

INSTITUTIONALISED ELDERLY IN KERALA: AN ASSESSMENT OF QUALITY OF LIFE AND SUPPORT SYSTEMS

*Thesis submitted to the
University of Calicut for the award of the degree of*

Doctor of Philosophy in Economics

By

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July 2026

CERTIFICATE

This is to certify that the thesis entitled "**INSTITUTIONALISED ELDERLY IN KERALA: AN ASSESSMENT OF QUALITY OF LIFE AND SUPPORT SYSTEMS**", submitted by **Ms VIJAYALAKSHMI K K**, to the University of Calicut, for the partial fulfillment of the requirements for the award of the degree of Doctor of Philosophy (Ph.D.) in Economics, is a bonafide research work done by **Ms. VIJAYALAKSHMI K K**, under my supervision and guidance in the Research & Post Graduate Department of Economics, Mar Dionysius College (Affiliated to university of Calicut), Pazhanji, Thrissur, Kerala. The content embodied in this thesis, in full or in parts, have not been submitted to any other University or Institute for the award of any degree. Plagiarism is checked and found within the permitted limits.

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List of Abbreviations

AGFI	- Adjusted Goodness of Fit Index
AMOS	- Analysis of Moment Structures
ANOVA	- Analysis of Variance
AVE	- Average Variance Extracted
CFA	- Confirmatory Factor Analysis
CFI	- Comparative Fit Index
CMIN	- Chi-square Minimum / Discrepancy
CRC	- Composite Reliability Coefficient
Ecostat	-Economic and Statistics Department (State Planning Board, Kerala)
EFA	- Exploratory Factor Analysis
GFI	- Goodness of Fit Index
HSD	- Honestly Significant Difference
IGNOAPS	- Indira Gandhi National Old Age Pension Scheme
ILO	- International Labour Organization
KMO	- Kaiser-Meyer-Olkin (Measure of Sampling Adequacy)
KSSM	- Kerala Social Security Mission
MOSPI	- Ministry of Statistics and Programme Implementation
NFI	- Normed Fit Index
NGO	- Non-Governmental Organization
NRI	- Non-Resident Indian
NSAP	- National Social Assistance Programme
NSSO	- National Sample Survey Office
OECD	- Organisation for Economic Co-operation and Development
PCA	-Principal Component Analysis
RMR	- Root Mean Square Residual
RMSEA	- Root Mean Square Error of Approximation
SEM	-Structural Equation Modelling
SIC	-Squared Inter-Construct Correlation
SPSS	-Statistical Package for the Social Sciences

SRW	-Standardized Regression Weight
UNFPA	-United Nations Population Fund
VIF	-Variance Inflation Factor
WHO	-World Health Organization

INSTITUTIONALISED ELDERLY IN KERALA: AN ASSESSMENT OF QUALITY OF LIFE AND SUPPORT SYSTEMS.

Abstract

The elderly form an important part of human resources, and their share in the population is rising globally, in India, and in Kerala. In India, the elderly population increased from 104 million in 2011 to nearly 149 million in 2022. Kerala leads this demographic shift, with about 16.5% of its population aged 60 and above. Changes in family structure, migration, and social attitudes have resulted in more elderly people moving into old age homes. This study examines the factors that lead to institutionalization and evaluates the quality of life of the elderly living in these settings.

Both primary and secondary data were used. Primary data were collected from old age homes recognized by the Orphanage Control Board in Kerala, and secondary data were drawn from reports published by government agencies, organizations, and NGOs. Statistical tools such as descriptive analysis, Structural Equation Modelling (SEM), one-way ANOVA, independent sample tests, and slope analysis were applied. The study found that family conflict, lack of social support, economic dependence, and health problems are the main reasons for institutionalization. Most elderly residents experience an average level of quality of life. Optimism and emotional stability strengthen the positive impact of care, while other personal traits have limited influence.

Institutional care positively enhances the overall well-being of the elderly. The quality of life also varies by socio-demographic factors such as gender, marital status, education, family type, and living arrangement. These factors influence well-being to different degrees. The study highlights that government support through better healthcare, financial assistance, social inclusion programs, and mental health services can greatly enhance elderly well-being. Policies should focus on improving infrastructure, safety, and the emotional environment of senior living facilities, with special attention to older women. Strengthened regulation, regular monitoring, and community participation are essential to ensure dignity, security, and fulfillment for the elderly in old age homes.

Key words: Old age homes, Institutionalised elderly, institutional care, quality of life, personal disposition, living arrangement, economic dependence.

**കേരളത്തിലെ വ്യവസായങ്ങളിലെ താമസക്കാരുടെ ജീവിത നിലവാരവും
പിന്തുണാ സംവിധാനങ്ങളും - ഒരു വിലയിരുത്തൽ.**

പ്രബന്ധസംഗ്രഹം

വയോജനങ്ങൾ മാനവിക വിഭവങ്ങളുടെ ഒഴിച്ചു കൂടാനാകാത്ത ഘടകങ്ങളായി നിലനിൽക്കുമ്പോൾ, അവരുടെ ജനസംഖ്യ ലോകമൊട്ടാകെ, പ്രത്യേകിച്ച് ഇന്ത്യയിലും കേരളത്തിലും, വേഗത്തിൽ വർദ്ധിച്ചു വരികയാണ്. ഇന്ത്യയിൽ 2011-ൽ 104 ദശലക്ഷം ആയിരുന്ന മുതിർന്നവരുടെ എണ്ണം 2022-ൽ ഏകദേശം 149 ദശലക്ഷം ആയി വർദ്ധിച്ചു. കേരളത്തിൽ 60 വയസ്സ് കഴിഞ്ഞവരുടെ അനുപാതം സംസ്ഥാന ജനസംഖ്യയുടെ ഏകദേശം 16.5 ശതമാനമാണ്. ഇത് ഇന്ത്യയിലെത്തന്നെ ഏറ്റവും ഉയർന്ന നിരക്കാണ്. കുടുംബ ഘടനയിലെ മാറ്റങ്ങൾ, പുതുതലമുറയുടെ കുടിയേറ്റം, സാമൂഹിക മൂല്യങ്ങളിലുണ്ടായ പരിവർത്തനം എന്നിവയെല്ലാം കൂടി നിരവധി വയോജനങ്ങളെ വയോജന പരിപാലന കേന്ദ്രങ്ങളിലെ താമസത്തിലേക്ക് നയിച്ചിരിക്കുന്നു.

ഈ പഠനം പ്രായാധിക്യം ഉള്ളവരെ ഇത്തരം സ്ഥാപനങ്ങളിലേക്ക് നയിക്കാനുള്ള പ്രധാന സാമൂഹിക സാഹചര്യങ്ങളെ തിരിച്ചറിയുകയും, അവിടെ താമസിക്കുന്നവരുടെ ജീവിത നിലവാരം ശാസ്ത്രീയമായി അപഗ്രഥിക്കുകയുമാണ് ലക്ഷ്യമാക്കുന്നത്.

പഠനത്തിന് പ്രാഥമികവും ദ്വിതീയവുമായ ഡാറ്റ ഉപയോഗിച്ചു. പ്രാഥമിക വിവരങ്ങൾ കേരളത്തിലെ അന്നാമാലയ നിയന്ത്രണ ബോർഡിന്റെ അംഗീകൃത വയോജന കേന്ദ്രങ്ങളിൽ നിന്ന് ശേഖരിച്ചു. ദ്വിതീയ വിവരങ്ങൾ സർക്കാർ, സ്വതന്ത്ര സംഘടനകൾ, എൻജിനുകൾ എന്നിവ പ്രസിദ്ധീകരിച്ച റിപ്പോർട്ടുകളിൽ നിന്നുമാണ് ലഭിച്ചത്. ഡാറ്റാ വിശകലനത്തിനായി വിവരണാത്മക സ്ഥിതിവിവരശാസ്ത്രം, ഘടനാ സമവാക്യ മാതൃക, വൺ വേ അനോവ, സ്വതന്ത്ര സാമ്പിളിംഗ് പരിശോധന, സ്റ്റോപ്പ് വിശകലനം തുടങ്ങിയ സ്ഥിതിവിവരശാസ്ത്ര വിശകലനങ്ങൾ ഉപയോഗിച്ചു.

പഠനഫലങ്ങൾ പ്രകാരം, കുടുംബകലഹം, സാമൂഹിക പിന്തുണയുടെ അഭാവം, സാമ്പത്തിക ആശ്രിതത്വം, ആരോഗ്യപ്രശ്നങ്ങൾ എന്നിവയാണ് വ്യവസായങ്ങളിലെ താമസത്തിലേക്ക് നയിച്ച പ്രധാന കാരണങ്ങളായി കണ്ടെത്തിയത്. ശുഭപ്രതീക്ഷ, വൈകാരിക സ്ഥിരത എന്നിവ ജീവിത നിലവാരത്തെ അനുകൂലമായി സ്വാധീനിക്കുന്നതായി കണ്ടെത്തിയപ്പോൾ, മറ്റ്

വ്യക്തിത്വഘടകങ്ങൾ അത്രത്തോളം സ്വാധീനം ചെലുത്തുന്നില്ലെന്ന് കണ്ടെത്തി.

വയോജന കേന്ദ്രങ്ങളിലെ പരിചരണം മുതിർന്നവരുടെ ആകെ ക്ഷേമം മെച്ചപ്പെടുത്തുന്നതിൽ നിർണായകമായ പങ്ക് വഹിക്കുന്നു. അതേസമയം, ലിംഗം, വിവാഹസ്ഥിതി, വിദ്യാഭ്യാസനില, കുടുംബരീതി, താമസരീതി തുടങ്ങിയ സാമൂഹ്യ-ജനസംഖ്യാത്മക ഘടകങ്ങൾ ജീവിത നിലവാരത്തിൽ വ്യത്യസ്തമായ സ്വാധീനങ്ങൾ ചെലുത്തുന്നു.

പഠനത്തിന്റെ ഫലങ്ങൾ സർക്കാർ തലത്തിൽ ശക്തമായ ഇടപെടലുകളുടെ ആവശ്യകത വ്യക്തമാക്കുന്നു. ആരോഗ്യപരിചരണ സേവനങ്ങൾ, സാമ്പത്തിക സഹായ പദ്ധതികൾ, സാമൂഹിക പങ്കാളിത്തത്തോടെ ഉള്ള പരിപാടികൾ, മാനസികാരോഗ്യ സേവനങ്ങൾ എന്നിവ ശക്തിപ്പെടുത്തുന്നതിലൂടെ മുതിർന്നവരുടെ ക്ഷേമനില ഗണ്യമായി ഉയർത്താനാകുമെന്ന് പഠനം സൂചിപ്പിക്കുന്നു. കൂടാതെ, വയോജന പരിപാലന കേന്ദ്രങ്ങളിലെ താമസ സൗകര്യങ്ങൾ, സുരക്ഷ, വൈകാരികാന്തരീക്ഷം എന്നിവ മെച്ചപ്പെടുത്തുന്നതിനും പ്രത്യേകിച്ച് മുതിർന്ന സ്ത്രീകളെ കേന്ദ്രീകരിച്ച് ഉള്ള നടപടികൾ സ്വീകരിക്കുന്നതിനും പ്രാധാന്യം നൽകണം.

അതോടൊപ്പം, നിയന്ത്രണ സംവിധാനങ്ങളുടെ ശാക്തീകരണം, നിരന്തരമായ നിരീക്ഷണം, സമൂഹത്തിന്റെ സജീവ പങ്കാളിത്തം എന്നിവയും അനിവാര്യമാണ്. ഇതിലൂടെ വ്യഭാസദനങ്ങളിൽ കഴിയുന്നവർക്ക് ആത്മാഭിമാനത്തോടെയും സുരക്ഷിതത്വത്തോടെയും സംതൃപ്തിയോടെയും ഉള്ള ജീവിതം നയിക്കാൻ കഴിയും.

പ്രധാന പദങ്ങൾ:

വ്യഭാസദനം, വ്യഭാസദനങ്ങളിലെ താമസക്കാർ, സ്ഥാപനപരിചരണം, ജീവിത നിലവാരം, വ്യക്തിത്വ ഘടകങ്ങൾ, താമസരീതി, സാമ്പത്തിക ആശ്രിതത്വം.

Chapter 1: Introduction

1.1 Introduction

1.2 Significance of the Study

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***“Social security to elderly is not charity but their basic human right” –
Social Justice Department Government of Kerala.***

“Economic growth without investment in human development is unsustainable and unethical”- Amartya Sen.

1.1 Introduction

Human resources are widely recognized as vital assets of a country. They are crucial for the economic growth and development of a nation. Elderly people are also part of the human resources, as they contribute valuable experience, knowledge, and skills to the workforce. Healthy ageing helps people to stay active, skilled, and able to work or support others for longer. With measures that promote healthy aging, a nation's workforce and economic potential increase with the percentage of young people in its population. Overall, human resources have the potential to initiate and support healthy ageing through active participation, innovation, and care.

Healthy ageing is considered a precondition for economic growth. Advancements in material well-being, intellectual development, and overall quality of life are essential for an advanced society. An ageing population presents both positive and negative implications. The rapid ageing of the global population gives rise not only to socio-economic and political disputes but also to clashes among individuals, families, and society(Kerketta, 2024).The ageing of the population is the result of a decline in fertility and mortality, which, in turn, depends on social, economic and biological factors. The ageing of the population affects economic development through an increase in economic dependency, unemployment, physical disability, housing problems, and other related challenges.

Globally, the ageing population has grown rapidly, raising concerns about healthcare, economic support, and long-term care systems (UNFPA, 2023). In India, the elderly population increased from 104 million in 2011 to over 149 million in 2022, (India Ageing Report 2023.) with Kerala leading demographically, where about 16.5% of the population is aged 60 and above (Kerala Economic Review, 2023).

A structured and systemic approach is needed to make sure the economic, social, and emotional well-being of elderly citizens, particularly those living in old age homes.

Older adults are a considerable part of every country's population, to whom the society is committed to giving respect and attention. Until recently, the elderly occupied an important position within the family. This role has declined due to the structural changes that have taken place in society (Paltasingh & Tyagi, 2017.). The impact of modernisation, urbanisation, industrialisation, and globalisation can be observed in the lives of senior citizens (Kurup, 2014). The situation of the elderly in families has worsened because of younger generations moving away, the shift from joint to nuclear families, and more women joining the workforce.

In the contemporary world, traditional families are rapidly declining even in rural areas (Dommaraju, 2016). Concerns about the elderly are seen as a low priority in families as well as in the society. Majority of the elderly are seen as illiterate with little or no income in the present society. In older days, economic status moved from economic independence to economic dependence (Jadhav, 2017). As a result, some people now see the elderly as a burden. Majority of the elderly are seen as infirm, trapped inside their houses, lonely and deserted due to lack of housing facilities and financial resources (Srinivasan, 2019). The elderly who work in the subsistence economy for livelihood have no pension or economic assets.

The elderly give up their role in social and economic spheres of the country. The diagnosis and treatment of geriatric diseases result in more financial problems in their later life. The elderly population is mainly attributed to the lack of employment, financial insecurity and economic dependence. The vulnerability increases with age (Panigrahi & Syamala, 2012). Both family and society are responsible for the downfall of the elderly from a blessing to a burden. Underprivileged and poverty-stricken families who do not possess enough economic resources to take care of the elderly consider them as a burden and compel them to move to an old age home where they can live without any expenses (Akbar et al., 2014). Old age homes are needed to support elderly people who face loneliness, neglect, socio-economic vulnerability, poor health, lack of family support, and the effects of changing family structures and migration.

The increasing financial dependence of elderly individuals on government support has become a major concern in India, particularly as more of them are moving into old age homes due to lack of family support and economic insecurity.

States like Kerala have increased monthly pensions up to ₹1600, covering over 62 lakh beneficiaries (The Hindu, 2024). In 2025, the Indian government increased support for senior citizens by offering ₹5 lakh health insurance under Ayushman Bharat, raising the tax-free interest income limit to ₹1 lakh, and launching a new pension scheme with guaranteed monthly pensions and retirement benefits (Government of India, 2025). State governments like Kerala, Bihar, and Uttar Pradesh have taken stronger steps in which Kerala provides healthcare through the Vayomithram project, while Bihar and UP have raised old-age pension budgets to ₹5,241 crore and ₹8,105 crore respectively (The Times of India. 2025). Despite these exertions, the steady rise in the number of old age homes reflects a growing need for a more integrated and long-term approach to elderly care in the country.

The Constitution of India upholds the rights of the elderly through Article 41, which directs the state to provide public assistance in old age, sickness, and disability. Under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, children and legal heirs are legally responsible for the care of their elderly parents. Senior citizens are also entitled to concessions in travel, income tax benefits, and protection from abuse under various government schemes and policies. Despite these rights, the rising neglect and loneliness faced by many elderly individuals make the presence of well-managed old age homes increasingly necessary for their safety and dignity (Ministry of Social Justice & Empowerment, 2023).

The idea of old age homes has been heavily borrowed from the western countries. The changes that are happening in the family and the society are responsible for the emergence of old age homes. They are working to take care of the aged people who are left alone in the society without anybody to look after them. These old age homes provide shelter for the senior citizens from diverse socio-economic backgrounds. Socio-economic and demographic factors are responsible for the shifting of the elderly into old age homes (Jeeragyal et al., 2019). At present, both paid and free homes are working in India. It is the responsibility of the society to ensure the comfortable lives of elders in these homes. The older adults who are destitute, sick and abandoned by the family need a shelter to live. The elderly who live in free old age homes are vulnerable and have fewer social connections. Abandonment of elderly widowed women even

from educated families is rapidly on the rise (Chakravarthy, 2002) as women did not have any income of their own.

Globally, there is a rising need for community-based support systems and institutions to care for the elderly due to increasing life expectancy and changing family structures. In India, over 728 old age homes and 75,000 Elder Self-Help Groups have been established to support senior citizens, especially in rural and low-income areas (HelpAge India, 2023). As per the Kerala Economic Review 2024, 622 old age homes are registered under the Orphanage Control Board with 16 government old age homes in operation, together totalling approximately 638 registered homes, housing over 32,000 elderly inmates as of 2023–24.

Old age homes can help improve the quality of life for the elderly by providing safety, healthcare, social interaction, and emotional support, especially for those who lack family care or face difficult living conditions. Quality of life is a product of the interplay among economic, social, health and environmental conditions which affect human and social developments. It is defined by WHO as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” (World Health Organization ,1998). The well-being of elderly people depends on both their personal habits and the support they receive from the government, such as healthcare, pensions, and safe living conditions.

The attitudes of elderly people play an immense role in their happiness in old age homes. Positive attitudes, like staying hopeful and open to new things, help them to feel happier and to make friends. On the other hand, negative attitudes, like being upset or avoiding others, can make them feel lonely and unhappy. The government is essential to the operation of old age homes as it provides finance, policy support, and supervision to guarantee their efficient operation(Burholt et al., 2022). High quality standards are set by the government which looks at how things are working and how much the old age homes follow the rules and regulations.

In the countries like UK the rules like CARE Act 2014, ensure support to elders through state financed programmes prevailed. India has limited coverage of this type of government financed programmes. The drastic changes that happen in demographic

and social sectors highlights the need for investment and financial funding in old age homes which is helpful to provide better living conditions to institutionalised elderly.

1.2 Significance of the Study

Growth in the number of elderly persons is a global issue at this time. India and Kerala also show an upward trend in the number of elderly people. This in turn leads to issues in the economy, as the need for care and living arrangement also increase. The number of elderly people who lived in old age homes also shows an increasing trend. This is a noteworthy social occurrence which needs attention and study. The importance of this study exists in its ability to provide insight into the elements that influence older adults' quality of life and their decision to join and be inherent in a free old age home.

The study focuses to discover the factors behind the entrance of elderly in free old age homes. It is necessary to watch over the broad quality of life of the elderly who staying in free old age homes where the government plays a crucial role. Additionally, the individual attributes of these elderly individuals can significantly influence their thoughts, approaches, and overall well-being (Lopez et al., 2024). These aspects also find out their physical and mental health needs, highlighting the importance of personalised support and care.

The outcome of the study has applications for a variety of stakeholders, such as governmental bodies, Non-Governmental Organization, caretakers, and medical professionals. These stakeholders can create more specialized treatments and actions by learning about the living experiences of the older adults in free aged homes. Appropriate leisure activities or specialised mental health care could significantly enhance the quality of life of elderly residing in free old age homes (Chaturvedi,2018).

1.3 Scope of the Study

This study emphasis on older adults aged 60 and above who are residing permanently. The study begins by examining the various factors that led these elderly individuals to move from their own homes and communities into institutional care. Neglect by family, lack of caregivers in home, financial problems, health issues, loneliness and the death of spouse attributed their shifting in to old age home. The study examines the quality of life experienced by the residents within these institutions.

It looks into their economic, health, social and leisure well-being. Institutional care plays a vital role in supporting the overall quality of life of elderly people by offering consistent medical, emotional, and social support in a safe living atmosphere. So, an investigation of the impact of institutional care in overall well-being of the elderly was conducted. An assessment of the extent to which quality of life varies across the demographic profile and an analysis of the influence of personal feelings in their quality of life was conducted. Personal characteristics act as a mediating variable in between quality of life and institutional care. The study also looks at the role of government policies, and financial supports in shaping their experiences. It aims to understand how these factors help or affect the quality of life of elderly residents. The study aims to give a clear picture of the challenges and needs of the elderly population living under the care of state-recognised old age homes.

1.4 Statement of the Problem

Ageing is a natural process. Becoming older is a part of genetic, psychological and social processes. Ageing affects both developed and developing economies in multiple ways. Old age is considered as the most difficult time span of any individual's life. Older days are associated with lack of income, health issues and decreased role in society and family. Change in family's structure, urbanisation, modernisation and changing lifestyles affected the elderly people (Paltasingh & Tyagi, 2017.). Social isolation, depression and decline in well-being affect the overall quality of life of the elderly.

India's elderly population is projected to reach over 149 million by 2036, creating a growing demand for structured institutional care such as old age homes (MOSPI, 2021). Kerala already has the highest proportion of elderly residents in India, creating a rising demand for institutional eldercare such as old age homes (Government of Kerala, Department of Economics and Statistics, 2023). The rapid growth of India's elderly population, particularly in Kerala where the proportion is already the highest, has created a pressing need to examine the adequacy and preparedness of institutional eldercare systems such as old age homes. Elderly are considered as the most vulnerable section of the society (Roy, 2017). Even though India and Kerala have a unique social structure and cultural values, care for older adults is still facing serious issues.

Majority lacks family care and support. Here, the government focuses on appropriate policies and programs to protect the interest of the elderly. The emergence of social institutions like care homes and old age homes are a blessing to the senior citizens. Kerala has the largest number of older adults in India. Thus, the number of old age homes is increasing in Kerala (Mathew, 2025). Old age home is considered as the last resort by the elderly who have nobody to take care of them. On a voluntary or compulsory basis, they live in old age homes or any other similar institutions(Rajkumari & Shahani, n.d.). Unpaid and free old age homes provide shelter to the abandoned elderly, even though children and family are responsible for looking after them. This study focuses on the determinants which influence the elderly's decision to reside in old age homes. As they seek admission in free elderly care homes it is necessary to ensure their quality of life and take notice of the changes happened in their life upon and after joining in the old age homes. Support provided by the government and the personal characteristics of the elderly also act as bridging factors in the overall well-being of the senior citizens.

1.5 Research Questions

1. What are the determinants behind the shifting of elderly in to old age homes?
2. What are the main factors that determine the quality of life of elderly people living in free old age homes?
3. What is the role of institution in the quality of life of elderly inmates?
4. What is the role of government in the life of institutionalised elderly?
5. How do personal characteristics influence the quality of life of an elderly individual residing in free old age home?

1.6 Objectives of the Study

The objectives of the study are as follows

1. To analyse the determinants that influence elderly individuals to shift from society to old age homes.
2. To examine the quality of life of the institutionalised elderly and to analyse the role of institutional care in their quality of life
3. To analyse the mediating role of personal disposition between institutional care and the quality of life of elderly people in old -age homes

4. To examine the moderating role of government intervention between institutional care and the quality of life of elderly people in old age homes.

1.7 Hypothesis

- Institutional care exerts significant positive role on the quality of life of elderly in old age homes.
- Personal disposition significantly mediates the relationship between institutional care and quality of life among the elderly in old age homes.

1.8 Research Methodology

The study of how research is carried out methodical and scientific manner is known as research methodology. Methodology suggests a better understanding of research and the techniques involved by highlighting both the process and the results of scientific investigation. (Patel & Patel, 2019). Research methodology is important in the search for information, as it provides a structured approach to solving the research problem, ensuring validity and reliability of the results. It also confirms the chosen methods, enabling others to evaluate and replicate the study.

1.8.1 Research Design

The topic of institutionalised elderly in Kerala is examined through various types of research based on purpose, methodology, and scope. Exploratory research focuses on determinants that compelled the elderly to join an old age home. Quality of Life Index of elderly living in old age homes was constructed based on four key dimensions: economic status, health condition, social relationships, and leisure activities. These components are combined using an index construction approach to produce a single composite score which shows the overall well-being of elderly residents in old age homes. For understanding the relation between institutional care and quality of life, explanatory research is used, which is also used to examine the impact of social isolation, healthcare, and recreational activities on their mental and physical well-being. Additionally, the mediating role of personal disposition and the moderating role of government intervention between institutional care and quality of life are analysed using exploratory research. A descriptive research study focuses on the demographic and socio-economic profiles of the residents and is also used to assess their living conditions and available facilities in old age homes.

1.8.2 Data Sources

Both primary and secondary data form the basis of this study. The primary data is collected directly from elderly people living in old age homes in Kerala, recognized by the Orphanage Control Board in 2023. An interview schedule was used to collect primary data through first-hand responses from the respondents during the period from February 2024 to October 2024. The study was conducted among elderly residents of recognized non-fee-charging old age homes listed by the Orphanage Control Board (2023) and the Social Justice Department, Government of Kerala. Government-run and private fee-charging old age homes were excluded from the study. As per the list of institutions recognised by the Orphanage Control Board as old age homes in 2023, the total number of senior citizens residing in these homes is 17611. Secondary sources include reports from the United Nations, World Health Organisation, World Bank, NSSO, Ministry of Statistics and Program Implementation, United Nations Population Fund, research organisations, and non-governmental organisations. The Kerala State Planning Board, Kerala Social Security Mission, and reports from the Department of Social Justice are the sources of information about the Kerala state's ageing population.

Table 1.1
List of old age homes recognised by orphanage control board

Region	District	Number of old age homes	Number of inmates
South	Trivandrm	59	943
	Kollam	35	1823
	Pathanamthitta	41	687
	Alapuzha	34	782
	Kottayam	92	2843
Central	Idukki	25	668
	Ernakulam	138	3437
	Thrissur	118	2428
	Palakkad	34	976
North	Malapuram	10	194
	Kozhikode	26	629
	Wayanad	19	409
	Kannur	43	1321
	Kasargode	16	477

Source: Social Justice Department, Government of Kerala. (*List of Institutions Recognized by the Orphanage Control Board*. Retrieved from official records, 2023.)

1.8.3 Sampling Design

In Kerala, the total number of elderly people residing in the old age homes recognised by Orphanage Control Board in 2023 is 17611. To calculate the sample size for a total population of 17,611 using the Krejcie and Morgan formula, the first step is to determine the required sample size for the entire population. (Krejcie & Morgan, 1970). According to the formula, for a population size of 17,611, the sample size is approximately 377 at a 95% confidence level with a 5% margin of error. Multi stage sampling is used here. In the first stage the state is divided into 3 zones as, south, central and north and later one district with the highest number of inmates from each zone was selected. Accordingly, Kottayam Ernakulam and Kannur districts were selected. The sample size 377, which is proportionally allocated in each district based on the number of inmates in these districts. Based on the experience from the pilot survey the researcher has taken 500 samples. Those 500 samples were proportionately allocated to each selected district. Out of these 500 responses 97 responses composed of non-sampling errors and the remaining number of 403 is the final sample size. 403 samples were proportionally allocated among the district and random sampling is used for selecting the inmates. Non-sampling errors are errors that arise from sources other than the sampling technique, such as interviewer bias, response bias, recall bias, and incomplete information.

Table 1.2
Sampling Design

Region	District	Number of old age homes	Number of inmates	Minimum sample	Sample taken	Number of errors	Final
South	Kottayam	92	2843	141	187	36	151
Central	Ernakulam	138	3437	171	227	45	182
North	Kannur	43	1321	65	86	16	70
	Total	273	7601	377	500	97	403

Source: *List of Institutions Recognized by the Orphanage Control Board & Primary survey.*

1.8.4 Research Methods

The research employed numerical techniques to evaluate the information. Appropriate methods were applied to interpret the research aim, accompanied by detailed accounts and justifications for the methods utilised. The data analysis was performed using SPSS 25 and AMOS 22.

Frequency analysis is used to analyse the socio demographic variables. Exploratory factor analysis is used to expose structures in the data. The Kaiser-Meyer-Olkin (KMO) test confirms that the sample size and data are adequate. Bartlett's test of sphericity is used to confirm whether the variables are connected adequately to group them together. Principal Component Analysis (PCA) is conducted to extract the minimum number of factors having maximum variance. Confirmatory Factor Analysis (CFA) is used to assess how well all measures signify the magnitudes of determinants of elderly admission to old age homes. Normality and multicollinearity that influence the validity of data are used for this study. Descriptive statistics summarise the determinants that lead to the residing of elderly people in old age homes.

To analyse the quality of life among elderly individuals living in old age homes, various methods and techniques were employed. The Min-Max Normalization Technique, developed by OECD, was used to standardise data values to a specific range. The equation

$$\text{Normalised / Standardised Score} = \frac{X - X_{min}}{X_{max} - X_{min}}$$

Z-scores were calculated, which are then converted to percentages ranging from 0 to 100. Cut-off points were established as follows: a score of 33.33 or below indicates a lower quality of life, scores between 33.34 and 66.66 indicate moderate quality of life, and scores between 66.67 and 100 indicate a high quality of life. Separate indexes for each factor were constructed, based on the Quality of Life for Elderly Index 2021, developed by the Institute for Competitiveness, with equal weightage assigned to each variable.

To test the extent to which the quality of life of institutionalised elderly varies across their demographic profile, Independent T-tests, one way ANOVA and Post Hoc Test Tukey HSD were conducted. For further investigation, pairwise comparisons using

Tukey's post hoc test identified specific groups that differed significantly. Additionally, Structural Equation Modelling (SEM) was used to examine the role of institutional care in determining the quality of life of elderly individuals in old age homes. This comprehensive analysis provided insights into the factors influencing the well-being of the elderly in institutional settings.

To examine the mediating role of personal disposition between institutional care and quality of life of the elderly living in institutional care Structural Equation Model (SEM) is used. In addition, Sobel's Test, Aroian's Test and Goodman's Test were used for calculations of the significance of mediation. Structural equation model was used to study the moderating role of government intervention on the relationship between institutional care and quality of life. Moreover, Slope analysis was performed to better understand the nature of the moderating effect of government intervention on the relationship between institutional care and quality of life. This analysis helped to visualise how the strength and direction of the relationship between institutional care and quality of life changed at different levels of government intervention.

1.9 Concepts and Definitions

Since a single term can be used in many different senses, it would be necessary to indicate the meanings that have been given to various concepts and definitions.

Elderly

The government of India adopted the 'National Policy on Older Persons' in January, 1999. The policy defines 'Senior Citizen' or 'Elderly' as a person who is of age 60 years or above. (Elderly in India 2016.)

Living Arrangements

The term 'living arrangement' is used to refer to one's household structure. Living arrangements refer to whether or not the person lives with another person or persons, and if so, whether or not he or she is related to that person or persons. (ElderlyinIndia_2016.).

Institutionalised elderly

An institutionalised elderly person is someone who is 60 years of age or older who is a patient, resident, or client of any facility or institution, whether public or private. This institution offers health or health related services for the institutionalised elderly and is subject to regulation, visitation, inspection, or supervision by any government agency. (C. Menezes, 2020)

Elder Abandonment

Elder abandonment is a form of elder abuse that occurs when a person who has assumed responsibility for providing care to an elderly individual deserts that individual. There are variations in how states define elder abandonment, but the general principles are the same. Elder abandonment is generally defined as the purposeful and permanent desertion of an elderly person. The victim may be left at a hospital, a nursing home, or in a public location. (Rzeszut, 2017)

Quality Of Life

WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards, and concerns. (World Health Organization. 1998).

Institutional care

Institutional care in old age homes refers to providing a place to live and support for elderly people who can't live on their own because of health problems, lack of family support, or personal choice. These homes aim to take care of their physical, emotional, and social needs. (Vanitha, 2014)

Personal disposition

Personal disposition refers to a person's usual way of thinking, feeling, and behaving. It is similar to their natural attitude or character traits, such as being friendly, curious, or calm. Personal disposition significantly impacts the quality of life, as it shapes how individuals perceive and respond to their environment.

Life Expectancy

It means increased longevity that results in a longer period of old age and a greater need for institutional care.

Homelessness

It denotes the lack of a permanent or secure place of residence, leading an elderly person to seek admission to an old age home.

Difficulty in Paying Rent

It indicates the inability of an elderly person to afford house rent due to financial constraints, leading to admission to an old age home.

1.10 Limitations

1. The present study is restricted only to the selected areas in Kerala
2. The reluctance on the part of a few respondents to provide accurate information is a limiting factor.
3. It is not possible to eliminate sampling and statistical errors because some of the respondents may not answer to all the questions.
4. The study only has sample from free old age homes; it does not have any from government -run old age homes and paid ones.
5. The quality of life of senior citizens was measured by self-reported verbal responses which depend on respondents' subjective information.
6. The study focuses only on the older adults living in old age homes rather than senior citizens in community
7. The limited availability of secondary data on institutionalized elderly populations poses a significant challenge.

1.11 Chapter Scheme

The study is presented in 8 chapters.

Chapter 1: Introduction

The structure and abstract of the research are presented in the introduction chapter. Key contents in this chapter include the introduction, the study's importance, the statement of problem, the objectives, the hypothesis, the data source, the methodology, and the chapter schemes and limitations.

Chapter 2 Review of literature

This chapter presents empirical and theoretical views about the institutionalised elderly. It demonstrates the advancements in the observed and practical literature related to the elderly residing in old age homes. It highlights the views about the factors behind the shifting of the elderly into old age homes, the quality of life of the elderly in old age homes, and the determinants behind the quality of life of the elderly in old age homes.

Chapter 3 Elderly an overview

Chapter 3 demonstrates an outline of elderly people in the world, India, and Kerala. It clearly presents government support towards the elderly. It gives a holistic view of the history and the working of old age homes and the current scenario in Kerala.

Chapter 4 Analysis of Institutionalised Elderly in Kerala

This chapter examines the socio- demographic characteristics of the elderly in old age homes. It also discusses the determinants behind the shifting of the elderly into old age home. The influence of demographic, familial, social, economic, psychological, and health aspects on the decision to move is examined.

Chapter 5 An Analysis of Quality of Life and Role of Institutional Care

Chapter 5 examines how institutional care affect senior citizens' quality of life in old age homes. The factors influencing older people's quality of life are examined. The contribution of economic, health, social, and leisure well-being to overall quality of life is calculated. A composite measure of senior citizens' quality of life in old age homes is developed. Based on their demographic profile, an investigation is conducted regarding the quality of life of older residents in old age homes

Chapter 6 Mediating Role of Personal Disposition Between Institutional Care and Quality of Life of Elderly People in Old Age Home

This chapter discusses how personal disposition, its traits, and other factors mediate the relationship between institutional care and the quality of life of senior citizens in old age homes.

Chapter 7 Moderating Role of Government Intervention Between Institutional Care and The Quality of Life of Elderly People in Old Age Home

This chapter discusses government intervention and the moderating role of government intervention between the quality of life and institutional care of the elderly residing in old age homes.

Chapter 8 Summary and Policy Suggestions

The conclusions, which are derived from the study's findings, are provided in the eighth chapter. The chapter contains a synopsis of the study's results, key conclusions, and suggestions.

Chapter 2: Review of Literature

2.1 Introduction

2.2 Theoretical Framework

2.3 Empirical Framework

2.4 Research Gap

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2.1 Introduction

This chapter marks an effort by the researcher to analyse the review of studies related to the elderly residing in old age homes. A review of literature is an organised exploration of published works to attain information and details about a specific topic. Both empirical and theoretical perspectives are applied to the study. It provides a scientific basis for present as well as future research on this topic. The review was collected from sources like journals and research reports.

2.2 Theoretical Framework

The use of a theoretical base in research is useful to analyse existing and future perceptions of the research gap. Theoretical foundations guide research questions and the formulation of hypotheses. The theoretical framework provides insights about the quality of life of the elderly according to their living arrangement.

Human capital theory developed by Gary Becker analyses the role of investment in education and skill in enhancing economic well-being. In this study, the theory helps explain variations in the economic well-being of the elderly, as differences in human capital may affect income, savings, pension benefits, and the ability to meet basic needs in old age. Investment in education and health directly relate to the overall well-being. (Becker, 1964)

Ageing is a natural procedure that brings physical, psychological, and social changes. From a medical perspective, it is linked to changes in health and physical functioning. From a social perspective, it affects relations and support systems, while from an occupational perspective, it influences participation in daily activities and freedom. This understanding is Supported by Sen's Capability Approach, which highlights that the quality of life of older adults depends on their ability and opportunities to live a healthy, meaningful, and dignified life.

The capability approach is defined by its choice of focus on what people are able to do and be in their lives (Sen, 2009) defines the capability approach as an intellectual discipline that evaluates a person's achievements and freedoms in terms of the actual ability to do different things rather than their income or resources.

Capability to function determines the status of a poor or non-poor person. A person's capability to live a good life is defined in terms of the set of valuable beings and doings. A person with good health shows capability. As for the elderly person, one of the major problems faced by them is health issues. Multiple health issues worsen the quality of life of the elderly. Illness and bad health are the major determinants behind the shifting of the elderly into an old age home. Development has to be more about dealing with and intensifying the lives we lead and the freedom we enjoy. The well-being of people depends on many factors other than income.

The well-being of a person is affected by disability, age, gender, environment and economic status. Old age is a condition in which deterioration of physical and mental strength occurs. This will affect their capability to live a good life. The elderly females face more problems than their male counterparts since they mostly have no income or economic resources of their own. One of the major reasons behind the shifting of elderly women into old age homes is due to this dependency.

The environment in which a person lives affect their capabilities and the functioning. According to Maslow's hierarchy of basic needs, love and belonging needs, safety needs, esteem needs and self-actualisation dictate an individual's behaviour. The elderly who are living in old age homes are unable to satisfy their love and belonging needs, which would have been otherwise achieved through social and family interaction. The elderly in old age homes are victims of esteem needs. These human needs affect the wellbeing of the elderly. (Maslow ,1943)

The capability approach offers a comprehensive perspective on issues like poverty, inequality, gender bias and social exclusion that are hardly touched through the lens of economics. Sen opined that poverty is a constraint that can limit people's lives. Poverty is a situation where people lack the most basic capabilities to lead a reasonable life. It forces the poor to lead a constricted life (Sen, 2009). Sen (1993) argues that what people can positively achieve depends on their economic opportunities, social powers, political liberties, health status, basic education, and fostering of initiatives. Adequate income, physical and mental health, a comfortable and safe home, social relations, self-actualisation and self-esteem are some of the capabilities enjoyed by the elderly who are living in a family setup.

The capabilities and functioning's achieved by the elderly in institutional setups and family setups are different. The elderly who are living in old age homes are unable to obtain love and belonging needs, as they have limited social and family interaction. In old age homes, the fulfilment of the complete potential of the elderly is attainable only to an extent.

The capability approach describes and analyses individual well-being and quality of life in terms of practically possible opportunities. Social development happens with these opportunities for people. Variations in social climate and differences in relational perspectives affect the possible opportunities for the elderly. Poor elderly in a rich society in terms of financial resources face more crises. All these affect the functioning of the elderly. By limiting these functioning's and capabilities the enjoyment also reduces. The elderly living in old age homes lack capabilities to live a good life due to lack of several attainments in their lives.

The capacity to experience emotions is considered as capability. The elderly's feeling of emotions like fear, anger, joy and sadness affect their quality of life. The elderly in old age homes are bound more with emotions, as they have no family support. The capability approach precisely recognises the difference among individuals. Old age can also be an opportunity for making new friends and developing new interest. Loss of social role, recognition, and the non-availability of new opportunities affect the well-being of the elderly in old age homes.

Development is the process of enhancing people's capabilities by expanding their real freedom. As for the elderly in age homes, they lack capabilities and real freedom. Human wellbeing depends on physical, social, environmental, economic and psychological elements. All these aspects are limited in the case of the elderly who are residing in old age homes. Lack of basic capabilities and functioning's in life affects their quality of life and compels them to live in old age homes.

According to Sen, functioning's are described as activities and various things a person values being able to do, and they indicate individuals' choices. The capability of the elderly who are reside in old age homes is dependent on the opportunities these old age homes provide. Certain old age homes with recreational facilities offer more opportunities than others.

Sen (1999) distinguishes two different kinds of freedom as substantive and instrumental. Substantive allows individuals to participate in a democratic community. The elderly who are residing in old age homes lack substantive freedom, as they have no relation with the community. As they are excluded from the family and society, they are unable to participate in the domestic processes. Instrumental freedom is the individual freedom to live the life as they like. Elderly who are residing in old age home are bounded to its rules and regulations. They can't choose what to eat when they are hungry. The loss of freedom and independence can cause them to lose self-esteem as they are no longer in control of their own life. Self-esteem is one of the basic human needs pointed out in Maslow's human needs theory.

According to Sen, conversion factors influence individual freedom to achieve functioning at both personal and environmental levels. There is a need for social conversion factors for the protection of the elderly. Thus, conversion factors also affect the quality of life of elderly people.

According to Sen, a country can be very rich in conventional economic terms, but a high percentage of people have a poor quality of life. It shows inequality in respect of political, social, economic and cultural terms. As part of the world population increase, India also witnessed a growth rate in the number of elderly people. The majority of them attributed it to poor quality of human life, as seen in the fact the lack of education, employment, housing problems, poverty and health issues are factors behind the shifting of the elderly in to old age homes.

2.3 Empirical Framework

An empirical framework includes reviewing existing studies and identifying gaps in research. There are studies related to various aspects of the elderly. Here the researcher analyses both the national and international outlooks of ageing and institutionalised elderly which are divided into subtopics. It provides a scientific basis for present as well as future research on this topic. The available literature in the area is discussed under several subcategories.

2.3.1 Studies related to Determinants that Influence the Elderly to Join old Age Homes

The increase in the number of elderly individuals residing in old age homes has become a significant social phenomenon in recent decades. Some studies give a general idea about why elderly people live in old age homes. They highlight social, economic, and personal reasons behind this choice. Understanding these determinants is crucial for policymakers, caregivers, and society to address the root causes and to improve the quality of life for the elderly.

Grace (2005), in the thesis, namely a sociological study of the inmates of old age homes, analysed the living conditions of inmates of old age homes. The most contributory factors for the admission of the elderly into old age homes are financial problems and lack of support from family members. The elderly with poor economic backgrounds are more influenced to seek admission into charitable old age homes. In the study, the respondents are satisfied, on average, with the conditions of old age homes. They maintain a casual relation with the inmates.

Bansod and Paswan (2006) directed a study to find out the reasons behind the joining of elderly in old age homes. The inmates of the old age home were illiterate, from rural areas and had no economic holdings. The elderly joined the old age home due to neglect in the house by the family members. In joint families, the elderly face misbehaviour from sons and daughters-in-law. The major factors that compelled the elderly to reside in old age homes are poverty, lack of support from children, lack of a family member to look after them and loneliness.

Beevi (2010) looked at elderly women living in old age homes. It explained the reasons why they moved there and what facilities the homes provide for them. The majority of the inmates are illiterate and widows. The number of children and marital status of the women are found to be the factors that lead to orphaned status in old age. The study reveals that problems with in-laws and having no one to take care of them at home are the factors leading to their stay in old age homes.

Jayasseelan (2011) conducted a study on the lives of the elderly living in an institutional setup. Unmarried elderly sought shelter homes in greater numbers since they don't have anybody to look after them during their old age. Senior citizens from

illiterate, backward castes with nuclear family setups are also the inmates in old age homes. It is also found that 28% of respondents have surviving sons. The elders who don't have any source of income concentrate more in the old age homes. Majority have a clash with their daughters-in-law and sons. Deteriorating health of the aged people creates many problems in the family. The elders are considered an economic burden by their caregivers in the family.

Panigrahi and Syamala (2012) presented the living arrangement preferences and health of institutionalised elderly in Odisha. Generally, the old people are the most vulnerable section of society. The sickness, economic dependence, lack of economic resources and no spouse more worsen the condition of elderly. It is noted that there are multiple reasons for the staying of the elderly in old age homes. Health issues, conflict in the family and economic problems forces the elderly to prefer old age homes. Male respondents faced more family conflict than their counter parts, which were led by the economic constraints. It is reported that some of the respondents were brought to the old age home by their children.

Kurup (2014) made an attempt to analyse the living conditions of elderly people under institutional care. It is pointed out that most of the inmates have children but are abandoned by them. Some of the inmates were abandoned due to reasons like extreme alcoholism and mental illness. There is confusion between the inmates because people from different circumstances stay for a long time together. Urbanization, breakup of joint families, the increase in employment for women, and the gap between younger ones and the elderly are the factors which compelled them to join old age homes.

Akbar et.al (2014) remarked that the major factors leading to the abandonment of elderly people are misbehaviour of children, poverty and lack of financial support from family, and it force them to reside in old age homes. India is famous for its system of joint families which is now slowly vanishing, and with this love, friendship between the family members diminished. The emergence of nuclear family system leads to the abandonment of elderly parents

Lalan (2014) remarked that the inmates of old age homes come from different castes and religions and speak different languages. It is also pointed out that the majority inmate are from is from the upper section of the society. The majority of the inmates

are widows or without life companions and 80% of the inmates had children. The weak family relation among them forced them to move to old age homes. Insulting behavior and conflict with children were the reported causes for the shifting of elderly to old age homes

Kaphle et al. (2014) analysed the health, family relationships, and living conditions of the elderly living in old age homes. The reasons behind the joining of elderly in geriatric homes are no one to care for them at home, quarrels and problems in the family, and death of spouse. The major diseases reported are arthritis, hypertension, gastro-related problems, nervous disorders etc. There is a good bond among the inmates. The geriatric homes lack basic infrastructural facilities like separate rooms for inmates and clean toilets.

