



Elderly in Pakistan: A Case of Old Age Home/Aafiat, Lahore, Social Welfare Department, Government of Punjab

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ABSTRACT

Concern over ageing populations is rising as more healthcare facilities and other services for the elderly are needed, particularly in developing nations. In Pakistan, the loss of the joint family structure that provided older people with protection from their families has left them feeling insecure. Old age homes provide an alternate kind of care to traditional care for the elderly, with those who have no other means of housing or care taking up residence in these residential facilities. The current quantitative study was conducted with the objective to explore the causes of residing elderly in old age home, problems faced by elderly living in residential care and the satisfaction level of elderly regarding the services available for them in the institution. It was a cross sectional study and interviews were conducted with all 25 residents who were present at the time of data collection at the old age home/Aafiat in Lahore. According to the findings of the study mostly respondents were male and they were currently having no source of income. It was also found that there were multiple factors responsible for the respondents to reside in old age home including the absence of a family, financial constraints, physical/mental health issues, physical/verbal abuse faced by respondents, family' misbehavior and lack of support.

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1. Introduction

Ageing populations are increasingly acknowledged as a major worldwide concern with wide-ranging effects on health care and other social policy domains, while there is a lack of targeted international policy initiatives and a relative paucity of research on these topics, especially in developing countries (Lloyd-Sherlock, 2000). Pakistan is an Islamic country and for Pakistanis, the traditional joint family system has meant social security, respect, and assistance for the elderly, therefore old age has never been a concern. But during the last few years, the conventional Pakistani family structure has undergone a noticeable shift, as the nuclear family system is currently replacing the joint family system and the status of the elderly has changed as a result of changes in family structures, and organizations like old age homes now share the traditional family function (Parshad & Tufail, 2014). Apart from the various physiological and psychological changes that elderly people experience, along with the health problems and socio-economic challenges they frequently face, Islam recognizes some significant theological and spiritual aspects that are associated with ageing, a intimate relationship with the divine, the acquisition of wisdom, and a growth in honorability are a few examples of this. Furthermore, an Islamic viewpoint emphasizes the importance of the social function that an individual plays within the community at large, while also offering the chance for self-purification and reform as one ages (Bensaid & Grine, 2014). Old age is when a person starts to withdraw from everyday activities, including going to work, which can lead to a variety of psycho-social issues, including dementia, agitation, anxiety, loneliness, and social exclusion. Older people's psychological depression is caused by these issues, and it has its ensuing

consequences for their well-being. Investigating the psycho-social issues is crucial because this age is marked by negative emotions predominating but also by feelings of loneliness, fear, depression, and separation from oneself (Kourkouta, Iliadis, & Monios, 2015).

The 690 million elderly people that make up the global population is an unacceptably large number that necessitates the demand for preventative and curative treatments to grow and there are currently 11.3 million senior people in Pakistan, while by 2050, that number is predicted to rise to 43.3 million (Noreen, Abdullah, & Lalani, 2021). The numbers of elderly people is increasing not just globally but also in Pakistan as a result of the early 1990s demographic shift (Ashiq & Asad, 2017). In many other countries e.g. Bangladesh's senior population is also growing quickly as a result of higher living standards, while the elderly will have unique demands and require various care-giving services, this should be considered an emergent problem. Furthermore, the ageing parents may face challenges due to the rising tendency of nuclear families or children living abroad since the necessary social and financial support networks have not yet developed. Thus, regarding their obligations and responsibilities for the elderly, our younger generations need to be receptive, knowledgeable, and mindful because it is our moral obligation and responsibility to provide the elderly with appropriate care (Barikdar, Ahmed, & Lasker, 2016). The threat of fragility, dependency, and incapacity increases with age and India is also one of the countries which are quietly facing a serious dilemma as a result of its ageing population. Twenty percent of Indian population is predicted to be older than sixty by the year 2050. It is anticipated that the average life expectancy at 60 years of age will rise from the present rate of 17 years to 30 years. According to demographic estimations, a decreased birth rate will probably result in a decline in the population's young population. Thus, elder care that was so reliant on family will be at risk. In their later years, elderly people can no longer only rely on their family to take care of them.

