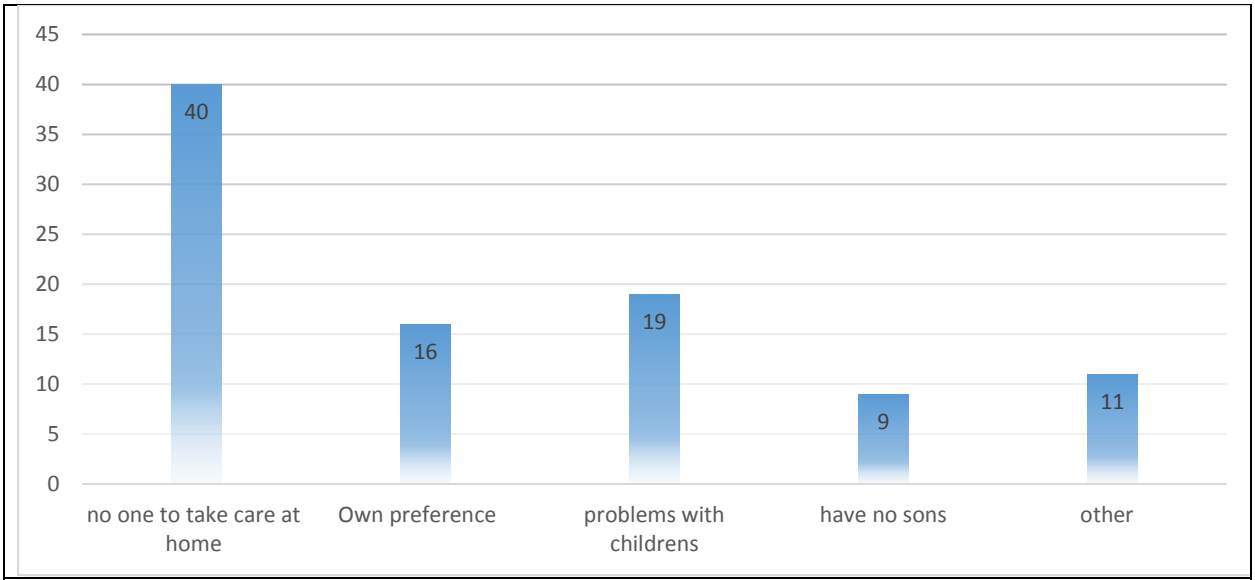

Figure 1: Educational qualification of the respondent Frequency

Based on the provided bar chart, there is a fundamental mismatch between its title, which claims to show "Educational qualification," and the actual data, which clearly details the domestic reasons behind a family or caregiving situation. Looking at the data itself, a lack of household support is the overwhelming driving factor, with "No one to take care at home" representing the largest category at 40 respondents, followed by "Problems with children" at 19, "Own preference" at 16, "Other" at 11, and "Have no sons" at 9. Out of the 95 total respondents, over 62% cited a lack of caretakers or family strain as their primary reason, while only a small minority (16.8%) made the choice based on personal preference.

