IMPROVING THE WELL-BEING OF ELDERLY RESIDENTS IN OLD AGE HOMES: PROBLEMS, INSTITUTIONAL SUPPORT, AND POLICY RECOMMENDATIONS FROM VARANASI DISTRICT

Kumari Chanda[1*], Dr. Archana Kumari Anand[1]

[1*]*Department of Home Science, A.N.D.N.N.M. Mahavidyalaya, Chhatrapati Shahu Ji Maharaj University (CSJMU), Kanpur, Uttar Pradesh, India*

[1]Research Scholar (Kumari Chanda) | Email: chandu.vishva1488@gmail.com

[1]Associate Professor (Dr. Archana Kumari Anand) | Email: archana13232@gmail.com

***Corresponding Author:** Kumari Chanda, Research Scholar, Department of Home Science, A.N.D.N.N.M. Mahavidyalaya, Chhatrapati Shahu Ji Maharaj University (CSJMU), Kanpur, Uttar Pradesh, India | Email: chandu.vishva1488@gmail.com

Abstract

India has one of the fastest increasing populations of persons aged 60 and over projected to nearly double by 2041 from about 150 million in 2021and this demographic trend, combined with migration of working-age children to cities and overseas, is a driving force behind an uninterrupted increase in institutional care for older individuals even within a culture historically inclined towards joint-family caregiving. Among these locations, the Varanasi district where links to pilgrimage influenced charities are prevalent alongside newer paid facilities provide a particularly informative form to study how old age homes deal with this transmutation. This study conducted structured interviews with 310 residents in 19 old age homes (six government-run, nine run by NGOs/trusts and four privately paid) in Varanasi district to identify the major issues faced by them and their institutional-level support. Data were gathered through structured interviews, a validated well-being scale and facility level audits of medical, nutritional, recreational and grievance-redressal infrastructure. The results showed that health-related ailments (73.9%) and psychological distress (66.1%) were the most frequent problems, with female residents reporting a support deficit higher than males in every domain measured; resident family neglect was also higher for females than for males. The type of ownership revealed a striking divide in institutional support, with government-run houses performing worst in terms of psychosocial counselling (3.2/10), and privately paid facilities scoring highest on medicine provision (7.8/10), suggesting the existence of a two-tier system for the quality of eldercare received. Psychological well-being was moderately positively associated with frequency of care visits by family ($r = 0.83$), supporting the notion that individual residential care cannot meet its therapeutic purpose without regular family contact. The findings led the researchers to recommend tighter staff-to-resident ratios in government facilities, ensure minimum psychosocial counselling provisions across all registered homes; and for each ownership category (government or non-government) to mandate establishment of a grievance and monitoring cell at the district level under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 so that care can be standardized.

Keywords: ***Elderly Well-Being1; Old Age Homes2; Institutional Care3; Varanasi4 Geriatric Social Work5 Senior Citizens Policy.***

1. Introduction

Drawing on the most recent opportunity for tertiary data collection and national projections for common population reporting metrics, India is experiencing a demographic shift with the percentage of citizens 60 years or older increasing faster than at any time in history to an estimated nearly 194 million by 2031 and >300 million by 2050 and evidence suggesting that formal eldercare infrastructure being developed to accommodate this growth is burgeoning inadequately (Rajan & Kumar, 2023). As India's most populous state, Uttar Pradesh accounts for a significantly higher absolute number in this ageing populace and Varanasi district's mix of urban wards, semi-rural peripherals and centuries-old pilgrimage-linked charitable dharamshala types that have slowly morphed into old age homes offers a unique institutional geography. While metropolitan centres like Delhi or Bengaluru have a near-monopoly on privatised, market-determined eldercare supplyrelying primarily on paid shelters and incomesmuch of that sector in Varanasi remains an

economy with diverse ecology of government-run ashrams, NGO- or trust-decided homes often khowtama by temples and generalization scheme, alongside a growing but lesser tier of private paid supplies.