Gupta et al. (2014) assessed the quality of life and facilities available in old age homes. It was observed that elderly individuals living in joint family systems were not typically found as residents of old age homes. The inmates of private old age homes are more educated than their counterparts in public. The reasons for shifting to old age homes are different as concerned with the inmates of public and private old age homes. The major factors contributing to the elderly residing in public old age homes are no one to take care of them at home and strained relations with family members, whereas it is due to self-satisfaction and loneliness for the elderly residing in private old age homes.

Kaur et al. (2015) observed that the inmates in the unpaid old age homes faced abuse and neglect in the home and it forced them to join the old age home. The inmates of the paid old age home are happy to stay in the old age home, while those in the unpaid old age home are not. They have complaints about the services provided by the old age homes.

Kumari Verma and Gupta (2016) analysed the causes behind the joining of the elderly into old age home. The majority of the inmates of the old age home studied up to the primary level of education. Loneliness is a prime reason for the joining of elderly into old age homes. Elderly faced adjustment problems and misbehaviour from their sons and daughters-in-law in their houses. Other major reasons why elderly people move to old age homes include not having a son, receiving threats from their children, and being

abandoned because their children don't want to handle their mental and physical problems.

Achappa et al. (2016) studied abuse that the elderly faced before joining the old age homes. The majority of the inmates are females who are illiterate and from rural backgrounds. The major factor that compelled the elderly to join old age homes is abuse. The inmates reported the abuser is in the family itself, like daughter-in-law and son. The adjustment problems with the daughter in law lead to the shifting of the elderly in to old age homes. They shifted to old age homes because they did not want to be a burden for the family. They have no one to look after them, it has also paved the way for the elderly to join old age homes. This study reported an increased rate of elder abuse. The study concluded that the elderly join old age homes mostly due to abuse from in-laws.

Isha (2016) facilitated a study to identify the quality of life in old age homes. The study reveals that family conflict was one of the major reasons for the shifting of the elderly into the old age homes. They wanted to live there because they had nowhere else to go. The reasons that compelled the elderly to reside in old age homes are categorised as demographic, economic, social, familial, psychological and personal. Since they are unmarried, childless, it impelled them to take shelter in institutional care. Homelessness, and lack of ability to pay for rent, led them to institutional care under government run old age homes.

Rudrapani and Basargi (2017) revealed that the inmates of old age homes hail from different castes and religions with different languages. The inmates reported that the major factors that compelled them to reside in old age homes are being orphaned, neglect and abandonment by the family. The majority of the inmates are females who were married into nuclear families and have no income. The estranged relation with the family members brought them into the old age home.

Nirmal et al. (2017) found that family neglect dissatisfaction with community, and issues with children are the factors which contribute to the shifting of the elderly to old age homes.

Jadhav et al. (2017) found that the majority of the inmates in old age homes are female, illiterate, widowed and from lower economic backgrounds. They independently do the activities of daily living, but they are economically dependent. A main reason for their admission to old age homes is that no one was there to take care of them. Family conflicts and money problems also forced them to move. They said their relationship with their children was tense before coming to the old age homes.

Vinita and Kumari (2017) observed that the inmates of the old age homes are illiterate, widows and had done household work before joining the old age home. The major factors which compel the elderly to join old age homes are misbehaviour of children, financial problems and loneliness. Some of them reported that they have no children and family members. The elderly women are illiterate, and have no income facing financial crisis after the death of their husband.

Fernandez et al. (2018) reported that the major reasons that propel the elderly to choose institutional care are destitution, poverty, lack of other support systems and lack of education and attractive jobs. It is found that the attitude of society towards the elderly has changed, and they faced ill-treatment from children, as they are not ready to give respect and love to their parents. The case studies reported the abuse and neglect from family members which compelled them to move to old age homes.

Mishra and Chalise (2018) observed the push-pull factors which lead the elderly towards old age homes are lack of a family, self-will and verbal abuse from their children. The respondents who live in both types of old age homes reported that the means of reaching elderly homes as themselves, family, relatives and organizations.

Prakash et al. (2018) state that one of the major reasons for the stay of the elderly in old age homes is reported as poverty. There is a relation between economic status and the joining of the elderly into old age homes, as people with low economic status are the majority of inmates. Relations with children and family members also play an important role in the staying of the elderly in old age homes. Majority of the inmates have strained relations with children, and they moved to old age homes after getting frightened by them.

Neupane et al. (2018) found that the major factors that compelled the elderly to reside in old age homes are loneliness, adjustment problems, being childless and poverty. Each inmate has their own reasons for staying in the old age homes. Lack of financial support is the major reason that compelled the elderly to join old age homes.

Mokashi found that majority of the inmates were males from the Hindu community, and were widower and did private jobs before joining the old age home. The majority of the inmates are widows or widowers. It is found that the factors leading to the joining of elderly in old age homes are adjustment problems with family members, misbehaviour of children, children settling abroad and children not having time to take care of their parents.

Rani et al. (2019) found that one of the major factors behind the stay of elderly in old age homes is the family conflicts. The abusers are within their family itself. Economic dependence, poverty, adjustment problem, having no children to take care of and loneliness are some of the other reasons. Many of them were abandoned by children due to their psychiatric or physical illness.

Jeeragyal et al. (2019) explained the reasons that forced elderly women to move to old age homes and pointed out the social and economic factors behind it. It found that socio-demographic factors played a key role in this decision. Transformation in family structure from joint family into nuclear family, misbehaviour of children, lack of economic holding, being orphaned and having no son are some of the other major reasons.

2.3.2 Studies Related to the Comparison of the Elderly in the Community and old Age Home.

The elderly experience different living conditions, either in the communities or in old age homes, each offering unique advantages and challenges. While community living provides family support and independence, it may lack consistent care, whereas old age homes offer structured caregiving but can lead to feelings of isolation or abandonment. The following studies compares the quality of life, social interactions, and emotional well-being of elderly individuals in these two settings to provide insights for better caregiving strategies.

Debey et al. (2011) found that the respect, love and friendliness towards the elderly are unsatisfactory in both family and old age homes. The elderly living with their family considered old age as a dependency period in their lives, as they depend upon other family members. The elderly, especially those living in old age homes are not happy with the behaviour of the younger generation. The elderly who live in families had a positive attitude towards old age as they are living with the family members and had social relations and interactions.

Devi and Roopa (2013) observed that the majority of the respondents were illiterate, mainly among females. It is revealed that institutionalised elderly have a low quality of life when compared to their counterparts in the community. In old age homes, women elderly had a lower quality of life than elderly men. The male and female elderly living in a family setup had an equal level of quality of life. Gender and age act as determining factors of the life quality of the elderly.

Bhushanam et al. (2013) compare the living conditions of the elderly residing in paid and unpaid old age homes. There is a difference in the quality and quantity of food in paid and unpaid old age homes. This is one of the important factors which determine the nutritional status. The elderly face problems related to age such as hypertension, constipation, arthritis, etc. It is found that there is a difference in the physical facilities and family background of the inmates in paid and unpaid old age homes.

Singh et al. (2014) conducted a comparative study about the elderly woman in old age home and the community. Majority of the females have education only up to the primary level, devoted their lives to doing household chores for the family, and were abandoned after getting widowed. They are from nuclear families and financially dependent on others. The elderly living with the family remarked on their satisfaction with past and present lives as they have social relations and family support. The inmates in old age homes have fewer social relations with the community, which depends upon the nature and area of the old age home.

Pandey et al. (2016) found that the elderly in both old age homes and the community have education up to the primary level, and, the majority are widowed. When we look into their psychological condition, it is revealed that the elderly in old age homes have good psychological health because they have the facility to share their thoughts and

ideas with people in a similar age group. The elderly in old age homes living away from their family members have been affected in their social health. So social health is higher among the elderly living in a family setup due to their interactions with the family members.

Raylrala et al. (2016) noted that the inmates in the old age home have better quality of life than their counterparts in the community. There is not much difference in the quality of life between males and females. The quality of life is better among middle socioeconomic groups than higher and lower socioeconomic groups. The study concluded that quality of life is positively related to factors like education, retirement, and age of spouses.

Srisailamaich et al. (2016) studied the depression and psychological well-being of the institutionalised and non-institutionalised elderly. There is a positive relation between psychological well-being and depression. It is seen that there is a significant difference in depression and psychological well-being among institutionalised and non-institutionalised elderly. Psychological well-being is high among institutionalised elderly. The study remarked on an inverse relation between psychological well-being and depression.

Shrestha et al. (2018) compare the quality of life among the elderly in institutionalised and non-institutionalised settings. The elderly females have a low quality of life in physical, psychological and environmental domains. Physical, psychological and environmental health show high value among the elderly in society and low value among the elderly in old age homes. In the case of social relations, both types of elderly show low value, but the elderly in families are better than others. The study remarked that as age increases, the overall quality of life of the elderly declines.

Zalavadia et al. (2018) did a comparison of the morbidity profile of the elderly in institutional and non-institutional setups. Elderly people in the community had the self-perception that they are healthier than their counterparts in the old age homes. The elderly in old age homes face multiple health risks compared to the elderly in society. Their health issues include joint pain, breathing problems, irregular sleep, vision and hearing problems. The study shows that the health profile of the elderly in old age homes was poorer than that of the elderly in the community.

2.3.3 Studies Related to Old Age Homes and Institutional Care

Old age homes and institutional care have become vital alternatives for the elderly in the face of changing family structures and growing care needs. The institutional care provide care by trained persons, social relations, and medical aid, but also raise concerns about psychological well ness. This section explores the dynamics of old age homes and institutional care, focusing on their impact on the quality of life and challenges faced by the elderly.

Asadullah et al. (2012) examined the health profile and quality of life of the inmates in old age homes. The majority of elderly females were doing household work in their earlier lives. The inmates have multiple health problems that worsen with an increase in age. The study shows that there is a lack of social relationships for the inmates of old age homes with their family, friends and community and married elderly attain high quality of life than the widowed.

Kumar and Rautela (2012) analysed the physical and mental morbidity among the inmates of an old age home. The study gives the images of inmates suffering from diseases and health issues and states that they considered themselves unhealthy. Female inmates facing more health issues than their male counterparts. Feelings of sadness, loss of confidence and mental illness are found to be more prevalent among the inmates of old age homes. Loss of memory, thinking power and anxiety disorders are also noticed among the inmates.

Pande and Singh (2012) analyse the mental issues among the elderly residing in old age homes. The study also shows that the majority of the elderly females are illiterate and financially dependent on others. The elderly in old age homes struggle with more mental disorders than their counterparts in the community. The reasons behind the mental disorders are lack of family support, medical care, social relations and psychological stress.

Saha et.al (2013) assessed the nutritional risks and its aspects among the inmates of the old age homes. The study points out the monetary factors that deal with malnutrition and its hazards. It is reported that the inmates do not have income of their own, and therefore a high level of malnutrition is seen in elderly women residing in old age

home. There is a relation between nutritional risk and psychological stress and depression. The nutritional status has a positive relation with their income level.

Vanitha (2014) found that one of the major problems faced by the elderly in old age homes is adjustment problems with the other inmates. It is revealed that as age increases, the harmony and support between inmates also increase. The majority are satisfied with the institutional care in old age homes. Regular health check-ups, meditation, prayers and recreational programmes conducted by the students help the elderly people to retain a stable life in old age homes.

Bhat, Vyas and Joshi (2014) studied the health condition of inmates of old age homes. The majority of the inmates of the old age homes considered it a better place for living. The elderly reported that they are compelled to join old age homes due to the misbehaviour and lack of care from family members. When compared to men, elderly women face more difficulties in managing daily needs. The majority of the inmates have mild emotional problems. It is due to their shifting from home to old age homes. The unmarried or widowed elderly join old age homes as they are alone in the house and unable to meet their daily needs.

Rajeev (2015) examined the quality of life of elderly persons living in old age homes. The study shows that the majority of the respondents are married and have children. The inmates took the decision to be in institutional care on their own. The study found that the level of satisfaction is low in the case of income-generating activities, health care and grievance address. The majority of the respondents reported that they have an average quality of life in old age homes and also suffer serious health issues. They have limited availability of information, fewer social interactions, and no leisure time activities other than television.

Shubha and Shubha (2015) indicated depression among the elderly residing in institutional setups. The majority of the inmates face mild depression, and while a few suffer severe depression. Lack of social relations affects the lives of the elderly. Social, psychological and economic factors like age, gender, education etc, influence the depression levels of the elderly.

Umadevi and Kiran (2015) studied life satisfaction, motivation, depression and loneliness of women in old age homes. It is observed that most of the respondents have average physical condition and experience loneliness, isolation and unhappiness. The respondents can do their routine activities without much difficulty and without depending on others. The breakdown of the family system and the changes that happened globally affect the life conditions of elderly people.

Padmanaba et al. (2016) evaluated the morbidity profile of the inmates in the old age homes. Among the respondents the majority were females who are widowed, illiterate and economically backward. The inmates are suffering from more than one disease. In terms of life expectancy and sex ratio, there are more females among the older age groups. Lack of income generating activities affects the health and overall life of the elderly. When they are dependent on others, they ignore their health problems and are not in a situation to seek medical assistance.

Kumar et al. (2017) conducted a study to analyse the psychiatric illness among the inmates of government- run old age homes. The inmates had no economic resources and had psychiatric illness profiles. The majority of the respondents exhibited mild to moderate anxiety symptoms and mild to severe symptoms of depression. The major reasons behind the psychiatric issues are low income, lack of education, social connections, and loss of spouse. The quality of life in old age home also influenced the psychiatric conditions

Devika and Hemalatha (2018) analysed the inmate's opinion on service quality of old age homes. Satisfaction levels are high, as most old age homes are equipped with essential facilities for efficient service delivery, such as emergency ambulance services, on-call duty doctors, and regular meetings to address residents' concerns and issues. It is found that a service gap exists between staff and residents of old age homes.

Menezes and Thomas (2018) shared the view about the state of the elderly and the rise of old age homes in India. The Indian family system changed from joint family to nuclear family. With the emergence of the nuclear family, the physical and mental health of adults began to decline. The young generation have no time to look after their elderly parents. Some of the elderly are compelled to move to old age homes.

Joshi (2019) studied the living arrangements and quality of life of elderly in society. The majority of the respondents lived with their family. The study found that the quality of life of elderly people living with family is higher than those living alone due to lack of support from children. Some elderly individuals are compelled to live alone either because they have no children or because their children live in distant places. The elderly people who live with a spouse or children remarked on their high quality of life.

2.3.4 Studies related to the Quality of life of institutionalised elderly

The quality of life of institutionalised elderly is a critical area of study, with the increasing reliance on old age homes and care facilities for ageing populations. The following studies examine the factors influencing the quality of life of elderly residents in institutions.

Kumar et al. (2014) observed that among the four domains of quality of life like physical health, psychological well-being, social relationships, and environmental factors, social relationships scored the lowest. Old age, lack of formal education, solitary living, and absence of financial support were associated with lower well-being. Health conditions like musculoskeletal disorders, low vision, and hearing impairments further reduced scores in specific domains. Physical health emerged as a relatively stronger domain, but challenges in psychological and social areas were significant.

Guptha et al. (2014) revealed that no one to look after in family was the primary reason for the shifting of elderly people in to institutional facilities. Poverty is a major factor in free homes and self-satisfaction or isolation in paid homes. Paid old age homes offer better services such as medical care, leisure opportunities, and safety, leading to higher wellbeing scores for residents compared to those in free homes. Financial independence was considered as an important factor positively influencing well-being among the elderly.

Chandrika (2015) inspected the quality of life of older adults living in institutional and community settings. It is emphasised that the social interaction domain had the lowest scores across both groups, which shows the challenges in social engagement and

support. Factors such as marital status, chronic health conditions, and economic independence were found to affect the quality of life among the elderly.

Seelan and Sharma (2017) performed a study of the life satisfaction of elderly persons residing in old age homes. It is noticed that participants reported the high satisfaction in areas related to physical health, while features concerning interactive connections received the lowest scores. Significant variations were noticed between various domains, particularly between physical and psychological health, as well as between psychological health and environmental factors. The study highlights the need for improved support in encouraging social relations and relationships within these facilities.

Panday and Kumar (2017) executed a study in which group activities and access to services play a crucial role in inspiring social associates and in reducing feelings of loneliness among residents. The study recognises differences in well-being across individuals, influenced by factors such as personal health, family support, and access to resources within the institution. The results recommend that while institutional care provides a safety net for many, there is still room for upgrading in areas like personalised care and leisure opportunities.

García and Navarro (2018) review how various facets of daily life impact the quality of life of elder people. The study assessed factors such as physical health, leisure activities, environmental circumstances, and social relations. Findings focused that element like health status, engagement in leisure, and environmental quality significantly influence the overall quality of life of the elderly. Additionally social contacts played a key role in making meaningful engagements which were linked to better health profile.

Renjini et al. (2019) explored the factors which assessed the prevalence of nutritional deficiencies and anaemia among elderly individuals living in care facilities in Kerala. The results shows that a common presence of anaemia and undernutrition among the participants, with many individuals having haemoglobin levels and body mass indices below acceptable levels. These findings emphasised the critical health tasks faced by the elderly in such settings.

Shri and Mendez (2019) conducted a comparative study about the health status and overall wellbeing of elderly individuals residing in old age homes and those living with family. It is shown that individuals in institutional care reported higher scores in physical and environmental areas. Conversely, those living with family exposed slightly better outcomes in social and psychological aspects. The study also noted a higher prevalence of certain chronic conditions, such as diabetes, among the elderly people in old age homes.

Thresya and Indumathi (2020) evaluated and compared the quality of life of the elderly living in old age home and in family. It is observed that elderly people living with families often account for higher satisfaction and well-being compared to their counterparts in old age homes. Many inmates in care homes experience depression as they live apart from their family, relatives, friends, and the community they once belonged to.

Abraham and Tomy (2020) concentrated on quality of life of older adults living in care homes compared to those residing in homes in society. The study remarked that individuals residing at home incline to experience better psychological health and stronger personal inspirations than those in old age homes. Main factors influencing the well-being include relationship status, education, and financial stability. The research points out that seniors in care homes often deal with feelings of loneliness and a lack of control over their lives.

Vignesh et al. (2022) observes that there are no noteworthy variations in overall well-being between older adults in society and old age home, with similar scores detected across physical, psychological, social, and environmental areas. Psychological well-being scores reduced with advancing age and were influenced by marital status, with unmarried and divorced individuals reporting higher scores than their married or widowed counterparts.

Alomari and Steinke (2023) dealt with the factors affecting the quality of life for seniors in old age homes, focusing on physical and social environments and the feeling of home. The research conclude that personalised living spaces and accessible, community-connected facilities are crucial for physical well-being. Social relations

with staff, peers, and family were found vital for emotional health and a sense of inclusion

Chen et al. (2024) explores the relationship between advanced elderly care services and the wellbeing of older adults with social support mediating role . The study specifies that technology-driven elderly care implicitly improves well-being, particularly when supported by strong interactive connections.

Lopez et al. (2024) explore the relationship between quality of life and mental health among older adults. From the findings it is clear that higher levels of self-perceived health, personal growth, and a clear sense of persistence are associated with improved quality of life, whereas increased nervousness and depressive symptoms associate with diminished quality of life. Demographic variables such as age and gender did not show a substantial impact on wellbeing.

2.3.5 Studies Related to Personal Attributes of the Elderly in Institutional Care

Personal attributes such as optimism, emotional resilience, social connections, creativity and freedom significantly influence the quality of life among the elderly. These characteristics shape how older adults adapt to aging and maintain well-being in various living environments. This segment explores how the personal behaviour of the elderly in institutional care relates to overall quality of life.

Rudrapani and Basargi (2017) explored the psychological conditions of the elderly and it was revealed that the inmates face problems like loneliness, nervousness, anxiety, and depression. in the old age home. Majority express their happiness in living in old age homes.

Fernandez et al. (2018) studied the elderly and institutionalisation. The study found that there were some levels of psychosocial problems among the elderly and a need for psychosocial interventions and specific assurance for the elderly.

Mishra and Chalise (2018) observed the adjustment and health problems of older adults and remarked that the elderly suffer from chronic diseases. Major health problems of the elderly living in government as well as private old age homes are joint pain, back

pain, insomnia, and eye problems. The elderly living in government-run old age homes have greater number of health problems as compared to those in private old age homes.

Prakash et al. (2018) attempt to study the adjustment factor and the superstition that the elderly will not get moksha if they stay with their married daughter. The study shows that the children are not ready to look after their unhealthy parents. This promotes feelings of loneliness and isolation in the parents, which lead them to join in old -age homes.

Kapur (2018) conducted a study to analyse the causes behind the stay of the elderly in old age homes. In the past, people suffered from many health problems, like hearing and vision impairments, which compelled them to move to old age homes for better care. In old age homes, there is availability of proper facilities, but elderly individuals do face problems and difficulties which are related to training themselves and getting adjusted to the surroundings.

Britto, John, and Selvaraj (2018) studied about the elderly people living in old age homes and found that majority were neither happy nor unhappy, showing neutral emotions. It is reported that 45% feel low hopefulness and 10% were obviously pessimistic, showing sadness and lack of hope in their life. Very few were highly optimistic or happy, and both men and women showed same sensitive patterns.

Jabin (2021) remarked that older adults living with their families had significantly higher quality of life and pleasure compared to those in old age homes. It is revealed that institutionalised elders scored much lower on both quality of life and pleasure. A meaningful positive correlation was observed between happiness and quality of life, signifying that increased happiness leads to better life satisfaction.

Janbandhu, Phad, and Bansod (2022), opined that the senior citizens residing in assisted living facilities met detrimental changes in their way of life, including feelings of desertion, homesickness, and loneliness. Compared to others, women, widows, and those from rural areas expressed more negative feelings. Even though they were aware that they might live at the assisted living facility till they passed away, many elderly people wanted to go back home because they believed that individuals who lived with families had a better life.

Pandian et al. (2024) examined the social aspects that affect older individuals in care homes. The study highlights the significance of personal health problems, financial limitations, and family affairs in the decision to relocate the elderly into such facilities.

2.3.6 Studies related to Role of Government in the Well-Being of Elderly Under Institutional Care

Balamurugan (2019) studied how the Indian government helps old people through different plans and laws. He remarked that there are a variety of programmes like pensions, health care, and old age homes. These have helped some elderly people, especially in cities. But many still feel isolated and need more support, especially in rural area.

Rajan, Shajan, and Syamala (2020) concerned with elderly care in Kerala and found that a large number of older people suffer from multiple health problems, depression, and low life satisfaction, especially women and those above 80. The study showed that 70% had at least one chronic disease, and over 17% had signs of depression, with many needing special care but receiving little support at home. The majority of care providers were family members, however many older people lived alone or with little support as a result of movement and shifting family patterns. The report highlights Kerala's distinctive government initiatives, such as caregiver support programs and palliative care, which may serve as models for other Indian states.

Harbishettar et al. (2021) found that many old age homes in India lack appropriate rules or checks by the establishments. The study showed difficulties like untrained caregivers' poor sanitation, and high levels of hopelessness and illness among the elderly. There were also many cases of elder abuse and no clear way to complain or fix issues. According to the report, a regulatory framework is required to improve the welfare of older people living in institutions.

Vaishnav et al. (2022) studied the effect of National Programme for Health Care of the Elderly (NPHCE) in India. Even though the program has spread to other areas, there are still substantial gaps in the care provided to senior citizens. The program provided assistive equipment, lab testing, physiotherapy, and home care, but it did not sufficiently reach rural and indigenous communities.

Nair (2022) studied various government schemes in India aimed at backup senior citizens, especially in areas of health and financial stability. Kerala's state-specific programs like Vayomithram and Vayomadhuram also provide mobile clinics, free medicines, and glucometers for diabetic elders. The study illustrates that while many schemes exist, awareness and access are key challenges that need more attention to fully support the elderly.

Burholt et al. (2022) found that in several homes, older people lacked proper food, care, freedom to move, and chances for enjoyment. Unregistered houses had poorer conditions, although some registered residences did not live up to expectations. To ensure that all senior residents of care facilities live with dignity and respect, stronger legislation and improved guidelines are essential.

Sundaram et al. (2024) remarked that local governments in Kerala play a big role in elderly care but face many problems like poor planning, lack of experts, and weak coordination. Even while money is allocated for the welfare of the elderly, it is not always utilized appropriately. Many programs had good beginnings but failed because of inadequate oversight and a shortage of qualified personnel. According to the report, in order to improve these services, Kerala requires more trained personnel, improved cooperation, and a greater emphasis on the actual needs of the aged.

Annapuranam (2025) describes the challenges that elderly individuals meet on a daily basis when residing in care institutions. The study recognises service deficiencies that fall short of residents' requirements or expectations. It draws consideration to the fact that, although helpful, current public programmes need to be correctly planned and carried out in order to make a substantial modification. The author stresses the value of fostering a supportive environment via enhanced care procedures and teamwork.

Bagate (2025) found that old age homes deliver shelter, medical care, and emotional support to elderly people who are often abandoned or living alone. Old age homes help progress the quality of life for many seniors; they also face encounters like loneliness and emotional distress. The study highlights the need for improved government strategies and support systems to guarantee the elderly live with dignity and relief.

2.4 Research Gap

Several studies have explored many aspects related to the elderly, including quality of life in institutional care, elder abuse, and comparisons between community-based and institutional living arrangements, but some imperative areas are still unexplored. The specific explanations behind the abandonment of elderly parents by their families have not been studied in detail. Some of the research looks at the general reasons why elderly people move into old age homes; there are no adequate studies that allow elderly parents to share their own views on why they were placed in these homes. It is also important to discover the cultural and family-related factors that force elderly people to live in old age homes. In Kerala, there are only a few studies that focus on elderly people living in old age homes. There is little research on their quality of life and the problems they face after moving into these homes. There is a lack of studies and research about how their personal traits, affect their quality of life. The review shows that the mediating role of personal disposition in between quality of life and institutional care is unexplored. Furthermore, not enough research has been done on how government initiatives might enhance the care and quality of life for senior citizens living in assisted living facilities. These gaps highlight the need for in-depth research to better understand the lives of senior residents in assisted living facilities, their interactions with others, and how government assistance might improve their circumstances.

Chapter 3: Elderly and Institutional care – An overview

3.1 Introduction

3.2 Global Ageing Scenario

3.3 Ageing in India: Levels and Trends

3.4 Elderly in Kerala

3.5 Conclusion

3.1 Introduction

An outline of institutional care system and the elderly in India is presented in this chapter. It describes about the variations in aging between states, emphasizing how the percentage and circumstances of the aged population vary by area. Special focus is given to the condition in Kerala, along with detailed information about old age homes and their working within the state.

Ageing is a remarkable demographic phenomenon. Advancements in healthcare and standard of living, with increase in global population ageing, leading to intense social, economic, and policy implications. As global life expectancy increases, societies worldwide are witnessing a rapid rise in the aging population, focusing the need for comprehensive geriatric services. Conventional family structures, once the basis of elderly support, are shifting due to urbanization, migration, and changing societal norms. (Dua & Yadav, 2022). This has led to a rising dependence on institutional care like old age homes, which serve as essential social protection for older adults. They provide a secure and fostering environment, ensuring access to medical care, social interaction, and emotional wellbeing thus improving the quality of life for the elderly (OPK Care GmbH, 2024). Old age homes play a critical role in bridging the gap left by evolving familial dynamics (Dutta, 2023).

Old age homes address social challenges by easing the burden on families who are unable to provide continuous care to elderly due to work and other constraints. These institutions cater to physical, emotional, and social needs, fostering a sense of belonging among seniors. In Kerala, with its growing elderly population and high out-migration, old age homes are particularly vital in maintaining the well-being of older adults. By offering structured care, such facilities mitigate feelings of isolation and neglect, allowing the elderly to age with dignity and respect. (The Times of India,2024)

3.2 Global ageing scenario

Global population aging is a reality. Due to the growth in aging our world is changing fundamentally. The majority of nations are already experiencing the slow and mostly irreversible transition to an older population. The number and percentage of older people in the population are increasing in almost every nation on the world. There were

703 million people worldwide who were 65 years of age or older in 2019. By 2050, this figure is expected to double to 1.5 billion. (World Population Ageing 2019). Six percent of people worldwide were 65 years of age or older in 1990; by 2019, that number has risen to nine percent. (United Nations, Department of Economic and Social Affairs, Population Division 2020). By 2050, that percentage is anticipated to increase even more to 16%, when one around the world, one in six persons will be 65 years of age or older. Between 1990 and 2019, the number of people in the world who are 80 years of age or older almost tripled, from 54 million to 143 million. It is predicted that this number will triple again between 2019 and 2050, reaching 426 million. With the exception of Europe and North America, the number of people 80 and older doubled between 1990 and 2019, and in four of the eight regions, it tripled. (World Population Ageing 2019).

3.2.1 Ageing and family change

The ageing population is driven by declining mortality, which increases longevity, and declining fertility, which often lags behind mortality improvements (WHO,2025).Rapid modernization, industrialization, and urbanization have disturbed informal support networks in developing countries, leaving families who are traditionally reliant on family caregiving and they are under pressure to support their elderly relatives (Chan, 2005; Mason & Lee, 2011).This demographic shift has led to the replacement of traditional lateral extended families with vertical multi-generational ones, straining traditional family support systems(Chakravorty et al., 2021). Declining birth rates further reduce the pool of potential caregivers, undermining current support structures and increasing elderly vulnerability, especially in the absence of spouses or children (Fauser et al., 2024). Socio economic reforms all around the world have left governments with little time to adjust compared to their Western counterparts (Palloni, 2009). Economic and migration-driven changes have weakened conventional caregiving systems, which focus on the importance of intergenerational support and family dynamics in ensuring productive ageing (Mason, 1992; Connidis, 2007). Providing social, psychological, and financial support, alongside physical care and a caring environment, remains crucial for the well-being of the elderly.

3.2.2 Elderly Care: Institutional Shifts and Growth

The global ageing population has considerably influenced the elderly care, placing better demands on informal care providers and focusing on the need for widespread support systems. Unofficial care giving, often undertaken by family members, is connected with sensitive physical and psychological tension. A study in Hong Kong revealed that primary informal caregivers experienced poorer health outcomes and quality of life in comparison to non-caregivers, with female caregivers particularly affected by chronic diseases and restlessness (Chan, 2009). In Malaysia, caregivers remarked socio economic and physical challenges, with social loneliness being a considerable concern. Female caregivers, specifically faced more negative impacts on their social lives (Aris et al., 2021). Similarly, in India, caregiving duties have been linked to improved depressive symptoms and poorer self-rated health among caregivers, especially women, due to the dual burden of caregiving and household tasks (Ghimire et.al.,2022). These findings emphasize the necessity for targeted interventions, including caregiver training, and psychosocial support, to lighten the burden on informal caregivers and make certain the well-being of both caregivers and the older adults.

The concept of an old age home originated in Western culture (Aminbakhsh & Chau 2017). Almshouses were the previous designation for senior living facilities. These are charitable housing units designed to help persons, mostly older individuals, who are unable to work, support themselves. King Athelstan established the earliest known almshouse in York, and the oldest one still standing is the Hospital of St. Cross in Winchester. When it comes to the history of voluntary organizations, the Friend in Need Society of Madras was the first to be founded in 1840 with the sole purpose of caring for the elderly. The Little Sisters of the Poor followed in Calcutta in 1882(Little Sisters of the Poor). It established a home that gave the elderly clothing, housing, and medical attention. A dramatic increase has been noticed in establishment of old age homes all over the world thereafter. The mushrooming of non-governmental, governmental and private day care centres, old age homes and nursing homes for older persons have made progress towards developing community care alternatives in India too. The concept of old age homes is gradually emerging as the most viable option

among the senior members of society. The demand of old age homes is increasing day by day in urban India.

In 1992 the number of old age homes in India was 289; in 1995 the number rose to 354. After three years i.e. in 1998 the number increased to double the number in 1995 and reached to 728. A decade later in the year 2002 the number of old age homes in India rose to 963 which further rose to 1018 in year 2006 and according to directory published in 2009 the number old age home has reached to 1200 and in 2010 it has touched 1258 (The Times of India 2016). The steep rise from year 1992 to 2010 has shown that the concept of institutional living has been widely accepted by the Indian society.

There are numerous advantages to living in an old age home, including the fact that the elderly are always safe and can live their lives peacefully. There is a need for old age homes in many cities, towns, and rural locations (Kapur & Tran 2024). The construction of these facilities does not follow set norms or ideals, but the primary goal is to make life enjoyable and fulfilling for all senior people. Food, sleep, leisure, reading, and other necessities for a healthy environment are, however, the bare necessities for a decent life. Every week, a consulting physician typically visits the assisted living facility to do routine examinations and provide targeted consultations (Thresa & Indumathi 2020).

Old age homes are mushrooming to provide care and support to the elderly from a variety of socioeconomic backgrounds (Menezes & Thomas 2018). The elderly go into old age homes for a variety of reasons. Relevant variables include the aging of the workforce, changes in family structures generally, and the aging of the workforce. The ability and willingness of families to care for and support the elderly is affected by these factors. The issue of the elderly has gained significance in view with the vibrant changes taking place in Indian society's family composition.

3.2.3 Role of old age homes within the framework of social protection

Old age homes play a key part in the social safety protection by providing basic care and support to the elderly, especially as conventional family structures evolve. The collapse of the joint family system, combined with movement of working members

growing need for institutional care homes. In India, the change from joint to nuclear families, linked with increased urbanization and migration, has led to a growing number of elderly persons lacking sufficient familial support. Old age homes tackle this gap by offering safe housing, healthcare, and social activities. They cater to a variety of needs, from managing chronic conditions to providing emotional support, ensuring that seniors lead decent standard of living (Acharyya 2012). These institutions are useful for those who are abandoned or have no caregivers, offering a good setting that offer well-being and minimises the problem of isolation

Old age homes improve the caregiving burden on families who may need the resources or expertise to provide continuous care. They offer professional services, including medical attention, physical therapy, and leisure programmes to encourage a sense of community among residents. In Kerala, initiatives like the Vayomithram project illustrate the incorporation of old age homes into broader social welfare programs, providing continuous healthcare and support services to older adults (Kerala Social Security Mission 2024). By focusing both the emotional and physical needs of the elderly, old age homes serve as an essential part of the social safety, ensuring that aging individuals obtain the esteem and care as they deserve.

3.2.4 Reasons for the increasing need for old age homes

The growing demand for old age homes is primarily driven by noteworthy changes in structure of family and rapid urbanization. By tradition, the joint family system provided a strong support system for the elderly. However, the transition to nuclear families, propelled by urban migration and varying societal norms, has weakened these conventional systems (Akbar et al. 2014). As younger generations move to urban centres for better employment opportunities, elderly parents often find themselves living alone, lacking the necessary care and companionship. This physical and emotional division has led many older adults to look for the good environment of old age homes, where their basic needs and social relations are addressed (Dutta et al. 2023)

Economic factors further deteriorate the condition. The increasing rate of living, especially in urban areas, combined with the inevitability for dual-income households,

leaves little time and resources for families to provide sufficient care for their elderly parents.

Additionally, increased life expectancy has resulted in a larger elderly population requiring long-term care, which many families are not ready to provide (Kapur 2024). Old age homes offer specialized services, including medical care and social engagement, catering to the complex needs of the elderly. These institutions have become essential in addressing the gaps left by evolving family dynamics and economic pressures (Rajput et al., 2024).

3.2.5 Challenges and issues in institutional elderly care

Social isolation and mental health are major issues for elderly people living in institutions. Research shows that a significant percentage of long-term care facility patients suffer from moderate to severe loneliness, which is linked to higher risks of anxiety, depression, and cognitive decline (Gao & Wang 2022). Loss of autonomy, less family contact, and fewer opportunities for meaningful social interaction are some of the factors that contribute to this isolation. According to Guarnera et al. (2023), there is a need for interventions that foster social connectedness because older persons in old-age homes in India report higher levels of loneliness than those who live with relatives.

Economic pressures also provide considerable obstacles to aged care systems globally. The escalating costs of care, coupled with limited state-funded support, often lead to substantial out-of-pocket expenses for individuals and families. For instance, the high cost of care in the UK has compelled many seniors to devote a sizeable amount of their income on care costs, which occasionally necessitates the sale of family residences (Financial Times, 2025). These financial strains can compromise the quality of care provided, leading to ethical concerns such as understaffing and neglect. Additionally, the integration of technology in care homes, while offering potential benefits, raises ethical questions regarding the reduction of human interaction and the risk of technology malfunctions (The Times, 2025).

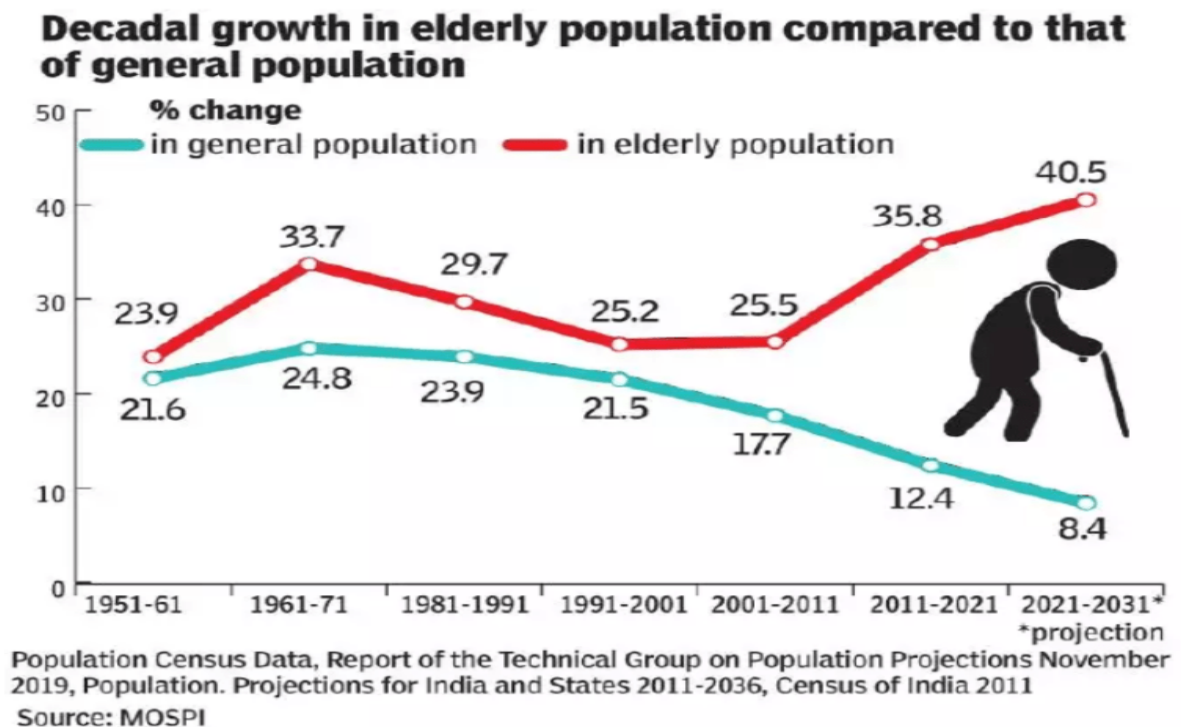
3.3 Ageing in India: Levels and trends

The population of India is expected to increase from 121.1 crores to 151.8 crores during the period 2011-2036 - an increase of 25 percent in twenty-five years at the rate

of 1.0 percent annually. As a consequence, the density of population will increase from 368 to 462 persons per square kilometre. (Report of the technical group on population projections)

In India, the proportion of the old has been rapidly rising in recent years, and this trend is probably going to continue in the ensuing decades. According to projections, the proportion of the population over 60 will rise from 10.5% in 2022 to 20.8% in 2050. The elderly will make up more than 36% of the nation's population by the end of the century. India is aging quickly, as seen by the sharp increase in the old population that began in 2010 and the reduction in the under-15 age group. In India, the number of senior people would surpass that of youngsters between the ages of 0 and 14 four years prior to 2050. By consequently, the share of people aged 15 to 59 will likewise decline. (United Nations Population Fund India 2023). Without a doubt, in the years to come, India's comparatively youthful society will rapidly mature.

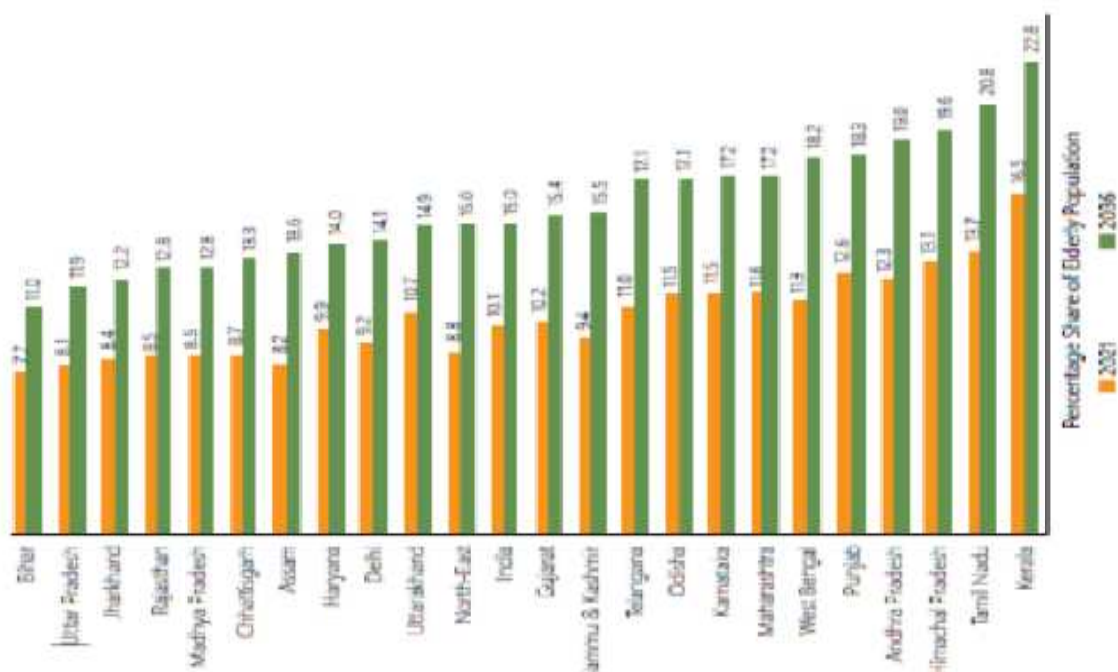
Figure 3.1



3.3.1 State differentials

Because of the different stages and rates of demographic transition among states, one of the most notable aspects of ageing in India is the substantial interstate diversity in the absolute numbers and growth of aging populations. As a result, the age distribution of the population, including the experience of aging, varies significantly. In 2021, the old population was greater than the national average in the majority of southern states and a few northern states, including Punjab and Himachal Pradesh. By 2036, this disparity is predicted to increase. The proportion of the senior population is expected to rise between 2021 and 2036 in states like Bihar and Uttar Pradesh that have higher fertility rates and are lagging behind in the demographic transition, but it will still be below the national average. India's elderly population grew by 31% between 1981 and 1991, a little decrease from 32% between 1961 and 1971. Between 1991 and 2001, growth accelerated to 35 percent, and between 2021 and 2031, it is expected to reach 41 percent. (Ministry of Social Justice & Empowerment Annual Reports 2020-21,2021-22)

Figure 3.2
Projected share of the elderly population, India and states, 2021 versus 2036



Source: National Commission on Population, Ministry of Health and Family Welfare. (2020).

3.3.2 Socioeconomic conditions of the elderly in India

India's elderly population, which exceeds 140 million, faces considerable socioeconomic challenges. A significant portion, approximately 70%, resides in rural areas where access to basic healthcare, financial stability, and social security is limited. Many elderly individuals are reliant on pensions and family support, with nearly 10% living below the poverty line (HelpAge India, 2021). Less than 10% of workers receive benefits from established pension systems, making financial dependency a common problem (ILO, 2022). Furthermore, many older people in rural areas now lack family support due to migration from rural to urban areas. Gender inequality makes the problem worse because older women are more likely to be neglected because they frequently lack access to education and financial resources. Although government schemes like the National Social Assistance Programme (NSAP) implemented to provide financial support, implementation remains inconsistent (Government of India, 2022).

In India, the traditional joint family system has long served as a safety net for the elderly by providing them with economic, emotional, and physical backing. In joint families, elders actively participate in making decisions and raising children, giving them a sense of direction and community (The Hindu, 2020). However, this support system has been undermined by the trend toward nuclear families brought forth by technology and urbanization. Nearly 40% of senior citizens currently reside in nuclear families, where they frequently face loneliness and inadequate care (UNFPA India, 2022). Younger generations increasingly view caregiving as a social rather than familial duty, further inspiring the traditional model of elder care (Times of India, 2023). These changes highlight the need for advanced care models and stronger policy frameworks to support India's aging population.

3.3.3 Government policies and schemes for the elderly in India

India has implemented several policies and schemes to address the needs of its aging population, with the Maintenance and Welfare of Parents and Senior Citizens Act (2007) being a cornerstone of this framework. This Act mandates that children and heirs are legally obligated to provide financial support to elderly parents, and it establishes tribunals to address grievances quickly (Government of India, 2007). The

National Policy on Older Persons (1999), which prioritizes housing, healthcare, and financial security for the elderly, is another important program (Ministry of Social Justice and Empowerment, 1999). In an effort to reduce financial instability, the National Social aid Programme's Indira Gandhi National Old Age Pension Scheme (IGNOAPS) offers monthly financial aid to seniors who fall below the poverty line (HelpAge India, 2021).