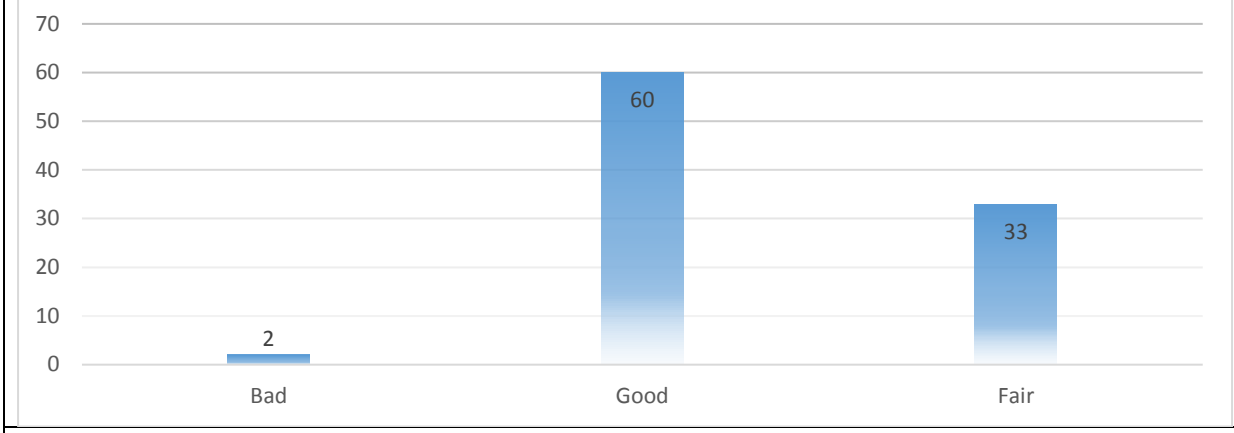

Figure 2: Availability of proper medical checkup Frequency

Figure 2: Availability of proper medical checkup. Frequency illustrates an overwhelmingly positive assessment regarding public access to regular healthcare evaluations, with 97.9% of the 95 total respondents reporting satisfactory conditions. The clear majority of the sample size classified the availability and frequency of checkups as "GOOD" (60 respondents), while "FAIR" accounted for the second-largest segment with 33 respondents. In contrast, a negligible minority of approximately 2% ("BAD") indicated inadequate access, demonstrating that the vast majority of the surveyed population benefits from consistent and reliable medical oversight.

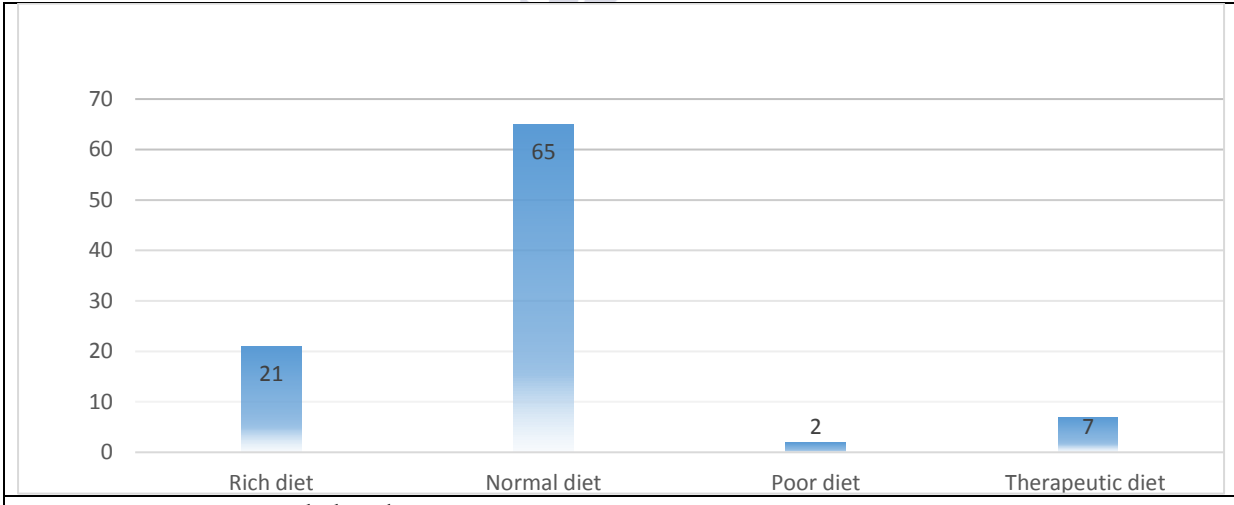

Figure 3: Are you provided with Frequency

Figure 3: Are you provided Frequency presents data regarding the nutritional categories of diets provided to the surveyed population, comprising a total sample size of 95 respondents. The chart reveals that a substantial majority of the cohort, specifically 65 respondents (68.4%), are provided with a "NORMAL DIET". The second most prevalent category is a "RICH DIET", accounting for 21 respondents (22.1%). Meanwhile, specialized nutritional care in the form of a "THERAPEUTIC DIET" is administered to 7 respondents (7.4%). Conversely, a negligible segment of the sample, consisting of only 2 respondents (2.1%), falls under the "POOR DIET" classification. Overall, the data demonstrates that 90.5% of the surveyed individuals receive adequate to premium nutritional intake (Normal and Rich diets combined), indicating a generally

well-sustained population with minimal dietary deficiencies.