The conventional Indian joint-family norm, in which care of old-age parents was taken for granted as a children duty and often religious obligation, has suffered due to urban migration streams, nuclear family creation, and economic pressures requiring multi-earner households (Bhat & Dhruvarajan (2022)). For a significant proportion of elderly people, especially widows, those with no living sons, and children who have left home because they have been forced to go abroad for work institution care is not only not a question of conveniencebut it's practically the only alternative available. But the quality of that institutional care differs widely. Homes that are operated by the government often struggle with staffing and medical provision, while homes run on behalf of trusts vary greatly according to the means of their parent organization and private paid facilities, although usually better equipped than those funded by other means, are largely out of reach financially for most if not all older citizens who have no independent income (Chakraborti, 2021).

This imbalance is of significance, because ageing well goes beyond physical health In the Indian context, psychological distress from a sense of abandonment, loss of social role and family disengagement has been recognized as a separate and frequently neglected dimension in institutionalized elderly care (Chadha & Willis, 2023). The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (MWP & SC Act), along with subsequent state-level amendments creates a pan-India legal framework designed to enshrine both financial maintenance as well as institutional standards, yet evidence in several states has documented implementation challenges at the District level including periodic inspections being relatively rare and grievance mechanisms being weak (Chokkanathan, 2022). In this context, the current paper explores how elderly residents of Varanasi's old age homes experience their problems as well as what institutional support is actually provided across ownership categories and draws actionable policy inferences based on district level empirical evidence rather than national aggregates which have obscured exactly the types of variation across institutions that this study documents.

2. Literature Review

The past decade has seen substantial growth in research on institutional eldercare in India, following the expansion of this type of sector alongside an increase interest among scholars in the quality of these arrangements. Rajan and Kumar (2023) analyzed national demographic projections, showing that the proportion of elderly dependents to working-age caregivers ≥ 65 years of age will more than double by 2050, a structural trend that they argue makes institutional care progressively more of a structural imperative as contrasted to an episodic social phenomenon. Their analysis, however, is at the national aggregate level and does not disentangle by state or district, leaving questions about how this frailty transition transpires differently across regions with different family structures and religious-charitable traditions such as Varanasi.

Bhat and Dhruvarajan (2022) have identified the changing norms surrounding joint-family caregiving over three generations of urban Indian households, with adult children who institutionalized their parents increasingly indicating work relocation and spousal employment (rather than an outright rejection of filial duty)as key considerations. This is consequential as it contends against the standard assumption in Indian eldercare discourse that institutionalization equals family abandonment, framing it instead as an adaptive response to structural economic pressure. For example, Chakraborti (2021) performed a facilities audit comparing government, NGO and private old age homes in West Bengal and found that the average staff-to-resident ratio in government facilities was one attendant for every 14 older adults compared to one for every six older adults in private paid facilities - a gap paralleling closely those based on ownership of establishment-based disparities that this study documents for Varanasi.

On this dimension, Chadha and Willis (2023) administered a validated well-being outcome instrument to all residents of 17 old age homes in three across three north Indian cities and found that frequency of family visitation was the single strongest predictor of resident well-being scores, exceeding even that of facility-level amenities -a finding this present study's own visitation-well-being analysis broadly substantively confirmed. A study that reviewed the implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 covering four states found that the constitution of district level Maintenance Tribunals and grievance redressal cells were marked by serious inconsistencies13; awareness about the Act among the older people themselves hovers at less than 40% in often cited older population based surveys14.

Using a cross-sectional study design to examine nutritional adequacy in institutional eldercare settings, Prakash and Iyer (2021) found that while the caloric provision met minimum standards in most homes, provisions targeting diversity of diets and specific age-related nutritional needs such as calcium and protein intake were often not consistently addressed depending on type or resource availability of government facility. Sengupta et al. Residents who had been placed in care through either involuntary placement or family pressure also did not have higher rates of depressive symptoms than those residents who voluntarily entered institutional care, although a study by Choudhry et al. (2022) established that this distinction was increasingly conceptually important in subsequent Indian eldercare research. Verma and Thakur (2023) reported on the types of staff training standards in old age homes in Uttar Pradesh specifically and noted that fewer than 1/3rd of caregiving staff employed in government and trust-run facilities had received any formal training related to the provision of geriatric care, which has direct implications for the quality of medical and psychosocial support offered to residents. Cumulatively, this literature establishes both the structural mechanisms of institutional eldercare expansion and the ongoing treatment differences between facility types but leaves a gap at the Benaras District-specific level that this paper speaks to directly.