These strategies provide a background for elderly care, but their efficiency is limited by implementation problems. Many older adults remain ignorant of their legal rights under the Maintenance Act, and enforcement mechanisms are often weak, especially in rural areas (UNFPA India, 2022). Similarly, the financial support provided under IGNOAPS is often complained as insufficient, given increasing living costs. Moreover, availability of healthcare and other benefits is delayed by administrative delays and lack of infrastructure. Addressing these problems requires not only strengthening policy enforcement but also raising responsiveness about these schemes among the elderly and their families (ILO, 2022).

The Indian Constitution defends the elderly through general rights. While Article 41 instructs the State to offer aid in situations of old age, illness, and infirmity, Article 21 assures the right to live with dignity. (Government of India 1950). These clauses, in combination with Articles 46 and 47, create a background for safeguarding the welfare, health, and dignity of senior citizens, serving as the cornerstone for social security, pensions, and established care.

3.3.4 Old age homes in India: Growth, types, and challenges

Over the past few decades, India has seen a steady increase in the number of elderly homes, which is symbolic of shifting social and family structure and an aging population. According to recent estimations, there are more than 1,500 registered assisted living facilities nationwide, with a concentration in urban and semi-urban areas where family support networks are frequently weaker (HelpAge India, 2021). Nuclearization of families, more younger family members moving to cities, and growing awareness of institutional care options are some of the causes driving the expansion.

Old age homes in India are broadly categorized into three types: government-run, private, and charity-funded institutions. Government-run homes are usually funded and managed by state social welfare departments and offer subsidized services aimed at economically disadvantaged seniors (Ministry of Social Justice and Empowerment, 2020). Private old age homes cater mostly to middle- and upper-income groups, often providing more comprehensive amenities but at higher costs. Charity-funded homes, managed by NGOs and religious organizations, operate on donations and volunteer support, striving to provide affordable care to marginalized elderly (National Institute of Social Defence, 2019).

Old age facilities encounter a number of difficulties despite their expansion. Residents often struggle with emotional issues such as loneliness, neglect, and stigma associated with institutionalization (UNFPA India, 2022). The quality of care is compromised in many homes due to inadequate staffing, scarce resources, and subpar facilities. Securing sustainable funding, upholding regulatory compliance, and attending to the many medical and psychosocial requirements of residents present additional problems for management. Addressing these encounters needs stronger policy backing, improved training for caregivers, and greater community participation to safeguard distinguished aging for institutionalized elderly (WHO, 2020).

3.4 Elderly in Kerala

Kerala is located in the southwestern part of the Indian subcontinent. Kerala has a rich history of international trade as well as artistic and cultural legacy. India's most literate state is renowned for its accomplishments in the areas of social justice, education, health, gender equality, and law and order. Furthermore, the state has the nation's lowest newborn mortality rate. Kerala, which occupies 38863 square kilometres, is situated between the Arabian Sea in the west and the Western Ghats (Sahyadris) in the east. It is one of the five states that make up South India, a linguistic and cultural region. Tamil Nadu and Karnataka are Kerala's neighbouring states. Mayyazhi (Mahe/Mahe) is in Kerala and is a part of Pondicherry (Puducherry). Despite being a part of the Union Territories, the Lakshadweep in the Arabian Sea is closely associated with Kerala's linguistic and cultural legacy. (Government of Kerala 2024).

Kerala supports the aged through Pakal Veedu day-care centers and the Aged-Friendly Local Governance program, which assures allocated monies for shelter, health, sanitation, and recreation (Kerala State Planning Board, 2023; Local Self Government Department, 2023). About 150,000 bedridden patients are served by the state's palliative care grid, which consists of 100,000 trained volunteers and 2,000 home-care units (Government of Kerala, 2023). Kudumbashree Self-Help Groups, non-governmental organizations, and organizations like as the Lions Club provide additional support by operating daycare centers, health camps, and residences for individuals with Alzheimer's disease and those in need (The Hindu, 2019; Lions Bhavan, 2024).

Kerala is experiencing a demographic shift, with 16.5% of its population already over 60 and predictions showing this will increase to 22.8% by 2036. The state's cultural traditions have long placed a strong emphasis on respect and family-based care for the elderly (Times of India, 2023). The rise in organized facilities, including roughly 680 registered old age homes housing over 32,000 inmates, is a result of shifting social patterns like migration and the breakdown of joint families, which have increased demand for institutional care (Onmanorama, 2025). Hundreds of unregistered and non-government-approved homes operating without standard regulation are noted in surveys, indicating that a significant portion of elder care is provided in the unorganized sector (EcoStat, 2023). Despite these developments, the majority of Kerala's elderly still receive care from their relatives and the community, stressing a twofold system in which institutional eldercare is expanding but regularly varies in terms of quality, accessibility, and oversight. So, it is critical to remember that social security for senior adults is not a form of charity, but rather a fundamental human entitlement.

3.4.1 Cultural and social dynamics: attitudes towards old age homes in Kerala and the role of migration

Strong familial bonds and respect for seniors have always been valued in Kerala's cultural environment. The institutional care facilities have traditionally been viewed with shame and reluctance. Many older individuals and their families view institutionalization as relinquishment and would rather care for seniors at home or in

their extended family system (Joseph and George 2019),. Kerala's joint family system and socioreligious norms, which view filial responsibility as a moral obligation, are the foundation of this cultural expectation. However, opinions are gradually changing due to increased urbanization and changes in lifestyle, particularly among younger generations who see old age homes as feasible solutions for elder care when family support is limited (Nair, 2021).

A noteworthy factor persuading the growing reliance on old age homes in Kerala is migration, particularly the extensive movement of family members abroad as Non-Resident Indians (NRIs). Kerala has one of the highest rates of international migration in India, and many elderly parents are left behind as their children settle overseas for work (Census of India, 2011). This separation results in diminished daily family support and emotional care, leading many elderly to seek institutionalized care. Moreover, NRI families often prefer old age homes that provide professional care and social engagement for their elders, especially when caregiving becomes challenging due to geographic distance (Mathew & Sreekumar, 2020). Thus, migration has disrupted traditional caregiving patterns and contributed to the modest but steady increase in the acceptability and creation of old age homes in Kerala.

3.4.2 Old age homes in Kerala

Kerala has observed a prominent increase in the number of old age homes, reflecting changing socio-cultural patterns and demographic tendencies. The Kerala Social Security Mission (2022) reports that there are more than 200 listed senior living facilities in the state, including facilities maintained by NGOs, commercial companies, and the government. Government-run homes primarily serve economically disadvantaged elderly, offering basic accommodation and healthcare support, while private institutions generally provide more comprehensive amenities targeted at middle- and upper-income groups (Kerala Social Security Mission, 2022). Additionally, several charitable organizations and religious institutions manage homes that provide subsidized or free services, especially to marginalized seniors.

The number of people living in old age homes has been steadily rising, according to the Kerala Economic Review. It went from 19,149 in 2016–17 to 30,105 in 2021–22 before

falling to 25,945 in 2022–23 (Kerala State Planning Board, 2023). Following the fall, the number of prisoners increased once again to 32,032 in 2023–2024, according to the Economic Review 2024 (Kerala State Planning Board, 2024). There are discrepancies in reporting between government sources, however, since records from the state's Social Justice Department (2024) show 722 registered old age institutions, including 35 paid facilities, with a total of about 22,180 inmates (Social Justice Department, 2024).

Depending on economic conditions, living conditions in Kerala's senior living facilities vary greatly. Access to good healthcare, healthy meals, and entertaining activities is usually guaranteed by the government and well-established private residences. However, smaller or underfunded institutions often struggle with infrastructure deficits, limited medical support, and understaffing, which impact residents' quality of life (Joseph & George, 2020). Conversely, the encounters faced by smaller homes like those in rural regions highlight the burning need for increased funding and standardized care protocols across the state.

3.4.3 Initiatives for elderly care in Kerala by the government and non-governmental organizations

Kerala's state government has employed several policies and programs aimed at enlightening the well-being of its elderly population. The Kerala Social Security Mission (KSSM), established under the Department of Social Justice, plays a pivotal role in directing elderly care initiatives, including old age homes, day care centres, and financial assistance schemes like the "Senior Citizen Pension" (Kerala Social Security Mission, 2023). Kerala has also sponsored age-friendly healthcare services and community care initiatives by including senior care into its larger health and social welfare policy. In order to lessen the stigma attached to institutional care, the state government also prioritizes information campaigns and training for caregivers (Government of Kerala, 2022).

NGOs and religious institutions counterpart government efforts by filling gaps in service delivery and extending reach to marginalized and rural elderly populations. Organizations such as HelpAge India, Sneha Sadan, and local faith-based groups provide residential care, medical camps, counselling, and social engagement activities

for seniors (HelpAge India Kerala Chapter 2021). These non-governmental organizations rely heavily on community donations and volunteerism to provide subsidized or free services. Religious institutions also play a significant role by running old age homes and day care centres, blending spiritual support with physical care, which aligns well with Kerala's cultural values (Mathew & Sreekumar, 2020). Together, government and NGO initiatives form a collaborative framework crucial to addressing the complex needs of Kerala's aging population.

3.5 Conclusion

The worldwide ageing spectacle presents significant challenges and opportunities across various magnitudes, including family structures, caregiving systems, and policy-making. Decreasing fertility and death rates have shifted family dynamics, replacing old-style extended families with vertical multi-generational households, straining existing caregiving frameworks (Harper & Levin, 2003). The significant financial, emotional, and physical strains that informal caregivers—who are primarily women—face highlight the necessity of systematic support and focused interventions (Chan, 2009; Aris et al., 2021). In emerging countries, rapid urbanization, modernization, and social change have made these problems worse, destroyed established support systems, and left gaps in the care of the elderly (Chan, 2005; Palloni, 2009). To address these issues efficiently, wide-ranging policies that combine family-based and institutional care with training and resources for caregivers are important to encourage the well-being of old populations and their caregivers (Connidis, 2007).

Chapter 4: Analysis on Institutionalised Elderly in Kerala

4.1 Introduction

4.2 Demographic Particulars

*4.3 Determinants that Influence the Admission of Elderly in to Old
Age Homes*

4.4 Chapter Summary

4.1 Introduction

This chapter explores the socio-demographic profile of the elderly residing in old age homes. It further examines the key factors that lead older individuals to move into such institutions. The chapter also examines how demographic, family-related, social, economic, psychological, and health-related aspects influence the decision to shift to an old age home.

4.2 Demographic Particulars

The demographic details of the elderly population are essential in analysing the features and special needs of elderly people. Demographic details like age, gender marital status, religion, community and education have an important role behind the decision for shifting elderly people into old age homes.

4.2 .1 Classification of Elderly on the basis of Age

The relationship between the elderly and age is based on experience, personal culture, and environmental circumstances. Different age groups face different types of problems and also need different types of care. Usually, the young old age group is more active and independent than the rest age groups.

Table 4.1
Age-Based Classification of the Elderly

Age	Frequency	Percent
60-69(Sexagenarians)	118	29.3
70-79(Septuagenarians)	150	37.2
80-89(Octogenarians)	123	30.5
90 and above (Nonagenarians)	12	3.0
Total	403	100.0

Source: Primary Survey

Table 4.1 indicates the age composition of the elderly residing in old age homes. The majority of the respondents fall in the septuagenarian's category which lies in the age group 70-79. The sexagenarians (60-69) group makes up 29.3%, while the octogenarians (80-89) closely follow at 30.5%. Only three percent of the elderly with in the age group 90 and above live in old age homes.

4.2.2 Classification of Elderly on the basis of Gender

Gender act as a noteworthy role in formulating the feelings and experiences of the elderly. Gender affects the health, social and economic surroundings of the elderly. There are disparities in the lives of elderly women and men in terms of economic dependency, social relations, health status and living arrangements.

Table 4.2
Gender-Based Classification of the Elderly

Sex	Frequency	Percent
Male	181	44.9
Female	222	55.1
Total	403	100.0

Source: Primary Survey

As evident from table 4.2, the majority of the respondents are female which consists of 55.1%. The male older adults consist of 44.9 %.

4.2.3 Classification of Elderly based on Marital Status

The well-being of the elderly is closely related with marital status. The married elderly and elderly who lived with spouse may attain better emotional support and living conditions when compared to their unmarried counterparts. The older adults who are residing in old age homes consist of different levels of marital status like single, married, widow etc.

Table 4.3
Marital Status Based Classification of the Elderly

Marital Status	Frequency	Percent
Widow	203	50.4
Single	119	29.5
Married	62	15.4
Divorced	19	4.7
Total	403	100.0

Source: Primary Survey

As shown in table 4.3, the majority of the respondents are widows which consists of 50.4% followed by single individuals which are 29.5 % of the respondents. Individuals

who are married makeup 15.4%, a relatively small proportion, which may be influenced by the age-related decline in marital partnerships.

4.2.4 Classification of the Elderly based on Religion

Religion has an important role in the lives of many elderly people. Some of them attained emotional comfort and a strong connection through religion. Participation in religious practices reduces the loneliness and isolation faced by older adults.

Table 4.4
Religion-Based Classification of the Elderly

Religion	Frequency	Percent
Hindu	308	76.4
Christian	73	18.1
Muslim	22	5.5
Total	403	100.0

Source: Primary Survey

The data presented in table 4.4 indicates that the among the respondents 76.4% belong to the Hindu religion followed by 18% from the Christian community. Only 5.5% of the respondents belong to the Muslim community.

4.2.5 Classification of Elderly based on Educational Qualification

Various aspects of the quality of life of the elderly relate directly to the educational level. Higher levels of education give the outcome a higher standard of living. Educational attainment has a vital role in shaping the well- being, economic independence, healthcare facilities and overall experience of life in older days

Table 4.5
Education Based Classification of the Elderly

Education level	Frequency	Percent
Illiterate	127	31.5
Primary	187	46.5
Secondary	84	20.8
Graduation	5	1.2
Total	403	100.0

Source: Primary Survey

From table 4.5, it is apparent that 46% of the elderly in old age homes have the educational qualification of primary level, followed by illiterate persons with 31.5%. Educational attainment of graduation occupied by only 1.2 percent of the respondents.

4.2.6 Classification of Elderly based on Type of Family

At present nuclear families are more prevalent in our society. The need for institutional care may be attributed to the type of family. The type of family has a significant role in maintaining relationships, social changes and attention given to the elderly.

Table 4.6
Family Type Based Classification of the Elderly

Type of Family	Frequency	Percent
Nuclear	327	81.1
Joint	76	18.9
Total	403	100.0

Source: Primary Survey

As depicted in table 4.6, the majority of the elderly residing in old age homes come from nuclear families. Only 18.9 percent of the elderly reported that they are coming from extended family.

4.2.7 Classification of the Elderly based on Living status before joining of old age home

Living arrangements have an important role in the overall well-being of elderly people. The living arrangements before joining old age homes are attributed as the determinants behind their joining in old age homes. Some of them joined institutional settings as they lived alone.

Table 4.7
Living Status of the Elderly Before Admission to the Old Age Home

Living status	Frequency	Percent
Living with spouse	91	22.6
Living with Children	132	32.7
Living Alone	86	21.2
Living with Others	94	23.5
Total	403	100.0

Source: Primary Survey

Table 4.7 describes that the the respondents lived before joining to old age home with children was 32.7% and elderly who lived with others account fr23.5%. 22.6% lived with a spouse and 21.2% alone. The results demonstrate that, even though most elderly people live with their spouse and children, they are neglected, not because they are alone, but because their families are unwilling to offer necessary care and protection. The elderly who lived with others were either staying with relatives or residing in other families' homes while working as maids or in similar roles.

4.2.8 Classification of Elderly based on person responsible for admission to an old age home

Understanding who is responsible for the admission of an elderly person to an old age home gives important insights into caretaking, family duties, and the challenges faced by the elderly in society. These decisions are often influenced by factors like financial problems, health issues and family conflicts.

Table 4.8

Classification on the basis Person Responsible for Shifting the Elderly to Old-Age Homes

Person	Frequency	Percent
Children	112	27.7
Grandchildren	5	1.2
Relatives	146	36.3
Others	140	34.8
Total	403	100.0

Source: Primary Survey

The details in table 4.8 demonstrate that relatives are the main people for admitting elderly individuals into old age homes, accounting for 36.3%, followed by others with 34.8%. Children, grandchildren, and relatives used to take care of the elderly, but they now account for 65.2% of admissions, showing family care is changing. In the others category, elderly people were admitted to old age homes by their former employers, local community members, and officials of various government departments like police, court, social justice department etc.

4.2.9 Classification of Elderly based on duration of Stay in the Institutional setup

The duration of stay in an old age home is an important factor in understanding the experiences and quality of life of elderly residents. It reflects their circumstances, such as health, family support, and financial stability.

Table 4.9

Classification of the Elderly Based on Duration of Stay in Old Age Home

Year	Frequency	Percent
Less than 1 Year	66	16.4
1-4 Years	259	64.3
5-9 Years	55	13.6
10 Years and above	23	5.7
Total	403	100.0

Source: Primary Survey

As per table 4.9, among the respondents 64.3% have stayed in the institution for less than 5 years and a lesser group, 16.4% has been in the institution for less than a year, perhaps due to recent admissions. Only 13.6% of respondents have stayed for less than 10 years, while just 5.7% have been there for over 10 years.

4.3 Determinants that influence the admission of Elderly into old age homes

There are many determinants behind the shifting of elderly into old age homes. Familial factors including changes in the family structure, abuse and neglect by children and no one looking after the elderly in the house lead to the joining of the elderly into old age homes. The social characteristics changed a lot and it influenced the life of the elderly. Financial problems and lack of financial resources also paved the way for their joining into old age homes. As age increases health problems also increase. Thus, there is a specific reason behind the joining and residing of elderly into old age home.

4.3.1 Determinants of Elderly admission to Old age homes- Exploratory Factor Analysis

To have a definite view on the factors that represent the determinants of elderly admission to institutional care facilities, all the measures have undergone exploratory factor analysis.

4.3.1.1 Determinants of Elderly Admission to Old age Homes - KMO and Bartlett's Test of Sphericity

To assess the suitability of data for factor analysis, two key metrics are employed: the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. If the KMO value exceeds 0.9, it is treated as marvellous, if it lies between 0.8 and 0.9, then it is meritorious, values ranging between 0.7 and 0.8 are middling, KMO value between 0.6 and 0.7 are mediocre and between 0.5 and 0.6 is miserable. If the value falls below 0.5, it is treated as unacceptable (Kaiser & Rice, 1974). Results extracted through these tests are presented in table 4.10

Table 4.10

Determinants of Elderly Admission to Old Age Homes - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.859	12853.212	946	<0.001**

*** Significant at 1% level*

In the context of exploratory factor analysis, the obtained statistical results suggest that the dataset is reasonably suitable for further analysis. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, with a value of 0.859, falls within an acceptable range, indicating that the data may be appropriate for factor analysis.

Furthermore, Bartlett's Test of Sphericity yielded a significant result with Chi-square=12853.212, and $p < 0.001$, indicating that the variables in the dataset are not uncorrelated. This supports the notion that there are significant correlations among the variables, reinforcing the suitability of the data for factor analysis.

4.3.1.2 Determinants of Elderly Admission to Old Age Homes - Principal Component Analysis

As the desirability of the data for factor analysis is ensured, Principal Component Analysis is conducted to extract the minimum number of factors having maximum variance. Those factors with an eigenvalue of more than 1 are considered as fixed factors. PCA helps simplify complex data by highlighting the most important determinants affecting admissions. The following table shows the results of Principal

Component Analysis (PCA), used to identify the main factors influencing elderly admission to old age homes

Table 4.11
Determinants of Elderly Admission to Senior Care Facilities - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
Demographic	5.259	25.045	25.045	3.763	17.918	17.918
Familial	3.304	15.735	40.780	3.050	14.526	32.444
Social	2.273	10.824	51.604	2.883	13.730	46.174
Economic	1.430	6.810	58.415	1.943	9.251	55.425
Psychological	1.240	5.904	64.319	1.592	7.580	63.005
Health	1.031	4.909	69.227	1.307	6.222	69.227

Extraction Method: Principal Component Analysis

Principal Component Analysis (PCA) identified six components with eigenvalues surpassing the threshold of 1. This implies that these components effectively capture substantial variance which account for 69.227 % in the data. Retaining these six components summarizes the dataset while preserving meaningful information, aligning with established guidelines for Principal Component Analysis. This reduction in dimensionality enhances interpretability, providing a concise yet informative representation of underlying structures within the data.

4.3.1.3 Determinants of Elderly Admission to Old Age Homes - Factor Loading

Since the data are reduced to six factors, performing varimax rotation generates a better overview of these factors. It helps to understand which factors have the strongest influence on admissions and how different reasons are grouped together. This makes it easier to see the key issues that lead to elderly people being admitted. Through this, the measures showing strong loading can be accounted by only one principal component. Table 4.12 presents the rotated component matrix for the determinants of elderly admission to old age homes.

Table 4.12
Determinants of Elderly Admission to Old Age Homes - Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Demographic Factors	DTR1	Unmarried	0.576	0.789
	DTR2	Childless	0.878	
	DTR3	Increased life expectancy	0.769	
	DTR4	Decline in death rate	0.827	
	DTR5	Surviving illness	0.737	
	DTR6	Having only one child	0.690	
	DTR7	Having no son	0.749	
Familial Factors	DTR8	Family conflicts	0.743	0.843
	DTR9	Loneliness after spouse's death	0.805	
	DTR10	Abuse by children	0.787	
	DTR11	neglect by children	0.748	
	DTR12	Joined old age home because children refused to take care	0.632	
	DTR13	Life threats from family	0.550	
	DTR14	Improper to stay with married daughters	0.742	
	DTR15	Physical inability to manage chores	0.583	

Social Factors	DTR16	Breakdown of joint family	0.644	0.893
	DTR17	Generation difference factor	0.764	
	DTR18	Moving away from traditional ways	0.850	
	DTR19	Migration of people from rural to urban area	0.760	
	DTR20	Decline in honesty and respect	0.788	
	DTR21	Lack of social protection	0.808	
Economic Factors	DTR22	Economic dependence	0.723	0.894
	DTR23	Migration of younger generation	0.637	
	DTR24	Lack of education	0.690	
	DTR25	Poverty	0.724	
	DTR26	Un attractive employment	0.842	
	DTR27	Lack of income	0.812	
	DTR28	Homelessness	0.781	
	DTR29	Difficult to pay rent for the houses	0.631	
	DTR30	Lack of financial assets	0.661	
	DTR31	Lack of saving and investment	0.617	
	DTR32	Indebtedness	0.785	
	DTR33	Lack of financial resources to children	0.594	
	DTR34	Conflict with children regarding assets	0.689	

	DTR35	Due to the debt of children	0.734	
Psychological Factor	DTR36	Psychiatric illness	0.609	0.738
	DTR37	Not want to be burden to family	0.503	
	DTR38	Personal freedom and spiritual satisfaction in life	0.773	
	DTR39	Adjustment problems	0.886	
	DTR40	By choice	0.865	
Health Factors	DTR41	Health diseases	0.733	0.726
	DTR42	Difficulty to meet medical expenses	0.855	
	DTR43	Physical Disability to look after themselves	0.760	
	DTR44	Chronic diseases	0.537	
Extraction Method: Principal Component Analysis.				

Principal Component Analysis (PCA) was performed under the Exploratory Factor Analysis (EFA) framework to identify the underlying structure of the dataset. The analysis resulted in the extraction of six distinct factors, with a distinct number of measures loading onto each factor. Based on the nature of the statements, these factors were labelled as demographic factors, familial factors, economic factors, psychological factors, and health factors.

The reliability of these factors was assessed using Cronbach's alpha, a measure of internal consistency. The results indicated that all extracted factors had Cronbach's alpha values above 0.70, demonstrating a satisfactory level of reliability and internal consistency. This suggests that the grouped items within each factor are closely related and measure the intended construct effectively.

4.3.2 Determinants of elderly admission to Old Age Homes - Confirmatory Factor Analysis

A confirmatory factor analysis was conducted to assess how well the 44 measures signified the six magnitudes of determinants of elderly admission to old age homes. The initial model underwent several fit indices, including CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). the root mean square error. They are used to check how well the model explains the data. They show whether the factors chosen really represent the main reasons for elderly admission to old age homes. The results are presented in table 4.13

Table 4.13

Determinants of Elderly Admission to Old Age Homes - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.797	0.956	0.925	0.938	0.959	0.053	0.067
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

Table 4.13 shows that the determinants of elderly admission to old age homes bring into line with all fit indices, including CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. These indicators meet the obligatory standards, confirming the 44 measures across six magnitudes as precise representations of the construct.

Beyond model fit indices, the construct validity of the model is also evaluated. Construct validity consists of two parts: convergent validity and discriminant validity. Convergent validity is assessed using Standardized Regression Weights (SRW), Composite Reliability Coefficients (CRC), and Average Variance Extracted (AVE).

This table shows which factors affect elderly admission to old age homes and how strong they are. It also checks if the measurements are correct and reliable. The approximations of the model and psychometric properties of determinants of elderly admission to old age homes model are presented in table 4.14

Table 4.14

**4.3.2.1 Determinants of Elderly Admission to Senior Care Facilities-Model
Estimates and Psychometric Properties**

Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Demographic Factors	DTR1	0.684	<0.001**	0.901	0.571
	DTR2	0.865	<0.001**		
	DTR3	0.912	<0.001**		
	DTR4	0.800	<0.001**		
	DTR5	0.741	<0.001**		
	DTR6	0.577	<0.001**		
	DTR7	0.654	<0.001**		
Familial Factors	DTR8	0.708	<0.001**	0.906	0.550
	DTR9	0.789	<0.001**		
	DTR10	0.777	<0.001**		
	DTR11	0.854	<0.001**		
	DTR12	0.897	<0.001**		
	DTR13	0.594	<0.001**		
	DTR14	0.644	<0.001**		

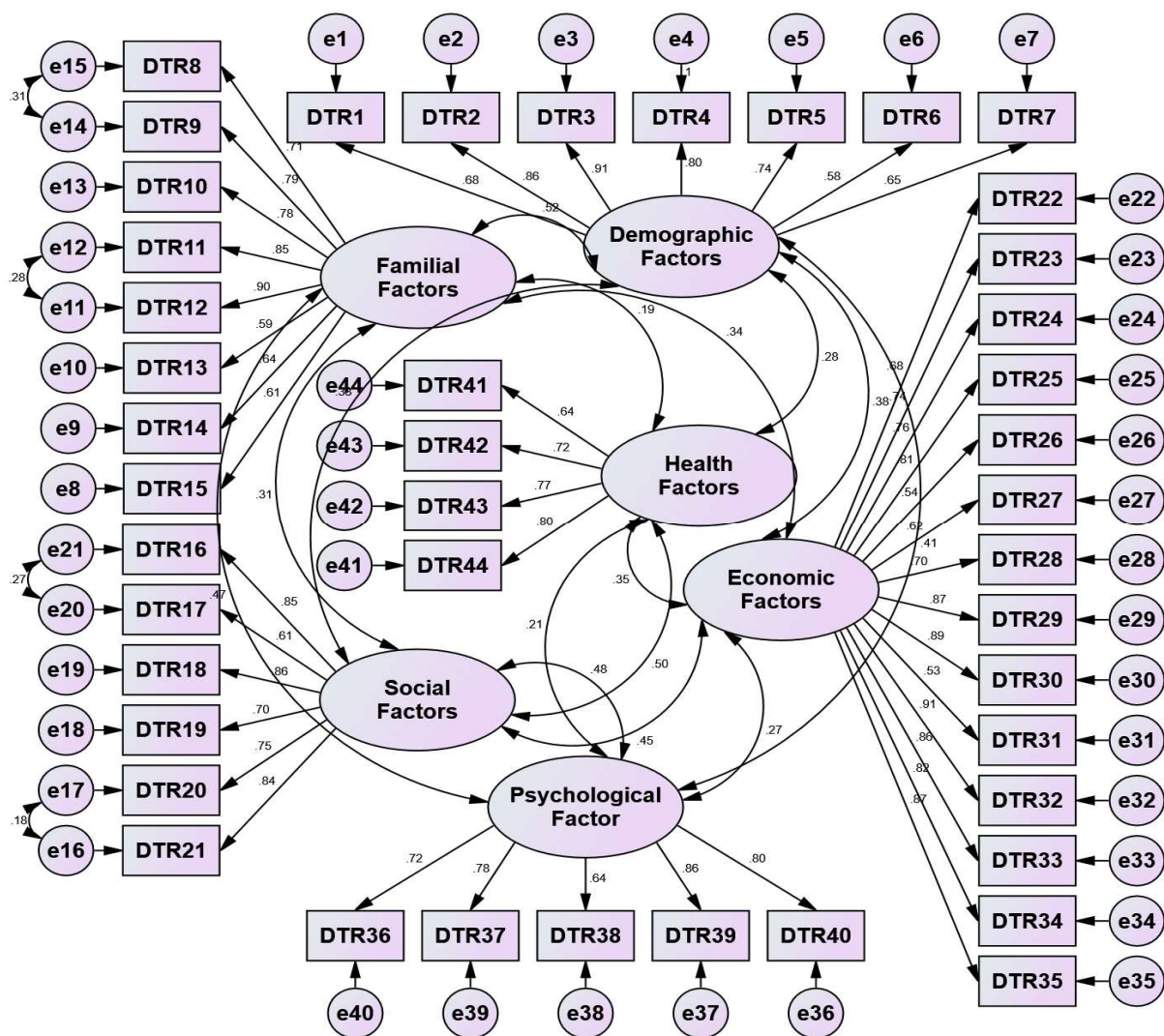
	DTR15	0.612	<0.001**		
Social Factors	DTR16	0.847	<0.001**	0.898	0.598
	DTR17	0.610	<0.001**		
	DTR18	0.859	<0.001**		
	DTR19	0.700	<0.001**		
	DTR20	0.750	<0.001**		
	DTR21	0.840	<0.001**		
Economic Factors	DTR22	0.681	<0.001**	0.952	0.590
	DTR23	0.745	<0.001**		
	DTR24	0.758	<0.001**		
	DTR25	0.817	<0.001**		
	DTR26	0.541	<0.001**		
	DTR27	0.618	<0.001**		
	DTR28	0.704	<0.001**		
	DTR29	0.874	<0.001**		
	DTR30	0.889	<0.001**		
	DTR31	0.527	<0.001**		
	DTR32	0.914	<0.001**		
	DTR33	0.863	<0.001**		
	DTR34	0.817	<0.001**		
	DTR35	0.868	<0.001**		
Psychological Factor	DTR36	0.725	<0.001**	0.875	0.585
	DTR37	0.780	<0.001**		
	DTR38	0.638	<0.001**		
	DTR39	0.862	<0.001**		
	DTR40	0.800	<0.001**		
Health Factors	DTR41	0.642	<0.001**	0.824	0.541
	DTR42	0.718	<0.001**		
	DTR43	0.772	<0.001**		
	DTR44	0.801	<0.001**		

** Significant at 1% level

As displayed in table 4.14 the Standardized Factor Loadings for all indicators surpass the least edge of 0.50. Likewise, the Average Variance Extracted (AVE) and Composite Reliability Coefficient (CRC) for all four concepts have accomplished values above the mandatory scales of 0.50 and 0.70, respectively. These results prove that the model keeps construct validity. The finalized CFA framework for determinants of elderly admission to old age homes, showing Standardized Factor Loadings and inter-factor associations, is illustrated in figure 4.1

Figure 4.1

Determinants of elderly admission to old age homes - CFA Model



Discriminant validity shows that the factors affecting elderly admission to old age homes are different from each other. It is important to make sure each factor measures a

unique influence and not the same thing as other factors. The discriminant validity of determinants of elderly admission to old age homes model is ensured through Squared Inter construct Correlation, which are represented in table 4.15.

Table 4.15

Determinants of Elderly Admission to old age homes - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)					
	Demographic Factors	Familial Factors	Social Factors	Economic Factors	Psychological Factor	Health Factors
Demographic Factors	(0.571)					
Familial Factors	0.272	(0.550)				
Social Factors	0.299	0.095	(0.598)			
Economic Factors	0.142	0.114	0.205	(0.590)		
Psychological Factor	0.171	0.225	0.234	0.072	(0.585)	
Health Factors	0.076	0.038	0.255	0.120	0.043	(0.541)

Values within brackets indicate AVE

Squared Inter-Construct Correlation (SIC) indicates how much a factor overlaps with other factors, whereas Average Variance Extracted (AVE) indicates how well a factor represents its own items. Every factor measures a different notion because all AVE values are greater than SIC values. This indicates that the approach for admitting elderly in institutional care is operating effectively. Thus, the CFA model expressing determinants of elderly admission to old age homes demonstrates Discriminant Validity.

4.3.3 Determinants that influenced the joining of the elderly into an Old Age Home- Descriptive Statistics

Old age homes are working to provide a safe and secure environment for the senior citizens. The elderly, who are inmates of an old-age home, joined either voluntarily or compulsorily. Our traditional societies are laid out with the joint family system in

which there are a lot of people to support each other. With the achievement in industrialisation and urban expansion, the type of family and the working status of women changed. Financial dependency and change in socio-economic aspects made the life of the elderly depend more on institutional care. There are several factors that influence the elderly to stay in an old age home. The factors include family influences, external influences, financial constraints and health conditions. Elderly people deserve respect and care for their overall well-being, and it is the responsibility of society to ensure that they receive it.

4.3.3.1 Demographic Factors

The life of the elderly is very much associated with the demographic dynamics. These variables influence social status, financial condition, health care and overall well-being of the elderly. They are presented in table 4.16.

Table 4.16

Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Demographic Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Std. Deviation	Mean	Std. Deviation
Demographic Factors	Unmarried	2.097	1.704	3.138	0.761
	Childless	3.275	1.529		
	Increased life expectancy	3.836	1.394		
	Decline in death rate	3.615	1.340		
	Surviving illness	3.109	1.233		
	Having only one child	2.784	1.322		
	Having no son	3.251	1.340		

Source: Primary Survey

From table 4.16 it is clear that within the demographic dynamics, the variable with the highest mean is increased life expectancy, scoring 3.836, followed by decline in death rate with a mean score core of 3.615. The variable childless has a mean of 3.275 and the least significant variable is unmarried with a mean score of 2.097.

4.3.3.2 Familial Factors

Family factors influenced the joining of the elderly into an institutional setup. Misbehaviour and neglect from family forced the elderly to seek shelter in old age homes during their later years. Changes that happened in family structure worsen the life of the elderly. The loss of spouse and the difficulties of managing daily tasks make senior citizens feel isolated and lonely. These difficulties sometimes lead them to seek care and companionship in old-age homes. Family factors influencing the elderly's decision to reside in old age homes are presented in table 4.17.

Table 4.17

Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Familial Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Standard Deviation	Mean	Std. Deviation
Familial Factors	Family conflicts	4.320	1.058	3.756	0.887
	Loneliness after spouse's death	3.715	1.480		
	Abuse by children	3.955	1.182		
	neglect by children	3.983	1.194		
	Joined old age home because children refused to take care	3.576	1.463		
	Life threats from family	3.231	1.345		
	Improper to stay with married daughters	3.273	1.384		
	Physical inability to manage chores	3.995	1.097		

Source: Primary Survey

Table 4.17 depicts the familial aspects that forced the elderly to live in an old-age home. Among the family-related factors, the variable with the highest mean is family conflict with a score 4.320 followed by physical inability to manage household responsibilities, with a mean score of 3.995. The indicator neglected by children also has a significant role in the shifting decision of the elderly into old age home 3.983.

The minimal contributor in familial factors is life threats from family, with a mean score of 3.231

4.3.3.3 Social Factors

The decision of older adults to join old homes at their advanced stage of their lives is attributed to some societal influences. The collapse of the joint family, lack of interactions and mutual understanding creates generation differences between the elderly and the young generations. This gap is characterised by variations in values like honesty and respect in social settings. The social factors are presented in table 4.18.

Table 4.18

Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Social Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Std. Deviation	Mean	Std. Deviation
Social Factors	Breakdown of joint family	3.893	1.268	3.661	0.856
	Generation difference factor	3.489	1.179		
	Moving away from traditional ways	2.868	1.053		
	Migration of people from rural to urban area	3.586	1.228		
	Decline in honesty and respect	3.466	1.125		
	Lack of social protection	3.893	1.268		

Source: Primary Survey

The data in the table 4.18 indicate that the mean and standard deviation values for various social factors influencing the elderly's decision to seek institutional care. Among these, breakdown of joint family and absence of social protection scored the highest mean values with 3.893, indicating they are the most noteworthy issues. Moving away from traditional ways scored the lowest mean attained 2.868, which depicts that it is less impactful related to other factors.

4.3.3.4 Economic Factors

The joining of the elderly into an old home is associated with economic variables. The elderly face financial constraints as they have limited or no income in their older days. Lack of savings and investment and the existence of debt make independent living for

the elderly a difficult decision. Financial status of children, disputes over property and lack of housing facilities further compel some of them to seek admission in old age homes. The institutional care provides affordable shelter, food and also offers medical care to the elderly people.

Table 4.19
Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Economic Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Std. Deviation	Mean	Std. Deviation
Economic Factors	Economic dependence	4.325	0.926	3.537	0.736
	Migration of younger generation	2.727	1.060		
	Lack of education	4.228	1.021		
	Poverty	3.988	1.249		
	Un attractive employment	4.280	0.999		
	Lack of income	4.211	1.263		
	Homelessness	4.268	0.929		
	Difficult to pay rent for the houses	3.710	1.370		
	Lack of financial assets	2.563	1.021		
	Lack of saving and investment	3.226	1.497		
	Indebtedness	2.948	1.270		
	Lack of financial resources to children	2.452	0.990		
	Conflict with children regarding assets	2.342	1.237		
	Due to the debt of children	4.251	0.834		

Source: Primary Survey

Table 4.19 analysed the impact of various economic factors on the admission of elderly individuals into institutional care. Among factor-wise results, the highest mean scores were observed for issues like unattractive employment with 4.280, homelessness with 4.268, and debt of children with 4.251, reflecting significant concerns. Economic dependence scored a mean score of 4.325, and lack of income, with 4.211, also scored

high, emphasising the financial struggles faced by the elderly. Conversely, factors such as conflict with children regarding assets with a 2.342 mean score, lack of financial resources for children as 2.452, and lack of financial assets as 2.563 had lower means, suggesting they were less influential.

4.3.3.5 Psychological Factors

The decision of the elderly to shift into an old age home is not only influenced by socio-economic constructs but also by a range of psychological factors. Aging is a natural and biological process and is accompanied by various emotional and mental issues. The elderly often feel neglected and isolated as family and society become occupied with their own lives. As the elderly people are a vulnerable section of society, they need more emotional support. The elderly's fear of becoming a burden on their families is a psychological concern. Loneliness, stress and anxiety lead to family conflicts. These psychological aspects also force them to move into an old age home.

Table 4.20

Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Psychological Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Std. Deviation	Mean	Std. Deviation
Psychological Factors	Psychiatric illness	3.457	1.277	3.627	0.778
	Not want to be burden to family	3.586	1.293		
	Personal freedom and spiritual satisfaction in life	2.968	1.123		
	Adjustment problems	4.010	1.203		
	By choice	4.117	1.188		

Source: Primary Survey

Table 4.20 highlights that the most dominant psychological factor is the desire to join an old-age home by choice, with the highest mean score of 4.117 and a standard deviation of 1.188. This indicates that a large number of elderly individuals make this decision voluntarily, possibly seeking independence and fulfilment. adjustment problems also scored high, with a mean of 4.010, suggesting difficulties in adapting to family environments as a key driver. The aspect not want to be a burden to family

scored 3.586, reflecting a substantial emotional concern among the elderly. meanwhile, psychiatric illness had a mean score of 3.457, emphasizing the role of mental health issues in influencing this decision. conversely, Personal freedom and spiritual satisfaction in life scored the lowest at 2.968, indicating that fewer individuals prioritize this factor compared to others.

4.3.3.6 Health Factors

Health factors show an essential role in influencing elderly individuals' course of action to move into old-age homes. Aging carries challenges such as chronic illnesses, physical incapacities, cognitive decline, and the need for rehabilitation services, which families may struggle to manage at home. Conditions like diabetes, hypertension, arthritis, and dementia require regular medical attention and professional care, which old-age homes are equipped to provide. Many face health issues like long-term illnesses, difficulty moving, memory problems, and the need for special care, which can be hard for families to handle. Old-age homes provide the care they need, including help with daily tasks, healthy meals, and quick medical attention during emergencies, making life safer and easier for them. The descriptive statistics of the health-related factors influencing the admission of elderly individuals to old age homes are presented in table 4.21.

Table 4.21

Factors that Influenced the Joining of Elderly in to an Old Age Home - Descriptive Statistics on Health Factors

Construct	Factors	Factor Wise		Construct Wise	
		Mean	Std. Deviation	Mean	Std. Deviation
Health Factors	Health diseases	3.223	1.184	3.337	0.700
	Difficulty to meet medical expenses	3.400	1.208		
	Physical Disability to look after themselves	3.635	1.405		
	Chronic diseases	3.092	1.294		

Source: Primary Survey

Table 4.21 provides descriptive statistics on health-related factors behind the decision of elderly individuals to join old-age homes. amongst the aspects, physical disability to

look after themselves has the highest mean score with 3.635, indicating it is the most significant influence. Difficulty in meeting medical expenses follows with a mean of 3.400, which shows financial challenges as another key factor. General health diseases account for mean 3.223 and chronic diseases with mean of 3.092 have moderate impacts, with similar levels of variability.

4.3.3.7 Factors that Influenced the Joining of Elderly in to an Old Age Home - Summary

Elderly people decide to relocate to old-age homes due to health, economic, emotional, and social reasons. Health problems like chronic diseases, disabilities, and the high cost of medical care are major reasons. Many feel lonely, fear being a burden on their family, or need emotional support. Financial issues, such as low income and high living costs, make it tough for them to live alone. Social reasons like broken joint families, family fights, and lack of company also drive them to join old-age homes. These homes provide care, safety, and support, helping them live better and happier lives. The summary of factors are presented in table 4.22.

Table 4.22

Factors that Influenced the Joining of Elderly in to an Old Age Home - Summary

Factors	Mean	Std. Deviation
Demographic Factors	3.138	0.761
Familial Factors	3.756	0.887
Social Factors	3.661	0.856
Economic Factors	3.537	0.736
Psychological Factors	3.627	0.778
Health Factors	3.337	0.700

Source: Primary Survey

Table 4.22 shows the summary of determinants that prompt elderly individuals to join old-age homes. According to the primary survey, familial factors are highlighted as the most significant with a mean score of 3.756 and a standard deviation 0.887, indicating a strong influence from family-related issues like lack of support or conflicts. Social factors have a mean of 3.661, and psychological factors have a mean of 3.627 also show high impact, reflecting the importance of companionship, emotional security, and

social interactions. The mean score for economic factors is 3.537 and that of health factors is 3.337 moderately influence this decision, suggesting financial challenges and health needs are crucial but slightly less impactful than family and social aspects. demographic factors scored a mean of 3.138 have the least influence, showing relatively less variability with standard deviation of 0.761 among responses. overall, familial and social concerns appear to be the leading reasons, supported by psychological, economic, and health-related factors.

4.4 Chapter Summary

This chapter analysed the demographic details of elderly residing in free old age homes, like age, gender, marital status, educational attainment, living arrangement before joining to old age home and duration of stay in the institution. Principal Component Analysis identified the main factors affecting elderly admission, such as family support, health, and financial dependency. It grouped related variables together and showed that a few key components explain most of the variation in admissions. The majority of the elderly belong to the age group of 70-79 years. Most of them are from the Hindu community, live in nuclear families, and have a primary level of educational qualification. The study clearly remarked the determinants that influence the residence of the elderly in old age homes. There are a lot of factors which influence the living of the elderly in old age homes, like familial, demographic, social-economic and health factors. The major factor that contributes to the residence of the elderly in old age homes is familial factors. Family conflicts and the children are not ready to look after the elderly, forcing them to live in old age homes. This supports Amartya Sen's Capability Approach, as the absence of family support reduces the elderly's capability to live independently. It also reflects Maslow's Hierarchy of Needs, where unmet belongingness and security needs lead to institutionalisation. Some of them joined the old home because they are not ready to become a burden for their family and due to their spiritual beliefs. Thus, there is reason behind the joining of the elderly into old age homes. The study concludes that familial factors are the main reason for the shift of elderly individuals into old age homes, followed by social factors such as isolation and lack of community support. Together, these encounters highlight the importance of addressing both family dynamics and broader social systems to improve the quality of life for the elderly.

Chapter 5: An Analysis of Quality of Life and Institutional Care

5.1 Introduction

5.2 An Analysis of Quality of Life of elderly in old age homes

5.3 Economic Well-being

5.4 Health Well-being

5.5 Social Well-being

5.6 Leisure Well-being

5.7 Quality of Life Index of Elderly in Old Age Homes

5.8 Role of Institutional Care in the quality of life of Elderly in old age homes

5.9 Quality of Life of Elderly in Old Age Homes across their Demographic Profile

5.10 Chapter Summary

5.1 Introduction

This chapter studies how institutional care affects the quality of life of elderly residents in old age homes. It examines key factors as economic, health, social, and leisure well-being, that shape overall quality of life. A composite index is developed to measure quality of life based on the demographic profile of older residents.

5.2 An Analysis of Quality of Life of Elderly in Old Age Homes

The quality of life for the elderly in old age homes is shaped by a combination of economic, social, health, and recreational factors. Economic empowerment, including purchasing power, insurance coverage, income-generating opportunities, and consumption patterns, significantly impacts their overall well-being. Institutions play a vital role in creating a safe and comfortable environment while also fostering opportunities for interaction and engagement among residents. By doing so, they help to make the life of the elderly more meaningful and enriched.

5.3 Economic Well-Being

It refers to the level of financial security, comfort, and prosperity that an individual and society experience. It encompasses more than just income or wealth. It also includes factors that affect the overall quality of life of the elderly and their access to resources.