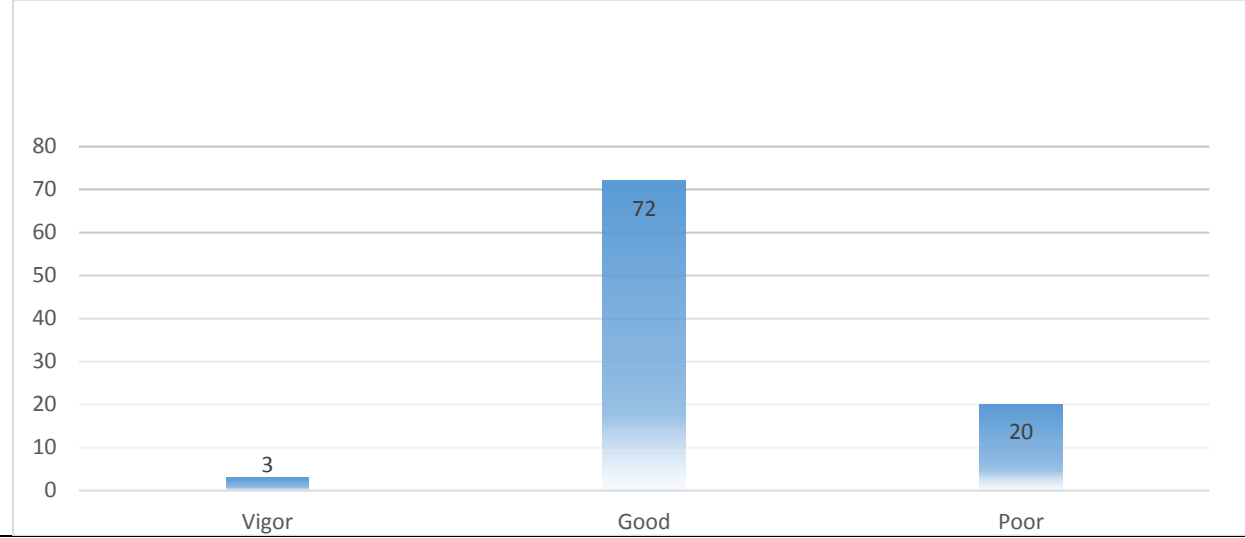

Figure 4: What is your physical health condition nowadays

Figure 4: What is your physical health condition nowadays? Frequency delineates the self-reported physical health status of the surveyed population, encompassing a total sample size of 95 respondents. The data reveals a highly positive overall health assessment, with an overwhelming majority of 72 respondents (75.8%) describing their current physical condition as "GOOD". Additionally, a small segment consisting of 3 respondents (3.2%) reported optimal health, classifying their condition as "VIGOR". Conversely, a notable portion of the cohort, comprising 20 respondents (21.1%), evaluated their contemporary health status as "POOR". Collectively, while approximately 79% of the sampled population maintains a favorable state of physical well-being, the data also highlights a significant one-fifth minority experiencing suboptimal health conditions that may require medical attention or lifestyle intervention.