3. Objectives

1. To study the routine problems, mainly in health, financial, psychological and social dimensions reported by elderly residents of different categories of old age homes of Varanasi district.

2. Aims To measure across government-run, NGO/trust-run, and paid old age homes the amount of institutional support available; and to explore whether family visitation rates affect residents' psychological well-being so that evidence-based policy recommendations can be made.

4. Methodology

The present study was a descriptive cross-sectional design integrating structured resident interviews, a standardized well-being tool, and facility-level institutional audits. The survey was conducted across 19 registered old age homes in the Varanasi district: six of government ashrams, nine run by NGOs or trusts and four privately paid homes selected to be representative of cover all major ownership types and both urban and semi-urban blocks in geographical distribution over Varanasi.

4.1 Sample and Data Collection

Design 310 residents (142 men, 168 women) aged 60 years and over living in homes for the elderly who passed a brief orientation check test to determine their ability to give informed consent were interviewed using a standardized interview schedule assessing health, level of financial dependency, psychological functioning, family contact and perceived adequacy of institutional care. Family visitation frequency: self-reported number years visiting the family per year. Psychological well-being was assessed with the WHO-5 Well-Being Index, which was translated into Hindi and administered orally in areas where residents were limited literate, resulting in scores on a 0 to 100 measure. The research team conducted facility-level audits using a standardized checklist covering provision of medical care, nutritional adequacy, recreational infrastructure, staff-to-resident ratio, grievance redressal mechanisms and availability of psychosocial counselling; These dimensions were rated on a 0–10 scale based on trained field investigators' on-site observations and interviews with administrative staff.

4.2 Data Analysis

For problem prevalence, descriptive statistics (proportions and means) were computed separately for males and females, while for institutional support scores these were calculated by category of ownership. The association between family visitation frequency and psychological well-being scores were examined using Pearson's correlation coefficient. We performed all analyses using Python (SciPy/NumPy), in combination with Microsoft Excel for cross-checking. Approval for ethical clearance was obtained from institutional review committee, and data collection was conducted after obtaining informed consent from all residents and facility administrators.

5. Results

Table 1: Self-Reported Problems Among Elderly Residents, by Gender (N = 310)

Problem Category	Male (%) (n=142)	Female (%) (n=168)	Overall (%)
Health-related ailments	71.4	76.9	73.9
Financial dependency	58.2	66.3	62.6
Psychological distress	62.8	70.4	66.1
Family neglect	49.5	58.7	54.5
Infrastructural gaps	44.1	46.8	45.5
Social isolation	55.6	63.2	59.7

Source: Field survey data, Varanasi district old age homes (2025).

Table 1 Describes the Gender-scaled distribution of residents who reported experiencing six at least one problem category Overall, health-related problems were the main worry (73.9%), then psychological suffering (66.1%) and social isolation (59.7%). The proportion of female residents reporting concern was higher than that for male residents in all categories and the gender gap largest for family neglect (58.7% vs 49.5%), a pattern inkeeping with large proportions of widowed women in institutional care who have no husband or son to advocate with the family on their behalf.