5.3.1 Economic Well-Being- Exploratory Factor Analysis

Two principal metrics are used to verify the acceptability of data for factor analysis. They are Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. If the value of KMO is above 0.9, it is considered as significant and if it is between 0.8 and 0.9, it is admirable. If the KMO value falls between 0.7 and 0.8, it is considered moderate, and if it falls between 0.6 and 0.7, it is considered below average. If the value falls between 0.5 and 0.6, it shows inadequate. If the value lies below 0.5, it is considered invalid (Kaiser & Rice, 1974). Result obtained using these tests are presented in table 5.1.

Table 5.1
Economic Well-being - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.865	2436.243	55	<0.001**

**** Significant at 1% level**

The statistical result obtained from exploratory factor analysis shows that the data table is acceptable for extended analysis. The value of the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy for economic well-being is 0.865 included in the acceptable range, which shows that the data may be apt for factor analysis.

Additionally, Bartlett's Test of Sphericity shows a remarkable result with Chi-Square 2436.243, and p value < 0.001. It shows that the variables in the data group are not unrelated. It indicates the perception that there are significant relationships among the variables, which enhance the suitability of the data for factor analysis.

5.3.1.1 Economic Well-Being - Principal Component Analysis

After ensuring the desirability of the data for factor analysis, Principal Component Analysis is executed to derive a minimum number of factors having maximum variance. The factors with Eigenvalue of more than one are treated as fixed factors. The result of the analysis is outlined in table 5.2.

Table 5.2
Economic Well-being - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
Economic Empowerment	5.188	47.160	47.160	3.132	28.472	28.472
Consumption and Material Standard	1.573	14.298	61.458	3.002	27.289	55.761
Current Living Arrangement	1.168	10.617	72.075	1.795	16.314	72.075

Extraction Method: Principal Component Analysis.

It is shown that Principal Component Analysis pinpointed three components with Eigenvalues exceeding the margin of 1. It indicates that these components capably capture considerable variance of 72.075% in the data. By keeping these three components reduced dataset with preserving significant information consistent with established guidelines for principal component analysis. This minimization in structure

enriches interpretability and thereby provides a clear informative expression of the underlying structure within the data.

5.3.1.2 Economic Well-Being -Factor Loading

As the components are reduced to three factors, varimax rotation is used for generating a better overview of these factors. Through this, the measures underlying strong loading can be considered with only one principal component. It is shown in table 5.3.

Table 5.3
Economic Well-being - Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Economic Empowerment	EWB1	I am satisfied with the pension	0.785	0.858
	EWB2	I am satisfied with my savings	0.755	
	EWB3	I can afford to buy what I want to	0.732	
	EWB4	I am satisfied with my insurance policy	0.684	
	EWB5	I am part of income generating activities in the institution	0.600	
Consumption and Material Standard	EWB6	I am satisfied with the quantity of food	0.808	0.847
	EWB7	I am satisfied with the quality of food	0.813	
	EWB8	I received extra food on request	0.767	
	EWB9	I am satisfied with the consumption of non-food items	0.738	
Current Living Arrangement	EWB10	I am satisfied with the types of rooms	0.820	0.891
	EWB11	I am satisfied with the bed allotted for me	0.845	
	EWB12	I am satisfied with the ventilation facilities	0.775	
	EWB13	I am satisfied with the bathroom facilities	0.836	

Extraction Method: Principal Component Analysis

Principal component analysis was done under the Exploratory Factor Analysis (EFA) framework to determine the structure of the dataset. The result of the analysis is the extraction of three component factors with a specified number of measures loading

onto each factor. Based on statements, these factors were labelled as economic empowerment, consumption and material standard, and current living arrangement.

The reliability of these three components was considered using Cronbach's alpha, which is a measure of internal consistency. The result shows that all extracted components have Alpha values above 0.70, which indicates a satisfactory level of reliability and internal consistency. It remarks that the group items within each factor are correlated and measure the proposed construct effectively.

5.3.2 Economic Well-Being - Confirmatory Factor Analysis

To test the extent to which the 13 measures resulted in 3 dimensions of Economic Well-being as true representatives of the construct, Confirmatory Factor Analysis is performed. Initially, the model has gone through various fit indices such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). Results are illustrated in table 5.4.

Table 5.4
Economic Well-being - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.497	0.962	0.916	0.966	0.979	0.046	0.061
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

As per table 5.4, it is proven that the Economic Well-being model is fit with all the model fit indices such as CMIN/DF, GFI, AGFI, NFI, CFI, RMR and RMSEA. All these indices have met the criteria and declared the 13 measures included within 3 dimensions of economic well-being as true representatives of the construct.

In addition to model fit indices, construct validity of the model is verified. Convergent Validity and Discriminant Validity are the two components of Construct Validity. Convergent Validity is estimated through Standardized Regression Weight (SRW), Composite Reliability Coefficient (CRC) and Average Variance Extracted (AVE).

The model estimates and psychometric properties of the economic well-being model are presented in table 5.5.

Table 5.5
Economic Well-being - Model Estimates and Psychometric Properties

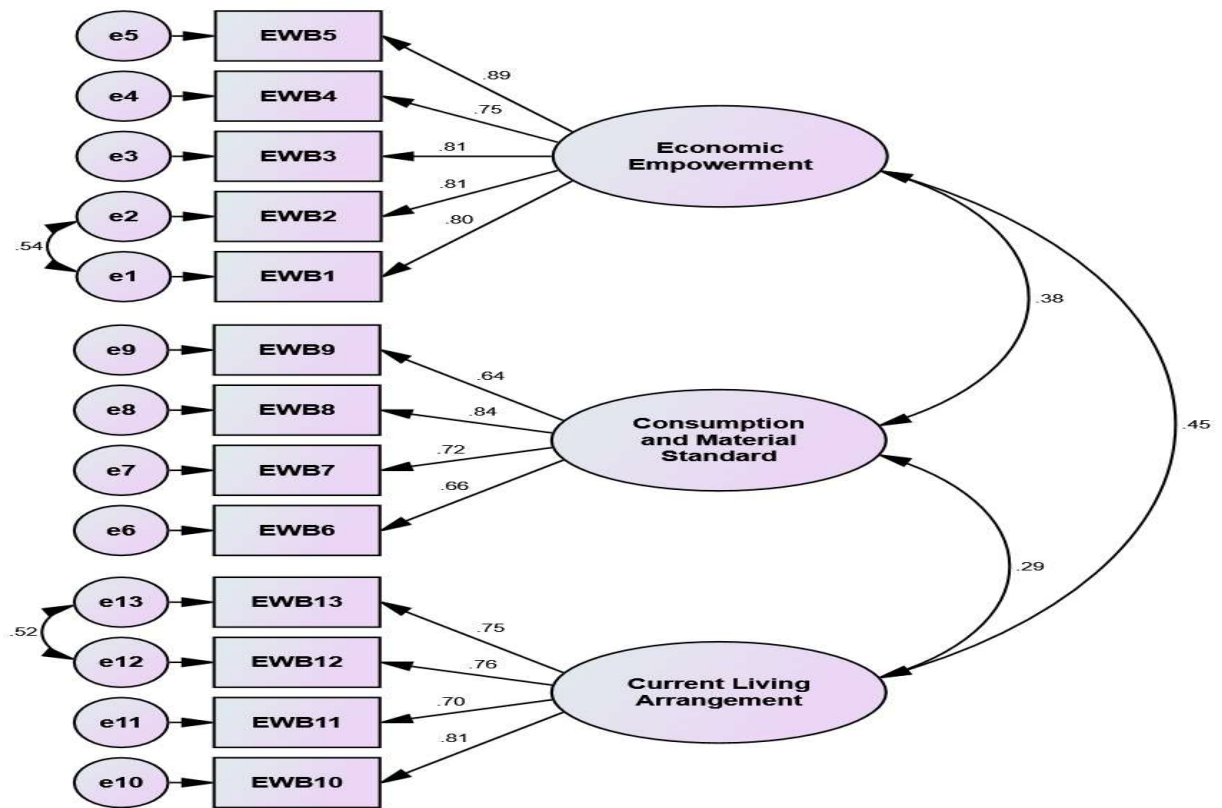
Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Economic Empowerment	EWB1	0.797	<0.001**	0.907	0.661
	EWB2	0.805	<0.001**		
	EWB3	0.810	<0.001**		
	EWB4	0.753	<0.001**		
	EWB5	0.894	<0.001**		
Consumption and Material Standard	EWB6	0.663	<0.001**	0.808	0.516
	EWB7	0.717	<0.001**		
	EWB8	0.839	<0.001**		
	EWB9	0.637	<0.001**		
Current Living Arrangement	EWB10	0.812	<0.001**	0.841	0.571
	EWB11	0.696	<0.001**		
	EWB12	0.756	<0.001**		
	EWB13	0.754	<0.001**		

**** Significant at 1% level**

As shown in table 5.5, the Standardized Regression Weights of all the measures are well above the threshold of 0.50. In the case of Average Variance Extracted (AVE) and Composite Reliability Coefficient (CRC), all three factors have secured values greater than the cutoff of 0.50 and 0.70, respectively. All these results indicate that the model is fit with construct validity.

The final CFA Model of economic well-being with Standardized Regression Weights and correlation between factors is depicted in figure 5.1.

Figure 5.1
Economic Well-being - CFA Model



The Discriminant validity of the Economic Well-being model is ensured through the Squared Interconstruct Correlation, which is illustrated in table 5.6.

Table 5.6
Economic Well-being - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)		
	Economic Empowerment	Consumption and Material Standard	Current Living Arrangement
Economic empowerment	(0.661)		
Consumption and material standard	0.141	(0.516)	
Current living arrangement	0.204	0.085	(0.571)

Values within brackets indicate AVE

All Average Variance Extracted (AVE) estimates of the three factors in table 5.6 are larger than the corresponding Squared Interconstruct Correlation (SIC) estimates. This means the indicators have more in common with the construct they are associated with than they do with other constructs. The CFA model for economic well-being includes three unique factors as economic empowerment, consumption and material standard, and current living arrangement, each of which measures a different aspect without overlap.

5.3.3 Economic Well-being - Normality and Multicollinearity

Normality and multicollinearity are critical concepts that influence the validity of data. Normality refers to the condition where data follows a normal distribution, characterized by a symmetrical bell-shaped curve centered around the mean. Kolmogorov Smirnov and Shapiro Wilks tests are the most commonly used statistical tools to determine the extent to which the data follows a normal distribution.

Multicollinearity is a statistical phenomenon that occurs when two or more independent variables in a model are highly correlated. In other words, it is a situation where there is a strong linear relationship among two or more predictor variables. To assess multicollinearity, one commonly used metric is the Variance Inflation Factor (VIF). A VIF value greater than 10 is often considered indicative of multicollinearity. Lower VIF values suggest lower multicollinearity. Table 5.7 indicates the normality and multicollinearity statistics related to economic well-being.

Table 5.7
Economic Well-being - Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Economic Empowerment	0.044	403	0.072	0.986	403	0.060	1.487
Consumption and Material Standard	0.042	403	0.065	0.988	403	0.072	1.580
Current Living Arrangement	0.050	403	0.089	0.986	403	0.064	1.266

As per table 5.7, it can be inferred that all the factors of economic well-being, such as economic empowerment, consumption and material standard and current living arrangement, have attained normality as the P values with respect to both Kolmogorov Smirnov and Shapiro Wilks tests are greater than 0.050.

In the case of multicollinearity, economic well-being and its dimensions showcased lower multicollinearity as the Variance Inflated Factor (VIF) is less than 10. Moreover, all the factors have secured the value close to 1. This shows the robustness of the data and the absence of multicollinearity or linear relationship among factors.

5.3.4 Economic Wellbeing Index of Elderly in Old Age Homes

The economic wellness of older adult is a significant measure of their quality of life, which consists of aspects like financial empowerment, material standard and living arrangement. Financial empowerment is an important factor that is linked to financial independence and the economic resources available to the elderly. Some of them receive a pension and have personal savings. A small percentage have access to financial products like insurance policies and income-generating activities within the institution. The ability to afford desired items also leads to its sense of autonomy and satisfaction in their life.

Another important aspect of economic well-being is the consumption and material standard of living. The quantity and quality of food received by the elderly in old age homes play a key role in determining their well-being. Availability and usage of non-food items like clothing, phone, and personal hygiene items further reflect the standard of material support provided to the elderly.

The current living atmosphere also influences the economic well-being of the elderly. The type of rooms and their facilities, like bed, ventilation, broadly influence the satisfaction of the elderly. Proper bathroom facilities and the infrastructure suitable for the elderly also enhance their satisfaction and well-being.

The three levels of the economic well-being index are high, moderate, and poor. According to the calculated value, a score of less than 54.179 is regarded as low quality, while a score of 82.089 is regarded as moderate. There is a high level of economic well-being between 82.089 and 100. The results are presented in table 5.8.

Table 5.8
Economic Well-being Index of Elderly in Old Age Home

	High		Moderate		Low		Chi Square	P
	F	%	F	%	F	%		
Economic Well-being	134	33.25	95	23.57	174	43.18	302.744	<0.001**

***Significant at 1% level*

The economic well-being index of senior citizens living in institutional care is shown in table 5.8. According to the table, 134 individuals have an economic well-being index value over 82.089, indicating good quality; 95 individuals have an index value between 82.089 and 54.179, indicating moderate economic well-being; and 174 individuals have an index value below 54.179, indicating low economic well-being. The findings indicate that 43.18% of older adults have low economic well-being, whereas 33.25 % have higher economic well-being. The difference between these categories is statistically significant, according to the Chi Square test for goodness of fit, which has a value of 302.744. Evidence suggests that the distribution of financial well-being among senior citizens living in assisted living facilities varies significantly.

5.4 Health well-being

Health well-being refers to the state of best physical and mental health that empowers individuals to lead fulfilling and meaningful lives. It goes beyond the absence of illness or disease to encompass a holistic view of well-being that includes emotional, social, and environmental factors.

5.4.1 Health well-being Exploratory Factor Analysis

To ensure the appropriateness of data for factor analysis, two methods were applied. They are Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity.

If the KMO figure is higher than 0.9, it shows high quality of data. It shows good quality when the score is between 0.8 and 0.9. It is in the acceptable region when the figure ranges between 0.7 and 0.8 and if the value ranges between 0.6 and 0.7, it is considered low, and if it is under 0.5, it is improper. (Kaiser & Rice, 1974). The results of the test are presented in table 5.9.

Table 5.9
Health Well-being - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.844	2232.130	55	<0.001**

**** Significant at 1% level**

In view of the exploratory factor analysis, the data group meets the criteria for further analysis. 0.844 is the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy. It is included within the reasonable range, which gives the result that the data may be reasonable for factor analysis.

Similarly, the Bartlett's Test of Sphericity yielded a significant result with Chi-square=2232.130, $p < 0.001$, revealing substantial evidence of interconnectedness between components. This observation supports the view that meaningful correlations among the variables ensure the variables are suitable for factor analysis.

5.4.1.1 Health Well-Being Principal Component Analysis

Once the data is validated to meet the rules for factor analysis, principal component analysis is deployed to portray the small number of factors that have the greatest variance. Variables with Eigenvalue over and above one are kept as significant. The results of the analysis are illustrated in table 5.10.

Table 5.10
Health Well-being - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.691	42.647	42.647	3.917	35.612	35.612
2	1.991	18.102	60.749	2.321	21.104	56.715
3	1.279	11.629	72.378	1.723	15.662	72.378

Extraction Method: Principal Component Analysis.

In table 5.10, the three segments with Eigenvalue higher than one is revealed from the principal component analysis, which explains about 72.378 % of the variance of the data-set. Holding these sections eliminates the complexity of the data group and at the

same time maintains the significant aspects which are consistent with the PCA rules. It means clear interpretability and offers a transparent representation of its concerned structure.

5.4.1.2 Health well-being factor loading

The data set is narrowed down to 3 segments, and a clear perspective on the segments can be made using varimax rotation. It enhances the variables with high loading to harmonize with only one principal component. Table 5.11 presents the rotated component matrix for the Health Well-being construct.

Table 5.11
Health Well-being - Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Physical Health	HWB1	I don't feel any pain	0.651	0.748
	HWB2	I am satisfied with the diet plan in old age home	0.770	
	HWB3	I don't have any lifestyle diseases	0.859	
	HWB4	I don't have any chronic diseases	0.880	
	HWB5	I am satisfied with the nutritious food in old age home	0.801	
Preventive Health	HWB6	I can able to do all my daily activities	0.686	0.784
	HWB7	I have health insurance coverage	0.857	
	HWB8	Hospitalization not happened in my life	0.832	
Health Care	HWB9	I am satisfied with the regular health checkup in old age home	0.827	0.843
	HWB10	I am satisfied with the behaviour of medical staff in old age homes	0.864	
	HWB11	I am satisfied in the treatment given to bedridden patients in old age home	0.789	

Extraction Method: Principal Component Analysis

Under the Exploratory Factor Analysis (EFA) background, principal component analysis was used to discover the dataset's structure. The analysis recognized three element factors, each containing specific measures that loaded onto them. Based on

statement, these factors were labelled as physical health, preventive health, and health care.

To evaluate the reliability of the three aspects, Cronbach's alpha was employed as a measure of internal consistency. The analysis displayed alpha values above 0.70 for all components, signifying a high level of reliability and consistency. This advocates that the items grouped within each factor are well-correlated and exactly measure the projected construct.

5.4.2 Health Well-Being - Confirmatory Factor Analysis

The appropriateness of the 11 measures on behalf of three health well-being proportions was tested through confirmatory factor analysis. The model was judged using various fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). The root mean square error. The results are presented in table 5.12.

Table 5.12.

Health Well-being - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.259	0.971	0.939	0.968	0.982	0.066	0.058
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler0., 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

As shown in table 5.12, the health well-being model meets the standards for several fit indices, including CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. This validates that the 11 measures distributed among three dimensions are true pointers of the construct.

Construct validity of the model, alongside model fit indices, has been tested. It incorporates two elements: convergent validity and discriminant validity. Convergent

validity is measured using Standardized Regression Weights (SRW), Composite Reliability Coefficients (CRC), and Average Variance Extracted (AVE).

The estimates of the model and psychometric features of the determinants of health well-being model are presented in table 5.13.

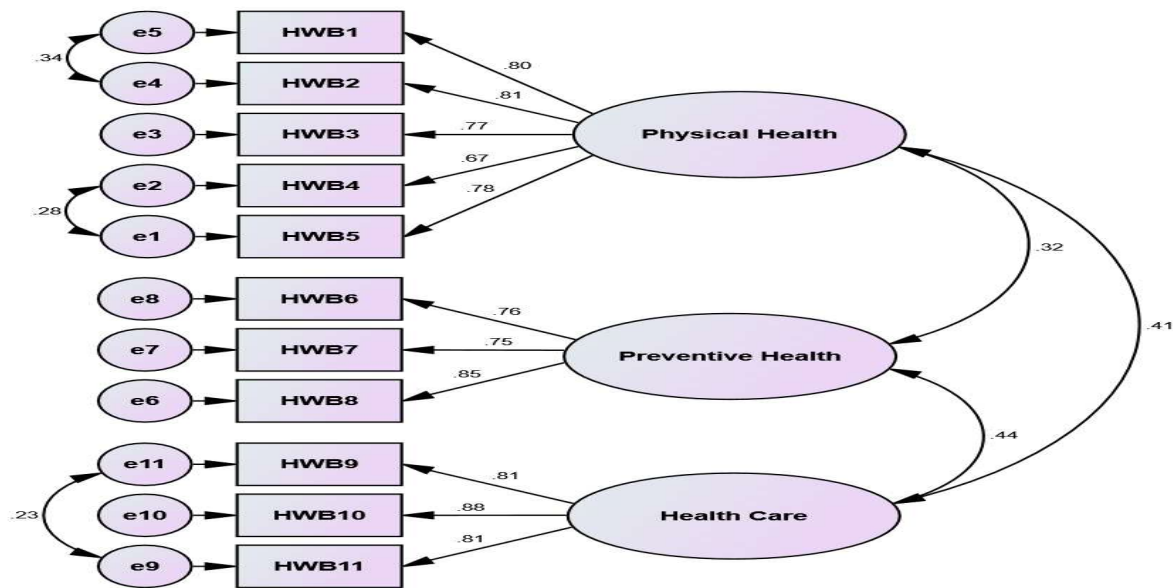
Table 5.13
Health Well-being - Model Estimates and Psychometric Properties

Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Physical Health	HWB1	0.803	<0.001**	0.878	0.590
	HWB2	0.812	<0.001**		
	HWB3	0.771	<0.001**		
	HWB4	0.672	<0.001**		
	HWB5	0.776	<0.001**		
Preventive Health	HWB6	0.756	<0.001**	0.832	0.623
	HWB7	0.754	<0.001**		
	HWB8	0.854	<0.001**		
Health Care	HWB9	0.813	<0.001**	0.875	0.699
	HWB10	0.881	<0.001**		
	HWB11	0.813	<0.001**		

*** Significant at 1% level*

Table 5.13 establishes that the Standardized Loadings of all variables are significantly above the level of 0.50. In terms of AVE and CRC, every aspect has secured values greater than cut-off criteria of 0.50 and 0.70. These results authenticate the model's fitness and construct validity. The ultimate CFA Model of health Well-being, incorporating Standardized Loadings and factor interrelations, is presented in figure 5.2.

Figure 5.2
Health Well-being - CFA Model



The Discriminant validity of the Economic Well-being model is ensured through Squared Interconstruct Correlation, which is illustrated in table 5 .14.

Table 5.14
Health Well-being - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)		
	Physical Health	Preventive Health	Health Care
Physical Health	(0.590)		
Preventive Health	0.105	(0.625)	
Health Care	0.166	0.197	(0.699)

Values within brackets indicate AVE

All Average Variance Extracted (AVE) estimates of the five factors in table 5.14 are larger than the corresponding Squared Inter construct Correlation (SIC) estimations. This means the indicators have more in common with the construct they are allied with than they do with other constructs. Therefore, the CFA model on behalf of health well-being is composed of Discriminant Validity.

5.4.3 Health Well-being - Normality and Multicollinearity

Normality and multicollinearity are crucial for guaranteeing the validity of data. Normality labels a condition where data follows a normal distribution, represented by a symmetric, bell-shaped curve centered at the mean. The Kolmogorov-Smirnov and Shapiro-Wilk tests are broadly used to evaluate how closely the data follows a normal distribution.

Multicollinearity happens when two or more independent variables in a model are highly correlated, generating a strong linear relationship. The Variance Inflation Factor (VIF) is a common metric used to assess multicollinearity, with values above 10 representing its presence. Lower VIF values recommend less multicollinearity in the analysis. The results are illustrated in table 5.15.

Table 5.15
Health Well-being - Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Physical Health	0.043	403	0.094	0.989	403	0.108	1.824
Preventive Health	0.038	403	0.090	0.988	403	0.085	1.523
Health Care	0.037	403	0.088	0.990	403	0.115	1.917

The P-values for both the Kolmogorov-Smirnov and Shapiro-Wilk tests exceed 0.050, indicating that all factors of health well-being, like physical health, preventive health and health care, have achieved normality, as inferred from table 5.15.

Health Well-being, and its dimensions exhibited low multicollinearity, as indicated by Variance Inflation Factor (VIF) values below 10. Furthermore, all factors achieved values close to 1, highlighting the robustness of the data and confirming the absence of multicollinearity or linear relationships among the factors.

5.4.4 Health Wellbeing Index of Elderly in Old Age Homes

The health wellness of aged people in old age homes is a serious issue that needs attention. Physical health is an influencing factor of health well-being, in which elderly adults experience pain and related issues that affect their mobility and comfort. A balanced diet is vital in maintaining their health well-being. A balanced diet is useful for managing lifestyle diseases. Preventive health measures have an important role in maintaining the independence of elderly inmates. The ability to independently execute daily doings such as bathing, dressing, and eating is a key indicator of good health. Healthcare services in old age homes include regular health checkups to detect and address health issues early. The behaviour of medical staff in institutional care is also significant in shaping their health well-being. Special attention is needed for bedridden patients because they need more care in day-to-day tasks. The trained staff can able to contribute to the health well-being of elderly people in an old age home. Physical health, preventive health, and high-quality healthcare are all essential to the health well-being of senior citizens living in old age homes.

The three levels of the health well-being index are high, moderate, and poor. According to the calculated value, a score of less than 59.235 is regarded as low quality, while a score of 74.080 is regarded as moderate. There is a high level of health well-being between 74.081 and 100.

Table 5.16
Health Wellbeing Index of Elderly in Old Age Home

	High		Moderate		Low		Chi Square	P
	F	%	F	%	F	%		
Health Well-being	54	13.40	214	53.10	135	33.50	417.608	<0.001**

***Significant at 1% level*

Table 5.16 examines the health well-being of elderly individuals residing in old age homes, categorized as high, moderate, or low. The results reveal that 13.4% of the elderly reported high health well-being, 53.1% reported moderate health well-being, and 33.5% reported low health well-being. A chi-square test for goodness of fit was conducted, yielding a value of 417.608 with a statistically significant p-value of

<0.001. This indicates a strong relationship between health well-being and the factors influencing them. The majority of the elderly experience moderate health well-being, but a substantial proportion report low health well-being.

5.5 Social Well-Being

It refers to the quality of relationships and social connections an individual or group experiences. It encompasses a sense of belonging, meaningful interactions, and a supportive environment that fosters personal growth and communal harmony. Social well-being is a cornerstone of overall quality of life and contributes significantly to emotional and mental health.

5.5.1 Social well-being - Exploratory Factor Analysis

To generate a clear perspective on the factors behind the quality of life of elderly people joining old age homes, all factors were subjected to exploratory factor analysis.

5.5.1.1 Social well-being- KMO and Bartlett's Test of Sphericity

Two methods are used to test the rationality of numbers for factor analysis. They are Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. If the KMO figure is above 0.9, it is treated as outstanding, and if it is between 0.8 and 0.9, it is considered average. If it lies between 0.6 and 0.7, it shows below average, and if the values in between 0.5 and 0.6, it is poor. If it is below 0.5, it is not acceptable (Kaiser & Rice, 1974). The outcomes obtained from these tests are described in table 5.17.

Table 5.17
Social Well-being - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.901	3716.587	55	<0.001**

**** Significant at 1% level**

Exploratory factor analysis remarks that the data group qualified the criteria for additional analysis. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy, which is 0.901, falls within the permissible range, and it shows that the variables are applicable for factor analysis.

Moreover, Bartlett's Test of Sphericity revealed a significant result with Chi-square value of 3716.587 and p value < 0.001 shows the variables in data set are interrelated. This strengthens the presence of correlation and reinforces the competence of data for factor analysis.

5.5.1.2 Social Well-being- Principal Component Analysis.

After the confirmation of the appropriateness of the data for factor analysis, principal component analysis is used to derive a minimum number of aspects having maximum variance. The aspects with Eigenvalue of more than one are retained as significant. The outcomes of the analysis are shown in table 5.18.

Table 5.18
Social Well-being - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.823	48.734	48.734	6.118	43.701	43.701
2	2.175	15.536	64.270	2.269	16.205	59.906
3	1.173	8.378	72.648	1.784	12.742	72.648

Extraction Method: Principal Component Analysis

Principal component analysis identified three components with Eigenvalues higher than one. These variables account for 72.648% of the variance in the data set, ensuring a significant amount of information is retained. Withholding these 3 parts lowers the intricacy of the data set and at the same time maintains its core insights consistent with PCA norms. This step enhances not only the interpretability of the data but also a simplified, effective representation of its fundamental structure.

5.5.1.3 Social well-being -Factor Loading

A reduction of the total variables into three variables and employment of varimax rotation gives a clear version of these factors. It is used to ensure that components with high loadings are primarily linked with a single principal component. Table 5.19 presents the rotated component matrix for the Social Well-being construct.

Table 5.19
Social Well-being - Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Support System	SWB1	Staff would help me if needed	0.705	0.870
	SWB2	Inmates would help me if needed	0.865	
	SWB3	I have not faced any discrimination	0.882	
	SWB4	Can able to adjust well with the other inmates	0.828	
Community and Social Networks	SWB5	I would like to connect more with the society	0.737	0.791
	SWB6	I enjoy cultural activities by outsiders in old age homes	0.724	
	SWB7	The old age home provides social connections among inmates	0.876	
	SWB8	There is no restriction for interacting with the society	0.838	
Safe and Inclusive Environment	SWB9	I get pleasure from old age home	0.870	0.824
	SWB10	I feel safe in old age home	0.848	
	SWB11	I got emotional support from old age home	0.857	

Extraction Method: Principal Component Analysis

By means of the exploratory factor analysis model, principal component analysis was conducted to inspect the implied framework of the set of variables. This way brought about the extraction of several unique factors with the unequal measures of loading onto each factor. The factors are support system, community and social networks, safe and inclusive environment.

Cronbach's alpha, a measure of internal consistency, was used to calculate the consistency of these three components. The results exposed that all components had alpha values exceeding 0.70, representing satisfactory reliability and internal consistency. These results indicate that the grouped items within each factor are correlated and successfully characterize the envisioned construct.

5.5.2 Social Well-Being - Confirmatory Factor Analysis

The connection between 11 measures and three social well-being dimensions was scrutinized through confirmatory factor analysis. The model was evaluated using various fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). The root mean square error. The results are presented in table 5.20.

Table 5.20
Social Well-being - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.655	0.959	0.924	0.979	0.987	0.019	0.064
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

Table 5.20 verifies that the social well-being model accomplishes reasonable fit across indices such as CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. This ensures that the 11 measures within three extents accurately replicate the construct.

Beyond the assessment of model fitting indices, the model's construct validity is evaluated. This contains two key components: convergent validity and discriminant validity. Convergent validity is judged using measures like Standardized Regression Weight (SRW), Composite Reliability Coefficient (CRC), and Average Variance Extracted (AVE). Table 5.21 presents the results.

Table 5.21
Social Well-being - Model Estimates and Psychometric Properties

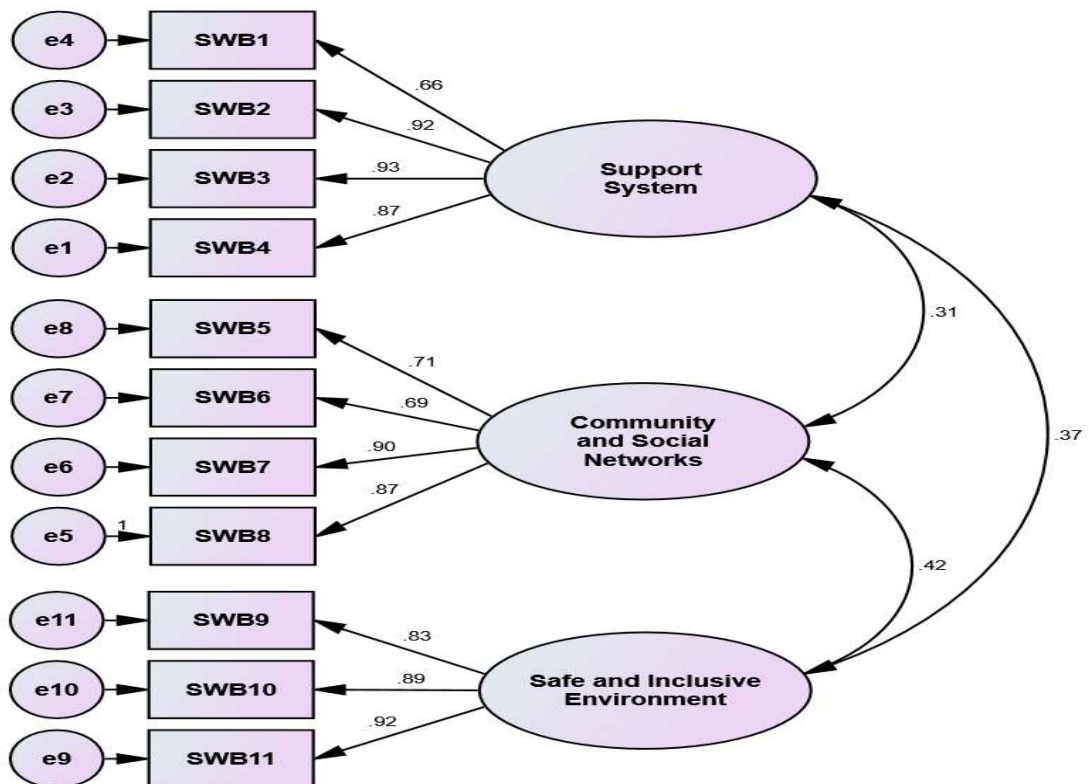
Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Support system	SWB1	0.662	<0.001**	0.913	0.727
	SWB2	0.921	<0.001**		
	SWB3	0.934	<0.001**		
	SWB4	0.865	<0.001**		

Community and social networks	SWB5	0.714	<0.001**	0.833	0.560
	SWB6	0.693	<0.001**		
	SWB7	0.900	<0.001**		
	SWB8	0.865	<0.001**		
Safe and inclusive environment	SWB9	0.837	<0.001**	0.915	0.782
	SWB10	0.890	<0.001**		
	SWB11	0.924	<0.001**		

** Significant at 1% level

Table 5.21 exhibits that the Standardized Loadings for all constructs are overhead the verge value of 0.50. Furthermore, all three factors achieve AVE and CRC values that exceed the dividing line of 0.50 and 0.70, respectively. These findings reveal the model's fittingness and construct validity. The final CFA Model for social well-being, featuring Standardized Loadings and correlations between factors, is illustrated in figure 5.3.

Figure 5.3
Social Well-being - CFA Model



The Discriminant validity of the Social Well-being model is ensured through Squared Interconstruct Correlation, which is illustrated in table 5.22.

Table 5.22
Social Well-being - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)		
	Support system	Community and social networks	Safe and inclusive environment
Support system	(0.727)		
Community and social networks	0.095	(0.560)	
Safe and inclusive environment	0.135	0.175	(0.782)

Values within brackets indicate AVE

Each AVE measurement for the three dimensions in table 5.22 is above the conforming SIC measurement, suggesting that the pointers correlate more with their respective constructs than with any other. Accordingly, the CFA model representing social Well-being confirms Discriminant Validity.

5.5.3 Social Well-being - Normality and Multicollinearity

The validity of data is greatly influenced by normality and multicollinearity. Normality directs that data follows a symmetrical, bell-shaped spreading centered around the mean. To appraise the adherence of data to a normal distribution, the Kolmogorov-Smirnov and Shapiro-Wilk tests are often used.

When two or more independent variables are strongly associated, multicollinearity arises in a model. The Variance Inflation Factor (VIF) helps measure this issue, where values over 10 designate substantial multicollinearity. Lower VIF values mean less multicollinearity. The outcomes are presented in Table 5.23.

Table 5.23
Social Well-being - Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Support system	0.041	403	0.091	0.986	403	0.087	1.399
Community and social networks	0.035	403	0.082	0.990	403	0.111	1.859
Safe and inclusive environment	0.037	403	0.086	0.988	403	0.085	1.165

Based on table 5.23, it can be concluded that the factors of social well-being, including support system, community and social networks, and a safe and inclusive environment, exhibit normality, with P-values for both the Kolmogorov-Smirnov and Shapiro-Wilk tests surpassing 0.050.

The strength of the data is evident, as social well-being and its dimensions show low multicollinearity, with Variance Inflation Factor (VIF) values remaining below 10. Additionally, the factors consistently secured values near 1, ruling out the presence of multicollinearity or linear relationships.

5.5.3 Social Well-being Index of Elderly in Old Age Homes

The social well-being of elderly people in institutional care is a crucial aspect in shaping their overall quality of life. A strong support system plays a key role in enhancing their social well-being. The staff in old age homes serve as primary caregivers and their behaviour has a significant impact on happiness and pleasure enjoyed by inmates. Trained staff with a sense of belonging and trust are very graceful to the elderly people. Relationships with other inmates are also important in their life satisfaction in old age homes.

Community and social networks link the elderly with the outside world. Encouraging the elderly to participate in social interaction both within and outside the old age home can able to improve their mental and emotional health. Visits by outsiders, cultural

programs and opportunities to engage with society reduce the loneliness faced by the elderly in old age homes.

Creating a safe and inclusive environment is another segment of social well-being. Inmates should feel safe and secure within the homes, knowing that their needs are being met. The old age home should also offer emotional support to the inmates, particularly those who are struggling with loneliness and isolation due to the loss of family and other loved ones.

The Social Well-Being Index is categorized into three levels: high, moderate, and poor. Scores below 53.546 are regarded as poor, while scores between 53.546 and 81.254 indicate a moderate level of social well-being. Scores between 81.254 and 100 represent a high level of social well-being.

Table 5.24

Social Well being Index of Elderly in Old Age Home

	High		Moderate		Low		Chi Square	P
	F	%	F	%	F	%		
Social Well-being	81	20.10	105	26.06	217	53.84	232.861	<0.001**

***Significant at 1% level*

The Social Well-Being Index of elderly individuals in old age homes was analysed across three categories, namely high, moderate, and low. 53.84% of respondents reported a low level of social well-being, indicating significant challenges in their overall quality of life. A moderate level of social well-being was observed in 26.06% of the respondents, reflecting a more balanced but still limited state of well-being. Only 20.10% of the participants exhibited a high level of social well-being, suggesting that a minority experience favourable conditions. The Chi-Square test for goodness of fit shows value of 232.861, which indicates a significant difference in the distribution of social well-being levels among the elderly.

5.6 Leisure Well-Being

Leisure well-being refers to the positive impact of recreational activities and free time on an individual's overall happiness and life satisfaction. It involves engaging in activities that bring joy, relaxation, and fulfilment, contributing to physical, mental, and social health.

5.6.1 Leisure Well-Being -Exploratory Factor Analysis

To verify the tolerability of the data for factor analysis the methods like Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity were used. When the KMO score is higher than 0.9, it is rated as superb. It is assumed as satisfactory when the value lies between 0.8 and 0.9 and the average is concerned with the values between 0.7 and 0.8. The score, which lies between 0.6 and 0.7, indicates intermediate. The inadequacy level shows a range between 0.5 and 0.6. The score under 0.5 is disallowed. table 5.25 presents outcomes attained from the tests. (Kaiser & Rice, 1974). The inferences are presented in Table 5.25.

Table 5.25
Leisure Activities - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.889	3403.693	55	<0.001**

** *Significant at 1% level*

In exploratory factor analysis, the statistical finding remarks that the variable groups are sufficiently fit for extended examination with 0.889 measure of the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy. It is within the permissible range, suggesting its suitability for factor analysis.

The result of Bartlett's Test of Sphericity with Chi-square=3403.693, $p < 0.001$ exhibits correlations among the variables in the dataset. It enhances the assumption of the relationship between variables and confirms the data's genuineness for factor analysis.

5.6.1.1 Leisure activities- Principal Component Analysis

The worthiness of the data for factor analysis is substantiated firstly, then accompanied by the application of principal component analysis to fix the least number of factors with the highest variance. Factors with Eigenvalue higher than one are selected. The results are detailed in table 5.26.

Table 5.26**Leisure Activities - Principal Component Analysis**

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
Physical activities	6.735	48.109	48.109	6.724	48.031	48.031
Institution environment	1.886	13.471	61.580	1.799	12.853	60.884
Psychological and emotional wellbeing	1.142	8.156	69.737	1.239	8.853	69.737

Extraction Method: Principal Component Analysis

Using Principal Component Analysis (PCA), three components with eigenvalues greater than one were identified, collectively accounting for 69.737% of the variance in the dataset. This approach effectively shortens the dataset while retaining its essential information, sticking to standard PCA practices.

5.6.1.2 Leisure activities- Factor Loading

Shortening the data to three sections and using varimax rotation provides a clear depiction of a section. This method is useful for identifying variables with strong loading to be included in only one principal component. Table 5.27 present the outcomes.

Table 5.27**Leisure Activities - Rotated Component Matrix**

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Physical activities	LA1	I have leisure activities that I can enjoy	0.789	0.743
	LA2	I am satisfied with the indoor activities	0.839	
	LA3	I am satisfied with the outdoor activities	0.636	
	LA4	I have the facility of outing in old age home	0.813	
Institution environment	LA5	I am satisfied with the space in the institution	0.814	0.814
	LA6	I am satisfied with the cleaning activities in old age home	0.866	
	LA7	I am satisfied with the behaviour of staff in old age home	0.881	

	LA8	Satisfied with the nonslip floors in the institution	0.862	
Psychological and emotional wellbeing	LA9	I think there is no risk factors associated with elderly in old age homes	0.783	0.851
	LA10	I feel I am living happily after joining old age home	0.791	
	LA11	I feel my loneliness reduced after the joining of old days home	0.797	

Extraction Method: Principal Component Analysis

Under the Exploratory Factor Analysis (EFA) background, principal component analysis was used to discover the dataset's structure. The scrutiny recognized three component factors, each containing specific measures that loaded onto them. As per the nature of assertions, these factors are characterized as physical activities, institutional environment and psychological and emotional well-being,

Using Cronbach's alpha, the internal consistency of the three components was assessed. Each component's alpha value surpassed 0.70, confirming a reasonable level of reliability. This result highlights that the items within each group are linked and satisfactorily measure the projected construct.

5.6.2 Leisure Activities - Confirmatory Factor Analysis

To validate the 11 procedures as indicators of three leisure activity magnitudes, a confirmatory factor analysis was conducted. The model was evaluated using various fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), The Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). the root mean square error. The results are presented in table 5.28.

Table 5.28
Leisure Activities - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	3.259	0.948	0.909	0.970	0.979	0.023	0.075
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The leisure activity model is proven fit based on table 5.28, where all indices, including CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA, meet the required scales. The 11 measures within three dimensions are thus established as accurate depictions of the paradigm.

Apart from inspecting model fit indices, the construct validity of the model is confirmed. Construct validity comprises two key facets: convergent validity and discriminant validity. Convergent validity is calculated using Standardized Regression Weight (SRW), Composite Reliability Coefficient (CRC), and Average Variance Extracted (AVE). The outcomes are presented in table 5.29.

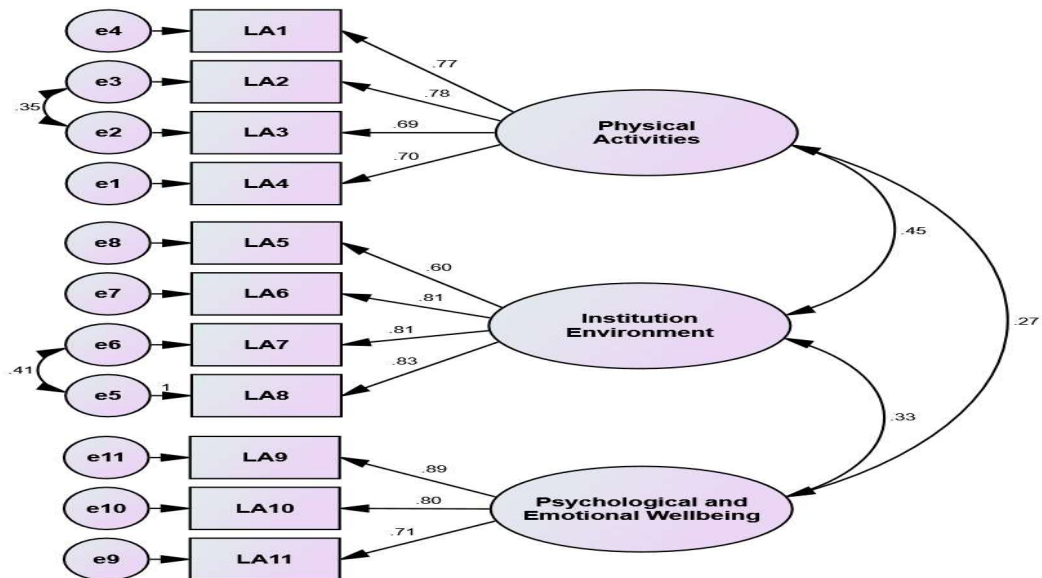
Table 5.29
Leisure Activities - Model Estimates and Psychometric Properties

Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Physical activities	LA1	0.768	<0.001**	0.823	0.539
	LA2	0.777	<0.001**		
	LA3	0.687	<0.001**		
	LA4	0.699	<0.001**		
Institution environment	LA5	0.598	<0.001**	0.851	0.591
	LA6	0.807	<0.001**		
	LA7	0.812	<0.001**		
	LA8	0.834	<0.001**		
Psychological and emotional wellbeing	LA9	0.888	<0.001**	0.842	0.641
	LA10	0.798	<0.001**		
	LA11	0.706	<0.001**		

*** Significant at 1% level*

The data in table 5.29 disclose that the Standardized Factor Loadings for all parameters exceed the edge of 0.50. Moreover, the AVE and CRC values for all three constructs are higher than the smallest required values of 0.50 and 0.70, respectively. This indication supports the model's construct validity. The definitive CFA Model of leisure activities, showing Standardized Factor Loadings and inter-factor relationships, is illustrated in figure 5.4.

Figure 5.4
Leisure Activities - CFA Model



The

Discriminant validity of the Leisure Activities model is ensured through Squared Interconstruct Correlation, which is illustrated in table 5.30.

Table 5.30
Leisure Activities - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)		
	Physical Activities	Institution Environment	Psychological and Emotional Wellbeing
Physical activities	(0.539)		
Institution environment	0.206	(0.591)	
Psychological and emotional wellbeing	0.074	0.110	(0.641)

Values within brackets indicate AVE

The five factors in table 5.30 have AVE values that are greater than the corresponding SIC values, showing that the indicators are more strongly linked to their corresponding constructs than to any other. This confirms that the CFA model of leisure activities holds Discriminant Validity.

5.6.3 Leisure Well-being- Normality and Multicollinearity

Confirming data validity rests on critical concepts like normality and multicollinearity. Normality signifies a symmetrical, bell-shaped distribution of data around the mean. Kolmogorov-Smirnov and Shapiro-Wilk tests are the most regularly used methods to measure the degree to which data conforms to a normal distribution.

Multicollinearity is seen when independent variables in a model are highly interrelated, leading to a strong linear relationship. The Variance Inflation Factor (VIF) is used to check for it, with values greater than 10 showing its presence. Lower VIF values specify low multicollinearity. It is shown in table 5.31.