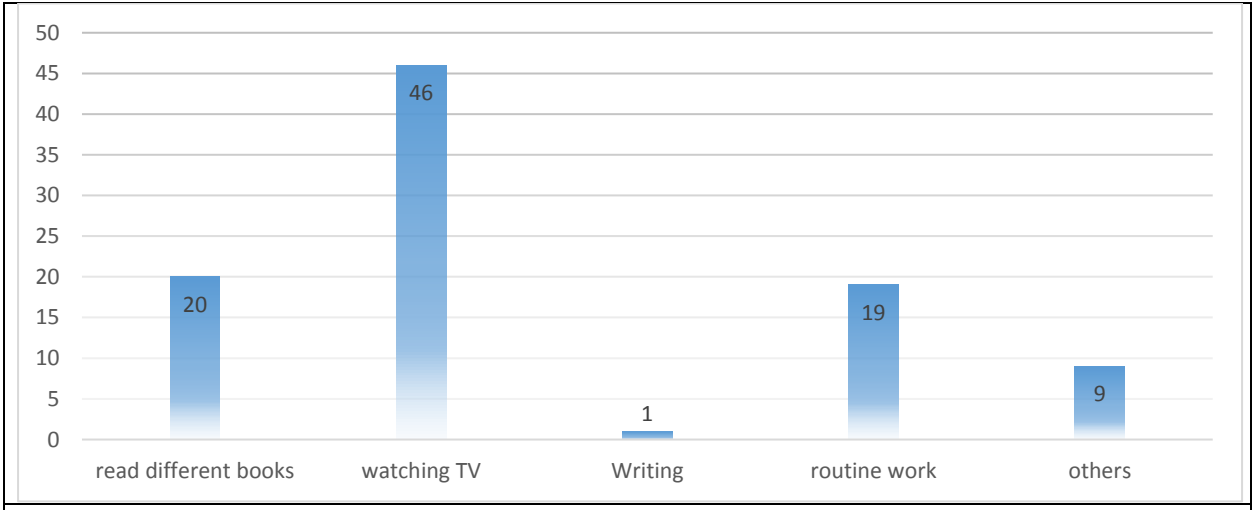

Figure 5: Source of entertainment in an old age home

Figure 5: Source of entertainment in an old age home. Frequency outlines the primary recreational activities and pastimes of a surveyed population residing in an old-age care facility,

based on a total sample size of 95 respondents. The data indicates that passive media consumption is the most prevalent leisure activity, with a clear majority of 46 respondents (48.4%) selecting "WATCHING TV" as their main source of entertainment. Literary and functional engagement also represent significant shares, with 20 respondents (21.1%) opting to "READ DIFFERENT BOOKS" and 19 respondents (20.0%) finding engagement through "ROUTINE WORK". Conversely, creative expression via "WRITING" is the least common pastime, selected by only 1 respondent (1.1%), while a small miscellaneous segment of 9 respondents (9.5%) relies on alternative activities categorized as "OTHERS".

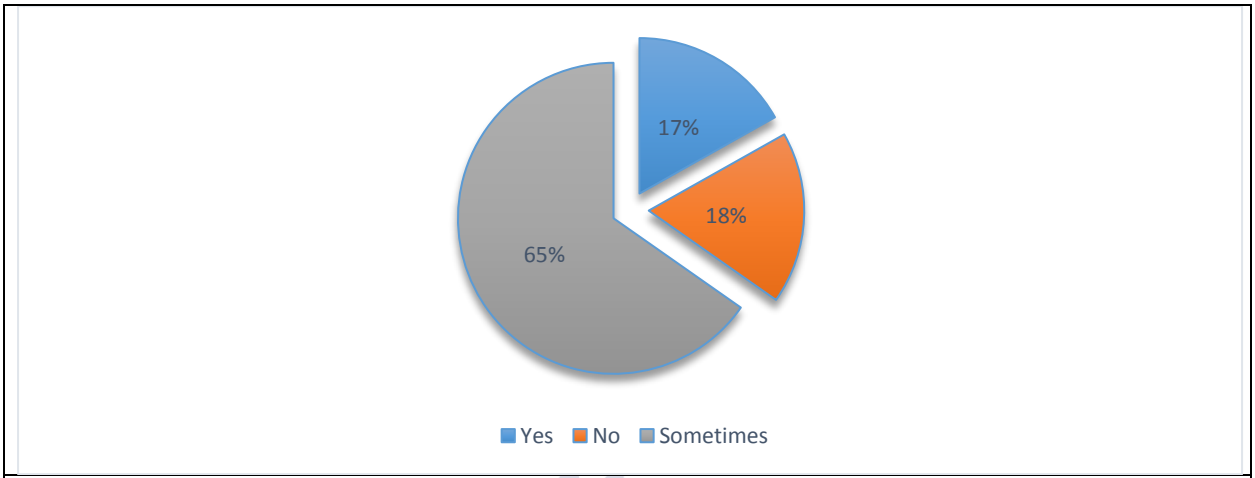

Figure 6: Adjustment problem in old age homes (OAH)