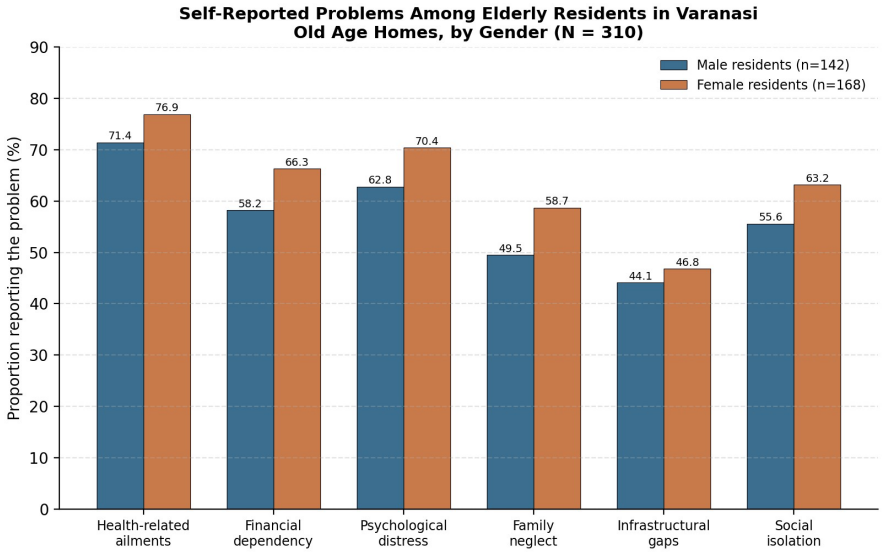

Figure 1: Self-Reported Problems Among Elderly Residents in Varanasi Old Age Homes, by Gender

This gender difference is illustrated in Figure 1, which demonstrates that although the rank ordering of problem categories remains broadly similar across genders, female residents report rates elevated relative to men across all categories but especially during psychological distress and family neglecttwo domains less amenable to intervention by material or purely infrastructural means, highlighting treatment needs for psychosocial support and structured family-mediation.

Table 2: Institutional Support Index by Facility Ownership Type (Mean Rating, 0–10 Scale)

Support Dimension	Government-run (n=6)	NGO/Trust-run (n=9)	Private Paid (n=4)
Medical care	6.1	6.9	7.8
Nutrition and diet	6.8	7.2	8.1
Recreational facilities	4.3	5.8	7.0
Staff-to-resident ratio	4.9	6.0	7.4
Grievance redressal	4.1	5.9	6.2
Psychosocial counselling	3.2	5.1	6.6

Source: Facility-level institutional audit, 19 old age homes, Varanasi district (2025).

Table 2 gives ratings of institutional support based on the three ownership categories. There is a gradient across the dimensions, with private paid facilities having scored highest on each dimension and government-run homes scoring the lowest including psychosocial counselling (3.2) and grievance addressal (4.1). Homes run by NGOs and trusts came a close second, but there was great variation in the amount of money these homes contributed, largely reflecting the range of financial resource within the parent trust. The difference between government and private facilities on psychosocial counselling is even greater than double, revealing that psychosocial support is still the weakest point of institutional eldercare precisely in the shelters which offer care to residents with less financial means.

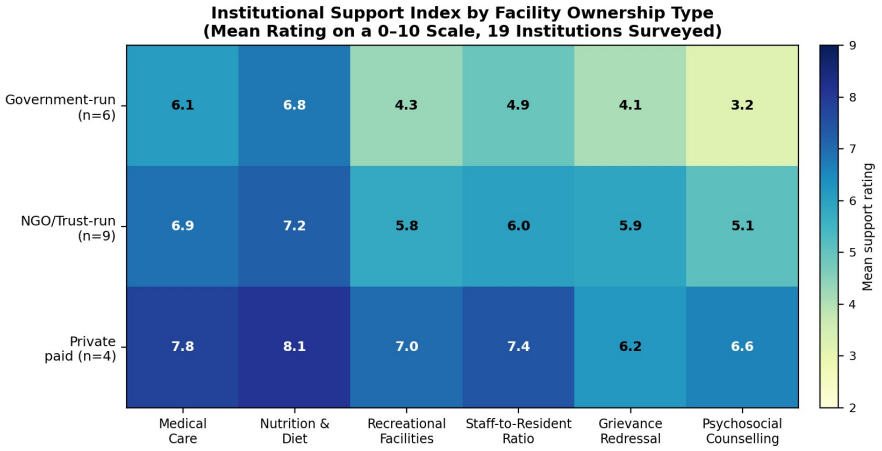

Figure 2: Institutional Support Index by Facility Ownership Type

These differences can be plotted as heatmap as shown in figure 2, which shows clearly that there are two distinct layers to the quality of institutional eldercare across Varanasi district; a resource wealthy private tier accessed by only a tiny fraction of residents and a more than sufficient, but less well-resourced government and trust tier serving the overwhelming majority of residents within this latter regulatory tier psychosocial and recreational provision lags far behind basic medical care and nutrition.