To some extent, old age homes are bridging the gap, while old age homes were traditionally run by volunteer organizations since they were intended for the impoverished and needy. However, in recent years, paid facilities have also evolved to meet the requirements of older people from the middle and upper middle classes who can afford to pay for care in old age (Datta, 2017). People who get older require more care and may need to be institutionalized. In western nations, it is common to send parents to nursing homes or assisted living facilities; in eastern cultures, this is not a custom (Saleem, Saleem, Tahan, & Ahmed, 2023). There are several physiological changes that come with ageing and it not only has an impact on one's appearance but also contributes to bodily decline (Balamurugan & Ramathirtham, 2012). Furthermore older persons are increasingly forced to live alone or in old age homes due to a remarkable rise in the number and percentage of older adults, the quick growth of nuclear families, and current changes in the psychological matrix and values (Tiwari, Pandey, & Singh, 2012). Older family members with chronic illnesses rely primarily on family carers to do daily self-maintenance activities (Ahmad, 2020). Aging-related damage causes a variety of detrimental alterations to accumulate across cells and tissues, which gradually reduce function and may ultimately, result in death, while development, genetic flaws, the environment, illness, and the ageing process itself are all factors in ageing changes (Harman, 2001). If a person experiences problems and obstacles in their old age, it might be a tough time for them, while society as a whole does not yet focusing this issue. Thus, it is imperative that we bring it to light in order to provide elderly the chance to attain well-being (Ghafoor & Naz, 2023).

2. Literature Review

According to Thakur, Banerjee, and Nikumb (2013) it is sometimes necessary to estimate the health issues that older people in developing nations face in order to anticipate patterns in the prevalence of disease and to organize elderly health care because there is a long history of unequal health care distribution in developing nations and marginalized populations with low health knowledge rates reside in rural villages and urban slums. In an urban slum and a village inside the field practice area of a teaching hospital, a house-to-house survey of all adults over 60 was conducted as part of a community-based cross-sectional study by (Thakur et al., 2013). According to the study findings, older people were suffering with unmet medical needs, including untreated cataracts, uncontrolled hypertension, acute heart disease, hearing loss, tobacco use, depression, obesity, dental issues and urinary problems. A study was conducted by Chalise (2014) to determine the prevalence of depression and its associated factors among senior citizens residing in an old age home of Nepal. This 2012 study

was cross-sectional in nature and face-to-face interviews utilized to gather data. Regression, mean, percentage, and simple correlation were used to analyze the data. The respondents (N = 185) were senior citizens in Nepal's old age home who were 60 years of age or older. According to findings the respondents' mean age was 73.67 years, with 51% of them being male. Moreover, 93% of senior citizens reported having health issues. The results also indicated that 57.8% of people had depression, 46.7% of them had mild depression, 8.9% had moderate depression, and 2.2% had severe depression. Age, sex, previous family type, ethnicity, loneliness, and basic daily life activities were revealed to be statistically significantly correlated with depressive symptoms.

Hoe, Kamarulzaman, and Heang (2018) carried out a study to investigate older adults' perspectives on the causes that led to their admission to old age homes, as well as their emotions and the difficulties they encountered on a daily basis while receiving institutional care. Semi structured interviews were used to collect data from twelve inhabitants of two elderly homes in Kuala Lumpur and Selangor, utilizing purposive sampling. Thematic analysis was used to analyze the data that had been gathered. The results showed that older adults believed their admittance was caused by changes in society, modern lifestyles and mindsets, declining health and less mobility, and changed family structures. They keep positive relationships with their family instead of having thoughts of resentment and abandonment over their family's choice. They came to the conclusion that entering old age homes, where they may receive round-the-clock care from qualified staff, was their best alternative. Although they experienced a sense of isolation and a lack of individualized care, they were discovered to be accepting and tolerant of the services provided by care givers, able to bond with them and develop a sense of belonging in the homes. In general, the results showed that seniors who lived in old age homes and were not part of their own families were satisfied with their life.

