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Socio-economic challenges, well-being, and perspectives of senior citizens: A case study from Goa

Rakshanda Mayekar *

Research Scholar, Sociology Programme, Goa University, India.

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Abstract

India, home to over 1.4 billion people, is undergoing a significant demographic shift. By 2050, nearly 20% of its population will be 60 or older, a sharp rise from 8.6% in 2011. This ageing wave is due to declining fertility rates and increased life expectancy (now 70 years) and presents complex socio-economic and cultural challenges. Older adults are vulnerable to abuse and are dependent on others for their basic needs. This study was conducted in Goa using a structured questionnaire. Sixty respondents were selected for the study using a simple random sampling method. The findings of the study highlight abuse as a primary cause of the shift into old age homes. The feelings of loneliness persist firmly among the inmates. The study also shows the satisfaction of the older adults in the old age homes.

Keywords: Old Age Homes; Causes; Challenges; Well-being; Goa

1. Introduction

Growing old is a natural process. It is a scientific fact that every living being is chronologically measured by age from the point of its origin. The need to study age as a 'social age' rather than understanding age chronologically is because of its cultural norms, values and social roles that have changed. Old age is a phase of life where one needs care and family support. The family have played a key role in it. Family members are primary caregivers for the elderly in India (Amiri,2018). The rising number of old age homes in India portrays a different story; there are 728 old age homes.

2. Demography of Senior Citizens

Population ageing has been recognised as one of the four global demographic "megatrends"—population growth, population ageing, international migration and urbanisation—with continued and lasting impacts on sustainable development (United Nations, Department of Economic and Social Affairs, Population Division, 2019). With the recent changes in the demographic world, global life expectancy is projected to reach 74.5 years for males and 79.1 years for females by 2050. The share of the senior citizen population is projected to increase from 8.6% in 2011 to 19.5% by 2050 (Bhat et al., 2021). The combination of a high fertility rate and low mortality rate has shaped this demographic profile. During the 21st century, many countries have witnessed the rise of older adults. Life expectancy in the world has increased from 64.9 years in 1994 to 72.3 in 2019 (United Nations, 2019).

As India's population is increasing with older adults, it poses challenges to cater to their needs. The 1991 census reported that half of the senior citizens were dependent mainly because of widowhood, divorce or separation, and most were females (Rajan, 2001). Even today, there is no massive difference in the status of older women; they still depend on others for their basic needs and financial constraints due to societal norms. In Old age, senior citizens lose the social roles in which they have been engaged for years. They are classified as a dependent group. Dependence includes

* Corresponding author: Rakshanda Mayekar

finances, emotions, physical support, disabilities, health, and other basic needs such as medicines, medical aids, and care.

In ageing, the experiences of males and females differ from each other. Gender plays an important role in structuring social roles. Gender is a social construction; the social roles and functioning of each gender are unique in all cultures. Women have always been at the forefront of Gender challenges. The life expectancy age for women is higher in old age than for men. Even though women are living longer than men, their life is often affected by shadows of vulnerability, illness and Patriarchy. Women in old age have more severe implications of gender as it affects them in two ways: Vulnerability to abuse and Patriarchy.

2.1. Challenges of Old Age

There are unique challenges of ageing in developing nations like India. These are mixed, from healthcare challenges to financial dependency. Studies in India have tried to classify the challenges of old age into four broad categories. They are as follows: Older adults often face significant physical and physiological challenges, including physical disabilities (Jaipal, 2020). These health issues not only impact their quality of life but also increase dependency on caregivers. Chronic illnesses such as joint pain and diabetes are also prevalent among the elderly (Amiri, 2018). Limited mobility due to a disability can worsen chronic conditions by reducing physical activity. The second challenge is related to social dynamics. Urbanisation and migration have altered family dynamics and traditional roles (Jaipal, 2020). The transition from extended families to nuclear family systems has led to increased social, economic, and emotional alienation for older individuals. Many older people experience neglect despite their contributions to family and societal development. Modernisation has diminished the status and influence of older adults in society, often leading to their undervaluation and marginalisation. Negative stereotypes about ageing further compound these issues. Older adults frequently face isolation as societal changes exacerbate their alienation. Many studies found that elderly individuals often face verbal and physical abuse, neglect, and a rapid decline in life satisfaction. Economic insecurity is a pressing issue for many older adults. Awareness of social security schemes remains low among the elderly, exacerbating their financial vulnerability. Older women, particularly widows in rural areas, are among the most vulnerable and require special attention (Sekher, 2022). Governments and societies must support and ensure older adults' well-being (Bhat et al., 2021). Economic problems and health issues are significant impediments to the social well-being of the elderly, with females being more financially dependent and reporting more health problems than males. Psychological challenges such as loneliness and mental health problems are common among older individuals. Many experience psychological trauma and mental distress due to the breakdown of traditional family structures and the failure of familial support systems. This distress often goes unnoticed by the public, highlighting the need for increased awareness and understanding of the psychological struggles faced by the elderly.