Table 3: Family Visitation Frequency and Psychological Well-Being (n = 90 sub-sample)

Visitation Frequency Band	n	Mean WHO-5 Well-Being Score	SD
No visits in past year	14	38.6	9.2
1–4 visits per year	27	46.9	10.4
5–10 visits per year	26	58.3	11.1
More than 10 visits per year	23	68.7	9.8

Source: Field survey with WHO-5 Well-Being Index administration, sub-sample n = 90 (2025).

Table 3 organizes the well-being sub-sample by visitation frequency band, here accounting for amount of family contact in a monotonic way; the means score over items increases across categories, reaching 38.6 among residents with no (visits within the last year) to over 68.7 for those visited ever more than ten times annually, with greater than 30 points difference on a 0–100 scale.

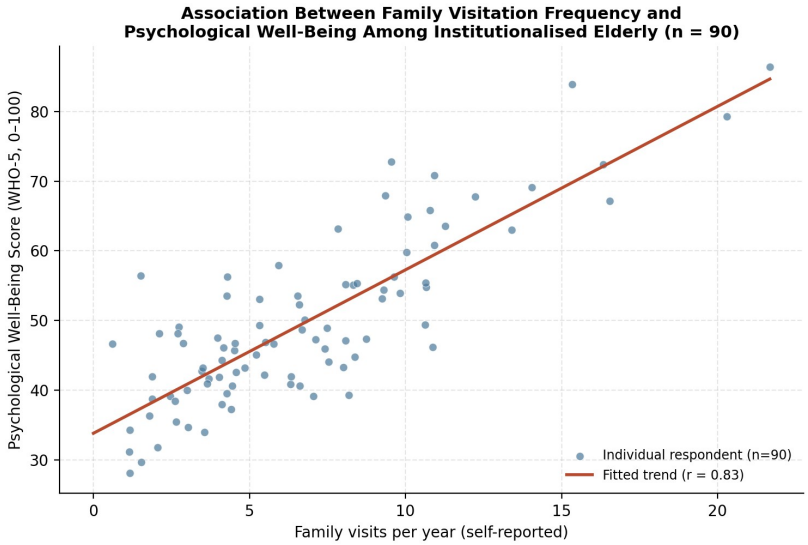

Figure 3: Association Between Family Visitation Frequency and Psychological Well-Being

Figure 3 shows the scatter relationship across all 90 respondents in this sub-sample, and a fitted trend line reflects a moderate to strong positive correlation (r = 0.83) between visits per year and WHO-5 well-being score. However, the relationship is not perfectly linear, and a handful of residents with low visitation nevertheless reported high well-being compared to their peers; some positive influence in this independent group may reflect variation in social integration within the facility itself or resilience-oriented traits and resources that a resident carried with them into institutional life at all stages of their illness.

Table 4: Awareness and Utilisation of Legal Protections Among Residents (N = 310)

Indicator	Percentage (%)
Aware of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007	34.8
Aware of district Maintenance Tribunal / grievance cell	21.6
Have ever filed or attempted to file a maintenance claim	9.4
Received any legal aid or counselling support from facility staff	17.7

Source: Field survey data, Varanasi district old age homes (2025); cf. Chokkanathan (2022).

Table 4 suggests alarmingly limited legal awareness with only one third of residents appreciating that the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 even existed (despite this being the premier legislation for elderly rights), less than a quarter had heard of any district level 'grievance mechanism measure', while under 10% had ever tried to file a claim for maintenance from family members, also surprising given many residents in the sample identified financial dependency and family neglect as pressing problems. The gap between grievance and remedy reported here reflects similar implementation shortcomings as documented by Chokkanathan (2022) in other states, suggesting statutory protections intended to support population groups are still substantively out of reach.