Figure 6: Adjustment problem in old age homes (OAH) illustrates the self-reported frequency of institutional acclimation difficulties experienced by elderly residents, expressed in percentages. The data reveals that a substantial majority of the cohort, specifically 65%, encounter episodic challenges, classifying their difficulties as "Sometimes". The remaining portion of the sample is nearly evenly divided between those who face persistent issues and those who face none; 17% of respondents explicitly report experiencing acclimation difficulties ("Yes"), while 18% indicate a seamless integration with no such obstacles ("No"). Conclusively, the pie chart demonstrates that while complete, permanent maladjustment is relatively low, a combined 82% of the surveyed population deals with adjustment challenges either occasionally or continuously, highlighting a widespread need for ongoing psychosocial support within old age care facilities.

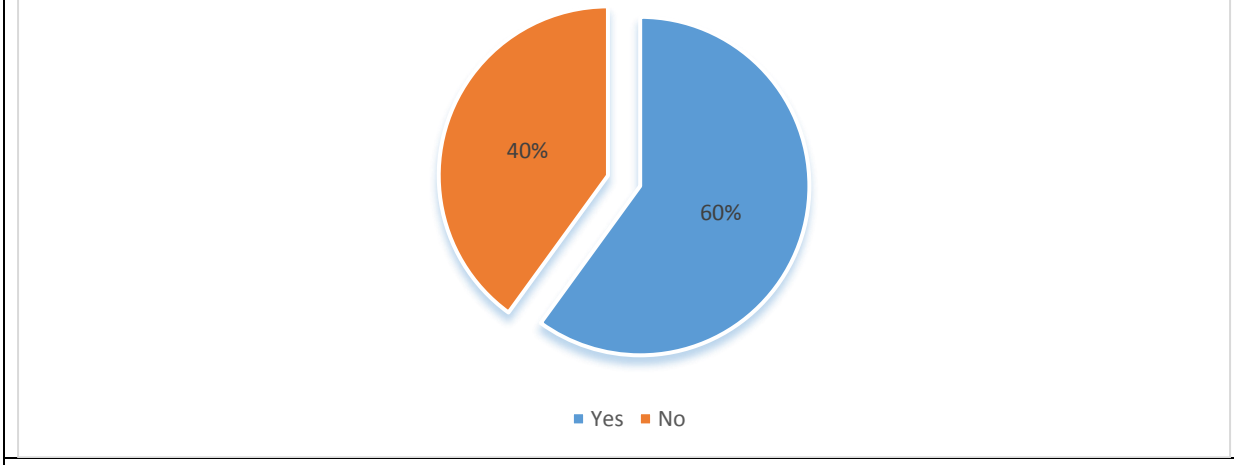

Figure 7: Do you have any diseases or disabilities

Figure 7: Do you have any diseases or disabilities? The distribution of self-reported chronic illnesses or physical impairments within the surveyed population is expressed in percentages. The data reveal that a clear majority of the respondents, accounting for 60%, suffer from a chronic condition or impairment ("Yes"). Conversely, the remaining 40% of the cohort reported being free from any such health complications ("No").