Table 5.31

Leisure Well-being - Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Physiological Exertion	0.047	403	0.117	0.987	403	0.084	1.448
Empowered Institution Environment	0.045	403	0.108	0.989	403	0.124	2.554
Psychological and Emotional Stability	0.050	403	0.126	0.986	403	0.121	2.185

Table 5.31 demonstrates that the factors of leisure well-being, like physiological exertion, empowered institution environment, and psychological and emotional stability, have attained normality, as the P-values for the Kolmogorov-Smirnov and Shapiro-Wilk tests are greater than 0.050.

Low multicollinearity was observed for leisure well-being and its magnitudes, as the Variance Inflation Factor (VIF) values were less than 10. With all features displaying values close to 1, the data validates strength and the absence of multicollinearity or linear dependencies among the variables.

5.6.4 Leisure Well-being Index of Elderly in Old Age Homes

Recreational activities play a key role in the satisfaction of senior citizens residing in old age home facilities. Both indoor and outdoor physical activities help them to enjoy their leisure time, and excursions give their routine some variation. The home feels safe and intimate when it is clean and has safe features like non-slip floors.

The behaviour of staff is also important since their generosity and help foster a happy environment. Many senior citizens report feeling happier and less alone after moving into an old age home because they find activities and company that make them happy. These homes provide a secure and satisfying environment for the elderly to spend their final years without posing significant risks to their health.

The leisure well-being index is categorized into three levels: high, moderate, and poor. Scores below 62.162 are regarded as poor, while scores between 62.162 and 83.783 indicate a moderate level of social well-being. Scores between 83.783 and 100 represent a high level of leisure well-being.

Table 5.32

Leisure Wellbeing Index of Elderly in Old Age Home

	High		Moderate		Low		Chi Square	P
	F	%	F	%	F	%		
Leisure Well-being	129	32.00	212	52.60	62	15.40	557.700	<0.001**

***Significant at 1% level*

A considerable distribution of high, moderate, and poor classes may be seen in the leisure well-being Index of institutionalized elderly. A significant part of respondents reported pleasant conditions, with 52.60% reported a moderate level of well-being and 32.00% experiencing a high level. Nonetheless, 15.40% of respondents expressed a low degree of well-being, highlighting the difficulties met by certain people. A statistically significant variation in well-being levels is confirmed by the p-value of less than 0.001 and the Chi-Square value of 557.700.

5.7 Quality of Life Index of the Elderly in Old Age Homes

The care and support provided to older adults living in free old age homes determines their quality of life. Although these homes offer basic necessities of life like food, housing, and healthcare, the standard of these services can differ. The elderly can feel safe and at ease in some well-kept and clean homes. The lack of personal attention and care makes the elderly feel depressed and alone. Social ties and community interactions can make someone feel less isolated.

The quality of life index for elderly individuals in old age homes is based on four key pillars. The first pillar, economic well-being, focuses on their financial security,

material standards of living, and current living arrangements. The second pillar addresses health well-being, encompassing their physical health, preventive care, and overall healthcare needs within institutional care settings. The third pillar evaluates social well-being by assessing the support systems, community connections, and the availability of a safe and inclusive environment for the elderly. Finally, leisure and psychological well-being are analysed through participation in physical activities, the institutional environment, and the emotional and mental health of the residents. Together, these pillars provide a comprehensive view of the quality of life for elderly individuals in old-age homes.

The base of quality of life index is the Min-Max Normalization technique, as outlined by OECD (OECD 2008). It is used to standardise data values to a specific range normally between zero and 100. So here, firstly, the standardized scores are calculated, and also the mean score of all pillars is standardized and calculated the Z score.

$$\text{Normalized / Standardized Score} = \frac{X - X_{\min}}{X_{\max} - X_{\min}}$$

To convert Normalized / Standardized Score into Percentile

$$= \frac{X - X_{\min}}{X_{\max} - X_{\min}} * 100$$

X = observed value

X_{min} and X_{max} = minimum and maximum values of the observed scores

Resulting values range from 0 (minimum) to 100 (maximum)

For more clarity, this score is converted to a percentage between zero and 100. The cut points indicate the distribution of observed values cross percentiles, providing insight into how the data is spread. A percentile score of 33.33 or below indicates a lower quality of life, reflecting challenges in key areas. Scores between 33.34 and 66.66 represent a moderate quality of life, suggesting an average level of well-being. Percentile scores above 66.67 up to 100 signify a high quality of life, indicating favourable conditions and overall well-being.

Economic well-being, health well-being, social well-being and leisure well-being are assigned an equal weightage. It is based on the Quality of Life for Elderly Index 2021, developed by the Institute for Competitiveness, which assesses the well-being of India's

elderly population across four primary pillars and eight sub-pillars, utilizing 45 distinct indicators(*Report on Quality of Life for Elderly Final-Compressed*, 2021).The application of equal weightage ensures that all pillars contribute equally to the overall index score, reflecting a balanced approach to assessing the quality of life of the elderly

5.7.1 Composite Index of Quality of Life of Elderly in Old Age Homes

The quality of life of the elderly people in free old age homes depends on four important pillars: health, social connections, leisure activities, and economic support. Health is important as these homes must ensure regular check-ups, proper care for chronic illnesses, and access to nutritious food, even with limited resources. Social well-being is vital, where staff and other residents create a supportive environment through companionship and shared activities. Leisure activities, such as games, cultural programs, and outings, help residents stay engaged and find joy in their daily lives. Economic support provided by the institution, donors, or government ensures that the basic needs of the elderly, like food, shelter, and clothing, are met without worry. Together, these aspects make life more secure and comfortable for the residents.

A balance of these four pillars helps free old age homes create a safe and happy environment for their residents. Good health care allows the elderly to live with dignity and participate in daily activities. Strong social connections reduce feelings of loneliness and help them feel part of a community. Leisure activities bring relaxation and fun, keeping their minds and bodies active. Economic support ensures that financial burdens are removed, providing residents with peace of mind. By focusing on these areas, free old age homes can offer a better quality of life, giving the elderly a sense of security, belonging, and fulfillment.

The quality-of-life Index is categorized into three levels: high, moderate, and poor. Scores below 61.990 are regarded as poor, while scores between 61.990 and 83.273 indicate a moderate level of quality of life. Scores between 83.783 and 100 represent a high level of quality of life.

Table 5.33
Composite Index of Quality of Life of Elderly in Old Age Homes

	High		Moderate		Low		Chi Square	P
	F	%	F	%	F	%		
Quality of Life	97	24.07	230	57.08	76	18.85	269.010	<0.001**

***Significant at 1% level*

The quality of life index of the elderly individuals in old age homes demonstrates significant variation across three categories as high, moderate, and low. The majority of respondents accounting 57.08% reported a moderate quality of life, indicating a balanced yet not optimal state. About 24.07% experienced a high quality of life, reflecting favourable living conditions for nearly a quarter of the population. Conversely, 18.85% reported a low quality of life, highlighting challenges faced by a notable minority. The Chi-Square value of 269.010, along with a p-value of <0.001, confirms a statistically significant difference in the distribution of quality-of-life levels. These findings emphasize the need for targeted interventions to enhance the quality of life for elderly residents, particularly those in the low category.

5.8 Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes

The provision of institutional care is essential to the life of senior citizens living in free old age homes since it meets their fundamental needs, ensures their general well-being, and offers security. To protect their physical and mental well-being, these homes provide housing, food, and medical care, such as routine examinations and counselling. Through recreational activities, mental therapy, and social contacts, they foster a sense of community and reduce loneliness. Many institutions also offer hobbies and skill-based engagement opportunities, which help the elderly feel fulfilled. These homes are essential for those who are economically disadvantaged since they provide free services, guaranteeing that everyone has access to care irrespective of socioeconomic background. Problems like resource constraints, limited personalized attention, and the need for better societal integration persist. Despite these limitations, free old age homes

remain an essential support system, significantly enhancing the quality of life for their residents while striving to meet their diverse needs.

5.8.1 Institutional care - Exploratory Factor Analysis

Two methods are used to test the rationality of factors for factor analysis. They are Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. If the KMO figure is above 0.9, it is treated as outstanding and between 0.8 and 0.9 is measured as average. If it lies between 0.6 and 0.7, it shows below average and if the values between 0.5 and 0.6, it is poor. If it is below 0.5, it is not acceptable (Kaiser & Rice, 1974). The outcomes obtained from these tests are described in Table 5.34.

Table 5.34
Institutional Care - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.906	3396.610	120	<0.001**

**** Significant at 1% level**

In exploratory factor analysis, statistical attainment shows that the data variables are sufficiently acceptable for extended study. KMO measure of sampling adequacy, which is 0.906, with a reasonable range, indicates the data is suitable for doing factor analysis.

Moreover, Bartlett's Test of Sphericity marked a meaningful result with Chi-square=3396.610, $p < 0.001$, which shows that the variables in the data group are correlated. This shows evidence of interconnectedness between variables and ensures the feasibility of the data group to go for factor analysis

5.8.1.1 Institutional Care - Principal Component Analysis

Once the data is validated to meet the rules for factor analysis, principal component analysis is deployed to portray the small number of factors that have the greatest variance. Variables with Eigenvalue over and above one are kept as significant. The results of the analysis are illustrated in table 5.45.

Table 5.35
Institutional Care - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.951	49.650	49.650	3.646	26.042	26.042
2	1.338	9.554	59.204	3.342	23.868	49.911
3	1.094	7.816	67.020	2.395	17.109	67.020

Extraction Method: Principal Component Analysis

When the data perceived eligible for factor analysis principal component analysis is applied to find a minimum set of variables that account for the highest variance. The variables that score more than one Eigenvalues are measured as fixed. The analysis outcomes are presented in table 5.35.

The three segments with Eigenvalue higher than one are revealed from the principal component analysis. The results explain about 67.020 % of the variance of the data set. Holding these sections eradicates the complication of the data group and at the same time maintains the significant aspects, which are consistent with the PCA rules. It means clear interpretability and offers a translucent depiction of its concerned structure.

5.8.1.2 Institutional Care - Factor Loading

Shortening the data to 3 sections and using varimax rotation provides a clear depiction of a section. This method is useful for identifying variables with strong loading to be included in only one principal component. Table 5.36 presents the rotated component matrix for the institutional care construct.

Table 5.36
Institutional Care Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Safe and comfortable environment	IC1	I am satisfied with the grievance redressal system in the institution	0.770	0.881
	IC2	Safety features like watchman and CCTV are available in old age home	0.673	
	IC3	Institution provides all awareness that elderly need	0.728	
	IC4	There is the facility of counselling services	0.763	
	IC5	Satisfied with the transportation facilities in the institution	0.658	
	IC6	Institution offers elderly friendly buildings	0.617	
	IC7	Institution offers pollution free environment	0.643	
Recreational activities	IC8	There is creative facilities like painting, gardening etc	0.552	0.864
	IC9	There are the facilities like yoga and other exercises	0.789	
	IC10	Indoor games like table tennis, carrom, chess etc are regular in the institution	0.680	
	IC11	Satisfied with the sources of entertainment in the institution	0.721	
Group activities	IC12	All festivals are celebrated	0.869	0.739
	IC13	I considered religious events in old age home as important	0.794	
	IC14	Individual celebrations like birthday parties are allowed	0.744	
	IC15	Inmates are allowed to go outside for tour	0.879	
	IC16	There are creative and resourceful activities among the inmates like candle making, paper making etc.	0.666	

Principal component analysis was done under the Exploratory Factor Analysis (EFA) framework to regulate the structure of the data set. The result of the analysis is the extraction of three component factors with a specified number of measures loading onto each factor. Based on the statement, these factors were labelled as safe and comfortable environment, for recreational activities and group activities.

The reliability of these three components was considered using Cronbach's alpha, which is a measure of internal consistency. The result shows that all extracted components have Alpha values above 0.70, which indicates a satisfactory level of reliability and internal consistency. It remarks that the group items within each factor are correlated and measure the proposed construct effectively.

5.8.2 Institutional Care - Confirmatory Factor Analysis

Confirmatory factor analysis tested whether the 16 magnitudes efficiently took the 3 dimensions of institutional care. The model undertook calculation using several fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). The root mean square error. The results are presented in table 5.37.

Table 5.37

Institutional Care - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.418	0.936	0.906	0.936	0.961	0.068	0.059
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

Table 5.37 illustrates that the institutional care model follows the required standards for model fit indices like CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. This conclusion validates the 16 measures across three magnitudes as reliable indicators of the concept.

Alongside model fit files, the model's construct validity is confirmed. The two main aspects of construct validity are convergent validity and discriminant validity. Standardized Regression Weights (SRW), Composite Reliability Coefficients (CRC), and Average Variance Extracted (AVE) are activated for the estimation of convergent validity.

The estimates of the model and psychometric features of the determinants of the institutional care model are presented in table 5.38.

Table 5.38
Institutional Care - Model Estimates and Psychometric Properties

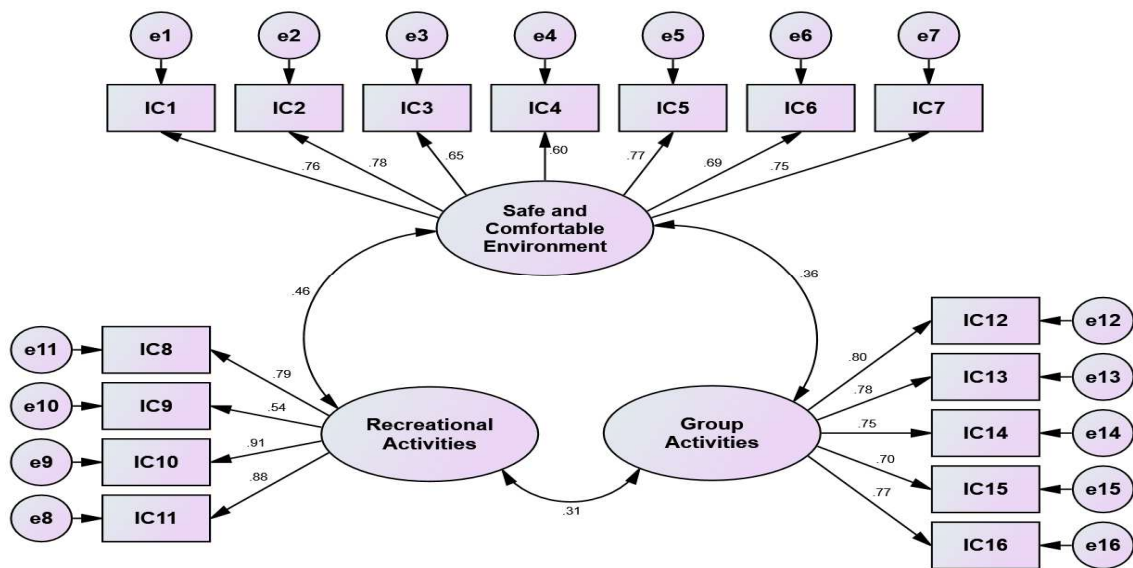
Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Safe and comfortable environment	IC1	0.756	<0.001**	0.879	0.512
	IC2	0.784	<0.001**		
	IC3	0.651	<0.001**		
	IC4	0.597	<0.001**		
	IC5	0.766	<0.001**		
	IC6	0.689	<0.001**		
	IC7	0.747	<0.001**		
Recreational activities	IC8	0.789	<0.001**	0.866	0.626
	IC9	0.540	<0.001**		
	IC10	0.907	<0.001**		
	IC11	0.876	<0.001**		
Group activities	IC12	0.803	<0.001**	0.873	0.579
	IC13	0.778	<0.001**		
	IC14	0.748	<0.001**		
	IC15	0.697	<0.001**		
	IC16	0.773	<0.001**		

*** Significant at 1% level*

As emphasized in table 5.38, the Standardized Regression Weights for all indicators are well beyond the threshold of 0.50. Correspondingly, AVE and CRC values for all four components are greater than the particular benchmarks of 0.50 and 0.70. These remarks

confirm the model's capability concerning construct validity. The final CFA Model, including institutional care with Standardized Weights and factor associations, is portrayed in figure 5.5.

Figure 5.5
Institutional Care - CFA Model



The Discriminant validity of the Institutional Care model is ensured through Squared Interconstruct Correlation, which is illustrated in table 5.39.

Table 5.39
Institutional Care - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)		
	Safe and Comfortable Environment	Recreational Activities	Group Activities
Safe and Comfortable Environment	(0.512)		
Recreational Activities	0.210	(0.626)	
Group Activities	0.131	0.095	(0.579)

Values within brackets indicate AVE

Since the AVE scores for the three constructs in table 5.39 exceed the related SIC values, the indicators display stronger relations with their constructs rather than with others. Therefore, the CFA model portraying institutional care validates Discriminant Validity. To obtain a specific point of view on the factors that affect the quality of life of the elderly living in old age homes, all the aspects have gone through exploratory factor analysis.

5.8.3 Institutional Care- Normality and Multicollinearity

Both are key notions that have an impact on data validity. When data exhibits a symmetrical bell-shaped curve centered around the mean, it is said to be in a normal distribution phase. The most popular statistical methods for assessing how closely the data adheres to a normal distribution are the Kolmogorov Smirnov and Shapiro-Wilks tests. A statistical phenomenon known as multicollinearity happens when two or more independent variables in a model have a high degree of correlation with one another. It occurs when two or more predictor variables have a strong linear association with one another. The Variance Inflation Factor (VIF) is a frequently used statistic to evaluate multicollinearity. Multicollinearity is frequently thought to be indicated by a VIF number larger than 10. Less multicollinearity in the analysis is shown by lower VIF scores. Table 5.40 presents the normality and multicollinearity statistics.

Table 5.40
Institutional Care- Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Safe and Comfortable Environment	0.040	403	0.106	0.988	403	0.119	2.087
Recreational Activities	0.037	403	0.111	0.989	403	0.123	2.475
Group Activities	0.039	403	0.117	0.990	403	0.108	1.281

Based on table 5.40, it is evident that all factors of institutional care, including a safe and comfortable environment, recreational activities and group activities, meet the normality criteria. This is confirmed as the p-values for both the Kolmogorov-Smirnov and Shapiro-Wilk tests are greater than 0.050. Moreover, there is low multicollinearity among institutional care and its magnitudes, as indicated by Variance Inflation Factor (VIF) values below 10 and close to 1. This validates that the data is robust and free from issues of multicollinearity or strong linear relationships between the aspects.

ROLE OF INSTITUTIONAL CARE IN THE QUALITY OF LIFE OF ELDERLY IN OLD AGE HOMES

Institutional care plays a significant role in enhancing the quality of life of elderly individuals residing in old age homes. With increasing urbanization and changing family structures, many older adults now rely on such institutions for physical, emotional, and social support. These homes provide organised healthcare, safety, companionship, and opportunities for engagement, contributing to overall well-being. Understanding the impact of institutional care is essential in addressing the evolving needs of the aging population.

H1: Institutional Care exerts significant positive role on the Quality of life of Elderly in Old Age Homes

5.8.4 Role of Institutional Care in the Economic Wellbeing of Elderly in Old Age Homes -Structural Equation Model

Economic well-being of the elderly is affected by a number of factors. Among these factors, the care they receive from their old age homes can have a crucial role. This section investigates the influence of institutional care offered by old age homes in affecting the economic well-being of their residents. The goal is to determine whether and how the care and support provided by these institutions affects the elderly's financial security and pleasure. As a part of examining the role of institutional care in strengthening the economic well-being of the elderly, the given hypothesis is proposed.

H1a: Institutional Care exerts a significant positive role on the Economic Wellbeing of the Elderly in Old Age Homes

Figure 5.6 illustrates the Structural Equation Model on the role of institutional care on the economic well-being of the elderly in old age homes.

Figure 5.6
Structural Equation Model on the Role of Institutional Care in the Economic Wellbeing of the Elderly in Old Age Homes

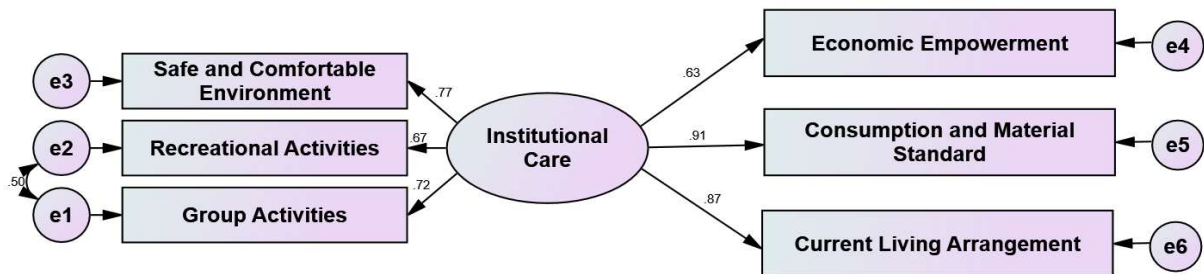


Table 5.41 demonstrates the coefficient of the role of institutional care in the economic well-being of the elderly in old age homes.

Table 5.41
Role of Institutional Care in the Economic Wellbeing of Elderly in Old Age Homes
- Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S. E	C.R	P	Decision
Institutional Care	→	Economic empowerment	0.644	0.626	0.051	12.757	<0.001**	H1a.1 Supported
Institutional Care	→	Consumption and material standard	1.401	0.909	0.075	18.709	<0.001**	H1a.2 Supported
Institutional Care	→	Current living arrangement	1.274	0.870	0.065	19.498	<0.001**	H1a.3 Supported

**** Significant at 1% Level**

As per the table 5.41, it can be observed that institutional care exerts a significant positive impact on creating economic empowerment, consumption and material standard and current living arrangements of the elderly.

With respect to the economic empowerment of the elderly, the old age homes play a vital role as the unstandardized coefficient shows that for every one-unit change in institutional care, the economic well-being of the elderly changes by 0.644 units, which is statistically significant at 1% level.

Similar to the economic empowerment, old age homes have a positive role in creating consumption and material standard among their residents as the unstandardized coefficient conveys that for every one-unit change in institutional care, the consumption and material standard among the residents' changes by 1.401 units in which the relationship has got statistical significance at 1% level.

Current living arrangement experienced by the elderly in their old age home exhibits the same results as economic empowerment and consumption, and material standard have. A statistically significant unstandardized coefficient of 1.274 establishes that the current living arrangement of elderly in their old age homes increases by 1.274 units in proportion to one unit change in institutional care.

By comparing the three dimensions of economic well-being of the elderly, it is evident that institutional care exerts a significant positive impact primarily in developing consumption and material standard among their residents with Standardized coefficient of 0.909, followed by current living arrangement and economic empowerment with Standardized coefficient of 0.870 and 0.626, respectively. The Fit indices of the model indicating the role of institutional care in the economic well-being of the elderly in old age homes are illustrated in table 5.42.

Table 5.42
Role of Institutional Care in the Economic Well-being of the Elderly in Old Age Homes - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	1.919	0.992	0.967	0.993	0.996	0.010	0.048
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

From table 5.42, it is observed that the model indicating the role of institutional care in the economic wellbeing of elderly in old age homes is fit with all the model fit indices such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit Index (NFI), Comparative Fit Index (CFI), Root Mean Square

Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). This indicates that the model is perfectly aligned with the established theory.

5.8.5 Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes- Structural Equation Model

The health well-being of older adults in old age homes is influenced by multiple factors. The care provided by old age homes also plays a critical role in their quality of life. This section explores the influence of institutional care delivered by old age homes on the health wellness and satisfaction of their residents. The objective is to analyze whether and how the services and support provided by these establishments enhance the health, wellness, and happiness of the elderly. To investigate the contribution of institutional care in encouraging the health wellness of older adults, the following hypothesis is proposed.

H1b: Institutional Care exerts a significant positive role on the Health Well-being of the Elderly in Old Age Homes

Figure 5.7 illustrates the Structural Equation Model on the role of Institutional Care on the Health Wellbeing of the Elderly in Old Age Homes.

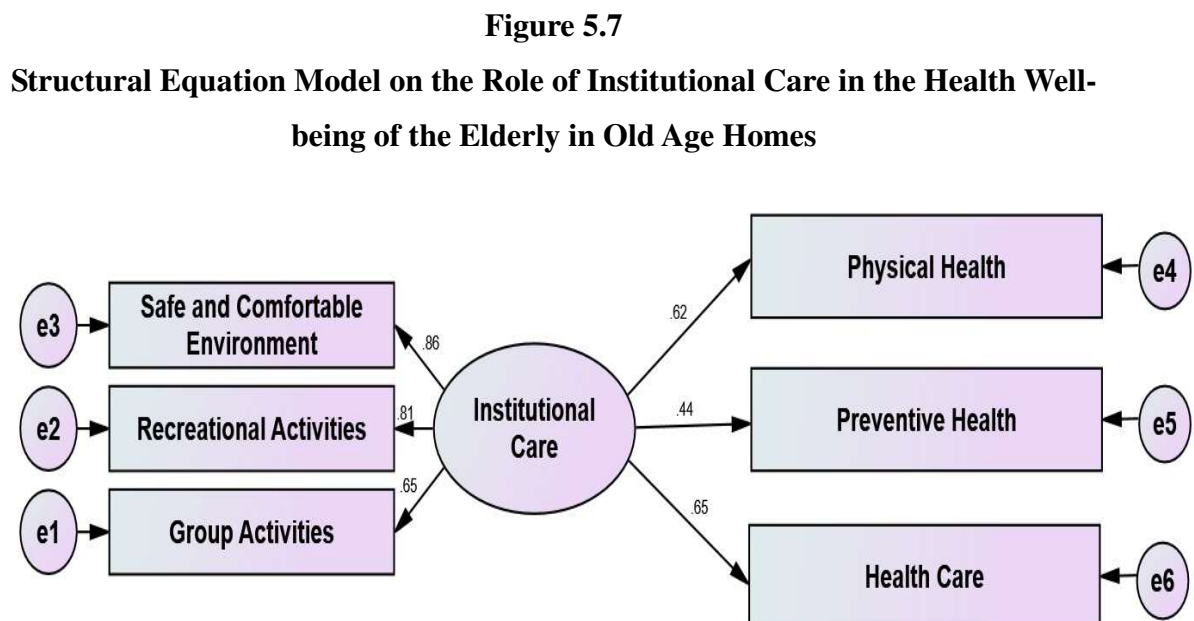


Table 5.43 establishes the coefficient of the role of institutional care in the health well-being of the elderly in old age homes.

Table 5.43
Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S. E	C.R	P	Decision
Institutional Care	→	Physical health	0.722	0.622	0.085	8.495	<0.001**	H1b.1 Supported
Institutional Care	→	Preventive health	0.707	0.435	0.059	13.319	<0.001**	H1b.2 Supported
Institutional Care	→	Health care	0.850	0.646	0.067	12.747	<0.001**	H1b.3 Supported

**** Significant at 1% Level**

As per the table 5.43, it can be observed that institutional care exerts a significant positive impact on creating physical health, preventive health and health care.

In reference to the physical health of the elderly, the old age homes play a dynamic role as the nonstandard coefficient validates that for every one-unit change in institutional care, the physical health of the elderly changes by 0.722 units, which is statistically significant at 1% level. In the same way to the physical health, old age homes have a positive role in creating preventive health among their residents as the unstandardized coefficient conveys that for every one-unit change in institutional care, the preventive health among the residents' changes by 0.707 units in which the relationship has got statistical significance at 1% level. Health care experienced by the elderly in their old age home shows the same results as physical health and preventive health. A statistically significant unstandardized coefficient of 0.850 evidently establishes that the health care of the elderly in their old age homes increases by 0.850 units in proportion to one unit change in institutional care.

Comparing the three aspects of health well-being among the elderly shows that institutional care has a strong positive impact. It primarily improves physical health,

with a standardized coefficient of 0.622, followed by preventive health account for 0.435 and health care 0.646 respectively. The Fit indices of the model indicating the role of institutional care in the health well-being of the elderly in old age homes is illustrated in table 5.44.

Table 5.44
Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	1.991	0.990	0.965	0.986	0.993	0.023	0.050
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

From table 5.44, it is evident that the background demonstrating the impact of institutional care on the health well-being of elderly residents in old age homes is well-matched based on all model evaluation criteria. These include CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit Index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR), and Root Mean Square Error of Approximation (RMSEA). This confirms that the framework is in complete harmony with the established theoretical principles.

5.8.6 Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes- Structural Equation Model

The social welfare of older individuals is shaped by various elements, including the attention given by aged-care homes. This discussion explores the extent to which institutional support from such facilities impacts the social welfare and happiness of their residents. The main goal is to assess how much these services enhance the social welfare of elderly populations and to evaluate their impact on the life satisfaction of seniors. To explore the role of old age homes in advancing social welfare for older adults, a hypothesis is formulated.

H1c: Institutional Care exerts a significant positive role on the Social Well-being of the Elderly in Old Age Homes

Figure 5.8 demonstrates the Structural Equation Model on the role of institutional care on the social well-being of the elderly in old age homes.

Figure 5.8

Structural Equation Model on the Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes

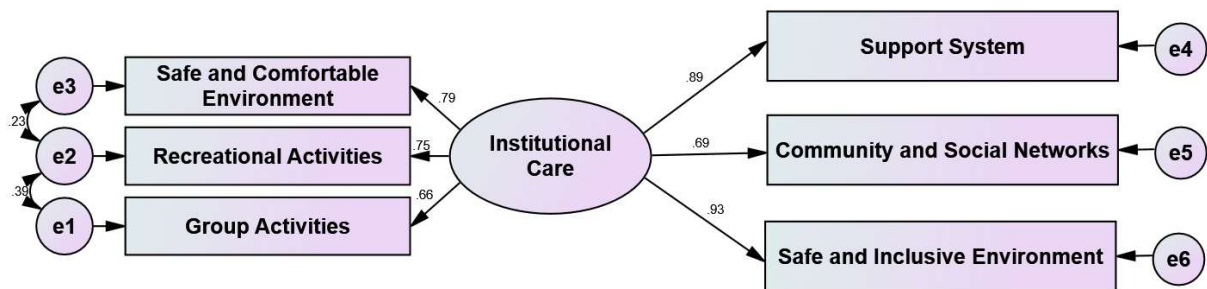


Table 5.45 shows the coefficient of the role of institutional care in the social well-being of the elderly in old age homes.

Table 5.45

Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes - Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S.E	C.R	P	Decision
Institutional Care	→	Support system	1.255	0.890	0.061	20.559	<0.001**	H1c.1 Supported
Institutional Care	→	Community and social networks	0.908	0.693	0.061	14.857	<0.001**	H1c.2 Supported
Institutional Care	→	Safe and inclusive environment	1.257	0.926	0.058	21.547	<0.001**	H1c.3 Supported

**** Significant at 1% Level**

As indicated in table 5.45, institutional services significantly improve support systems, community and social networks, and a safe and inclusive environment among elderly residents. Regarding the support system, old age homes play a vital role, as the

unstandardized factor validates that for every one-unit increase in institutional services, the support system improves by 1.255 units, with a statistical significance at the 1% level. Similarly, old age homes contribute positively to community and social networks, as shown by the unstandardized factor, which specifies that a one-unit rise in institutional care results in a 0.908-unit improvement in community and social networks. This association is also statistically significant at the 1% level.

The impact of institutional services on the support system reflects its result on a safe and inclusive environment. The unstandardized factor of 1.257 founds that a safe and inclusive environment increases by 1.257 units for every one-unit increase in institutional care, with statistical significance at the 1% level.

In summary, comparing the three dimensions of social well-being, like support system, community, and social networks, a safe and inclusive environment shows that institutional care has a deep positive result. Support system benefits the most with standardized coefficient as 1.255, followed by a safe and inclusive environment which accounts for 1.257 and community and social networks 0.908.

The Fit indices of the model representing the impact of institutional care on the social well-being of the aged in old age homes are illustrated in table 5.46.

Table 5.46
Role of Institutional Care in the Social Well-being of the Elderly in Old Age
Homes - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	1.720	0.993	0.970	0.994	0.998	0.013	0.042
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

From table 5.46, it is apparent that the model representing the effect of institutional care on the social well-being of the aged in old age homes bring into line well with all the model fit measures, including CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit Index (NFI), Comparative Fit Index (CFI),

Root Mean Square Residual (RMR), and Root Mean Square Error of Approximation (RMSEA). This validates that the model is fully consistent with the widely acknowledged conceptual framework.

5.8.7 Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age Homes- Structural Equation Model

The leisure well-being of older people significantly depends on the care provided by aged-care homes. This section details how the support from these institutions impacts the leisure well-being and overall happiness of their residents. The goal is to understand how much these services help improve the leisure satisfaction and quality of life for elderly individuals. To better explore the role of aged-care homes in promoting leisure satisfaction, a hypothesis has been developed. This analysis aims to highlight the significance of institutional care in ensuring a better life for the aged.

H1d: Institutional Care exerts significant positive role on the Leisure Well-being of the Elderly in Old Age Homes

Figure 5.9 illustrates the Structural Equation Model on the role of Institutional Care on the Leisure Well-being of the Elderly in Old Age Homes

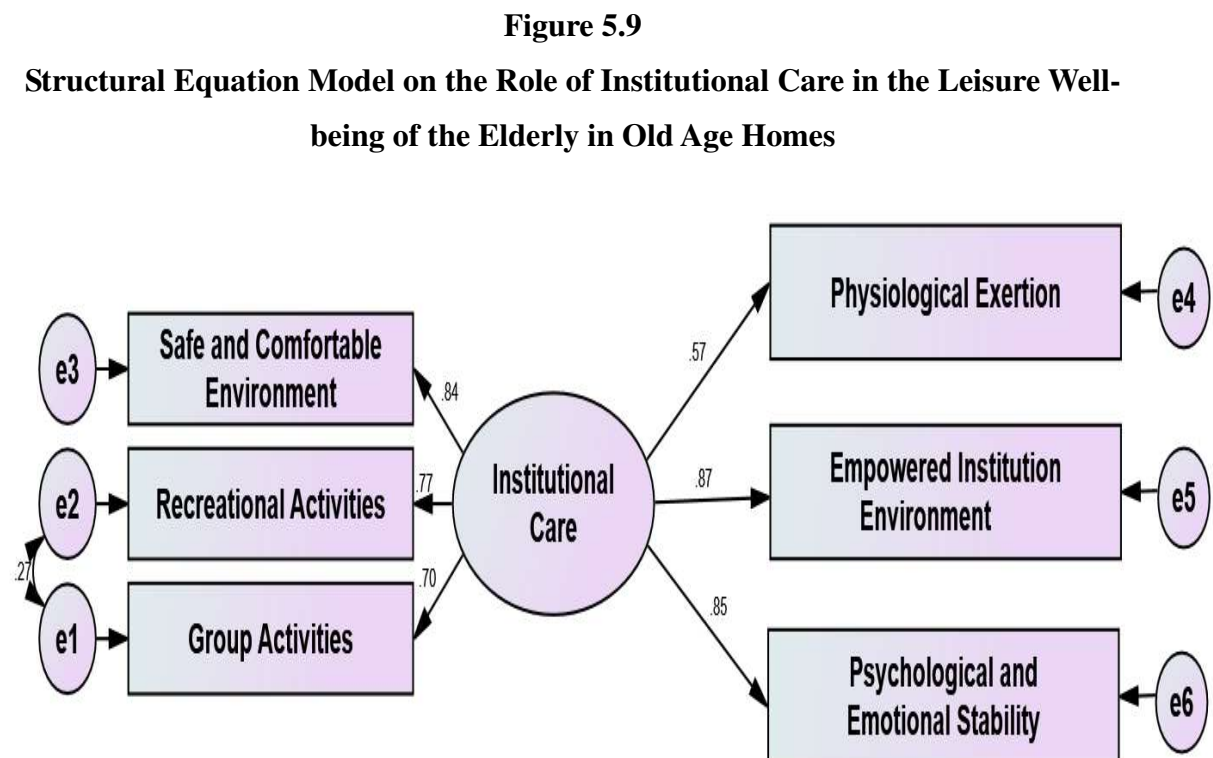


Table 5.47 reveals the coefficient of the role of institutional care in the leisure well-being of the elderly in institutional care.

Table 5.47
Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age
Homes - Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S. E	C.R	P	Decision
Institutional Care	→	Physiological exertion	0.688	0.566	0.058	11.903	<0.001**	H1d.1 Supported
Institutional Care	→	Empowered institution environment	1.229	0.867	0.060	20.474	<0.001**	H1d.2 Supported
Institutional Care	→	Psychological and emotional stability	1.194	0.847	0.056	21.160	<0.001**	H1d.3 Supported

**** Significant at 1% Level**

As shown in table 5.47, institutional facilities significantly improve physiological exertion, empowered institution environment and psychological and emotional stability among elderly residents. Regarding physiological exertion, old age homes play an energetic role, as the unstandardized factor confirms that for every one-unit increase in institutional services, physiological exertion improves by 0.688 units, with a statistical significance at the 1% level. Correspondingly, old age homes have a positive impact on strengthening the institutional setting. The unstandardized factor indicates that a one-unit increase in institutional care leads to a 0.908-unit improvement in the empowered institution environment, a relationship that is statistically significant at the 1% level.

The influence of institutional services on the empowered institution environment highlights their role in fostering psychological and emotional stability. The unstandardized factor of 1.194 suggests that for every one-unit increase in institutional care, the psychological and emotional stability progresses by 1.257 units, with statistical significance at the 1% level.

In summary, comparing the three dimensions of leisure well-being, like physiological exertion, empowered institution environment, and psychological and emotional

stability, shows that institutional care has a deep positive result. Empowered institution environment account for 1.229 of standardized coefficient contributes more to institutional care followed by psychological and emotional stability with 1.194 and physiological exertion 0.688.

The Fit indices of the model demonstrating the effect of institutional care on the leisure well-being of the aged in institutional set up are illustrated in table 5.48.

Table 5.48
Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age
Homes - Model Fit Indices

Index	CMIN/ DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	1.070	0.996	0.981	0.997	0.998	0.010	0.013
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler0., 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

From table 5.48, it is clear that the framework illustrating the impact of institutional care on the leisure well-being of elderly residents in old age homes corresponds effectively with all the model estimation criteria. These include CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit Index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR), and Root Mean Square Error of Approximation (RMSEA). This specifies that the framework is completely consistent with the recognized conceptual groundwork.

The analysis clearly demonstrates that institutional care plays a positive role in enhancing the quality of life of the elderly. So, hypothesis is accepted. All four components and their respective sub-components provide strong evidence in support of the hypothesis. Since each component independently shows significant positive results, the overall findings confirm that institutional care contributes meaningfully to the well-being and improved living conditions of the elderly.

5.9 Quality of Life of the Elderly in Old Age Homes across their Demographic Profile

The quality of life of the elderly people is the overall well-being and satisfaction that the elderly feel in their later life. The quality of life is good if they have access to basic needs like food, shelter, health care and social relations. The quality of life of aged people residing in institutions may be based on their demographic backgrounds. Demographic backgrounds include age, gender, education, marital status, etc. The elderly with better education or financial resources may find it easier to adjust, while others might struggle with feelings of isolation. Family conflicts and loneliness forced the elderly to reside in an old age home. The quality of life also depends upon personal attitude and community engagement.

H2: Quality of Life of the Elderly in Old Age Homes varies significantly across their Demographic Profile

5.9.1 Economic Wellbeing of Elderly in Old Age Homes across their Demographic Profile

Economic well-being is used to mention a person's ability to meet their basic requirements and a comfortable standard of living. It includes the institutional environment, consumption patterns of food and non-food items, infrastructure and economic empowerment. The demographic factors can influence the economic well-being of the elderly in old age homes. Age, gender, education, past occupation and their type of family have the ability to influence economic well-being. Government support through pensions, medical insurance or through health care schemes also influences economic well-being.

H2a: Economic well-being of the Elderly in Old Age Homes varies significantly across their Demographic Profile

5.9.1.1 Economic Well-being of the Elderly in Old Age Homes across their Gender

Gender can be considered as a significant demographic factor while assessing the economic well-being of the elderly in old age homes. This section tests the extent to which the economic well-being and its various dimensions vary among male and female residents of old age homes. For this, the given hypothesis is proposed

H2a.1: Economic well-being of the Elderly in Old Age Homes varies significantly across their Gender

An independent sample t-test was carried out to test the hypothesis and the results are presented in table 5.49.

Table 5.49
Economic Well-being of the Elderly in Old Age Homes - Gender wise t test

Factors	Gender Groups	Mean	Std. Deviation	Std. Error	T	P	Decision
Economic empowerment	Male	3.494	0.428	0.032	10.766	<0.001**	H2a.1.1 Supported
	Female	2.913	0.650	0.044			
Consumption and material standard	Male	4.692	0.451	0.034	11.159	<0.001**	H2a.1.2 Supported
	Female	3.892	0.944	0.063			
Current living arrangement	Male	4.771	0.455	0.034	10.784	<0.001**	H2a.1.3 Supported
	Female	3.883	1.118	0.075			
Overall economic well-being	Male	4.319	0.313	0.023	13.021	<0.001**	H2a.1. Supported
	Female	3.562	0.793	0.053			

*** Significant at 1% level*

As per the results, it is clearly proven that the economic well-being of the elderly in old age homes differs significantly between males and females. The t-value is highly significant at the 1% level, with a value of 13.021. Male residents enjoy more economic well-being as compared to female residents.

By splitting economic well-being into different dimensions, it is clearly evident that male and female residents are significantly different in all aspects, such as economic empowerment, consumption and material standard and current living arrangement in the institution. In all these cases, male residents are superior to female residents. Thus, the hypotheses are supported at 1% level.

5.9.1.2 Economic Well-being of the Elderly in Old Age Homes across their Age Group

Economic wellness, which includes basic necessities of life and a decent standard of living, varies across different age groups among the elderly in the old age home. It is related to changes in health condition and the financial needs of their age. As their age increases, economic vulnerability also increases. Consumption patterns and material

wellness also depend upon the age group. The presence of nutritious and dietary food enhances their well-being.

H2a.2: Economic well-being of the Elderly in Old Age Homes varies significantly across their Age Group

Table 5.50

ANOVA - Economic Well-being of the Elderly in Old Age Homes across their Age Group

Factors	Age Groups	Mean	Std. Deviation	Std. Error	F	P	Decision
Economic empowerment	60-69	3.069	0.669	0.062	2.466	0.062	H2a.2.1 Not Supported
	70-79	3.159	0.631	0.052			
	80-89	3.286	0.574	0.052			
	90 and above	3.233	0.687	0.198			
Consumption and material standard	60-69	4.125	0.866	0.080	2.153	0.093	H2a.2.2 Not Supported
	70-79	4.247	0.783	0.064			
	80-89	4.394	0.940	0.085			
	90 and above	4.083	0.733	0.212			
Current living arrangement	60-69	4.174	1.014	0.093	1.865	0.135	H2a.2.3 Not Supported
	70-79	4.293	0.929	0.076			
	80-89	4.411	1.040	0.094			
	90 and above	3.875	0.742	0.214			
Overall Economic Well-being	60-69	3.789	0.773	0.071	2.457	0.063	H2a.2.4 Not Supported
	70-79	3.900	0.675	0.055			
	80-89	4.030	0.755	0.068			
	90 and above	3.731	0.465	0.134			

Table 5.50 gives the result of the analysis, which checks whether there is a significant difference across age groups of elderly people in old age homes. The results of the ANOVA analysis yielded F-value of 2.457 and P value of 0.06. Since the P value, 0.063 is slightly above the conventional significance level $\alpha = 0.05$, the results are not statistically significant. This indicates insufficient evidence to conclude that there are meaningful differences in age between the groups. Each aspect of economic well-being, like economic empowerment, consumption and material standard, current living standard in old age homes, is not statistically significant. Thus, all the sub hypotheses were not accepted, showing that age group differences do not significantly impact the economic well-being of elderly individuals in this study.

5.9.1.3 Economic Well-being of the Elderly in Old Age Homes across their Marital Status

The economic well-being of senior citizens in old age homes differs based on their marital status. It consists of widows, singles, divorced and married. The elderly who are married experience more financial security than others. The elderly who are single may lack emotional and financial backing from family. Widowed and divorced elderly people are more vulnerable. Married elderly people with children are often abandoned by their families and left in free old age homes.

H2a.3: Economic well-being of the Elderly in Old Age Homes vary significantly across their Marital Status

Hypothesis was tested using One-Way ANOVA and the results are demonstrated in table 5.51.

Table 5.51
ANOVA - Economic Well-being of the Elderly in Old Age Homes across their Marital Status

Factors	Marital Status	Mean	Std. Deviation	Std. Error	F	P	Decision
Economic empowerment	Widow	3.248	0.588	0.041	11.560	<0.001**	H2a.3.1 Supported
	Single	3.094	0.585	0.054			
	Married	3.303	0.760	0.097			
	Divorced	2.453	0.326	0.075			
Consumption and material standard	Widow	4.297	0.902	0.063	11.984	<0.001**	H2a.3.2 Supported
	Single	4.296	0.741	0.068			
	Married	4.355	0.819	0.104			
	Divorced	3.145	0.402	0.092			
Current living arrangement	Widow	4.305	10.023	0.072	5.319	<0.001**	H2a.3.3 Supported
	Single	4.324	0.922	0.085			
	Married	4.387	0.930	0.118			
	Divorced	3.421	0.838	0.192			
Overall economic well-being	Widow	3.950	0.736	0.052	11.138	<0.001**	H2a.3.4 Supported
	Single	3.905	0.646	0.059			
	Married	4.015	0.756	0.096			
	Divorced	3.006	0.445	0.102			

** Significant at 1% level

As per table 5.51, the marital status of the elderly in old age homes is a significant contributor in determining their economic well-being, with F-value 11.138 which is

significant at 1% level. By analysing each group, it can be seen that married residents are enjoying economic well-being as compared to other groups.

With respect to each dimension of economic well-being, such as economic empowerment, consumption and material standard and current living arrangement in the institution, significant F- values at 1% level along with the domination of married residents can be witnessed.

As descriptive statistics show mean differences between marital status groups, a further evaluation has been done to test whether the mean difference between all marital status groups is statistically significant or not. For this, pairwise comparison using post the Hoc test Tukey, was used, and the results are demonstrated in table 5.52.