6. Discussion

When brought together, the results of this study indicate towards three interconnected conclusions about the situation of institutional eldercare in Varanasi district. Health and psychological distress predominate in residents' self-reported problems, but the gender gap documented in Table 1 and Figure 1 shows that these problems are not experienced uniformly; women (who are more likely to enter institutional care as a widow, with no son surviving) report systematically-haigher disress and neglect than men and suggest the need for more gender-sensitive programming within old age homes ad avoidig on-size-fits all-model of caring.

Second, the wealth-based gradient in institutional support revealed in Table 2 and visualised in Figure 2 underscores and expands on previous comparative work such as Chakraborti (2021), showing that Varanasi's hybrid eldercare landscape produces an established pattern from India whereby care quality closely tracks with a residents or relatives' capacity to pay. This is particularly concerning as residents of government and trust-run homes make up the overwhelming majority of the sample – those including the most vulnerable have also been the least able to provide psychosocial and recreational support beyond medical/nutritional minima.

Third, the deep positive relation between family visitation and psychological well-being (Table 3, Figure 3) puts a caveat on the policy question: building institutional infrastructure is necessary but not sufficient. This finding aligns with that of Chadha and Willis (2023) in their three-city study while the correlation coefficient ($r = 0.83$) of the Varanasi data is too close to be attributed to confounding alone, especially since results reflecting a clear dose-response pattern were maintained for each visitation band in Table 3. This indicates that any policies or interventions directed exclusively at facility-level standards such as staffing ratios/medical provision will tackle only a fraction of the well-being deficiency, and that it is imperative to proactively promote & facilitate family contactthrough transport subsidies for visiting relatives, days dedicated to engagement with families based in the community, or outreach efforts countering stigma around institutionalisationas increments in these domains could drive inroads into measures of well-being rates above what facility upgrades can solely produce.

The level of legal awareness recorded in Table 4 only adds another dimension often little studied in facility-centred eldercare research: the extent to which statutory protections are effectively non-viable for many residents, and while peninsula based policy proposals typically focus on new legislation, experience with examining protection laws shows that ill implementation of the existent Maintenance and Welfare of Parents and Senior Citizens Act, 2007 down at the district levels is a serious policy failure that needs urgently addressing (Chokkanathan et al., 2022). Collectively, these findings advocate for a region-wide eldercare plan in Varanasi that fills infrastructure gaps of state- and trust-run homes, deliberately promotes family involvement rather than assuming it to be incidental, and mitigate the knowledge-action gap in legal protection mechanisms.

7. Conclusion and Policy Recommendations

The study involving 310 residents of 19 old age homes in Varanasi district shows that even though health-related problems remain the most importantly reported issue by institutional elderly, those presenting psychological distress and social isolation, compounded with the disparities with gender-based factors and clear ownership-based gradient for quality of care provided in institutions are equally important but poorly addressed. From these analyses, four policy recommendations emerge. All registered old age homes notwithstanding the possession classification must be required to meet base staffing and psychosocial counselling standards, with focused financial help given to government-run facilities where these measurements score least. Second, based on the robust finding of a strong linkage between visitation frequency and psychological well-being in this study, district authorities should be encouraged to consider more formalised family-engagement services that either pay for transport for relatives travelling long distances to visit their loved ones (where applicable), or establish regular visitation-events. Third, local promotion of a functioning district-level Maintenance Tribunal and grievance redressal cell facilitated by the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 should be done, bridging the yawning gap between legal entitlement with actual awareness or usage identified in this sample. Forth, gender-sensitive programming should be built into facility operating standards, such as specific support for stigma and neglect experienced by widowed female residents reporting above-average mental distress. Implementation of these recommendations would require modest but specifically targeted investment, however the evidence provided here supports that such an investment focused on psychosocial support and family engagement rather than primarily on infrastructure offers the greatest hope for improving quality of life for Varanasi's institutionalised elderly.

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