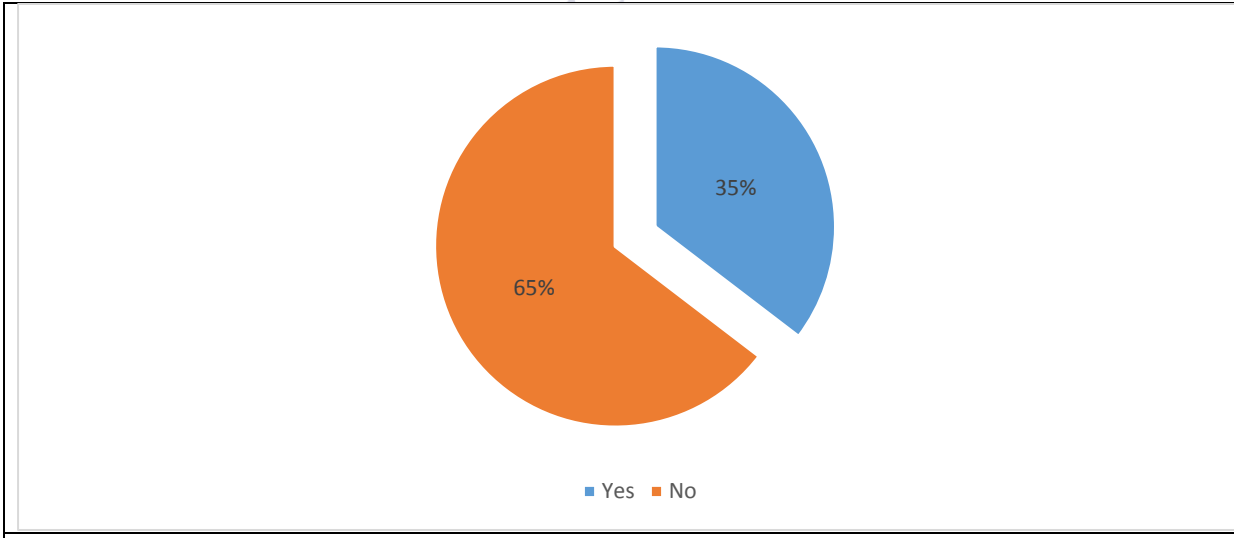

Figure 8: Before living in OAH were you dependent

Figure 8: Before living in OAH, were you dependent? illustrates the pre-institutional dependency status of elderly residents before their admission into an old age home, expressed in percentages. The data reveal that a substantial majority of the cohort, accounting for 65%, functioned autonomously and were not reliant on others ("No"). In contrast, the remaining 35% of the sampled population indicated that they did experience dependency before relocation ("Yes").

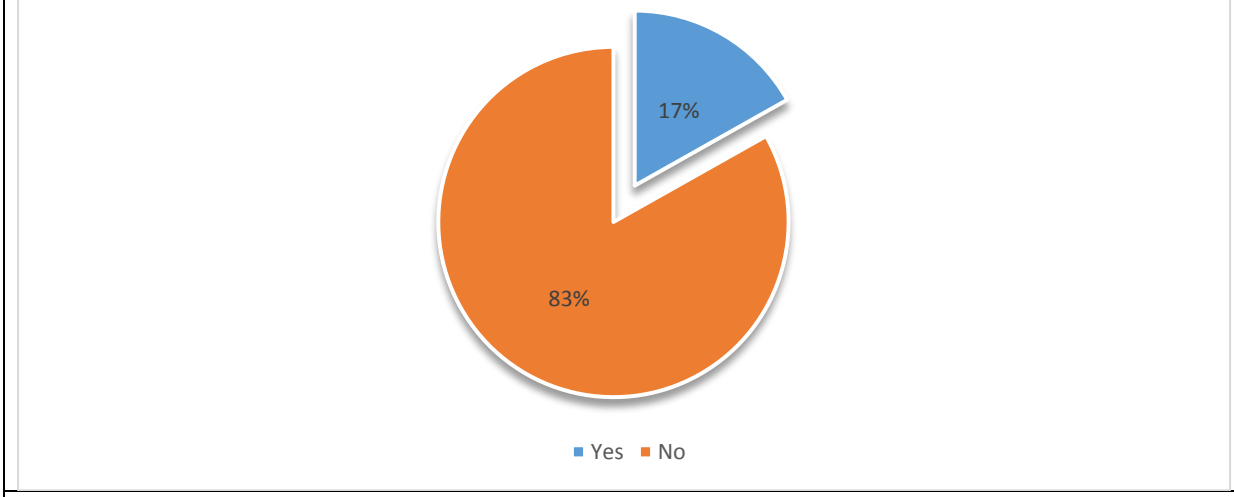

Figure 9: Do you have a pension facility

Figure 9: do you have pension facility delineates the financial security status of the surveyed elderly population based on their access to post-retirement pension benefits, expressed in percentages. The data reveals that an overwhelming majority of the cohort, accounting for 83%, do not possess a pension facility ("No"). Conversely, only a distinct minority of 17% of the respondent's report receiving institutional pension support ("Yes").