In Nepal's metropolitan cities, the quantity and size of senior homes are growing, which shows that there are more older people residing in old age homes. Anecdotal evidence shows that a few of the senior citizens were abused before moving into old age home. Rai, Khanal, and Chalise (2018) explored the type of abuse endured by older people before entering senior living facilities in the Kathmandu Metropolitan Area. The data for this study was gathered from five old age homes using both quantitative and qualitative techniques. Three weeks in September of 2016 were dedicated to doing the research. Three case studies with a total sample size of 76 were conducted for this investigation. The respondents were 78.34 (± 10.18) years old on average. According to the results, most of the respondents (58 percent) had been the victims of five distinct kinds of abuse prior to being placed in an old age home. The most frequent type of abuse described by 47% of respondents was neglect, which was followed by financial abuse (32%), emotional or behavioral abuse (37%), physical abuse (8%), and 3% of senior victims of abuse who claimed having been sexually assaulted. It was also found that elder abuse was mostly caused by senior people's inability (physical or mental) to take care of themselves (42%), death of spouse (28%), their family's hectic schedules and lack of additional carers (20%), and 16% of them reported having no property.

According to Acharyya (2012) the number of elderly people is rising together with the average lifespan in the modern period, while India is still on track to house the second-highest number of elderly people in the world. Not only is the number of elderly people increasing, but so are the psychological issues that older people face. In India, the idea of an old age home is now gaining popularity. However, older Indians still maintain traditional ideas about families but many of them must now reside in assisted living facilities. A study was carried out by Acharyya (2012) to explore the level of depression, isolation and insecurity among older females. Random sampling was used to choose two groups of elderly female participants for the study. Fifty-five of them were living in various old age homes in Agartala, Tripura, while forty-five members of another control group were part of mainstream families, meaning they were living with their sons and daughters. According to the findings, older women living in old age homes experience higher levels of despair, isolation, and insecurity than older women living with their relatives.

According to Shajahan (2020) seniors are more susceptible to psychological, social, and physiological crises. In this context, ageing describes a variety of decline in older. A study was conducted by Shajahan (2020) with the objective to evaluate psychosocial issues among the

senior population, with a focus on a particular old age facility in the Thiruvananthapuram area. The descriptive research approach served as the foundation for the investigation and to choose senior living facilities, the study employed simple random sampling method. For the purpose of the study, 50 institutionalized senior people from old age homes were selected. The study discovered that the older residents of the chosen old age homes experienced geriatric issues such as physical ailments, respiratory disorders, vision impairment, and chronic illnesses. The misbehavior of children and financial crises cause mostly older people to feel ignorant and unsupported emotionally, which usually force them to live in old age homes. The study comes to the conclusion that it is essential to offer the senior people psychological, emotional, and physical assistance.

Akbar, Tiwari, Tripathi, Kumar, and Pandey (2014) explored the reasons behind senior citizens' decision to live in old age homes in a research. The study was conducted on 174 senior citizens who lived in 14 distinct old age homes in the Indian state of Uttar Pradesh. The interview approach was used to investigate the factors that led to their settlement in old age homes. According to the findings of the study most frequent cause of living in an old age home, was the misbehavior of sons and daughters-in-law (29.8%). A study from Pakistan by Parshad and Tufail (2014) investigated the variations in quality of life, coping strategies, depression, and anxiety between older people living in family settings and in old age homes. A total of 120 senior people were included in the sample: 60 came from old age homes and 60 were from families. The independent sample t-test was used to analyze the data. According to the results the elderly living in old age homes scored higher on depression, anxiety, and quality of life than the elderly living with their family. According to Akhtar (2018) with ageing, a person experiences a decline in performance, output, and well-being with time and traditionally, families have been responsible for providing for the elderly. A qualitative study was conducted by Akhtar (2018) to investigate the problems of elderly people in Lahore, Pakistan. To collect data interviews were carried out from the residents of old age home "Aafiat". The study found that the respondents had faced socioeconomic problems, but they were somewhat satisfied with the services of the institution.

Mushtaq and Ali (2020) carried out a study in Pakistan with the objective to investigate the difficulties faced by Quetta, Balochistan's senior citizens. The research investigated the socioeconomic issues that older people confront and how their family members treat them. Data were gathered using a semi-structured interview schedule from a random sample of 200 respondents, who were both men and women over 60. The gathered data was analyzed using basic frequency formed tables and SPSS. According to the findings, older people face a number of issues, such as discrimination (65%), less decision-making authority (44%), family neglect and mistreatment (42%), verbal and physical abuse (41%), decreased social engagement (68%), and economic reliance (55.5%). Findings indicated that these difficulties have major effects on senior citizens' life. The results of this study suggest that the country's conventional family system's collapse was a key contributing factor to the majority of issues that older people experienced. In particular, the state has to provide older citizens who have dedicated their lives to serving the country with alternate means of subsistence in order to solve these concerns. This might entail establishing senior living facilities, implementing pension increases, and establishing aged allowances. The above mentioned literature review depicts that there are multiple factors which caused the elderly to live in old age homes. It is essential to explore the reasons which compelled the elderly to take admission in residential care. So that measures could be taken to rehabilitate the elderly with their families or facilitate the elderly in case of residing in old age homes.