2.1.1. Studies on Senior Citizens in India

In recent decades, studies focusing on old age homes have gained momentum. The rapid growth of industrialisation and modernisation in India has changed the dynamics of family, Marriage and Kinship, directly or indirectly affecting the senior citizens. Nuclear Families have affected the emotional attachment between generations, increasing the gap in values and culture. Elder abuse is a burgeoning issue in India. Misbehaviour, verbal abuse, financial crises, property disputes and emotional trauma are some of the major issues highlighted in studies in India. A study conducted by Rajkumari (2021) on 69 elderly individuals residing in four old age homes in Manipur indicates that many elderly individuals view moving to old age homes as a last resort due to neglect and abuse from family members. The study highlights their vulnerability to these issues as they are often economically dependent and encounter social challenges. Raise awareness about government schemes for elderly support. Establish daycare centres for social engagement among the elderly. Utilise elderly experiences for societal welfare to improve attitudes (Amiri,2018). Studies have highlighted the importance of family, economy, and state support for seniors in their old age (Chattopadhyay, 2004).

Today, old age homes are providing primary care for those elderly who are unable to stay with families or are unable to cater to their own basic needs, especially among widows or female senior citizens. A study in Chhattisgarh by Kumar et al. (2024), collecting data from 100 respondents residing in four old age homes, showed that the financial conditions of the elderly were poor, with many unable to meet their basic needs or secure their future and forcing them to opt for old age homes. A study by Kumar (2020) sheds light on the economic dependency of the elderly, revealing that a significant portion relies on others for their daily needs. This dependency can increase vulnerability to various risks, including abuse and neglect. It also shows the importance of psychosocial support, institutional care, and the role of social workers in enhancing the well-being of the elderly. In a cross-sectional study comparing the Quality of Life (QoL) of the elderly in old age homes and community settings (urban and rural areas) conducted by Kenagal et al. (2019), their results showed that most of the old age homes and rural communities perceived QoL as poor. Most elderly living in old age homes are dissatisfied with their health conditions. A comparative study by Kumari and Murthy (2017) on elderly living

with family and old age homes showed that older women in families received social support from their sons and daughters-in-law during illness, emphasising the role of family members in elder care. Older women living with families tend to have better social relations due to regular interactions and family support, while those living in institutions experience loneliness, depression, and lower life satisfaction. Old age homes are alternative shelters where senior citizens can get emotional support from their fellow inmates, share feelings and experiences, and get satisfaction. A study in Srinagar to understand the need for old age homes by Showkat(2016) finds a growing need for old-age homes, especially for the elderly living without their children and having limited interaction with family, neighbours, and friends. This need is more pronounced among the upper-income group, who feel that old-age homes can provide them with the respect, dignity, and care they desire.

Objectives

- To trace the demographic profile of senior citizens in old age homes.
- To highlight the reasons for the shift in old age homes.
- To evaluate the role of old age homes in the well-being of older adults.

3. Methodology

This study adopted an exploratory research design. This study included both primary and secondary data. Primary data for this study was collected from the field of study. This study was conducted in four different old-age homes in Goa. Sixty respondents were selected for this study using simple random sampling. A survey was conducted using a structured questionnaire. For the secondary data of this paper, research papers, data from the World Health Organisation, and UN reports on population study have been used.