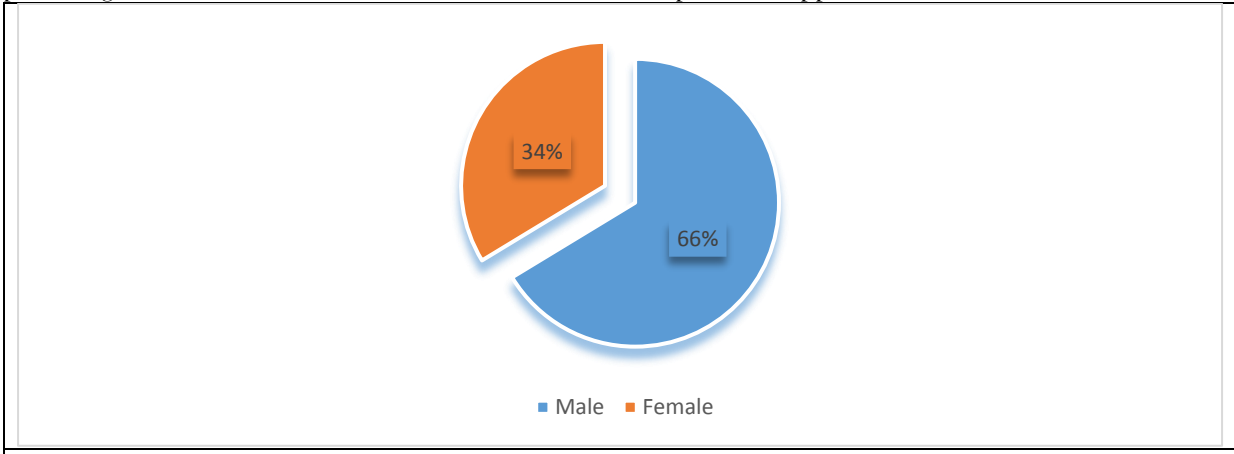

Figure 10: Gender of the respondent

Figure 10: Gender of the respondent illustrates the demographic breakdown by sex within the surveyed institutional population, expressed in percentages. The data demonstrates a pronounced gender imbalance, with male residents constituting a clear two-thirds majority at 66%. Conversely, female residents comprise the remaining one-third of the sampled cohort at 34%.

Conclusion

The present study examined the reasons for admission of senior citizens into old age homes and the problems they experience in institutional care settings. The findings indicate that the increasing trend of older adults residing in old age homes is largely influenced by changing family structures, weakening of the joint family system, urbanization, migration, and reduced family caregiving support. Major reasons for joining old age homes included the absence of caregivers at home, conflicts with children, lack of emotional

and social support, and, in some cases, personal preference for better care and security.

The study further revealed that although most residents reported satisfactory access to basic facilities such as healthcare services, nutrition, and general living conditions, they still faced significant social, emotional, and economic challenges. A large proportion of respondents experienced loneliness due to limited family contact, while many also reported chronic health problems and financial insecurity, particularly due to the absence of pension facilities. Adjustment difficulties were also common among residents, highlighting the psychological impact of institutional living.

Overall, the study concludes that while old age homes play an important role in providing care and support to elderly individuals who cannot remain with their families, they cannot fully replace the emotional security and social bonding of family life. The findings emphasize the need to strengthen family support systems, improve elderly care services within institutions, and implement effective social welfare policies to ensure dignity, well-being, and a better quality of life for senior citizens.

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