3. Methodology

The current study was conducted with the objective to know demographic profile of residents of old age home and to explore causes responsible for respondents to reside in old age home. It was a cross sectional study and quantitative data was gathered with the help of interview schedule as tool of data collection. The interview schedule consisted of mostly close ended questions related to demographic profile of respondents, causes of residing in old age home, physical/mental health issues faced by them and their satisfaction level regarding the services available for them in the old age home. But the current article focused only on demographic characteristics of respondents and causes for residing in old age home. The total number of all residents at the time of data collection in the old age home/Aafiat, Lahore was 25

and they all were interviewed. Because the data was quantitative in nature, SPSS was utilized for analysis in order to calculate percentages and apply chi square test to draw conclusions.

4. Results

Table 1 depicts that 36percent respondents were in the age group of 60 to 65 years and 28percent were in the age group of 65 to 70 years, while 36 percent were 70 years of age and above.

Table 1: Age of the Respondent

Age in years	Frequency	Percentage
60-65	09	36
65-70	07	28
70 & above	09	36
Total	25	100

According to the results table 2 shows that 52 percent respondents were residing in old age home from less than one year and 32 percent were residing for the last one to two years, while 16 percent were residing in the old age home from the last 2 years or more than two years.

Table 2: Duration of Residing in Aafiat

Duration in years	Frequency	Percentage
Less than one year	13	52
1-2	08	32
2 & above	04	16
Total	25	100

According to results table 3 depicts that 68 percent respondents were male and 32 percent respondents were female.

Table 3: Gender of the Respondent

Gender	Frequency	Percentage
Male	17	68
Female	08	32
Total	25	100

Table 4 shows that 40 percent respondents were widowed and 32 percent of the respondents were married, while 20 percent were divorced and only eight percent respondents were separated.

Table 4: Marital Status of the Respondent

Marital status	Frequency	Percentage
Married	08	32
Divorced	05	20
Widowed	10	40
Separated	02	08
Total	25	100

Table 5 depicts that twenty percent respondents had no qualification and thirty six percent had an elementary level of education, while secondary level of education was reported by sixteen percent respondents and intermediate level education was also reported by sixteen percent respondents. Moreover, eight percent respondents had a graduate level of education, while only four percent respondents were found post-graduate.

Table 5: Academic Qualification of Respondents

Academic qualification	Frequency	Percentage
No education	05	20
Elementary	09	36
Secondary	04	16
Intermediate	04	16
Graduation	02	08

Post-graduation	01	04
Total	25	100

According to results table 6 depicts that forty percent respondents were living in joint family system before residing in old age home and thirty six percent were living in extended family system, while twenty four percent were living in nuclear family system.

Table 6: Family System of Respondent

Type of family system	Frequency	Percentage
Nuclear	06	24
Joint	10	40
Extended	09	36
Total	25	100

Table 7 shows the previous occupational status of respondents and it depicts that thirty six percent respondents were doing their own business and thirty four percent respondents were privately employed, while twenty four percent respondents were housewives. Only four percent reported of doing government job and four percent also reported as laborer.

Table 7: Occupation of Respondent Before Residing in Aafiat

Occupation	Frequency	Percentage
Govt. employee	01	04
Private job	08	32
Business	09	36
Housewife	06	24
Laborer	01	04
Total	25	100

Table 8 shows that majority i.e. eighty four percent respondents currently had no source of income, while only sixteen percent currently had some source of income e.g. pension.