Table 5.52
Significance of Mean Difference between Marital Status Groups on Economic Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Marital Status (I)	Marital Status (J)	Mean Difference (I-J)	Std. Error	P
Economic empowerment	Widow	Single	0.154	0.070	0.126
		Married	-0.055	0.088	0.925
		Divorced	0.796	0.146	<0.001**
	Single	Married	-0.209	0.095	0.126
		Divorced	0.641	0.150	<0.001**
	Married	Divorced	0.851	0.159	<0.001**
Consumption and material standard	Widow	Single	0.001	0.095	1.000
		Married	-0.058	0.120	0.963
		Divorced	1.152	0.198	<0.001**
	Single	Married	-0.059	0.130	0.969
		Divorced	1.151	0.204	<0.001**
	Married	Divorced	1.210	0.217	<0.001**
Current living arrangement	Widow	Single	-0.018	0.112	0.999
		Married	-0.082	0.141	0.938
		Divorced	0.884	0.233	<0.001**
	Single	Married	-0.064	0.152	0.975
		Divorced	0.902	0.240	<0.001**
	Married	Divorced	0.966	0.255	<0.001**
Overall economic well-being	Widow	Single	0.046	0.081	0.943
		Married	-0.065	0.102	0.920
		Divorced	0.944	0.169	<0.001**
	Single	Married	-0.110	0.110	0.748
		Divorced	0.898	0.174	<0.001**
	Married	Divorced	1.009	0.184	<0.001**

*** Significant at 1% level*

With respect to the economic empowerment of the elderly in old age homes, pairwise comparison using the Post Hoc test Tukey revealed that statistically significant difference between residents who are divorced with residents who are widow, single and married. When comparing divorced residents with residents who are widows and single, domination of divorced over the other two groups can be seen. However, this situation changes in the case of married residents as they enjoy better economic empowerment than divorced residents.

5.9.1.4 Economic Well-being of the Elderly in Old Age Homes across their Educational Background

The educational background of the elderly people in old age homes can influence their economic well-being. Education contributes to financial independence and a better economic status. Free old age homes mainly cater to the elderly with limited economic resources, and they have lower educational attainment. They faced problems like unattractive employment, a lack of savings and dependency on social welfare. The elderly with high educational qualification can make their life better.

H2a.4: Economic well-being of the Elderly in Old Age Homes vary significantly across their Educational Background

Table 5.53 shows the results of the ANOVA examining the differences in the economic well-being of the elderly in old age homes across their educational backgrounds.

Table 5.53
ANOVA - Economic Well-being of the Elderly in Old Age Homes across their Educational Background

Factors	Educational Background	Mean	Std. Deviation	Std. Error	F	P	Decision
Economic empowerment	Illiterate	3.006	.643	.057	7.992	<0.001**	H2a.4.1 Supported
	Primary	3.169	.646	.047			
	Secondary	3.400	0.566	0.253			
	Graduation/Above	3.424	0.490	0.053			
Consumption and material standard	Illiterate	4.209	0.923	0.082	1.309	0.271	H2a.4.2 Not Supported
	Primary	4.214	0.874	0.064			
	Secondary	4.369	0.733	0.080			
	Graduation/Above	4.750	0.354	0.158			
Current living arrangement	Illiterate	4.154	1.081	0.096	2.594	0.052	H2a.4.3 Not Supported
	Primary	4.267	1.011	0.074			
	Secondary	4.464	0.756	0.082			
	Graduation/Above	5.000	0.000	0.000			
Overall economic well-being	Illiterate	3.790	0.795	0.071	3.622	0.013*	H2a.4.4 Supported
	Primary	3.883	0.743	0.054			
	Secondary	4.086	0.552	0.060			
	Graduation/Above	4.383	0.268	0.120			

** Significant at 1% level

Table 5.53 indicates the ANOVA results on the economic well-being of the elderly in old age homes across their educational qualification, which indicates the elderly's educational background significantly impact for the economic empowerment and overall economic well-being, with F -value of 3.622. So, hypotheses regarding economic empowerment and overall economic wellbeing are accepted. The overall economic well-being suggests that education directly influences the outcomes. There are no significant differences found for factors consumption and material standard, and current living arrangement, resulting in the rejection of hypotheses.

An additional assessment has been conducted to determine whether or not the mean difference between all educational background groups is statistically significant, given that descriptive statistics reveal mean disparities between educational background groups among elderly residents of old age homes. Pairwise comparison using the Tukey post-hoc test was employed for this, and the outcomes are shown in table 5.54

Table 5.54
Significance of Mean Difference between Educational Background Groups on Economic Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Educational Background (I)	Educational Background (J)	Mean Difference (I-J)	Std. Error	P
Economic Empowerment	Illiterate	Primary	-0.163	0.071	0.100
		Secondary	-0.418	0.087	<0.001**
		Graduation/Above	-0.394	0.280	0.498
	Primary	Secondary	-0.255	0.081	<0.001**
		Graduation/Above	-0.231	0.279	0.841
	Secondary	Graduation/Above	0.024	0.283	1.000
Overall Economic Well-being	Illiterate	Primary	-0.094	0.083	0.670
		Secondary	-0.296	0.102	0.019*
		Graduation/Above	-0.594	0.329	0.273
	Primary	Secondary	-0.202	0.095	0.144
		Graduation/Above	-0.500	0.327	0.422
	Secondary	Graduation/Above	-0.298	0.332	0.807

* Significant at 5% level

** Significant at 1% level

According to table 5.54, Post Hoc Test, Tukey HSD test results show significant difference for the dependent variables, economic empowerment and overall economic well-being, between illiterate and secondary and Primary and Secondary education. In the overall economic well-being significant difference shows only between illiterate and secondary education. The results remarked that secondary education has a crucial role in improving the outcomes of the elderly in old age homes.

5.9.1.5 Economic Well-being of the Elderly in Old Age Homes across their Family Type

Family type plays a differential role in the economic well-being of the elderly individuals. The family type of elderly in old age homes consists of the nuclear family and the joint family. A Joint family is characterized by a lot of people to look after the elders, and a nuclear family has no such option. Nowadays number of nuclear families is increasing in our society. Older individuals in old age homes may lack family support and also face family conflicts. The transformation of the joint family into the nuclear family results in a lack of people to look after the elderly.

H2a.5: Economic well-being of the Elderly in Old Age Homes varies significantly across their Family type

Table 5.55 shows the *t*-test results for economic well-being by family type.

Table 5.55

Economic Well-being of the Elderly in Old Age Homes - Family type wise t test

Factors	Family type	Mean	Std. Deviation	Std. Error	T	P	Decision
Economic empowerment	Nuclear	3.237	0.643	0.036	4.287	<0.001**	H2a.5.1 Supported
	Joint	2.900	0.492	0.056			
Consumption and material standard	Nuclear	4.269	0.867	0.048	0.865	0.388	H2a.5.2 Not Supported
	Joint	4.174	0.830	0.095			
Current living arrangement	Nuclear	4.303	0.998	0.055	0.890	0.374	H2a.5.3 Not Supported
	Joint	4.191	0.945	0.108			
Overall economic well-being	Nuclear	3.936	0.741	0.041	1.968	0.049*	H2a.5.4 Supported
	Joint	3.755	0.659	0.076			

* Significant at 5% level

** Significant at 1% level

The t-test results offer insights into the economic well-being of the elderly individuals in old age homes, categorized by type of family as joint and nuclear. For economic empowerment, the t-test specifies a significant change in mean scores between nuclear and joint families, supporting hypothesis regarding Economic empowerment. It proposes that the economic well-being of elderly individuals is higher in nuclear families for this factor. For the segments like consumption and material standard, and current living arrangement, no significant differences were found between the family types, leading to the rejection of sub hypotheses with respect to those components. A significant difference was observed for overall economic well-being with t-value of 1.968 which supports hypothesis and indicating a slight advantage in economic well-being for nuclear families.

5.9.1.6 Economic Well-being of Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

The economic well-being of aged people in old age homes is influenced by their type of past living arrangement. The living arrangements consist of living in a family, living alone, living with spouse, and living with others. The elderly were placed into an old age home either voluntary or compulsory due to neglect and abuse from family. The aged people who lived alone before joining an old age home face challenges like managing household chores, loneliness, and isolation find old age home as a relief because they get a regular diet and nutritious food, regular medical care and indirection. *H2a.6: Economic well-being of the Elderly in Old Age Homes vary significantly across their Living Arrangement before Joining the Old Age Homes.*

Table 5.56 shows the ANOVA results for economic well-being across living arrangements before joining old age homes.

Table 5.56

ANOVA - Economic Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Homes

Factors	Living Arrangement	Mean	Std. Deviation	Std. Error	F	P	Decision
Economic empowerment	With Spouse	3.068	0.644	0.067	7.895	<0.001**	H2a.6.1 Supported
	With Children	3.349	0.616	0.053			

	Alone	3.228	0.581	0.063			
	With Others	2.976	0.617	0.064			
Consumption and material standard	With Spouse	3.813	1.016	0.107	13.861	<0.001**	H2a.6.2 Supported
	With Children	4.502	0.738	0.064			
	Alone	4.398	0.703	0.076			
	With Others	4.185	0.825	0.086			
Current living arrangement	With Spouse	3.852	1.255	0.132	11.874	<0.001**	H2a.6.3 Supported
	With Children	4.564	0.787	0.068			
	Alone	4.459	0.764	0.082			
	With Others	4.134	0.973	0.101			
Overall economic well-being	With Spouse	3.578	0.869	0.091	13.812	<0.001**	H2a.6.4 Supported
	With Children	4.138	0.630	0.055			
	Alone	4.028	0.568	0.061			
	With Others	3.765	0.705	0.073			

** Significant at 1% level

The ANOVA results show that living arrangements significantly influence the dependent variables economic empowerment, consumption and material standard, current living arrangement and overall economic well-being with all P-values below 0.001, The findings confirm all hypotheses pertaining to the above factors. Overall economic well-being reveals that individuals living with children have the highest mean score of 4.138, followed by those living alone at 4.028, with others at 3.765, and with a spouse at 3.578. The findings propose that, living with children is reliably related with higher scores across all factors.

Further analysis has been conducted to determine whether or not the mean difference between all living arrangement groups is statistically significant, given that descriptive statistics reveal mean differences across educational background groups among the elderly residents of old age homes. Pairwise comparison using the Tukey post-hoc test was employed for this, and the outcomes are shown in table 5.57.

Table 5.57
Significance of Mean Difference between Living Arrangement before Joining the
Old Age Home Groups on Economic Well-being of the Elderly in Old Age Homes -
Post Hoc Test Tukey HSD

Dependent Variable	Living Arrangement (I)	Living Arrangement (J)	Mean Difference (I-J)	Std. Error	P
Economic empowerment	With Spouse	With Children	-0.281	0.084	<0.001**
		Alone	-0.160	0.093	0.311
		With Others	0.092	0.091	0.743
	With Children	Alone	0.121	0.085	0.487
		With Others	0.373	0.083	<0.001**
	Alone	With Others	0.252	0.092	0.033*
Consumption and material standard	With Spouse	With Children	-0.689	0.112	<0.001**
		Alone	-0.585	0.124	<0.001**
		With Others	-0.372	0.121	0.012*
	With Children	Alone	0.104	0.114	0.799
		With Others	0.316	0.111	0.024*
	Alone	With Others	0.213	0.123	0.309
Current living arrangement	With Spouse	With Children	-0.712	0.129	<0.001**
		Alone	-0.608	0.143	<0.001**
		With Others	-0.283	0.140	0.183
	With Children	Alone	0.105	0.131	0.856
		With Others	0.430	0.128	<0.001**
	Alone	With Others	0.325	0.142	0.103
Overall economic well-being	With Spouse	With Children	-0.561	0.095	<0.001**
		Alone	-0.451	0.105	<0.001**
		With Others	-0.188	0.103	0.262
	With Children	Alone	0.110	0.096	0.666
		With Others	0.373	0.094	<0.001**
	Alone	With Others	0.263	0.104	0.058

* Significant at 5% level

** Significant at 1% level

The Tukey HSD Post Hoc test reveals significant differences in economic well-being among the elderly groups based on their prior living arrangements. Those living with spouses consistently show lower economic well-being compared to those living with children or others, with significant differences across all groups, living with children or others generally corresponds to higher economic well-being, reflecting the importance of social support. These findings highlight the critical role of living arrangements in shaping the economic well-being of elderly individuals in old age homes.

The analysis shows that the economic well-being of the elderly does vary across their demographic profile, but the extent of variation differs by factor. While gender, marital status, and living arrangement strongly support the hypothesis, education and family type show only partial support, and age does not show significant variation. Overall, the findings confirm the central hypothesis to a considerable degree, indicating that demographic characteristics play an important role in shaping the economic well-being of the elderly, though the influence is not uniform across all variables.

5.9.2 Health Well-being of Elderly in Old Age Homes across their Demographic Profile

Demographic variables like age, gender, education, past living conditions and type of family affect the health status of the elderly. As age increases, the elderly face challenges due to age-related issues. Gender also plays an important role in the health well-being because the elderly women experience a different health profile. Better health habits are accompanied by a high education level. Past living conditions also affects their health profile. Free old age homes provide basic healthcare and support. Regular health checkups and better care increase the health well-being of residents in old age homes.

H2b: Health well-being of the Elderly in Old Age Homes varies significantly across their Demographic Profile

5.9.2.1 Health Well-being of the Elderly in Old Age Homes across their Gender

Gender can be considered as a noteworthy demographic factor while assessing the health well-being of the elderly in old age homes due to biological, social, and behavioural differences. Women normally live longer than men but are more disposed to chronic conditions like arthritis, osteoporosis, and depression, while men are at higher risk for heart disease and strokes. This section tests the extent to which the

health well-being and its various dimensions varies among male and female inmates of old age homes. For this, the given hypothesis is proposed

H2b.1: Health well-being of the Elderly in Old Age Homes varies significantly across their Gender

Table 5.58

Health Well-being of the Elderly in Old Age Homes - Gender wise t test

Factors	Gender Groups	Mean	Std. Deviation	Std. Error	T	P	Decision
Physical health	Male	3.710	0.613	0.046	7.668	<0.001**	H2b.1.1 Supported
	Female	3.071	1.041	0.070			
Preventive health	Male	3.613	0.929	0.069	6.324	<0.001**	H2b.1.2 Supported
	Female	2.946	1.189	0.080			
Health care	Male	4.801	0.351	0.026	11.244	<0.001**	H2b.1.3 Supported
	Female	4.108	0.832	0.056			
Overall health well-being	Male	4.042	0.396	0.029	10.531	<0.001**	H2b.1.4 Supported
	Female	3.375	0.834	0.056			

*** Significant at 1% level*

Table 5.58 gives the results that the health well-being of the elderly in old age homes differs significantly between males and females. With a significant t value, 10.531 at 1% level, it can be seen that male residents enjoy better health well-being as compared to the female counterparts. The different dimensions of health well-being show that male and female residents are significantly different in all aspects, such as physical health, preventive health, and health care in the institution. In all these cases, male residents are superior to female residents. Thus, all the hypotheses are supported at 1% level.

5.9.2.2 Health Well-being of the Elderly in Old Age Homes across their Age Group

The health status of the elderly in old age homes is closely related to their age. Age groups of the elderly consist of the young old, old- old, oldest old and extreme old. The young old and old- old people, typically those in their 60's and 70's, often face lower health challenges than the other two groups. They might benefit from the supportive atmosphere of the old age homes, and by engaging in social interactions, they can maintain their overall health well-being. The oldest old and extreme old experience

more health-related issues. Faced with multiple diseases and restricted from daily activities worsens their life. Thus, the health status of the elderly is closely related to the age group.

H2b.2: Health well-being of the Elderly in Old Age Homes vary significantly across their Age Group

Table 5.59

ANOVA - Health Well-being of the Elderly in Old Age Homes across their Age Group

Factors	Age Groups	Mean	Std. Deviation	Std. Error	F	P	Decision
Physical health	60-69	3.314	10.005	0.092	1.847	0.138	H2b.2.1 Not Supported
	70-79	3.365	0.955	0.078			
	80-89	3.333	0.841	0.076			
	90 and above	3.967	0.474	0.137			
Preventive health	60-69	3.195	1.144	0.105	0.146	0.932	H2b.2.2 Not Supported
	70-79	3.267	1.144	0.093			
	80-89	3.276	1.135	0.102			
	90 and above	3.167	0.732	0.211			
Health care	60-69	4.311	0.825	0.076	2.003	0.113	H2b.2.3 Not Supported
	70-79	4.451	0.707	0.058			
	80-89	4.509	0.720	0.065			
	90 and above	4.167	0.461	0.133			
Overall health well-being	60-69	3.606	0.812	0.075	0.491	0.689	H2b.2.4 Not Supported
	70-79	3.694	0.761	0.062			
	80-89	3.706	0.703	0.063			
	90 and above	3.767	0.440	0.127			

The ANOVA results in table 5.59 indicate no significant differences in the health well-being of elderly individuals across different age groups for any of the parameters, physical health, preventive health and health care. The indicator of physical health, scored the mean score for the 90 and above group is slightly higher, the differences are not statistically significant. So, the hypothesis is rejected. For the factors preventive

health and health care, and for overall health well-being, the p-values 0.932, 0.113, and 0.689, respectively suggest that, age does not significantly influence health outcomes in these areas. Overall, the findings suggest that age group does not play a substantial role in determining the health well-being of the elderly individuals in old age homes for the factors studied.

5.9.2.3 Health Well-being of the Elderly in Old Age Homes across their Marital Status

Marital status of inmates in old age homes can affect their health well-being. Marital status maybe takes the form of single, married, widowed, divorced, or separated. Married elderly people who live with family may experience better health care before moveng into an old age home. Widowed or separated elderly individual faces greater health challenges. The elderly who never married have faced loneliness and isolation in their life, and it may affect their health status. Marital status is closely related to emotional status, social adjustment and overall health outcomes,

H2b.3: Health well-being of the Elderly in Old Age Homes vary significantly across their Marital Status

Table 5.60
ANOVA - Health Well-being of the Elderly in Old Age Homes across their Marital Status

Factors	Marital Status	Mean	Std. Deviation	Std. Error	F	P	Decision
Physical health	Widow	3.504	0.906	0.064	8.981	<0.001**	H2b.3.1 Supported
	Single	3.316	0.934	0.086			
	Married	3.248	0.682	0.087			
	Divorced	2.421	1.261	0.289			
Preventive health	Widow	3.300	1.055	0.074	4.544	<0.001**	H2b.3.2 Supported
	Single	3.174	1.125	0.103			
	Married	3.457	1.246	0.158			
	Divorced	2.421	1.211	0.278			
Health care	Widow	4.420	0.820	0.058	6.476	<0.001**	H2b.3.3 Supported
	Single	4.448	0.670	0.061			
	Married	4.570	0.608	0.077			
	Divorced	3.737	0.285	0.065			
Overall health well-being	Widow	3.742	0.730	0.051	8.804	<0.001**	H2b.3.4 Supported
	Single	3.646	0.756	0.069			
	Married	3.758	0.678	0.086			
	Divorced	2.860	0.723	0.166			

** Significant at 1% level

With a F- value of 8.804, significant at the 1% level table 5.60 makes it clear that the marital status of senior citizens residing in old age living facilities plays a major role in influencing their health and well-being. Married seniors are experiencing better health and well-being than other groups, according to an analysis of each group. The dominance of married residents is evident, as are substantial F values at the 1% level for each aspect of health and well-being, including physical health, preventive health, and health care.

An extended analysis has been conducted to determine whether or not the mean difference between all marital status groups is statistically significant, given that descriptive statistics reveal mean differences between these groups. Pairwise assessment applying the post-hoc test Tukey, was employed for this, and table 5.61 shows the outcomes.

Table 5.61
Significance of Mean Difference between Marital Status Groups on Health Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Marital Status (I)	Marital Status (J)	Mean Difference (I-J)	Std. Error	P
Physical health	Widow	Single	0.188	0.104	0.272
		Married	0.256	0.131	0.208
		Divorced	1.083	0.217	<0.001**
	Single	Married	0.068	0.141	0.964
		Divorced	0.895	0.223	<0.001**
	Married	Divorced	0.827	0.237	<0.001**
Preventive health	Widow	Single	0.127	0.129	0.757
		Married	-0.156	0.162	0.768
		Divorced	0.879	0.267	<0.001**
	Single	Married	-0.283	0.174	0.366
		Divorced	0.753	0.275	0.033*
	Married	Divorced	10.036	0.292	<0.001**
Health care	Widow	Single	-0.028	0.084	0.988
		Married	-0.150	0.106	0.493
		Divorced	0.684	0.175	<0.001**
	Single	Married	-0.122	0.114	0.711
		Divorced	0.711	0.180	<0.001**
	Married	Divorced	0.833	0.191	<0.001**
Overall health well-being	Widow	Single	0.096	0.084	0.667
		Married	-0.017	0.106	0.999
		Divorced	0.882	0.175	<0.001**
	Single	Married	-0.112	0.114	0.759
		Divorced	0.786	0.180	<0.001**
	Married	Divorced	-0.899	0.191	<0.001**

* Significant at 5% level

**Significant at 1% level

With respect to the physical health of the elderly in old age homes, pairwise comparison using the Post Hoc test Tukey revealed that, there is statistically significant difference between residents who are divorced with residents who are widows, single and married. When comparing divorced residents with widowed and single residents, the dominance of divorced residents over the other two groups in areas such as preventive health and healthcare appears to be similar.

5.9.2.4 Health Well-being of the Elderly in Old Age Homes across their Educational Background

The health well-being of institutionalized the elderly is influenced by their educational background. The elderly, having higher levels of education, have better health awareness, and also have good healthy lifestyle. Proper diet, exercise and regular health checkups enhance their health well-being. The elderly with low levels of education might lack awareness about good health practices and preventive care. The elderly people in free old age homes mainly consist of the elderly with lower levels of educational qualification.

H2b.4: Health well-being of the Elderly in Old Age Homes vary significantly across their Educational Background

Table 5.62

ANOVA - Health Well-being of the Elderly in Old Age Homes across their Educational Background

Factors	Educational Background	Mean	Std. Deviation	Std. Error	F	P	Decision
Physical health	Illiterate	3.252	0.928	0.082	2.013	0.112	H2b.4.1 Not Supported
	Primary	3.339	0.945	0.069			
	Secondary	3.567	0.903	0.099			
	Graduation/ Above	3.280	0.268	0.120			
Preventive health	Illiterate	3.060	1.166	0.103	4.474	<0.001**	H2b.4.2 Supported
	Primary	3.198	1.138	0.083			
	Secondary	3.615	0.993	0.108			
	Graduation/ Above	3.533	0.558	0.249			

Health care	Illiterate	4.381	0.635	0.056	2.883	0.046*	H2b.4.3 Supported
	Primary	4.353	0.883	0.065			
	Secondary	4.611	0.517	0.056			
	Graduation/ Above	4.667	0.408	0.183			
Overall health well-being	Illiterate	3.564	0.759	0.067	4.587	<0.001**	H2b.4.4 Supported
	Primary	3.630	0.782	0.057			
	Secondary	3.931	0.624	0.068			
	Graduation/ Above	3.827	0.279	0.125			

* Significant at 5% level

** Significant at 1% level

The ANOVA results in table 5.62 indicate that the health of the elderly individuals in old age homes varies significantly across educational backgrounds due to various factors. For the variable physical health, it shows no significant difference, as p value is 0.112, suggesting that education level does not influence health in this area. However, factors such as preventive health and health care exposed significant associations with $p < 0.05$, with higher education levels corresponding to better health outcomes, particularly for those with secondary education or above. Overall health well-being also shows a significant association, so hypothesis is accepted.

An extended analysis has been conducted to determine whether or not the mean difference between all educational background groups is statistically significant, given that descriptive statistics reveal mean differences between these groups. Pairwise assessment applying the post-hoc test Tukey was employed for this, and table 5.63 shows the outcomes.

Table 5.63 shows the Tukey HSD post hoc test results for health well-being across educational background groups.

Table 5.63

**Significance of Mean Difference between Educational Background Groups on
Health Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD**

Dependent Variable	Educational Background (I)	Educational Background (J)	Mean Difference (I-J)	Std. Error	P
Physical health	Illiterate	Primary	-0.137	0.128	0.706
		Secondary	-0.555	0.157	<0.001**
		Graduation/Above	-0.473	0.508	0.788
	Primary	Secondary	-0.417	0.146	0.024*
		Graduation/Above	-0.335	0.505	0.910
	Secondary	Graduation/Above	0.082	0.513	0.999
Health care	Illiterate	Primary	0.028	0.085	0.988
		Secondary	-0.231	0.104	0.121
		Graduation/Above	-0.286	0.337	0.832
	Primary	Secondary	-0.258	0.097	0.041*
		Graduation/Above	-0.314	0.335	0.786
	Secondary	Graduation/Above	-0.056	0.341	0.998
Overall health well-being	Illiterate	Primary	-0.066	0.085	0.868
		Secondary	-0.367	0.104	<0.001**
		Graduation/Above	-0.262	0.338	0.865
	Primary	Secondary	-0.301	0.097	0.011*
		Graduation/Above	-0.197	0.336	0.936
	Secondary	Graduation/Above	0.104	0.341	0.990

* Significant at 5% level

** Significant at 1% level

The Post Hoc Tukey HSD test in table 5.63 highlights significant mean differences in the health well-being of the elderly individuals in old age homes across educational backgrounds for specific comparisons. For the variable physical health, significant differences were observed between illiterate and secondary groups and between primary and secondary groups, indicating better health outcomes for those with secondary education. Likewise, for the magnitude health care, a significant difference

was found between primary and secondary groups, showing improved health for those with secondary education. For overall health well-being, significant differences were noted between with secondary education, consistently associated with better health. These findings emphasize the positive impact of secondary education on the health and well-being of the elderly in old age homes.

5.9.2.5 Health Well-being of the Elderly in Old Age Homes across their Family Type

Family type plays a differential role in the health well-being of the elderly individuals. The elderly in old age homes come from different family types, like the nuclear family and the joint family. The joint family is characterized by a lot of people to look after the elders and the nuclear family has no such option. Some elderly people decided to live in old age homes due to health problems and no one to look after them in their family. Nowadays, the number of nuclear families are increasing in our society. Older individuals in old age homes, may lack family support and also face family conflicts.

H2b.5: Health well-being of the Elderly in Old Age Homes vary significantly across their Family type

Table 5.64

Health Well-being of the Elderly in Old Age Homes - Family type wise t test

Factors	Family type	Mean	Std. Deviation	Std. Error	T	P	Decision
Physical health	Nuclear	3.431	0.900	0.050	3.275	<0.001**	H2b.5.1 Supported
	Joint	3.047	0.998	0.114			
Preventive health	Nuclear	3.294	1.077	0.060	1.564	0.121	H2b.5.2 Not Supported
	Joint	3.039	1.318	0.151			
Health care	Nuclear	4.473	0.737	0.041	3.029	<0.001**	H2b.5.3 Supported
	Joint	4.189	0.741	0.085			
Overall health well-being	Nuclear	3.732	0.720	0.040	2.973	<0.001**	H2b.5.4 Supported
	Joint	3.425	0.831	0.095			

**** Significant at 1% level**

Table 5.64 deals with the t-test results. It offers insights into the health well-being of inmates in old age homes, categorized by type of family as joint and nuclear. For physical health, the t-test specifies a significant change in mean scores between nuclear and joint families, supporting that hypothesis. This proposes that the health well-being of elderly individuals is higher in nuclear families for this factor. For the segment preventive health, no significant differences were found between the family types, leading to the rejection of hypothesis with regard to preventive health. For Overall health well-being, a significant difference was observed, so hypothesis is supported by the t-value of 2.973. It indicates a minor advantage in health well-being for nuclear families.

5.9.2.6 Health Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

The past living arrangement of inmates in old age homes has an important role in creating the health well-being of the elderly. The elderly who live with families have better emotional support and assistance with healthcare needs. The elderly who live alone before joining to old age home face health challenges. If the family or living arrangement cannot afford medical expenses, it may lead to the elderly being relocated into an old age home.

H2b.6: Health well-being of the Elderly in Old Age Homes vary significantly across their Living Arrangements before Joining the Old Age Home

Table 5.65

ANOVA - Health Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

Factors	Living Arrangement	Mean	Std. Deviation	Std. Error	F	P	Decision
Physical health	With Spouse	3.189	0.868	0.091	5.932	<0.001**	H2b.6.1 Supported
	With Children	3.582	0.896	0.078			
	Alone	3.442	0.725	0.078			
	With Others	3.127	1.114	0.116			
Preventive health	With Spouse	3.293	1.158	0.121	2.660	0.046*	H2b.6.2 Supported
	With Children	3.356	1.060	0.092			
	Alone	3.333	0.990	0.107			

	With Others	2.961	1.276	.132			
Health care	With Spouse	4.187	0.803	0.084	7.940	<0.001**	H2b.6.3 Supported
	With Children	4.619	0.662	0.057			
	Alone	4.504	0.702	0.076			
	With Others	4.283	0.757	0.078			
Overall Health Well-being	With Spouse	3.556	0.749	0.079	6.466	<0.001**	H2b.6.4 Supported
	With Children	3.852	0.706	0.061			
	Alone	3.760	0.566	0.061			
	With Others	3.457	0.888	0.092			

* Significant at 5% level

** Significant at 1% level

Table 5.65 provides the ANOVA results, which specify significant differences in mean scores for all categories across various living situations, including with Spouse, with children, alone, and with others, for all factors like physical health, preventive health and health care, with p-values less than 0.001. Living with children consistently had the highest mean scores for each aspect, followed by living alone, with others, and finally with a spouse. The findings show that living arrangements have a significant impact on the outcomes under study, supporting all the sub- hypotheses for all components. The results indicate that cohabitating with children yields the best results.

As descriptive statistics show mean differences between living arrangement groups, a further evaluation has been done to test whether the mean difference between all living arrangement groups is statistically significant or not. For this, pairwise comparison using the post Hoc test Tukey was used, and the results are demonstrated in table 5.66.

Table 5.66
Significance of Mean Difference between Living Arrangement before Joining the
Old Age Home Groups on Health Well-being of the Elderly in Old Age Homes -
Post Hoc Test Tukey HSD

Dependent Variable	Living Arrangement (I)	Living Arrangement (J)	Mean Difference (I-J)	Std. Error	P
Physical health	With Spouse	With Children	-0.393	0.126	0.011*
		Alone	-0.253	0.137	0.256
		With Others	0.062	0.135	0.967

	With Children	Alone	0.140	0.126	0.684
		With Others	0.455	0.123	<0.001**
	Alone	With Others	0.315	0.137	0.098
Preventive health	With Spouse	With Children	-0.063	0.153	0.976
		Alone	-0.040	0.169	0.995
		With Others	0.332	0.165	0.186
	With Children	Alone	0.023	0.155	0.999
		With Others	0.395	0.152	0.047*
	Alone	With Others	0.373	0.168	0.119
Health care	With Spouse	With Children	-0.432	0.099	<0.001**
		Alone	-0.317	0.109	0.020*
		With Others	-0.096	0.107	0.805
	With Children	Alone	0.115	0.100	0.661
		With Others	0.336	0.098	<0.001**
	Alone	With Others	0.221	0.109	0.178
Overall health well-being	With Spouse	With Children	-0.296	0.100	0.017*
		Alone	-0.203	0.111	0.257
		With Others	0.099	0.109	0.796
	With Children	Alone	0.093	0.102	0.800
		With Others	0.395	0.099	<0.001**
	Alone	With Others	0.303	0.110	0.031*

* Significant at 5% level

** Significant at 1% level

The analysis highlights significant differences in health outcomes among the elderly groups based on their prior living arrangements. The elderly individuals who live with children or others, generally had better physical health and healthcare access, compared to those who live with spouses or alone. Preventive health outcomes also showed improvements for those living with others, emphasizing the role of supportive living arrangements.

Overall health well-being was consistently higher among those who lived with children or others, reflecting the positive impact of social interaction and support. Living alone or with a spouse was often associated with poorer health outcomes across various

dimensions. These findings underscore the importance of communal and supportive living environments in promoting the health and well-being of elderly individuals.

The results indicate that the health well-being of the elderly is influenced by certain socio-demographic factors, but the effect is not uniform across all profiles. Gender, marital status, and living arrangement show strong support, confirming significant variation in health well-being. Education shows partial support, suggesting mixed influence, while age group shows no significant variation. Overall, the sub-hypothesis is largely supported, highlighting that the demographic characteristics particularly gender, marital status, and living arrangement play an important role in determining the health well-being of the elderly.

5.9.3 Social Well-being of the Elderly in Old Age Homes across their Demographic Profile

Social wellness relates to having meaningful relationships and feeling connected with others, and interaction with the community. Strong support from family, friends and community enhances the social wellness of the elderly. The social well-being of aged people in institutionalized care is impacted by demographic attributes. Gender, age, education, type of family and living arrangement before joining to old age home influenced in shaping the social wellness of the elderly. Gender affects social well-being as elderly men and women may have different experience.

H2c: Social well-being of the Elderly in Old Age Homes vary significantly across their Demographic Profile

5.9.3.1 Social Well-being of the Elderly in Old Age Homes across their Gender

Gender differences have an important impact on the social well-being of senior citizens residing in old age homes. Male elderly show strong social relation and involvement in community related activities. Female elderly make it difficult in framing close relationships and interactions. The elderly residing in old age homes have less social interaction. Here, an attempt is made to identify the social well-being of the elderly, based on gender.

H2c.1: Social well-being of the Elderly in Old Age Homes vary significantly across their Gender

Table 5.67**Social Well-being of the Elderly in Old Age Homes - Gender wise t test**

Factors	Gender Groups	Mean	Std. Deviation	Std. Error	T	P	Decision
Support system	Male	4.854	0.279	0.021	12.979	<0.001**	H2c.1.1 Supported
	Female	3.941	1.001	0.067			
Community and social networks	Male	4.906	0.273	0.020	10.812	<0.001**	H2c.1.2 Supported
	Female	4.171	0.967	0.065			
Safe and inclusive environment	Male	4.921	0.212	0.016	14.608	<0.001**	H2c.1.3 Supported
	Female	3.971	0.939	0.063			
Overall social well-being	Male	4.893	0.196	0.015	14.668	<0.001**	H2c.1.4 Supported
	Female	4.028	0.840	0.056			

**** Significant at 1% level**

Table 5.67 emphasizes that the overall social well-being of the elderly in old age homes varies significantly between the male and the female, with a significant t-value of 14.668 at 1% level and confirms hypothesis. It is described that, male people enjoy more social well-being as compared to the female counterparts. The different magnitudes of social well-being show that male and female residents are significantly different in aspects such as support system, community and social networks and a safe and inclusive environment. In all these cases, male residents are superior to female residents. Thus, the hypotheses are supported at 1% level.

5.9.3.2 Social Well-being of the Elderly in Old Age Homes across their Age Group

The social well-being of aged people can vary depending on their age group. The young old and old -old category, which consists of 60's and 70's respectively, are more active and are interested in joining group activities or other engagements. The oldest old and extreme old people in old age homes face more physical illness and multiple health problems. Thus, the social well-being is closely related with their age group.

H2c.2: Social well-being of the Elderly in Old Age Homes vary significantly across their Age Group

Table 5.68
ANOVA - Social Well-being of the Elderly in Old Age Homes across their Age Group

Factors	Age Groups	Mean	Std. Deviation	Std. Error	F	P	Decision
Support system	60-69	4.318	0.888	0.082	2.923	0.034*	H2c.2.1 Supported
	70-79	4.355	0.871	0.071			
	80-89	4.445	0.874	0.079			
	90 and above	3.667	1.089	0.314			
Community and social networks	60-69	4.517	0.716	0.066	11.721	<0.001**	H2c.2.2 Supported
	70-79	4.563	0.769	0.063			
	80-89	4.541	0.841	0.076			
	90 and above	3.167	1.249	0.361			
Safe and inclusive environment	60-69	4.427	0.711	0.065	1.514	0.210	H2c.2.3 Not Supported
	70-79	4.349	0.928	0.076			
	80-89	4.472	0.891	0.080			
	90 and above	3.972	0.703	0.203			
Overall social well-being	60-69	4.420	0.703	0.065	4.975	<0.001**	H2c.2.4 Supported
	70-79	4.422	0.767	0.063			
	80-89	4.486	0.772	0.070			
	90 and above	3.602	0.989	0.286			

* Significant at 5% level

** Significant at 1% level

Table 5.68 points to the ANOVA results on social well-being of the elderly in old age homes across their age groups. The results indicate that the elderly's age significantly impact their overall social well-being with F value of 4.975. So, hypothesis with regard to support system and community and social networks are accepted. The overall social well-being suggests that; their age directly influences the outcomes. There are no

significant differences found for the factor safe and inclusive environment results in the rejection of hypothesis.

An additional assessment has been conducted to determine whether the mean difference between all age groups is statistically significant or not, given that, the descriptive statistics reveal mean disparities between age groups among elderly residents of old age homes. Pairwise comparison using the Tukey post-hoc test was conducted for this, and the outcomes are shown in table 5.69.

Table 5.69
Significance of Mean Difference between Marital Status Groups on Social Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Age Group (I)	Age Group (J)	Mean Difference (I-J)	Std. Error	P
Support system	60-69	70-79	-0.037	0.109	0.986
		80-89	-0.127	0.114	0.678
		90 and above	0.651	0.268	0.073
	70-79	80-89	-0.090	0.107	0.836
		90 and above	0.688	0.265	0.048*
	80-89	90 and above	0.778	0.267	0.020*
Community and social networks	60-69	70-79	-0.651	0.268	0.073
		80-89	-0.688	0.265	0.048*
		90 and above	-0.778	0.267	0.020*
	70-79	80-89	-0.024	0.102	0.996
		90 and above	1.350	0.241	<0.001**
	80-89	90 and above	1.397	0.238	<0.001**
Overall social well-being	60-69	70-79	-0.002	0.093	1.000
		80-89	-0.065	0.098	0.909
		90 and above	0.819	0.229	<0.001**
	70-79	80-89	-0.063	0.092	0.902
		90 and above	0.821	0.227	<0.001**
	80-89	90 and above	0.884	0.229	<0.001**

* Significant at 5% level

** Significant at 1% level

Table 5.69 displays the Tukey HSD post hoc test, which indicates significant differences in social well-being among the elderly individuals in old age homes across age groups. For the dimension of social support, those aged 90 and above reported significantly higher well-being compared to 70-79. In parameter community and social networks, individuals 90 and above consistently established the highest well-being compared to all other age groups. Similarly, in the section on overall social well-being, those who belong to 90 and above, show significantly better social well-being than all younger groups, emphasizing a distinct increase in well-being for the oldest age group in all domains analysed.

5.9.3.3 Social Well-being of the Elderly in Old Age Homes across their Marital Status

The marital status of the elderly in old age homes can able to influence their social well-being. The elderly individuals who are married may experience greater emotional support when their family actively provides care and companionship. Visits by family members would help to enhance the social well-being. Widowed or unmarried elderly joined old age homes due to their loneliness and isolation in life. The interaction between inmates reduced isolation. The married elderly have the chance to connect more with the society.

H2c.3: Social well-being of the Elderly in Old Age Homes vary significantly across their Marital Status

Table 5.70

ANOVA - Social Well-being of the Elderly in Old Age Homes across their Marital Status

Factors	Marital Status	Mean	Std. Deviation	Std. Error	F	P	Decision
Support system	Widow	4.337	0.973	0.068	15.704	<0.001**	H2c.3.1 Supported
	Single	4.473	0.626	0.057			
	Married	4.544	0.772	0.098			
	Divorced	3.105	0.779	0.179			
Community and social networks	Widow	4.567	0.778	0.055	9.051	<0.001**	H2c.3.2 Supported
	Single	4.462	0.819	0.075			
	Married	4.637	0.790	0.100			

	Divorced	3.605	0.966	0.222			
Safe and inclusive environment	Widow	4.374	0.925	0.065	13.620	<0.001**	H2c.3.3 Supported
	Single	4.476	0.694	0.064			
	Married	4.656	0.680	0.086			
	Divorced	3.316	0.671	0.154			
Overall social well-being	Widow	4.426	0.794	0.056	15.428	<0.001**	H2c.3.4 Supported
	Single	4.470	0.646	0.059			
	Married	4.612	0.702	0.089			
	Divorced	3.342	0.589	0.135			

**** Significant at 1% level**

As per table 5.70, it is obvious that the marital status of the elderly in old age homes is a significant contributor in determining their social well-being, as the F-value is 15.428 which is significant at 1% level. By analysing each group, it can be seen that the married residents are enjoying social well-being when compared to other groups. With respect to each dimension of social well-being like support system, community and social networks, safe and inclusive environment, show significant F -values at 1% level. The domination of married residents can also be witnessed.

As descriptive statistics shows mean differences between marital status groups, a further evaluation has been done to test whether the mean difference between all marital status groups is statistically significant or not. For this, pairwise comparison using the post Hoc test Tukey was used and the results are demonstrated in table 5.71.

Table 5.71

Significance of Mean Difference between Marital Status Groups on Social Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Marital Status (I)	Marital Status (J)	Mean Difference (I-J)	Std. Error	P
Support system	Widow	Single	-0.135	0.098	0.508
		Married	-0.207	0.123	0.331
		Divorced	1.232	0.203	<0.001**
	Single	Married	-0.072	0.132	0.949

		Divorced	1.367	0.209	<0.001**
	Married	Divorced	1.439	0.221	<0.001**
Community and social networks	Widow	Single	0.104	0.093	0.673
		Married	-0.071	0.116	0.930
		Divorced	0.961	0.192	<0.001**
	Single	Married	-0.175	0.126	0.504
		Divorced	0.857	0.198	<0.001**
	Married	Divorced	1.032	0.210	<0.001**
Safe and inclusive environment	Widow	Single	-0.102	0.094	0.702
		Married	-0.282	0.118	0.083
		Divorced	1.059	0.196	<0.001**
	Single	Married	-0.180	0.128	0.496
		Divorced	1.160	0.202	<0.001**
	Married	Divorced	1.340	0.214	<0.001**
Overall social well-being	Widow	Single	-0.044	0.084	0.953
		Married	-0.186	0.106	0.295
		Divorced	1.084	0.175	<0.001**
	Single	Married	-0.142	0.114	0.600
		Divorced	1.128	0.180	<0.001**
	Married	Divorced	1.270	0.191	<0.001**

** Significant at 1% level

The Tukey HSD test in table 5.71 shows significant differences in social well-being among the elderly individuals in old age homes, based on marital status. Across the components support system, community and social networks and a safe and inclusive environment, divorced individuals consistently reported significantly higher social well-being, compared to widows, singles, and married groups. There were no significant differences in social well-being between widows, singles, and married groups in most domains, indicating similar levels among these categories. This highlights that marital status, particularly being divorced, is strongly associated with higher social well-being in the elderly individuals in old age homes.

5.9.3.4 Social Well-being of the Elderly in Old Age Homes across their Educational Background

Educational status of aged people in old age homes influences their social well-being. The aged with higher education level are able to attain attractive employment and find it easier to engage in conversations, participate in group activities and interact with others freely. The elderly individuals who lack education might feel shameful to join group interactions and learn new things. The elderly individuals with education are better to use new technology and utilize their time effectively.

H2c.4: Social well-being of the Elderly in Old Age Homes vary significantly across their Educational Background

Table 5.72
ANOVA - Social Well-being of the Elderly in Old Age Homes across their Educational Background

Factors	Educational Background	Mean	Std. Deviation	Std. Error	F	P	Decision
Support system	Illiterate	4.211	0.923	0.082	2.992	0.031*	H2c.4.1 Supported
	Primary	4.345	0.908	0.066			
	Secondary	4.548	0.779	0.085			
	Graduation/Above	4.850	0.224	0.100			
Community and social networks	Illiterate	4.350	0.918	0.081	4.096	<0.001**	H2c.4.2 Supported
	Primary	4.492	0.851	0.062			
	Secondary	4.720	0.545	0.059			
	Graduation/Above	5.000	0.000	0.000			
Safe and inclusive environment	Illiterate	4.262	0.855	0.076	4.885	<0.001**	H2c.4.3 Supported
	Primary	4.355	0.925	0.068			
	Secondary	4.663	0.613	0.067			
	Graduation/Above	5.000	0.000	0.000			
Overall social well-being	Illiterate	4.274	0.829	0.074	4.868	<0.001**	H2c.4.4 Supported
	Primary	4.397	0.783	0.057			
	Secondary	4.644	0.585	0.064			
	Graduation/Above	4.950	0.075	0.033			

* Significant at 5% level

** Significant at 1% level

The ANOVA results in table 5.72 indicate significant differences in the social well-being of elderly individuals across educational backgrounds for all aspects like support system, community and social networks and safe and inclusive environment. Older people who are graduates or above, are related with greater social well-being. This supports the hypothesis with regard to support system. For factors community and social networks and safe and inclusive environment, the trend was even more definite, with graduates scoring the highest. These findings suggest that, higher educational attainment significantly enhances social well-being in elderly individuals, with notable improvements as education levels increase.

An additional assessment has been conducted to determine whether or not the mean difference between all educational back ground groups is statistically significant, given that descriptive statistics reveal mean disparities between age groups among the elderly residents of old age homes. Pairwise comparison using the Tukey post-hoc test was conducted for this, and the outcomes are shown in table 5.73.

Table 5.73

Significance of Mean Difference between Educational Background Groups on Social Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Educational Background (I)	Educational Background (J)	Mean Difference (I-J)	Std. Error	P
Support system	Illiterate	Primary	-0.134	0.102	0.549
		Secondary	-0.337	0.124	0.035*
		Graduation/Above	-0.639	0.403	0.387
	Primary	Secondary	-0.203	0.116	0.301
		Graduation/Above	-0.505	0.400	0.588
	Secondary	Graduation/Above	-0.302	0.407	0.879
Community and social networks	Illiterate	Primary	-0.142	0.094	0.433
		Secondary	-0.370	0.115	<0.001**
		Graduation/Above	-0.650	0.372	0.301
	Primary	Secondary	-0.228	0.107	0.145
		Graduation/Above	-0.508	0.370	0.516

	Secondary	Graduation/Above	-0.280	0.376	0.879
Safe and inclusive environment	Illiterate	Primary	-0.092	0.097	0.776
		Secondary	-0.400	0.118	<0.001**
		Graduation/Above	-0.738	0.384	0.220
	Primary	Secondary	-0.308	0.111	0.028*
		Graduation/Above	-0.645	0.381	0.329
	Secondary	Graduation/Above	-0.337	0.387	0.820
Overall social well-being	Illiterate	Primary	-0.123	0.087	0.495
		Secondary	-0.369	0.107	<0.001**
		Graduation/Above	-0.676	0.345	0.207
	Primary	Secondary	-0.246	0.100	0.065
		Graduation/Above	-0.553	0.343	0.374
	Secondary	Graduation/Above	-0.306	0.349	0.816

* Significant at 5% level

** Significant at 1% level

The analysis shows that educational background significantly affects social well-being among the elderly in old age homes. Elderly individuals with secondary education have better social well-being, when compared to those who are illiterate in multiple domains. Those with primary education also show higher social well-being than illiterate individuals in some areas. However, there is no significant difference in social well-being for individuals with graduation/above education compared to other groups.