4. Results and Discussions

The survey data gathered from four old age home facilities indicates that dependency of senior citizens starts after they turn 60 years; 63% of residents fall within the 60-70 age range. This demographic is more prone to emotional and physical abuse, neglect, and social isolation and 21% of participants are aged 71-80 years. The representation of older adults in the higher age category is comparatively low, with only 16% aged between 81 and 100 years. These findings suggest that both the physical and social age of the senior citizens in old age homes start at 60 years at an earlier stage. At this age, senior citizens are active and more physically able to do their daily activities, yet a high number of them are living in old age homes; this highlights the breaking of values and declining respect for senior citizens, the number of senior citizens living in old age homes highlight the urgent need for well-structured care facilities to cater to all age groups. The lower numbers in the older age category, specifically those aged 81 to 100, may be attributed to health-related mortality. It has been observed that most residents are younger and are within the senior demographic of these facilities. Educational achievement is relatively notable among the elderly, with a substantial portion having completed basic schooling, including 30% with a Secondary School Certificate (SSC) and 24% with a Higher Secondary School Certificate (HSSC). However, higher education rates—such as undergraduate (20%) and postgraduate (11%) degrees—remain low, with 15% of individuals being illiterate. The present senior citizens are from when Goa was liberated in 1961 from Portuguese rule; back then, formal education was limited, and access to it was not easy. Man was seen as a breadwinner, and women were restricted to household chores; society did not give importance to girls' education. Consequently, most senior citizens were engaged in an unorganised work sector and required finances. The lack of advanced education often leads to financial instability, as indicated by 21% of respondents, who cited economic difficulties as a reason for their shift into old age homes due to dependency on others. Limited educational backgrounds have created barriers to incomes and problems in managing their healthcare needs, such as medicines and expensive treatments, leaving many reliant on institutional support in their later years. The study also showed that some respondents have children who send money for their needs. The loss of a spouse highlights a significant emotional challenge, with 86% of residents being widows. Loneliness is a common issue, with nearly 87% of respondents reporting experiences of it either occasionally or often. These results highlight respondents' emotional vulnerability despite peer's and caregivers' presence. It shows that the feeling of loneliness can not be wiped out. The respondents want their family members to be with them in this phase of life.

The study shows that family interactions are rare in old age homes. 75% of the respondents have children, family, and relatives, but the visits mainly occur on special occasions (39%), while 20% of residents report having no family visits. A significant 81% express a longing for their families, highlighting the need for emotional connection and support. The migration of children (22%) and familial issues (25%) are significant reasons for the relocation from family settings to institutional care homes. Financial assistance from family members is inconsistent, with 26% receiving no support and 45% receiving assistance as required. Some respondents do not expect financial help from their children.

Emotional abuse (56%) is the most common form of mistreatment. Similar findings were found in the study of Skirbekk & James (2014), followed by psychological abuse (31%) and physical abuse (13%). Emotional abuse is the worst form of torture that senior citizens go through in the later phase; they cry, sometimes go into depression, can be suicidal or can also harm them physically with attacks. These findings abuse the abuse highlight the vulnerability of the elderly, even within their own homes or social environments. Emotional neglect and psychological mistreatment reflect strained intergenerational relationships and societal attitudes toward ageing. The secure environment provided by senior living facilities serves as a refuge for many individuals facing mistreatment or neglect at home. The findings show multiple reasons why senior citizens shift into old-age homes. Family issues, economic crises, and personal factors are responsible for the elderly living in old-age home facilities. While 32% of the respondents said there are "other reasons," family issues account for 25%, and 22% moved due to their children relocating. Financial difficulties were mentioned by 21% of respondents, emphasising the economic crisis and dependency of the respondents. These findings highlight the complex role of personal problems and external factors affecting their living conditions and making them relocate to old age homes.

Despite facing emotional and mental challenges, 98% of respondents reported satisfaction with their life in old age homes, and all respondents said that they are receiving adequate care from the staff and the institution they are living in with other inmates. These institutions' quality of care and security significantly contribute to overall satisfaction. However, loneliness is an issue that needs to be addressed as it can cause other health issues, with 87% occasionally feeling lonely in old age homes. There is a need for civil society intervention to create awareness about the problem. Also, family visits regularly, or digital contact with relatives, friends, and family can reduce feelings of loneliness. While many positively describe their experience in senior living facilities as "peaceful" and "a natural part of life," others reflect on their hardships, signifying the need for enhanced emotional support. Although senior living facilities meet many practical needs of the elderly, emotional and social well-being remains an area for improvement. Limited family visits, the death of a spouse, and low social interaction in the community increase feelings of loneliness. Structured activities, social engagement, and peer interactions within old age home facilities can help reduce these challenges and improve residents' quality of life.

A study of four old age homes shows high emotional abuse of senior citizens before coming to old age homes. This study also shows that the reasons for the shift in old-age homes differ from person to person. Old-age homes should be temporary places to stay. Senior citizens in this study showed they are happy living in old age homes, yet they want to return home as most of them feel lonely without their family members

5. Conclusion

The interconnection of social, emotional, and economic factors is affecting the lives of senior citizens in old age homes. Old Age homes are a safe place to stay for senior citizens who are victims of abuse, but the rise in old age homes indicates a failure of family structure and a lack of respect and care towards the elderly in society. The study highlights the need to strengthen social security systems, promote intergenerational solidarity, and ensure access to healthcare and legal protections for senior citizens. There is a need to raise awareness about the rights of older people and create policies that protect them from neglect and abuse from their own families and external forces.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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