Table 8: Current Source of Income of Respondents

Current source of income	Frequency	Percentage
Yes	04	16
No	21	84
Total	25	100

According to results table 9 shows different causes responsible for respondents to reside in old age home. Majority i.e. seventy six percent of the respondents reported that they were residing in old age home because there was no one to look after them and sixty four percent respondents reported that their families were not supportive towards them, while sixty four percent also reported homelessness as a cause of residing in old age home. More than half i.e. fifty two percent respondents were facing the problem of lack of authority in the family and fifty two percent also reported that they were facing physical health issues, because of which they were residing in old age home. Financial constraints were reported by forty percent respondents and thirty six percent blamed their families for misbehaving, which caused them to reside in old age home.

Table 9: Causes of residing in old age home

Causes of residing	Yes	No	Pearson Chi-Square	df	P-value
Having no family	6	19			
No one to look after	19	6			
Lack of authority in family	13	12			
Faced verbal abuse	3	22			
Faced physical abuse	5	20			
Misbehavior of family	9	16	47.995	11	0.000
Family not supportive	16	9			
Financial constraints	10	15			
Physical health issues	13	12			
Mental health issues	5	20			
Loneliness	8	17			
Homelessness	16	9			

Loneliness was another factor reported by thirty two percent respondents for taking admission in old age home and twenty four percent respondents reported that they had no family. Twenty percent respondents were facing physical abuse and twenty percent also reported mental health issues responsible for residing in old age home, while only twelve percent reported that they had to face verbal abuse, which caused them to take admission in old age home.

5. Discussion

The current study investigated factors which were responsible for the respondents to reside in old age home and the demographic characteristics of the inmates. According to the findings of the current study there were multiple factors which caused them to live in old age home e.g. there was no one to look after them, their families were not supportive towards them and they had no place to live. It was also found by the current study that the respondents were facing the problem of lack of authority and physical health issues which caused them to take admission in old age home. These findings are in accordance with the study by Chalise (2014) which found that ninety three percent respondents (older people) had different health issues which make them fragile to perform their daily activities. Another study by Hoe et al. (2018) also found the similar findings as older persons attributed their admission to old age homes to shifting family dynamics, modern lives and attitudes, deteriorating health, and less mobility. Furthermore, according to current study misbehavior of family members and loneliness faced by respondents also was the reason to live in old age home. These findings are in accordance with the study by Shajahan (2020) which found that older adults are mostly made to feel emotionally abandoned by the misbehavior of their family members and financial issues, which drives them into old age home. Moreover, in the current study respondents reported that they had no family which caused to reside in old age home. The results of the current study also indicate that respondents' experiences with physical and verbal abuse, mental health problems, and financial constraints were major reasons for living in an old age home. Similar results were found by Rai et al. (2018) in their study that before being put in an old age home, the majority of respondents (58 percent) had suffered from different types of abuse. Another study by Akbar et al (2014) also found the same as the misbehavior of sons and daughters-in-law was a common reason for elderly to reside in old age home. Additionally, a study conducted by Akhtar (2018) also discovered that a variety of socioeconomic issues contributed to older adults' need to live in old age home.

5.1. Limitations

The study population was small in size and information was collected only from governmental old age home, while information from private old age homes was not included in the study.

6. Conclusion

Based on the current study's findings it is concluded that there are various factors responsible for elderly people to left their homes and reside in old age home. These factors are personal as well as social and economic which force elderly people to live in old age home. At personal level multiple physical and mental health issues compelled them to reside in old age home as mostly elderly people had no one to look after them during their ailment. While there are some factors in their social environment which were responsible for elderly to live in old age home for example misbehavior of their family members and physical/verbal abuse faced by elderly at home. Moreover lack of resources was also a challenge which results for elderly people to reside in old age home. It can be difficult for an individual to deal with issues and challenges in their senior years, even though society at large is not yet paying much attention to this subject. Therefore, it is essential to raise awareness about it so that the elderly have the opportunity to achieve well-being. In this context, the government may play a significant role by offering health care and other necessities to older people living at home as well as to those who are compelled to live in residential care for whatever reason. Furthermore, in order to ensure the rights of the elderly, social legislation must be implemented at the governmental level.

6.1. Recommendations

1. It is essential to inculcate religious values of Islam among masses through media as our religion emphasized on the rights of elderly.

2. The government should offer some assistance to families that are responsible for caring the elderly at home.
3. Older adults without a source of income should get a monthly stipend.
4. It is imperative that senior citizens have access to healthcare facilities right at their doorstep.
5. For the elderly who are homeless or have no one to care for them at home, more residential care facilities should be built.

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