5.9.3.5 Social Well-being of the Elderly in Old Age Homes across their Family Type

The type of family can influence the social well-being of the elderly people, living in old age homes. Families are often categorized as joint or nuclear, and the nature of these family structures can impact the support received by the elderly. Many elderly individuals reside in old age homes due to a lack of adequate family support. However, regular visits and care from family members can provide comfort and emotional connection, even within the old age home setting. For those with limited family involvement, old age homes can act as a larger support system, offering companionship and a sense of belonging through the community and services provided.

H2c.5: Social well-being of the Elderly in Old Age Homes vary significantly across their Family type

Table 5.74 shows the *t*-test results for social well-being by family type.

Table 5.74

Social Well-being of the Elderly in Old Age Homes - Family type wise t test

Factors	Family type	Mean	Std. Deviation	Std. Error	T	P	Decision
Support System	Nuclear	4.373	0.918	0.051	1.028	0.304	H2c.5.1 Not Supported
	Joint	4.257	0.756	0.087			
Community and Social Networks	Nuclear	4.569	0.776	0.043	3.022	<0.001**	H2c.5.3 Supported
	Joint	4.211	0.964	0.111			
Safe and Inclusive Environment	Nuclear	4.438	0.872	0.048	1.982	0.048*	H2c.5.3 Supported
	Joint	4.224	0.753	0.086			
Overall Social Well-being	Nuclear	4.460	0.768	0.042	2.362	0.019*	H2c.5.4 Supported
	Joint	4.230	0.748	0.086			

* Significant at 5% level

** Significant at 1% level

Table 5.74 shows t-test results, that the type of family as nuclear and extended affects the social well-being of the elderly individuals in old age homes differently across various factors. For the measure support system, there is no significant difference between nuclear and joint family types, as the p-value is greater than 0.05. For the variables like community and social networks, safe and inclusive environment and overall social well-being, nuclear family types show significantly higher mean scores, when compared to joint family types, with p-values less than 0.05. This proposes that, the elderly individuals from nuclear families incline to have better social well-being in these cases. So, it is concluded that family type can show an important role in determining the social experiences of old people in old age homes.

5.9.3.6 Social Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

The social well-being of aged people in old age homes can vary based on their past living arrangements. The elderly who lived in family may feel a sense of loss or separation when adjusting to new atmosphere. At the same time, those who lived alone or with others may feel relieved to find support from old age homes. This the social wellness purely depends upon the past living arrangement.

H2c.6: Social well-being of the Elderly in Old Age Homes vary significantly across their Living Arrangement before Joining the Old Age Home

Table 5.75

ANOVA - Social Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

Factors	Living Arrangement	Mean	Std. Deviation	Std. Error	F	P	Decision
Support system	With Spouse	3.920	1.148	0.120	13.999	<0.001**	H2c.6.1 Supported
	With Children	4.660	0.677	0.059			
	Alone	4.407	0.791	0.085			
	With Others	4.280	0.778	0.081			
Community and social networks	With Spouse	4.297	0.879	0.092	8.265	<0.001**	H2c.6.2 Supported
	With Children	4.658	0.815	0.071			
	Alone	4.721	0.477	0.051			
	With Others	4.274	0.940	0.097			
Safe and inclusive environment	With Spouse	4.007	0.976	0.102	13.538	<0.001**	H2c.6.3 Supported
	With Children	4.654	0.729	0.063			
	Alone	4.570	0.691	0.075			
	With Others	4.254	0.869	0.090			
Overall social well-being	With Spouse	4.075	0.897	0.094	13.766	<0.001**	H2c.6.4 Supported
	With Children	4.657	0.652	0.057			
	Alone	4.566	0.584	0.063			
	With Others	4.269	0.791	0.082			

* Significant at 5% level

** Significant at 1% level

The ANOVA results revealed in table 5.75 show significant differences in mean scores across different living arrangements, like with spouse, with children, alone, with others, for all factors support system, community and social networks, safe and inclusive environment, with p-values < 0.001. For each factor, individuals living with children consistently stated the highest mean scores, followed by those living alone, with others, and lastly with a spouse. The results indicate that living arrangements significantly impact the outcomes being measured, with all the hypotheses supported across all factors. The findings suggest that living with children provides the most favourable outcomes.

An additional assessment has been conducted to determine whether or not the mean difference between all living arrangement groups is statistically significant, given that descriptive statistics reveal mean disparities between age groups among the elderly residents of old age homes. Pairwise comparison using the Tukey post-hoc test was employed for this, and the outcomes are shown in table 5.76.

Table 5.76

Significance of Mean Difference between Living Arrangement before Joining the Old Age Home Groups on Social Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Living Arrangement (I)	Living Arrangement (J)	Mean Difference (I-J)	Std. Error	P
Support system	With Spouse	With Children	-0.739	0.116	<0.001**
		Alone	-0.487	0.128	<0.001**
		With Others	-0.359	0.125	0.022*
	With Children	Alone	0.253	0.118	0.139
		With Others	0.380	0.115	<0.001**
	Alone	With Others	0.127	0.127	0.748
Community and social networks	With Spouse	With Children	-0.361	0.109	<0.001**
		Alone	-0.424	0.121	<0.001**
		With Others	0.023	0.119	0.998
	With Children	Alone	-0.063	0.111	0.942
		With Others	0.384	0.109	<0.001**
	Alone	With Others	0.447	0.120	<0.001**
Safe and inclusive environment	With Spouse	With Children	-0.647	0.111	<0.001**
		Alone	-0.562	0.123	<0.001**
		With Others	-0.247	0.120	0.171

	With Children	Alone	0.084	0.113	0.878
		With Others	0.400	0.110	<0.001**
	Alone	With Others	0.315	0.121	0.048*
Overall social well-being	With Spouse	With Children	-0.582	0.100	<0.001**
		Alone	-0.491	0.110	<0.001**
		With Others	-0.195	0.108	0.276
	With Children	Alone	0.091	0.102	0.805
		With Others	0.388	0.099	<0.001**
	Alone	With Others	0.296	0.110	0.036*

* Significant at 5% level

** Significant at 1% level

The Tukey HSD test in table 5.76 shows significant differences in social well-being based on living arrangements before joining old age homes. The aged individuals who live with their partners had the lowest social well-being, when compared to those who live with children or to those who live alone. Those who live with children, generally had better social well-being than those with others, especially in domains support system and community and social networks. Additionally, those who live alone, show slightly lower well-being than those with others in some areas, highlighting the impact of prior living arrangements on social well-being.

The analysis confirms that the social well-being of the elderly is significantly shaped by their socio-demographic profile, though the degree of influence varies. Strong support is observed for gender, marital status, education, and living arrangement, where all factors of social well-being are significant. Family type shows partial influence, while age group does not show significant variation. Overall, the findings largely support the sub-hypothesis, stressing that socio-demographic factors such as gender, marital status, education, and living arrangement play a crucial role in determining the social well-being of the elderly.

5.9.4 Leisure Well-being of the Elderly in Old Age Homes across their Demographic Profile

The leisure well-being of aged people in old age homes is associated with their demographic attributes. Demographic attributes like age, gender, type of family and personal interest influence the leisure fulfilment of inmates. Demographic attributes can able to influence the physical activities, psychological and emotional enhancement, which lead to recreational wellness. Normally, the old people may prefer calm

activities and they also like social interactions and other engagement. The demographic attributes can also influence their preference for selecting the modern entertainment techniques.

H2d: Leisure Well-being of the Elderly in Old Age Homes vary significantly across their Demographic Profile

5.9.4.1 Leisure Well-being of the Elderly in Old Age Homes across their Gender

Gender has an important role in the leisure well-being among the old aged people in old age homes. Generally, men and women have different attitudes and access to leisure activities. The institutionalised elderly women prefer more attention to activities like craft or social gatherings, and their male counterparts are interested in reading and social engagement. The institutionalised atmosphere gives restricted social engagements.

H5d.1: Leisure Well-being of the Elderly in Old Age Homes vary significantly across their Gender

Table 5.77

Leisure Well-being of the Elderly in Old Age Homes - Gender wise t test

Factors	Gender Groups	Mean	Std. Deviation	Std. Error	T	P	Decision
Physiological exertion	Male	3.831	0.637	0.047	6.401	<0.001**	H2d.1.1 Supported
	Female	3.349	0.873	0.059			
Empowered institution environment	Male	4.884	0.256	0.019	14.784	<0.001**	H2d.1.2 Supported
	Female	3.850	10.002	0.067			
Psychological and emotional stability	Male	4.661	0.633	0.047	10.029	<0.001**	H2d.1.3 Supported
	Female	3.821	10.032	0.069			
Overall leisure well-being	Male	4.459	0.307	0.023	12.765	<0.001**	H2d.1.4 Supported
	Female	3.674	0.851	0.057			

**** Significant at 1% level**

Table 5.77 envisages that the leisure well-being of the elderly in old age homes vary significantly between the male and the female, with a significant t -value of 12.765 at 1% level, and the acceptance of all hypotheses. It is reported that, the males enjoy more

leisure well-being when compared to female counterparts. The different dimensions of leisure well-being shows that the male and the female residents are significantly different in all aspects, such as physiological exertion, empowered institution environment, and psychological and emotional stability. In all these cases, the male residents are superior when compared to the female residents. Thus, the hypotheses are supported at 1% level.

5.9.4.2 Leisure Well-being of the Elderly in Old Age Homes across their Age Group

The different age groups vary significantly with the leisure fulfilment of inmates in free old age homes. The young old age group and old-old age group often enjoy group activities and other physical engagements like games, yoga or exercise. The oldest- old and extreme -old age groups more interested in cool activities like reading or other light events. All age groups enjoy the cultural and other events organised by old age home. The provision of ages specific activities helps to enhance their leisure wellness.

H2d.2: Leisure Well-being of the Elderly in Old Age Homes vary significantly across their Age Group

Table 5.78

ANOVA - Leisure Well-being of the Elderly in Old Age Homes across their Age Group

Factors	Age Groups	Mean	Std. Deviation	Std. Error	F	P	Decision
Physiological exertion	60-69	3.725	0.816	0.075	2.461	0.062	H2d.2.1 Not Supported
	70-79	3.457	0.750	0.061			
	80-89	3.551	0.835	0.075			
	90 and above	3.521	1.105	0.319			
Empowered institution environment	60-69	4.201	1.045	0.096	1.530	0.206	H2d.2.2 Not Supported
	70-79	4.332	0.830	0.068			
	80-89	4.427	0.897	0.081			
	90 and above	4.063	0.847	0.244			
Psychological	60-69	4.147	1.073	0.099	0.736	0.531	H2d.2.3

and emotional stability	70-79	4.187	0.903	0.074			Not Supported
	80-89	4.287	0.961	0.087			
	90 and above	3.944	0.789	0.228			
Overall leisure well-being	60-69	4.024	0.839	0.077	0.592	0.620	H2d.2.4 Not Supported
	70-79	3.992	0.708	0.058			
	80-89	4.088	0.778	0.070			
	90 and above	3.843	0.779	0.225			

The ANOVA results in table 5.78 indicates no significant differences in the leisure well-being of the elderly individuals across different age groups for the parameters physiological exertion, empowered institution environment and psychological and emotional stability. The ANOVA results show no statistically significant differences among the groups for all hypotheses tested. Each hypothesis has a p-value greater than 0.05, such as 0.062, 0.206, 0.531, 0.620 indicating that the group means do not differ significantly. Overall, the findings suggest that, age group does not play a substantial role in determining the leisure well-being of the elderly individuals in old age homes for the indicators studied.

5.9.4.3 Leisure Well-being of the Elderly in Old Age Homes across their Marital Status

The marital status of older people like married, single, widowed, and separated, affects how they enjoy their free time in assisted living facilities. Family visits can improve the leisure well-being of married residents, who may look forward to them. Residents who are widowed or single may feel lonely at first, but they frequently enjoy group activities like storytelling, singing, or arts and crafts. After relocating into an old age home, the elderly people who previously experienced loneliness and isolation may feel less alone and engage in more social activities. On the other hand, those who are single or divorced might not have many social contacts, but they might find solace and company in the caring environment of an assisted living facility.

H2d.3: Leisure Well-being of the Elderly in Old Age Homes vary significantly across their Marital Status

Table 5.79**ANOVA - Leisure Well-being of the Elderly in Old Age Homes across their Marital Status**

Factors	Marital Status	Mean	Std. Deviation	Std. Error	F	P	Decision
Physiological exertion	Widow	3.596	0.784	0.055	12.170	<0.001**	H2d.3.1 Supported
	Single	3.559	0.808	0.074			
	Married	3.786	0.710	0.090			
	Divorced	2.566	0.772	0.177			
Empowered institution environment	Widow	4.431	0.796	0.056	13.653	<0.001**	H2d.3.2 Supported
	Single	4.164	0.982	0.090			
	Married	4.556	0.855	0.109			
	Divorced	3.224	10.115	0.256			
Psychological and emotional stability	Widow	4.225	0.952	0.067	4.881	<0.001**	H2d.3.3 Supported
	Single	4.176	0.991	0.091			
	Married	4.387	0.856	0.109			
	Divorced	3.439	10.078	0.247			
Overall leisure well-being	Widow	4.084	0.701	0.049	12.955	<0.001**	H2d.3.4 Supported
	Single	3.966	0.797	0.073			
	Married	4.243	0.696	0.088			
	Divorced	3.076	0.870	0.200			

**** Significant at 1% level**

The F- value of 12.955 significant at the 1% level in table 5.79 makes it clear that, the marital status of senior citizens residing in old age living facilities plays a major role in influencing their leisure well-being. Married seniors are experiencing better recreational wellness than other groups, according to an analysis of each group. The dominance of married residents is evident, as all substantial F values at the 1% level, for aspect of leisure well-being, including physiological exertion, empowered institution environment, and psychological and emotional stability. So, hypothesis with regard to all factors which is statistically significant is accepted.

An extended analysis has been conducted to examine whether or not the mean difference between all marital status groups is statistically significant, given that descriptive statistics reveal mean differences between these groups. Pairwise

assessment applying the post-hoc test Tukey was conducted for this, and table 5.80 shows the outcomes.

Table 5.80

Significance of Mean Difference between Marital Status Groups on Leisure Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Marital Status (I)	Marital Status (J)	Mean Difference (I-J)	Std. Error	P
Physiological Exertion	Widow	Single	0.037	0.090	0.976
		Married	-0.190	0.113	0.335
		Divorced	1.030	0.187	<0.001**
	Single	Married	-0.227	0.122	0.246
		Divorced	0.993	0.193	<0.001**
	Married	Divorced	1.221	0.205	<0.001**
Empowered Institution Environment	Widow	Single	0.267	0.102	0.044*
		Married	-0.125	0.128	0.759
		Divorced	1.207	0.211	<0.001**
	Single	Married	-0.393	0.138	0.024*
		Divorced	0.940	0.217	<0.001**
	Married	Divorced	1.333	0.231	<0.001**
Psychological and Emotional Stability	Widow	Single	0.048	0.110	0.972
		Married	-0.162	0.139	0.647
		Divorced	0.786	0.229	<0.001**
	Single	Married	-0.211	0.150	0.496
		Divorced	0.738	0.237	0.011*
	Married	Divorced	0.949	0.251	<0.001**
Overall Leisure Well-being	Widow	Single	0.118	0.085	0.513
		Married	-0.159	0.107	0.446
		Divorced	1.008	0.177	<0.001**
	Single	Married	-0.277	0.116	0.080
		Divorced	0.890	0.182	<0.001**
	Married	Divorced	1.167	0.194	<0.001**

** Significant at 1% level

With respect to the physiological exertion of elderly in old age homes, pairwise comparison using the Post Hoc test Tukey revealed that, there is statistically significant difference between residents who are divorced, residents who are widows, those who are singles and those who are married. While comparing divorced residents with widowed and single residents, the dominance of divorced residents over the other two groups in areas such as empowered institution environment and psychological and emotional stability appears to be similar.

5.9.4.4 Leisure Well-being of the Elderly in Old Age Homes across their Educational Background

Leisure well-being inmates might be greatly impacted by their educational backgrounds in the assisted living facilities. The elderly people with education can readily participate in activities like writing, reading, using technology, and getting involved in the community, which improves their free time and general well-being. Additionally, they are more inclined to engage fully in conversations and sessions for exchanging skills. The majority of the people living in free old age homes are illiterate or only have an elementary education, which emphasizes the necessity of inclusive activities, that accommodate all educational levels.

H2d.4: Leisure well-being of the Elderly in Old Age Homes vary significantly across their Educational Background

Table 5.81
ANOVA - Leisure Well-being of the Elderly in Old Age Homes across their Educational Background

Factors	Educational Background	Mean	Std. Deviation	Std. Error	F	P	Decision
Physiological Exertion	Illiterate	3.463	0.891	0.079	4.154	0.031*	H2d.4.1 Supported
	Primary	3.529	0.699	0.051			
	Secondary	3.753	0.883	0.096			
	Graduation/Above	4.400	0.548	0.245			
Empowered Institution Environment	Illiterate	4.268	0.856	0.076	1.533	0.205	H2d.4.2 Not Supported
	Primary	4.265	0.970	0.071			
	Secondary	4.467	0.911	0.099			
	Graduation/Above	4.800	0.326	0.146			
Psychological and	Illiterate	4.081	0.975	0.086	1.627	0.183	H2d.4.3 Not
	Primary	4.228	0.984	0.072			

Emotional Stability	Secondary	4.270	0.939	0.102			Supported
	Graduation/Above	4.867	0.298	0.133			
Overall Leisure Well-being	Illiterate	3.937	0.773	0.069	2.758	0.042*	H2d.4.4 Supported
	Primary	4.007	0.765	0.056			
	Secondary	4.163	0.771	0.084			
	Graduation/Above	4.689	0.306	0.137			

* *Significant at 5% level*

** *Significant at 1% level*

The ANOVA results in table 5.81 indicate that the leisure wellness of the elderly individuals in old age homes varies significantly across educational backgrounds for most of the factors. The ANOVA results for physiological exertion reveal a significant difference across educational backgrounds with an F-value of 4.154 and a p-value of 0.031, the result is statistically significant and the hypothesis is supported. Empowered institutional environment and psychological conditions and emotional stability show no significant differences across educational backgrounds. Their p – values indicate that, these factors are not influenced by education level. However, for overall leisure well-being, a significant difference was observed as F -value of 2.758, and p -value of 0.042, supporting the hypothesis. Individuals with higher education levels, particularly those with graduation or above, reported better leisure well-being, when compared to illiterate individuals.

Since mean differences between all educational groups are revealed by descriptive statistics, a thorough study has been done to determine whether or not the mean difference between these groups is statistically significant. For this, pairwise evaluation using the Tukey post-hoc test was used, and the results are displayed in table 5.82.

Table 5.82

**Significance of Mean Difference between Educational Background Groups on
Leisure Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD**

Dependent Variable	Educational Background (I)	Educational Background (J)	Mean Difference (I-J)	Std. Error	P
Physiological Exertion	Illiterate	Primary	-0.067	0.092	0.887
		Secondary	-0.290	0.103	0.041*
		Graduation/Above	-0.937	0.326	0.042*
	Primary	Secondary	-0.224	0.105	0.148
		Graduation/Above	-0.871	0.364	0.080
	Secondary	Graduation/Above	-0.647	0.369	0.298
Overall Leisure Well-being	Illiterate	Primary	-0.070	0.088	0.855
		Secondary	-0.226	0.088	0.045*
		Graduation/Above	-0.752	0.249	0.038*
	Primary	Secondary	-0.156	0.101	0.408
		Graduation/Above	-0.681	0.347	0.203
	Secondary	Graduation/Above	-0.526	0.352	0.444

* Significant at 5% level

** Significant at 1% level

The Tukey HSD test shows that; education level affects both physiological exertion and leisure well-being. The elderly individuals with higher education, especially those who are graduated, had better scores in both areas, when compared to illiterate individuals. Significant differences were seen between illiterate and secondary groups, and between illiterate and graduates, for both factors. However, there were no major differences between proximate education levels, like primary and secondary.

5.9.4.5 Leisure Well-being of the Elderly in Old Age Homes across their Family type

The type of family as joint and nuclear family significantly impacts the leisure well-being of the elderly in institutionalized home. In old age homes, lack of social connections and interactions affect the mental and physical health of the elderly. Relaxation activities are intended to create interest and abilities, and those can also

improve the mental and physical well-being. Extended family type offers emotional support, but such connections may have less impact in old age homes.

H2d.5: Leisure well-being of the Elderly in Old Age Homes vary significantly across their Family type

Table 5.83

Leisure Well-being of the Elderly in Old Age Homes - Family type wise t test

Factors	Family type	Mean	Std. Deviation	Std. Error	T	P	Decision
Physiological Exertion	Nuclear	3.627	.798	.044	3.172	<0.001**	H2d.5.1 Supported
	Joint	3.303	.821	.094			
Empowered Institution Environment	Nuclear	4.415	.879	.049	4.669	<0.001**	H2d.5.3 Supported
	Joint	3.882	.973	.112			
Psychological and Emotional Stability	Nuclear	4.256	.965	.053	2.479	0.014*	H2d.5.3 Supported
	Joint	3.952	.956	.110			
Overall Leisure Well-being	Nuclear	4.099	.740	.041	4.022	<0.001**	H2d.5.4 Supported
	Joint	3.712	.824	.094			

* Significant at 5% level

** Significant at 1% level

Table 5.83 remarks that, the leisure well-being of the elderly in old age homes vary significantly between joint and nuclear family, with a significant t-value of 4.022 at 1% level. These results prove that all the sub-hypotheses are accepted. It is reported that, the elderly people in old age homes from nuclear families have better leisure well-being, when compared to those from joint families. The different dimensions of leisure well-being like physiological exertion, empowered institution environment, and psychological and emotional stability, show that the average scores of nuclear family residents were higher in all aspects. This proposes that, family type impacts how much the elderly enjoy their leisure time in old age homes, with nuclear family residents experiencing better well-being.

5.9.4.6 Leisure Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

The arrangement of living of the elderly before joining old age homes consists of the elderly with family, with spouse, alone, or with others. The old age people residing in free old age homes, experience noteworthy swing in their leisure well-being, when compared to their past living arrangement. Majority of the inmates in free old age home come from economically disadvantage backgrounds and their living conditions may have restricted access to recreational opportunities. Old age homes provide structured atmosphere, with organised leisure activity. The difficulties like, lack of personalized activities, overcrowding, lack of space and infrastructure, may affect the well-being of the elderly.

H2d.6: Leisure well-being of the Elderly in Old Age Homes vary significantly across their Living Arrangement before Joining the Old Age Home

Table 5.84
ANOVA - Leisure Well-being of the Elderly in Old Age Homes across their Living Arrangement before Joining the Old Age Home

Factors	Living Arrangement	Mean	Std. Deviation	Std. Error	F	P	Decision
Physiological Exertion	With Spouse	3.442	0.893	0.094	4.567	<0.001**	H2d.6.1 Supported
	With Children	3.737	0.787	0.068			
	Alone	3.631	0.678	0.073			
	With Others	3.382	0.831	0.086			
Empowered Institution Environment	With Spouse	3.992	10.067	0.112	12.600	<0.001**	H2d.6.2 Supported
	With Children	4.626	0.740	0.064			
	Alone	4.442	0.867	0.093			
	With Others	4.067	0.886	0.092			
Psychological and Emotional Stability	With Spouse	3.817	0.997	0.104	8.178	<0.001**	H2d.6.3 Supported
	With Children	4.416	0.924	0.080			
	Alone	4.345	0.973	0.105			
	With Others	4.125	0.893	0.093			
Over all Leisure Well-being	With Spouse	3.750	0.873	0.091	10.785	<0.001**	H2d.6.4 Supported
	With Children	4.260	0.665	0.058			
	Alone	4.139	0.654	0.071			
	With Others	3.858	0.790	0.082			

** Significant at 1% level

Table 5.84 presents the ANOVA results, which specify significant differences in mean scores for all categories across various living situations, including the elderly with spouse, with children, alone, and with others, for all factors like physiological exertion, empowered institution environment and psychological and emotional stability with p-values less than 0.001. Living with children, consistently had the highest mean scores for each aspect, followed by living alone, with others, and finally with a spouse. The findings show that, living arrangements have a significant impact on the outcomes under study, supporting all the hypotheses for all components. The results indicate that, living with children yields the best results.

Since mean differences between living arrangement groups are revealed by descriptive statistics, a thorough study has been done to determine whether or not, the mean difference between these groups, is statistically significant. For this, pairwise evaluation using the Tukey post-hoc test was used, and the results are displayed in table 5.85

Table 5.85

Significance of Mean Difference between Living Arrangement before Joining the Old Age Home Groups on Leisure Well-being of the Elderly in Old Age Homes - Post Hoc Test Tukey HSD

Dependent Variable	Living Arrangement (I)	Living Arrangement (J)	Mean Difference (I-J)	Std. Error	P
Physiological Exertion	With Spouse	With Children	-0.295	0.109	0.036*
		Alone	-0.189	0.120	0.400
		With Others	0.061	0.118	0.956
	With Children	Alone	0.106	0.111	0.774
		With Others	0.355	0.108	<0.001**
	Alone	With Others	0.249	0.120	0.162
Empowered Institution Environment	With Spouse	With Children	-0.634	0.120	<0.001**
		Alone	-0.450	0.133	<0.001**
		With Others	-0.075	0.130	0.938
	With Children	Alone	0.184	0.122	0.434
		With Others	0.559	0.119	<0.001**
	Alone	With Others	0.375	0.121	0.000**

	Alone	With Others	0.375	0.132	0.025*
Psychological and Emotional Stability	With Spouse	With Children	-0.599	0.129	<0.001**
		Alone	-0.528	0.142	<0.001**
		With Others	-0.309	0.139	0.121
	With Children	Alone	0.071	0.131	0.948
		With Others	0.291	0.128	0.105
	Alone	With Others	0.220	0.141	0.407
Overall Leisure Well-being	With Spouse	With Children	-0.509	0.101	<0.001**
		Alone	-0.389	0.112	<0.001**
		With Others	-0.108	0.110	0.759
	With Children	Alone	0.120	0.103	0.646
		With Others	0.401	0.101	<0.001**
	Alone	With Others	0.281	0.111	0.057

* Significant at 5% level

** Significant at 1% level

The results of the Tukey HSD post hoc test in table 5.85, reveal noteworthy differences in leisure well-being, among the elderly individuals, based on their living arrangements, prior to joining old age homes. Those who lived with spouse reported lower well-being, across domains, particularly in physiological exertion, and overall leisure well-being, when compared to those who lived with children, or those who live alone. Additionally, living with children was associated with significantly higher well-being, when compared to living with others, emphasizing the positive influence of certain living arrangements, before joining old age homes.

The results show that leisure well-being of the elderly is influenced by certain socio-demographic factors, though not consistently across all. Marital status, family type, and living arrangement show strong support, with all factors significant. Education displays partial influence, while gender shows mixed results and age shows no significant variation. Overall, the sub-hypothesis is partly supported, highlighting that leisure well-being is most strongly shaped by marital status, family type, and living arrangements, while gender, age, and education exert a more limited or uneven influence.

Conclusion

The findings confirm that the quality of life of the elderly varies across their socio-demographic profile. Economic, health, social, and psychological well-being are influenced by factors such as gender, marital status, education, family type, and living arrangement, though the degree of influence differs. Overall, the central hypothesis is supported, showing that socio-demographic characteristics are key determinants of elderly well-being. These results highlight the need for targeted policies and programs that address the specific needs of different demographic groups.

5.10 Chapter Summary

This chapter examines the quality of life of the elderly people living in old age homes in Kerala and the role of institutional care in shaping their well-being. This study looked at four main aspects of their quality of life as economic well-being, health well-being, social well-being, and leisure well-being. Separate indexes were made for each aspect, and then a combined index of quality of life was prepared using a simple normalization method. The weightage for the quality of life index in this study is taken from the Quality of Life Index 2021, prepared by the Government of India. The results show that the overall quality of life of the elderly in old age homes is average. The findings reveal that, their economic condition is poor, their health status is moderate, and their social life involves limited interaction. Leisure activities also fall in the moderate range. Overall, the composite quality of life index indicates a moderate level of well-being, for the elderly residents in these institutions. Institutional care plays a significant role in influencing all aspects of their quality of life. Sociodemographic factors significantly influence the quality of life of elderly individuals in institutional care. Moreover, the quality of institutional care itself is positively linked to their well-being. These findings highlight the need for focused attention on the elderly in such settings, ensuring personalized support, social engagement, and a safe, stimulating environment to enhance their overall quality of life.

Chapter 6: Mediating Role of Personal Disposition between Institutional Care and Quality of Life of Elderly People in Old Age Homes

6.1 Introduction

6.2 Personal Disposition

6.3 Personal Disposition - Exploratory Factor Analysis

6.4 Personal Disposition - Confirmatory Factor Analysis

6.5 Personal Disposition - Normality and Multicollinearity

6.6 Role of Institutional Care in The Quality of Life of Elderly in Old Age Homes - Mediating Role of Personal Disposition

6.7 Chapter Summary

6.1 Introduction

This section examines how personal disposition, including individual traits, attitudes, and emotional tendencies, mediates the relationship between institutional care and the quality of life of senior citizens residing in old age homes.

6.2 Personal Disposition of elderly in old age homes.

An older person's personality plays a crucial role in how much they enjoy life in free old-age homes. A positive attitude can help them adapt to their new surroundings, build strong relationships, and take part in activities, giving them a sense of purpose and belonging. On the other hand, negativity, like pessimism or withdrawal, can lead to loneliness, emotional struggles, and difficulty fitting in. While their personality impacts their well-being, the environment of the old age home also matters greatly. A welcoming and supportive setting can help even those with challenging individualities feel comfortable and connected. In the end, ensuring the happiness and health of the elderly depends on balancing their unique personality with a caring environment.

6.3 Personal Disposition - Exploratory Factor Analysis.

In order to assess the compatibility of data for factor analysis, two methods, namely, the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity, are used. KMO Values higher than 0.94 are considered superior quality. It is perceived as good if it is between 0.8 and 0.9 if the figure lies in the range 0.7 and 0.8, it shows moderately reasonable. The scores between 0.6 and 0.7 are weak and the range 0.5 and 0.6 and satisfactory. If the value of life is 0.5, it is not suitable for expanded analysis. (Kaiser & Rice, 1974). The test results are summarized in table 6.1.

Table 6.1
Personal Disposition - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.882	4110.319	210	<0.001**

*** Significant at 1% level*

In exploratory factor analysis, statistical analysis confirms that the data variables are sufficiently acceptable for expanded study. KMO measure of sampling adequacy, which is 0.882, with a reasonable range indicates the data fitness for undertaking factor analysis. Moreover, Bartlett's Test of Sphericity marked a meaningful result with Chi-square value of 4110.319, and p-value < 0.001, which shows that the variables in the data group are linked. This shows evidence of interconnectedness between variables and ensures the feasibility of the data group to go for factor analysis.

6.3.1 Personal Disposition Principal Component Analysis

After checking the suitability of the data for factor analysis, principal component analysis is performed to spot the least number of factors having higher variance. Variables with Eigenvalue higher than one are considered significant. The result of the analysis is outlined in table 6.2.

Table 6.2
Personal Disposition - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.167	34.131	34.131	6.113	29.109	29.109
2	2.707	12.892	47.023	2.617	12.460	41.569
3	1.266	6.028	53.051	1.971	9.386	50.955
4	1.175	5.597	58.648	1.369	6.520	57.475
5	1.029	4.901	63.550	1.276	6.074	63.550

Extraction Method: Principal Component Analysis

Segments with Eigenvalue that exceeds one identified by using Principal Component Analysis. These components collectively explain 63.550% of the variance by ensuring the retention of the essential details of the data group. The difficulty level of the data group can be reduced through the retaining of these segments. This holding will strengthen the interpretability of data and also provide a blueprint of its basic structure.

6.3.2 Personal Disposition -Factor Loading

Reduction in the total components into 5 segments and using varimax rotation gives a better perspective on the variables. It also highlights components with high loading to just one principal component. It is shown in table 6.3.

Table 6.3
Personal Disposition - Rotated Component Matrix

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Happiness	PD1	There is trust respect and happiness among the inmates in old age home	0.552	0.893
	PD2	Old age home arranges activities that make me happy	0.750	
	PD3	Happiness plays a significant role in enhancing my quality of life here.	0.840	
	PD4	Joining in the old age home was a good decision for my well-being.	0.573	
Optimism	PD5	Optimism helps me cope with challenges I face in the old age home.	0.784	0.863
	PD6	I have an optimistic belief that good things will happen in future	0.812	
	PD7	The institution provides inspiration and optimistic views to inmates	0.735	
Adaptability	PD8	The adjustment to the routines and environment of the old age home is easy	0.746	0.881
	PD9	Adapting to life in the old age home has improved my quality of life.	0.695	
	PD10	I have adapted well to building new relationships with other residents and staff.	0.740	
	PD11	There is no problem to communicate and socialize with people from different backgrounds.	0.723	
	PD12	Adjusting to dietary or health-related changes has been a manageable process for me.	0.532	
	PD13	I believe adaptability has made my life in the old age home more fulfilling.	0.769	
Emotional Stability	PD14	Emotional stability plays a significant role in enhancing my quality of life here.	0.686	0.851
	PD15	There is emotionally stability in my daily life at the old age home.	0.692	
	PD16	Emotional stability motivates me to participate in recreational and cultural programs.	0.635	
	PD17	emotional instability is rarely experienced in the old age home	0.792	
	PD18	unexpected situations are handled without feeling overwhelmed.	0.776	

Creativity	PD19	Engaging in creative pursuits helps me feel more connected and fulfilled.	0.670	0.778
	PD20	Being creative enhances my self-confidence and self-esteem.	0.722	
	PD21	Creative activities help me build better relationships with other residents.	0.728	

Extraction Method: Principal Component Analysis

The structure of the dataset was analysed through principal component analysis under the Exploratory Factor Analysis (EFA) approach. This led to the identification of five factors, with a distinct set of measures loading onto each. The identified variables are happiness, optimism, adaptability, emotional stability and creativity.

To evaluate the reliability of the five components, Cronbach's alpha was employed as a measure of internal consistency. The analysis presented alpha values above 0.70 for all variables, signifying a high level of reliability and consistency. This suggests that the items grouped within each factor are well-correlated and exactly portion the proposed construct.

6.4 Personal Disposition - Confirmatory Factor Analysis

A confirmatory factor analysis weighed the degree to which the 21 measures defined the five dimensions of personal disposition. The model was judged using various fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA). The results are presented in table 6.4.

Table 6.4

Personal Disposition - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.138	0.966	0.941	0.954	0.975	0.045	0.053
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

As evidenced in table 6.4, the personal disposition model fulfils the standards for fit indices, including CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. This confirms the inclusion of 21 measures across five proportions as valid illustrations of the construct.

In addition to proving model fit indices, the construct legitimacy of the model has been examined. Convergent validity and discriminant validity form the two mechanisms of construct validity. To evaluate convergent validity, Standardized Regression Weights (SRW), Composite Reliability Coefficients (CRC), and Average Variance Extracted (AVE) are applied.

The model estimates and psychometric properties of Personal Disposition are outlined in table 6.5.

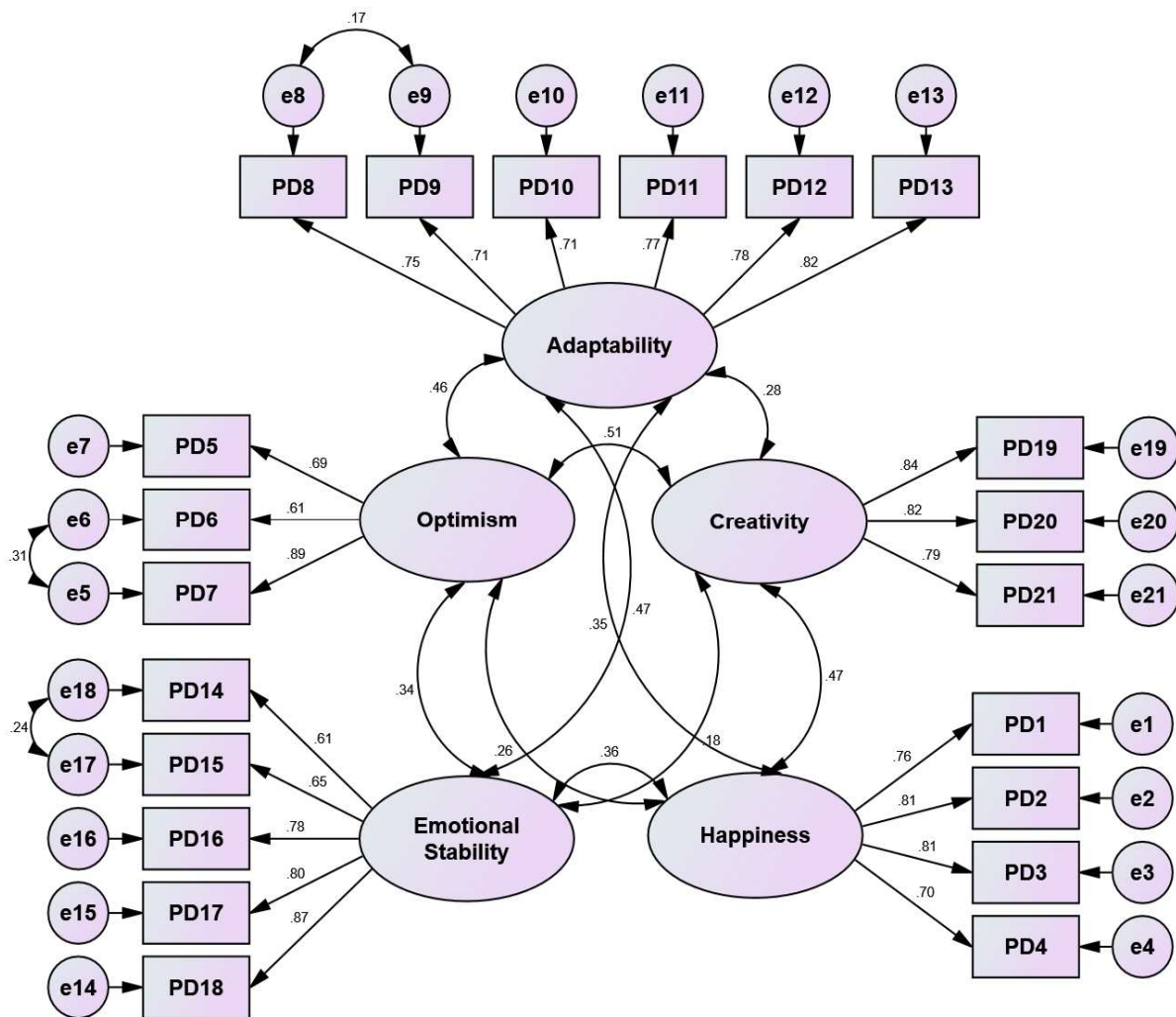
Table 6.5
Personal Disposition - Model Estimates and Psychometric Properties

Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Happiness	PD1	0.758	<0.001**	0.854	0.594
	PD2	0.807	<0.001**		
	PD3	0.812	<0.001**		
	PD4	0.700	<0.001**		
Optimism	PD5	0.689	<0.001**	0.779	0.546
	PD6	0.612	<0.001**		
	PD7	0.888	<0.001**		
Adaptability	PD8	0.752	<0.001**	0.889	0.572
	PD9	0.707	<0.001**		
	PD10	0.712	<0.001**		
	PD11	0.768	<0.001**		
	PD12	0.777	<0.001**		
	PD13	0.818	<0.001**		
Emotional Stability	PD14	0.612	<0.001**	0.862	0.560
	PD15	0.652	<0.001**		
	PD16	0.778	<0.001**		
	PD17	0.798	<0.001**		
	PD18	0.872	<0.001**		
Creativity	PD19	0.838	<0.001**	0.857	0.666
	PD20	0.818	<0.001**		
	PD21	0.792	<0.001**		

*** Significant at 1% level*

In table 6.5, the Standardized Regression Coefficients for all magnitudes are detected to exceed the acceptable limit of 0.50. In the same way, AVE and CRC values for the five constructs meet the point of separation of 0.50 and 0.70, respectively. These results state the model's construct validity. The resolved CFA Model of personal disposition, reflecting Standardized Coefficients and factor correlations, is shown in figure 6.1.

Figure 6.1
Personal Disposition - CFA Model



The Discriminant validity of the Personal Disposition model is ensured through Squared Interconstruct Correlation, which is illustrated in table 6.6.

Table 6.6
Personal Disposition - Discriminant Validity

Factors	Squared Interconstruct Correlation (SIC)				
	Happiness	Optimism	Adaptability	Emotional Stability	Creativity
Happiness	(0.594)				
Optimism	0.069	(0.546)			
Adaptability	0.127	0.214	(0.572)		
Emotional Stability	0.129	0.113	0.225	(0.560)	
Creativity	0.216	0.257	0.077	0.031	(0.666)

Values within brackets indicate AVE

With all AVE figures for the five elements in table 6.6 surpassing their related SIC figures, the indicators show a closer relationship with their selected constructs than with alternative ones. As a result, the CFA model illustrating personal disposition upholds Discriminant Validity.

6.5 Personal Disposition - Normality and Multicollinearity

Normality and multicollinearity are key concepts that influence data validity. When data displays a symmetrical bell-shaped curve centered around the mean, it is said to be in a normal distribution phase. The most popular statistical methods for assessing how closely the data follows a normal distribution are the Kolmogorov Smirnov and the Shapiro Wilks tests. A statistical phenomenon known as multicollinearity happens when two or more independent variables in a model have a high degree of correlation with one another. It occurs when two or more interpreter variables have a strong linear association with one another. The Variance Inflation Factor (VIF) is a frequently used statistic to evaluate multicollinearity. Multicollinearity is frequently thought to be indicated by a VIF number larger than 10. Less multicollinearity in the investigation is shown by lower VIF scores. The results are presented in table 6.7.

Table 6.7
Personal Disposition - Normality and Multicollinearity Statistics

Factors	Kolmogorov Smirnov			Shapiro Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Happiness	0.040	403	0.091	0.988	403	0.095	1.704
Optimism	0.039	403	0.088	0.990	403	0.109	1.371
Adaptability	0.039	403	0.110	0.988	403	0.118	2.228
Emotional Stability	0.045	403	0.110	0.990	403	0.123	1.590
Creativity	0.048	403	0.120	0.987	403	0.112	1.334

According to table 6.7, it is understood that all factors of personal disposition, like happiness, optimism, adaptability, emotional stability and creativity, meet the normality criteria. This is confirmed as the p-values for both the Kolmogorov-Smirnov and Shapiro-Wilk tests are greater than 0.050. Moreover, there is low multicollinearity among personal disposition and its magnitudes, as indicated by Variance Inflation Factor (VIF) values below 10 and close to 1. This validates that the data is strong and free from issues of multicollinearity or strong linear relationships between the aspects.

6.6 Role of Institutional Care in The Quality of Life of the Elderly in Old Age Homes - Mediating Role of Personal Disposition

The adjustment of elderly people in old age homes can be traced through personal disposition. Personal disposition reveals the vital nature of older people and their responses. Optimistic and socially active elderly usually adapt more to the institutional environment. They can able to adore with friends and find positivity in their circumstances. The elderly who are sensitive may struggle to adjust to the institutional setup. They feel lonely, isolated or sad. Health issues and loss of independence can make things more difficult. Proper institutional care and support can provide help in this situation. Regular family visits and social interactions are also helpful for these elderly people.

The relationship between institutional care and personal disposition in old age homes plays a critical role in determining the quality of life of elderly residents. Personal

disposition, which refers to native behaviours like optimism, resilience, emotional stability, or social orientation, acts as a mediator between the care received and its impact on life satisfaction. A positive disposition improves the benefits of good institutional care, as individuals are more likely to adapt, engage, and perceive their environment positively, leading to greater life satisfaction. Conversely, a negative disposition, marked by traits like pessimism, may filter out the positive effects of care, diminishing its impact on overall well-being. Poor care, united with a negative disposition, can significantly degrade the quality of life, while good care may buffer or even improve negative dispositions over time. This relationship shows the need for old age homes to accept holistic approaches that address both external care factors and internal psychological needs to foster resilience and improve the overall well-being of their residents. Institutional care includes physical, emotional, and social support provided by these facilities, such as quality medical care, nutritious meals, clean environments, emotional counselling, and opportunities for social interaction.

As a part of examining the mediating role of personal disposition between institutional care and the quality of life of the elderly, the given hypothesis is proposed.

H3: Personal Disposition significantly mediates the relationship between Institutional Care and Quality of Life among the Elderly in Old Age Homes

6.6.1 Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes - Mediating Role of their Happiness

Institutional care in old age homes plays an important role in improving the quality of life of elderly people. It provides emotional support, medical care, and opportunities for social activities. These homes fill the gap left by families and offer a safe and stable environment. Access to healthcare, healthy and nutritious meals, good infrastructure and activities helps to keep residents physically healthy. Social interactions reduce feelings of loneliness, and the arranged environment gives emotional comfort. Residents can form friendships with peers and staff, creating a sense of belonging.

The success of institutional care lies in how happy the residents feel in this situation. Elderly people who take part in activities, make connections, and express themselves often feel more satisfied and happier. A positive attitude can make life in an old age home enjoyable and meaningful. On the other hand, feelings of neglect or dissatisfaction can reduce the benefits of the care provided. To ensure residents are

happy, old age homes should focus on creating programs, providing counselling, and showing empathy. By meeting emotional and psychological needs, these homes can help improve the overall quality of life for the elderly.

The following hypothesis is proposed to examine the mediating role of happiness between institutional care and the quality of life of the elderly.

H3a: Happiness of the Elderly significantly mediates the relationship between Institutional Care and their Quality of Life in Old Age Homes

Figure 6.2 illustrates the Structural Equation Model on the role of institutional care in the quality of life of the elderly in old age homes with happiness as mediating variable.

Figure 6.2

Structural Equation Model on the Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Happiness as Mediating Variable

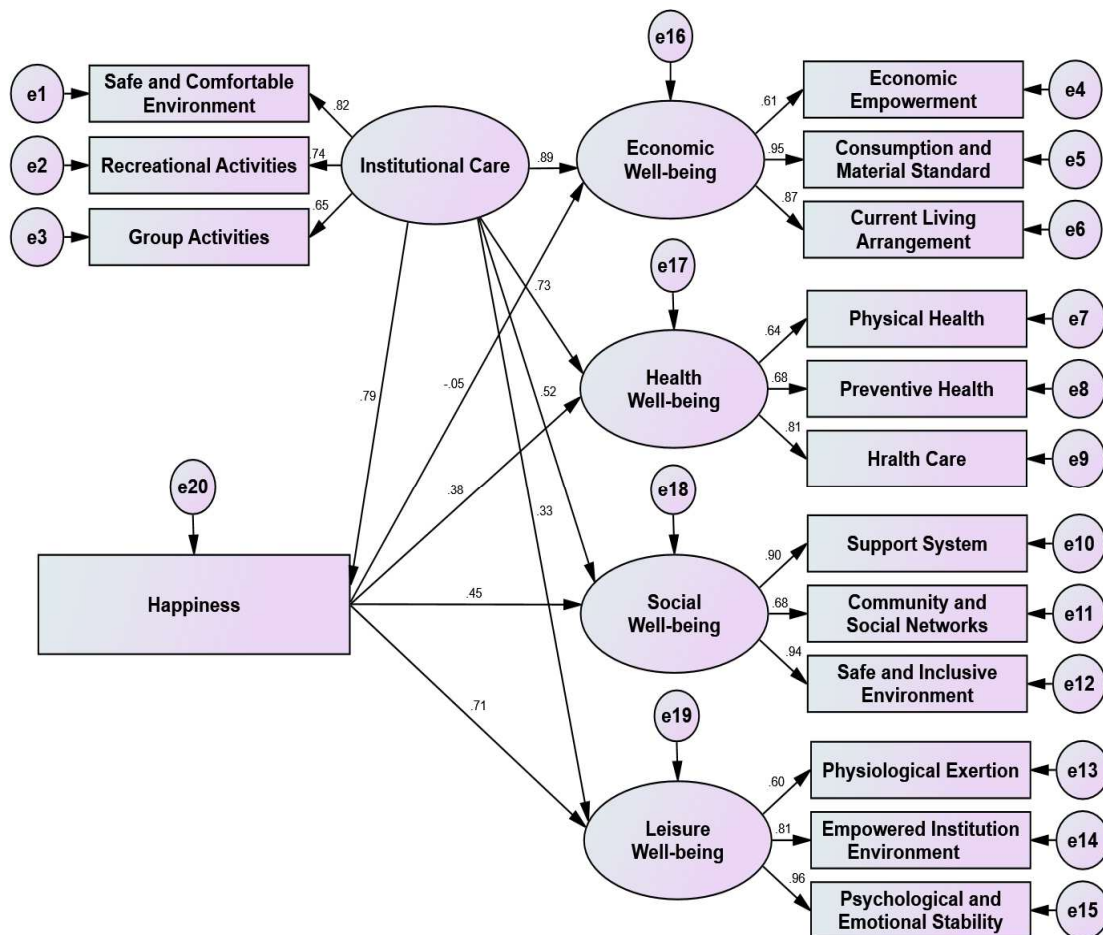


Table 6.8 shows the total, direct and indirect effects of the role of institutional care in the quality of life of elderly living in old age homes with happiness as mediating variable.

Table 6.8
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Happiness as Mediating Variable -
Total, Direct and Indirect Effects

				Unstandardized coefficient	Standardized coefficient	P	Result	Decision	Nature of Mediation
Institutional Care	→	Economic Well-being	Total Effect	1.360	0.849	<0.001**	Significant	H3a.1 Not Supported	No Mediation
			Direct Effect	1.418	0.885	<0.001**	Significant		
			Indirect Effect	-0.058	-0.036	0.586	Insignificant		
Institutional Care	→	Health Well-being	Total Effect	2.373	0.932	<0.001**	Significant	H3a.2 Supported	Partial Mediation
			Direct Effect	1.291	0.732	<0.001**	Significant		
			Indirect Effect	1.082	0.300	<0.001**	Significant		
Institutional Care	→	Social Well-being	Total Effect	1.922	0.937	<0.001**	Significant	H3a.3 Supported	Partial Mediation
			Direct Effect	1.009	0.523	<0.001**	Significant		
			Indirect Effect	0.913	0.414	<0.001**	Significant		
Institutional Care	→	Leisure Well-being	Total Effect	3.434	0.891	<0.001**	Significant	H3a.4 Supported	Partial Mediation
			Direct Effect	1.276	0.331	<0.001**	Significant		
			Indirect Effect	2.158	0.560	<0.001**	Significant		

**** Significant at 1% level**

Table 6.8 illustrates the mediating role of happiness between institutional care and the quality of life of the elderly in old age homes. The total effect of institutional care and happiness in economic well-being is significant with Unstandardized coefficient is 1.360, Standardized coefficient account for 0.849, and $p - \text{value} < 0.001$. It means institutional care influences the economic well-being. The direct effect represents the impact of institutional care on economic well-being without happiness as a mediating variable. It only considers the influence of institutional care. A significant direct effect suggests that institutional care itself places a critical role in improving the well-being. The indirect effect of institutional care on economic well-being is insignificant. It is reflecting the portion of the impact of institutional care that is mediated through happiness. The indirect effect is insignificant with an unstandardized coefficient of -0.058, standardized coefficient of -0.036, and was not statistically significant with a p -value of 0.586. It means happiness does not significantly mediate the relationship. So, the hypothesis regard to economic well-being is not supported, and there is no mediating role for happiness.

Likewise, the role of institutional care on health well-being shows the total effect as significant with an unstandardized coefficient of 2.373, standardized coefficient of 0.932, and a $p < 0.001$. Both the direct effect and the indirect effect are also significant. It shows that the impact of institutional care on health well-being, with happiness as a mediating variable is statistically reliable. As both direct and indirect effects are significant, happiness partially mediates the relationship between institutional care and health well-being. So, the hypothesis with regard to health wellbeing is supported.

The total effect of institutional care on social welding is significant with an unstandardized coefficient of 1.922, standardized coefficient 0.937, and $p < 0.001$. The direct effect is significant as the unstandardized coefficient was 1.009, standardized coefficient was 0.523, and $p < 0.001$, and the indirect effects with unstandardized coefficient, 0.913, standardized coefficient 0.414, and $p < 0.001$ are also significant. There is partial mediation between institutional care and social well-being, with happiness as the mediating variable. So, the hypothesis with respect to health wellbeing is accepted.

Institutional care influences leisure well-being, so the total effect is significant with an unstandardized coefficient equal to 3.434, standardized coefficient equal to 0.891, and p

< 0. 001. The direct effect between institutional care and leisure well-being without happiness as a mediating variable is also significant. The indirect effect shows that there is mediation of variable happiness in between institutional care and leisure well-being. It shows how much of the effect on leisure well-being operates through the influence of happiness. And there is partial mediation between institutional care and leisure well-being, with happiness as a mediating factor. So, the hypothesis on leisure wellbeing is supported

The findings reveal that happiness partially mediates the relationship between institutional care and health, social, and leisure well-being, emphasizing its importance in enhancing these aspects of life. However, happiness does not mediate economic well-being, suggesting a primarily direct relationship in this domain. Institutional care programs should consider these dynamics to tailor interventions that maximize the quality of life for the elderly.

To examine the significance of the mediating effect, Sobel's, Aroian's, and Goodman's tests were conducted, and the results are presented in Table 6.9.

Table 6.9

Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Happiness as Mediating Variable - Sobel's Test, Aroian's Test and Goodman's Test calculations for the significance of Mediation

Path	Path Value	SE	Mediation Effect					
			Sobel's Test		Aroian's Test		Goodman's Test	
Institutional Care - Health Well-being	0.732	0.062	6.563	<0.001**	6.554	<0.001**	6.572	<0.001**
Institutional Care - Happiness	0.792	0.045						
Happiness - Health Well-being	0.384	0.054						
Institutional Care - Social Well-being	0.523	0.078	9.619	<0.001**	9.608	<0.001**	9.630	<0.001**
Institutional Care - Happiness	0.792	0.045						
Happiness -	0.448	0.039						

Social Well-being								
Institutional Care - Leisure Well-being	0.331	0.072	13.285	<0.001**	13.276	<0.001**	13.295	<0.001**
Institutional Care - Happiness	0.792	0.045						
Happiness - Leisure Well-being	0.709	0.035						

* Significant at 5% level

The results of Sobel's Test, Aroian's Test, and Goodman's Test consistently demonstrate that happiness significantly mediates the relationship between institutional care and various dimensions of well-being among the elderly. The findings highlight the serious part of happiness as a mediating variable in enhancing health, social, and leisure well-being, underscoring its importance in improving the quality of life for the elderly in institutional care settings.

To assess the extent to which the proposed model aligns with the existing theory, model fit indices were examined, and the results are presented in Table 6.10.

Table 6.10

Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Happiness as Mediating Variable - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.422	0.953	0.909	0.970	0.982	0.023	0.059
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The model fit indices show that the structural equation model is well-matched to the data. The CMIN/DF value of 2.422 and indices like GFI with 0.953 and AGFI ,0.909 meet the required thresholds, indicating a good model fit. Low RMR of 0.023 and

RMSEA with 0.059 values confirm the model effectively represents the associations between institutional care, happiness, and the elderly's quality of life.

6.6.2 Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes - Mediating Role of their Optimism

Institutional care plays a significant role in the quality of life of elderly residents in old age homes, particularly when optimism serves as a mediating factor. Many residents find that adjusting to the routines and environment of old age homes is relatively easy, as these institutions often provide a structured yet comfortable setting. For some, adapting to this new lifestyle even enhances their overall well-being by reducing loneliness and creating opportunities for social engagement. Building new relationships with co inmates and staff becomes a satisfying experience, fostering a sense of community and support. Effective communication and the ability to socialise with individuals from diverse backgrounds further enrich their lives. Additionally, managing dietary or health-related changes with institutional backing ensures that physical well-being is maintained. Adaptability and a positive outlook enable many elderly individuals to find fulfilment and a better quality of life in old age homes, making these institutions a valuable resource for aging gracefully.

The following hypothesis is proposed to examine the mediating role of optimism in between institutional care and the quality of life of the elderly.

H3b: Optimism of the Elderly significantly mediates the relationship between Institutional Care and their Quality of Life in Old Age Homes.

Figure 6.3 shows the Structural Equation Model assessing the effect of institutional care on the quality of life of elderly residents in old-age homes, with optimism functioning as a mediating variable.

Figure 6.3

Structural Equation Model on the Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Optimism as Mediating Variable

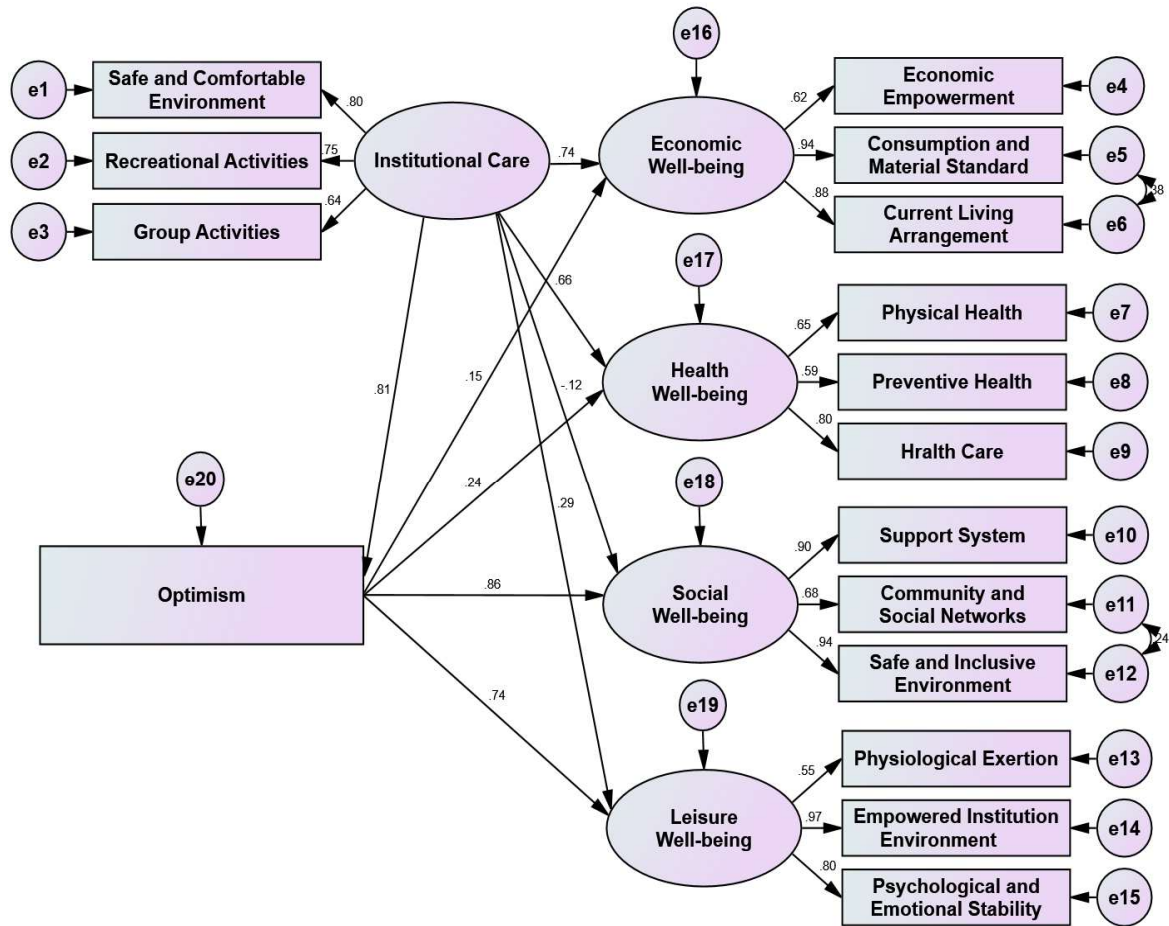


Table 6.11 illustrates the total, direct, and indirect effects of institutional care on the quality of life of the elderly residing in old-age homes, with optimism functioning as a mediating variable.

Table 6.11
Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Optimism as Mediating Variable - Total, Direct and Indirect Effects

				Unstandardized coefficient	standardized coefficient	P	Result	Decision	Nature of Mediation
Institutional Care	→	Economic Well-being	Total Effect	1.463	0.860	<0.001**	Significant	H3b.1 Supported	Partial Mediation
			Direct Effect	1.255	0.737	<0.001**	Significant		
			Indirect Effect	0.209	0.123	0.018*	Significant		
Institutional Care	→	Health Well-being	Total Effect	1.218	0.662	<0.001**	Significant	H3b.2 Supported	Partial Mediation
			Direct Effect	0.800	0.465	<0.001**	Significant		
			Indirect Effect	0.418	0.197	0.011*	Significant		
Institutional Care	→	Social Well-being	Total Effect	2.243	0.762	<0.001**	Significant	H3b.3 Not Supported	No Mediation
			Direct Effect	2.578	0.858	<0.001**	Significant		
			Indirect Effect	-0.335	-0.096	0.312	Insignificant		
Institutional Care	→	Leisure Well-being	Total Effect	2.995	0.890	<0.001**	Significant	H3b.4 Supported	Partial Mediation
			Direct Effect	0.978	0.290	<0.001**	Significant		
			Indirect Effect	2.018	0.600	<0.001**	Significant		

* Significant at 5% level

** Significant at 1% level

Table 6.11 provides details about the role of institutional care in the quality of life of the elderly in old is home with optimism as a mediating variable. The role of optimism in between institutional care and economic well-being shows the total effect as significant with Unstandardised coefficient 1.463 and Standardised coefficient 0.860. The indirect effect between institutional care and optimism is also significant. The indirect effects reflect the portion of the impact of institutional care that is mediated through optimism. The data shows that optimism is a meaningful mediator between institutional care and economic well-being. Optimism partially mediates the relationship, indicating that the institutional care impacts the quality of life both directly and indirectly through optimism. So, the hypothesis in relation to economic wellbeing is recognized.

The role of optimism in between institutional care and health well-being shows that the total effect is significant. Both the direct and indirect effects are also significant, which shows optimism is a meaningful mediator between institution care and health well-being. Optimism partially mediates the relationship between institutional care and quality of life, implying that institutional care impacts health well-being both directly and indirectly. So, the hypothesis pertaining to the factor health wellbeing is supported. Optimism as a mediating variable between institutional care and social well-being shows the indirect effect is insignificant as the Unstandardised coefficient was -0.335 and standardised coefficient was 0.312. It means that there is no mediation of optimism between institutional care and social well-being of the elderly residing in old age homes. So, the hypothesis with reference to social wellbeing was rejected.

Table 6.11 also shows how optimism acts as a mediator between institutional care and leisure well-being. The direct effect shows that there is a significant relation in which Unstandardised coefficient was -0.978 and standardised coefficient 0.290, which means that the relationship between optimism as a mediating variable between institutional care and leisure well-being is statistically reliable. Thus, concerned to health well-being is accepted.

The significance of the mediating effect was assessed using Sobel's, Aroian's, and Goodman's tests, and the results are presented in table 6.12.

Table 6.12

Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Optimism as Mediating Variable - Sobel's Test, Aroian's Test and Goodman's Test calculations for the significance of Mediation

Path	Path Value	SE	Mediation Effect					
			Sobel's Test		Aroian's Test		Goodman's Test	
Institutional Care - Economic Well-being	0.737	0.024	3.701	<0.001**	3.686	<0.001**	3.717	<0.001**
Institutional Care - Optimism	0.814	0.080						
Optimism - Economic Well-being	0.151	0.038						
Institutional Care - Health Well-being	0.658	0.067	5.608	<0.001**	5.589	<0.001**	5.627	<0.001**
Institutional Care - Optimism	0.814	0.080						
Optimism - Health Well-being	0.242	0.036						
Institutional Care - Leisure Well-being	0.290	0.017	9.307	<0.001**	9.299	<0.001**	9.314	<0.001**
Institutional Care - Optimism	0.814	0.080						
Optimism - Leisure Well-being	0.737	0.032						

* Significant at 5% level

Institutional care significantly benefits the elderly individuals in old age homes, improving their economic, health, and leisure well-being. Optimism act as a key role in strengthening these benefits. For economic well-being, institutional care provides direct support, and part of this improvement comes from the boost in optimism, which further enhances their financial stability. Similarly, institutional care directly improves health, while optimism adds to this positive effect, making their health outcomes even better. When it comes to leisure well-being, optimism again acts as a powerful intermediary, strengthening the positive impact of institutional care. Overall, the findings show that optimism significantly enhances the quality of life for elderly individuals in care settings. Encouraging optimism can make institutional care even more effective in improving their well-being.

Model fit indices were evaluated to determine the extent to which the proposed model is consistent with the existing theory, and the results are presented in Table 6.13.

Table 6.13

**Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes
with their Optimism as Mediating Variable - Model Fit Indices**

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.296	0.953	0.911	0.972	0.984	0.026	0.057
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The analysis confirms that the proposed model fits the data well. The CMIN/DF test indicates an acceptable fit, while the GFI, AGFI, NFI, and CFI values demonstrate strong model alignment, all meeting or exceeding recommended thresholds. Additionally, the low RMR and RMSEA values confirm the model's adequacy.

6.6.3 Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes - Mediating Role of their Adaptability

Institutional care plays a noteworthy role in safeguarding the well-being of the elderly individuals residing in old age homes. A serious factor influencing the success of such care is the adaptability of inhabitants to their new environment. Tuning to the habits and backgrounds of an old age home can significantly influence their overall quality of life. For many, this changeover proves to be a smooth process, as the structure and support provided by institutional care facilitate an easier adjustment. Adaptability improves several features of life in an old age home. Many residents find that adapting to the atmosphere leads to visible improvements in their well-being. Building relations with other inmates and staff raises a sense of community, easing feelings of loneliness and isolation. Communication and socialization with individuals from various backgrounds further enrich their experiences and provide a platform for meaningful relations. Similarly, the ability to manage dietary or health-related changes ensures that residents feel in control of their lives, contributing to better mental and physical health. Adaptability acts as a bridge between the care provided by old age homes and the improved quality of life for residents. By accepting the changes and challenges of their new environment, elderly individuals can prosper in institutional care settings, finding

comfort, connection, and a renewed sense of purpose. This underlines the importance of adaptability to maximize the benefits of institutional care.

The following hypothesis is proposed to examine the mediating role of adaptability in between institutional care and the quality of life of the elderly.

H3c: Adaptability of the Elderly significantly mediates the relationship between Institutional Care and their Quality of Life in Old Age Homes.

Figure 6.4 illustrates the Structural Equation Model examining the role of institutional care in the quality of life of elderly residents in old-age homes, with adaptability serving as a mediating variable.

Figure 6.4
Structural Equation Model on the Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Adaptability as Mediating Variable

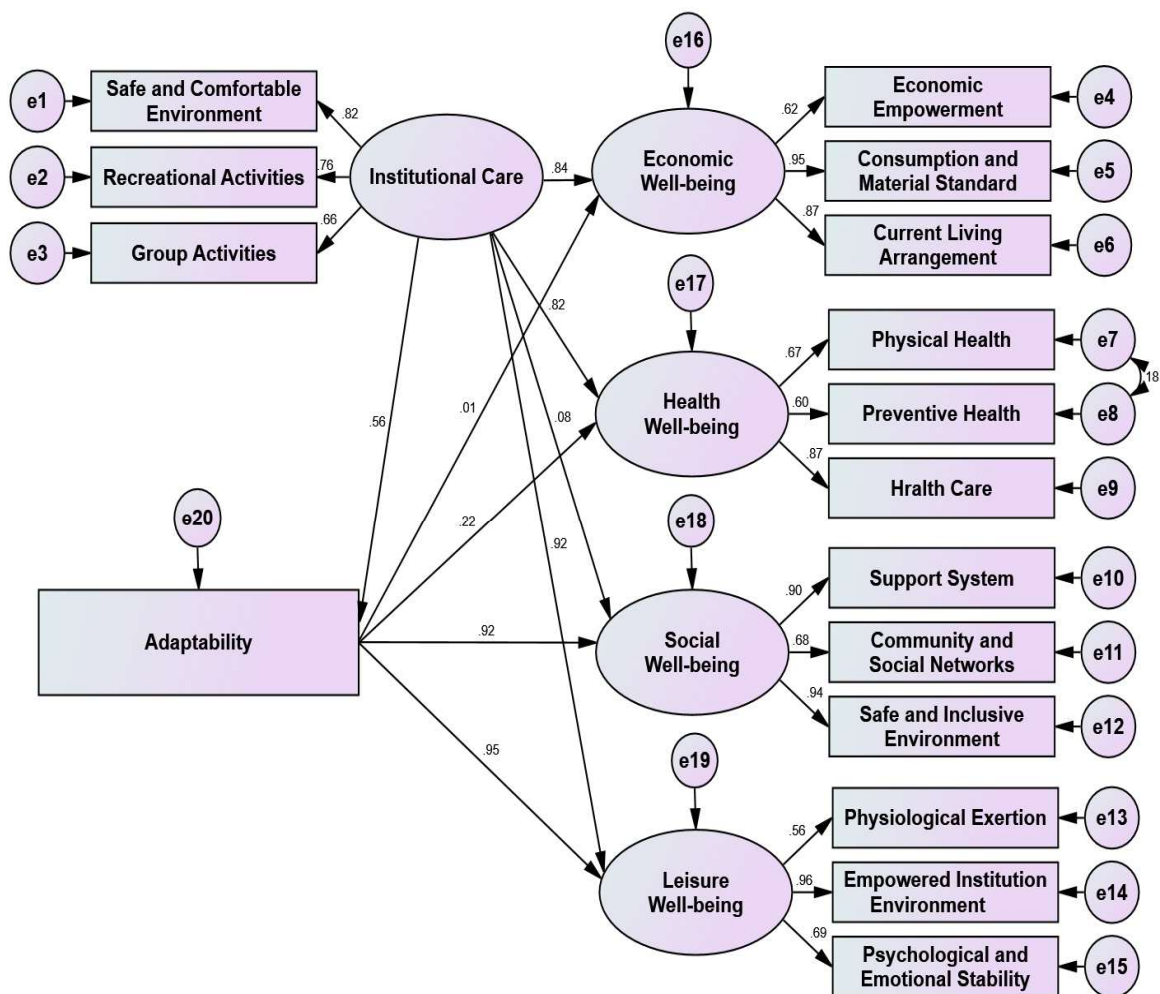


Table 6.14 presents the total, direct, and indirect effects of institutional care on the quality of life of elderly residents in old-age homes, with adaptability serving as a mediating variable.

Table 6.14
Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes with their Adaptability as Mediating Variable - Total, Direct and Indirect Effects

				Unstandardised coefficient	Standardised coefficient	P	Result	Decision	Nature of Mediation
Institutional Care	→	Economic	Total Effect	1.365	0.852	<0.001**	Significant	H3c.1 Not Supported	No Mediation
		Well-being	Direct Effect	1.352	0.844	<0.001**	Significant		
			Indirect Effect	0.013	0.008	0.781	Insignificant		
Institutional Care	→	Health	Total Effect	2.412	0.945	<0.001**	Significant	H3c.2 Supported	Partial Mediation
		Well-being	Direct Effect	2.103	0.824	<0.001**	Significant		
			Indirect Effect	0.309	0.121	0.020*	Significant		
Institutional Care	→	Social	Total Effect	3.168	0.962	<0.001**	Significant	H3c.3 Not Supported	No Mediation
		Well-being	Direct Effect	3.020	0.917	<0.001**	Significant		
			Indirect Effect	0.148	0.045	0.135	Insignificant		
Institutional Care	→	Leisure	Total Effect	1.250	0.646	<0.001**	Significant	H3c.4 Supported	Partial Mediation
		Well-being	Direct Effect	0.220	0.114	0.025*	Significant		
			Indirect Effect	1.030	0.532	<0.001**	Significant		

* Significant at 5% level

** Significant at 1% level

Table 6.14 analyses the role of institutional care in improving the quality of life for elderly persons in old age homes, with adaptability as an intervening factor. The findings reveal different stages of mediation across different facets of well-being. For economic well-being, institutional care shows a significant total and direct effect. However, the indirect effect through adaptability is not significant because the Unstandardised coefficient was 0.013 and standardised coefficient was 0.008. This specifies that adaptability does not mediate the connection between institutional attention and economic well-being. The result is that the hypothesis with respect to economic wellbeing is disproven.

In the case of health well-being, institutional care shows significant total, direct, and indirect effects. The indirect effect over adaptability is statistically significant with Unstandardised coefficient 0.309, standardised coefficient 0.121, signifying that adaptability partially mediates the association. This means that, while institutional care directly influences health well-being, adaptability also plays a supportive role in enhancing this outcome. So, the hypothesis for health wellbeing holds true.

When it comes to social well-being, institutional care has a significant total and direct effect, but the indirect effect through adaptability is not significant because the Unstandardised coefficient was 0.148 and corresponding standardised coefficient was 0.045. As a result, adaptability does not mediate the relationship between institutional care and social well-being. This leads to the rejection of the hypothesis.

Lastly, for leisure well-being, institutional care shows significant total, direct, and indirect effects. The significant indirect effect with Unstandardised coefficient 1.030 and standardised coefficient 0.532 through adaptability points to partial mediation. This implies that adaptability helps to strengthen the positive impact of institutional care on leisure well-being. This leads to the acceptance of the hypothesis, concerned to leisure well being. Adaptability serves as a partial mediator in the relationships between institutional care and health as well as leisure well-being, but it does not mediate the effects on economic or social well-being.

To determine the significance of the mediation effect, Sobel's, Aroian's, and Goodman's tests were performed, and the findings are presented in table 6.15.

Table 6.15

**Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes
with their Adaptability as Mediating Variable - Sobel's Test, Aroian's Test and
Goodman's Test calculations for the significance of Mediation**

Path	Path Value	SE	Mediation Effect					
			Sobel's Test		Aroian's Test		Goodman's Test	
Institutional Care - Health Well-being	0.824	0.036	5.323	<0.001**	5.317	<0.001**	5.330	<0.001**
Institutional Care - Adaptability	0.560	0.029						
Adaptability - Health Well-being	0.216	0.039						
Institutional Care - Leisure Well-being	0.114	0.043	13.681	<0.001**	13.672	<0.001**	13.690	<0.001**
Institutional Care - Adaptability	0.560	0.029						
Adaptability - Leisure Well-being	0.950	0.049						

* Significant at 5% level

Table 6.15 highlights that institutional care significantly advances both health and leisure well-being in elderly individuals, with adaptability playing a significant intermediating role. For health well-being, institutional care has a strong direct effect, and adaptability further enhances this relationship. Similarly, for leisure well-being, institutional care has a positive impact, and adaptability strongly mediates this effect, with all mediation tests confirming its significance. These results highlight that adaptability is a crucial factor in strengthening the benefits of institutional care on the quality of life of the elderly.

To evaluate the capability of the proposed Structural Equation Model in relation to the theory, model fit indices were observed, and the results are presented in table 6.16.

Table 6.16

**Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes
with their Adaptability as Mediating Variable - Model Fit Indices**

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.460	0.952	0.905	0.972	0.983	0.034	0.060
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The model fit indices show that the data fit the proposed model well. The CMIN/DF value of 2.460 is below the acceptable threshold of 5, indicating a good fit. Key indices such as GFI with a score of 0.952, AGFI with 0.905, NFI with 0.97, and CFI with 0.983, all exceed the recommended value of 0.90, reflecting a strong fit. Additionally, the RMR value of 0.034 and RMSEA value of 0.060 fall within acceptable limits, further confirming the model's suitability.

6.6.4 Role of Institutional Care in the Quality of Life of Elderly in Old Age Homes - Mediating Role of their Emotional Stability

The quality of life of elderly individuals in old age homes is greatly influenced by their emotional steadiness. Emotional stability means staying calm and balanced, even when facing challenges or unexpected situations. In old age homes, this plays a great part in helping inmates feel safe and relaxed. Many elderly people say that being emotionally stable makes their lives better by reducing stress and helping them adjust to new habits. When they feel emotionally stable, they are also more likely to join recreational and cultural programs, which bring joy and social interaction. A well-managed old age home creates an environment where emotional instability is rare because of the support from caregivers and other inmates. This provision helps them handle surprises or changes without feeling stunned. Emotional stability not only helps the elderly live peacefully but also gives them the confidence to participate in activities that improve their mental and social well-being. Overall, emotional stability is a key part of the care

provided in old age homes. It helps the elderly lead happier and more fulfilling lives in their later years.

H3d: Emotional Stability of the Elderly significantly mediates the relationship between Institutional Care and their Quality of Life in Old Age Homes.

Figure 6.5 depicts the Structural Equation Model analysing the relationship between institutional care and the quality of life of the elderly in old-age homes, with emotional stability acting as a mediating variable.

Figure 6.5
Structural Equation Model on the Role of Institutional Care in the Quality of Life
of the Elderly in Old Age Homes with their Emotional Stability as Mediating
Variable

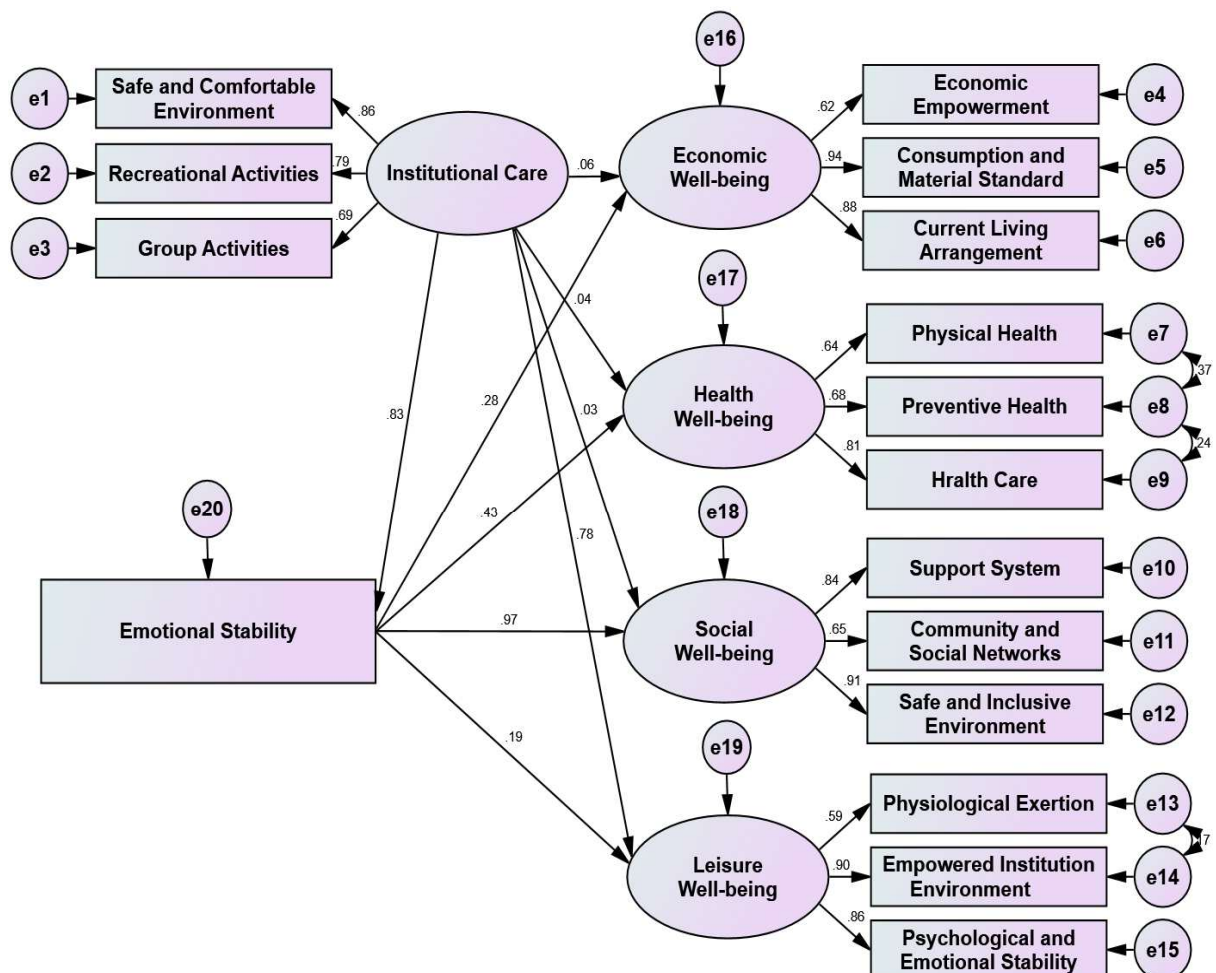


Table 6.17
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Emotional Stability as Mediating Variable - Total, Direct and Indirect Effects

				Unstandardised coefficient	Standardised coefficient	P	Result	Decision	Nature of Mediation
Institutional Care	→	Economic Well-being	Total Effect	0.429	0.296	<0.001**	Significant	H3d.1 Supported	Full Mediation
			Direct Effect	0.087	0.060	0.218	Insignificant		
			Indirect Effect	0.342	0.236	0.026*	Significant		
Institutional Care	→	Health Well-being	Total Effect	0.800	0.401	<0.001**	Significant	H3d.2 Supported	Full Mediation
			Direct Effect	0.078	0.042	0.269	Insignificant		
			Indirect Effect	0.722	0.359	<0.001**	Significant		
Institutional Care	→	Social Well-being	Total Effect	2.333	0.838	<0.001**	Significant	H3d.3 Supported	Full Mediation
			Direct Effect	0.091	0.033	0.272	Insignificant		
			Indirect Effect	2.242	0.806	<0.001**	Significant		
Institutional Care	→	Leisure Well-being	Total Effect	2.914	0.939	<0.001**	Significant	H2d.4 Not Supported	No Mediation
			Direct Effect	2.413	0.778	<0.001**	Significant		
			Indirect Effect	0.501	0.161	0.170	Insignificant		

* Significant at 5% level

Table 6.17 revealed the connection between institutional care and various aspects of well-being through the mediating role of emotional stability. For economic well-being, the total effect of institutional care is significant, but the direct effect is not. The indirect effect, however, is significant, which shows the unstandardised coefficient as 0.342 and standardised coefficient as 0.236. It indicates that emotional stability entirely facilitates this relationship. Correspondingly, for health well-being, the total effect is significant, while the direct effect is not. The significant indirect effect with Unstandardised coefficient score as 0.722 and standardised coefficient as 0.359, confirms that emotional stability also fully mediates the link between institutional services and health well-being. A similar pattern is seen with social well-being, where institutional care has a significant total effect, but the direct effect is not significant. The significant indirect effect as the unstandardised coefficient stood at 2.242 and standardised coefficient 0.806, highlights full mediation by emotional stability. But, for leisure well-being, while the total effect is significant, the direct effect is also significant, and the indirect effect is not which had an unstandardised coefficient value of 0.501 and standardised coefficient value of 0.161. This indicates that, emotional stability does not mediate the association between institutional care and leisure well-being. Overall, emotional stability plays a key role in mediating economic, health, and social well-being, but does not influence the link between institutional care and leisure well-being.

Table 6.18 presents the results of Sobel's, Aroian's, and Goodman's tests conducted to assess the significance of the mediating effect.

Table 6.18
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes
with their Emotional Stability as Mediating Variable - Sobel's Test, Aroian's Test
and Goodman's Test calculations for the significance of Mediation

Path	Path Value	SE	Mediation Effect					
			Sobel's Test		Aroian's Test		Goodman's Test	
Institutional Care - Economic Well-being	0.060	0.035	8.066	<0.001**	8.060	<0.001**	8.072	<0.001**
Institutional Care - Emotional Stability	0.831	0.033						
Emotional Stability - Economic Well-being	0.281	0.033						
Institutional Care -	0.042	0.021	7.318	<0.001**	7.313	<0.001**	7.324	<0.001**

Health Well-being								
Institutional Care - Emotional Stability	0.831	0.033						
Emotional Stability - Health Well-being	0.436	0.057						
Institutional Care - Social Well-being	0.033	0.030						
Institutional Care - Emotional Stability	0.831	0.033	20.110	<0.001**	20.104	<0.001**	20.116	<0.001**
Emotional Stability - Social Well-being	0.969	0.029						

* Significant at 5% level ** Significant at 1% level

The results of the table 6.18 show that emotional stability plays an imperative role in the relationship between institutional care and various factors of well-being. For economic well-being, the pathway from institutional care to economic well-being is significant, and emotional stability significantly mediates this relationship, as confirmed by all three tests, with p-values less than 0.001. A similar pattern is experienced for health well-being, in which emotional stability again mediates the relationship between institutional care and health well-being, with all tests showing significant results. For social well-being, emotional stability also intermediates the effect of institutional care, with the path being highly significant in all tests. In summary, emotional stability significantly affects economic, health, and social well-being, showing that it plays an important role in how institutional care impacts these areas of life.

Table 6.19 presents the model fit indices used to evaluate the extent to which the proposed model aligns with the existing theory.

Table 6.19

Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Emotional Stability as Mediating Variable - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.101	0.958	0.918	0.978	0.988	0.034	0.052
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The analysis confirms that the proposed model fits the data well. The CMIN/DF test indicates an acceptable fit, while the GFI, AGFI, NFI, and CFI values demonstrate strong model alignment, all meeting or exceeding recommended thresholds. Additionally, the low RMR and RMSEA values confirm the model's adequacy.

6.6.5 Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes - Mediating Role of their Creativity

The role of institutional care in enhancing the quality of life of the elderly people in old age homes is crucial. One of the key factors that contribute to their well-being is creativity. Engaging in creative activities, such as painting, paper bag making, gardening, crafting, or writing, helps elderly individuals feel more connected and fulfilled. It offers a sense of purpose and accomplishment, which is especially important in the later stages of life. Creative activities provide an opportunity to build stronger relationships with other inmates. Working together as a group creates a sense of community and companionship. As a result, the elderly individuals experience less loneliness and a stronger sense of belonging. In conclusion, creativity plays a significant role in improving the quality of life for the elderly people in old age homes. By promoting creativity, old age homes can improve the overall experience of their residents, helping them lead happier and more fulfilling lives.

H3e: Creativity of the Elderly significantly mediates the relationship between Institutional Care and their Quality of Life in Old Age Homes

Figure 6.6 depicts the Structural Equation Model analysing the association between institutional care and the quality of life of the elderly in old-age homes, with creativity stand-in as a mediating variable.

Figure 6.6

Structural Equation Model on the Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Creativity as Mediating Variable

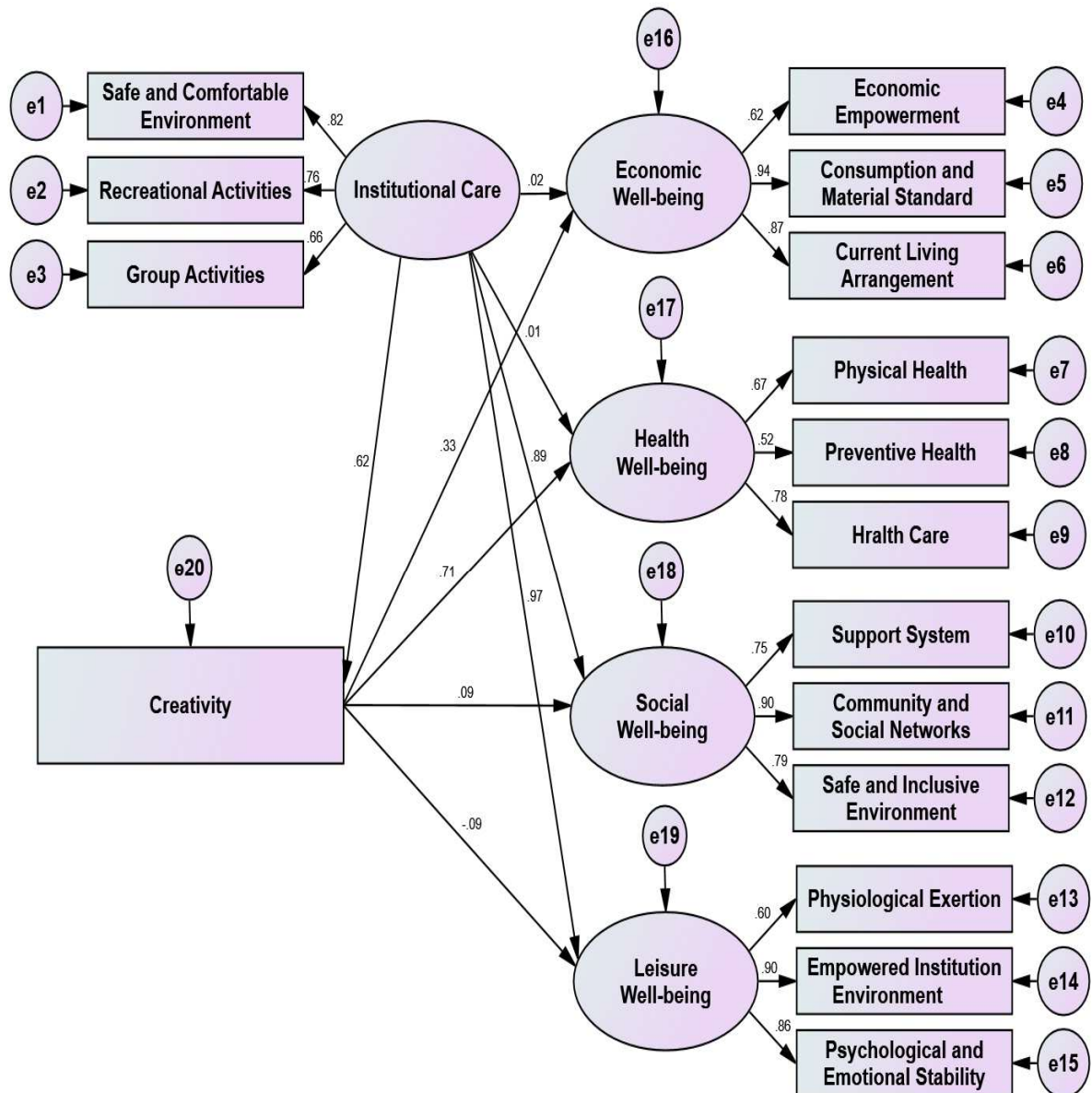


Table 6.20 reports the total, direct, and indirect effects of institutional care on the quality of life of elderly residents in old-age homes through the mediating effect of creativity.

Table 6.20
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Creativity as Mediating Variable -
Total, Direct and Indirect Effects

				Unstandardised coefficient	Standardised coefficient	P	Result	Decision	Nature of Mediation
Institutional Care	→	Economic Well-being	Total Effect	0.780	0.231	0.024*	Significant	H3e.1 Supported	Full Mediation
			Direct Effect	0.068	0.024	0.441	Insignificant		
			Indirect Effect	0.712	0.207	0.029*	Significant		
Institutional Care	→	Health Well-being	Total Effect	0.938	0.452	<0.001**	Significant	H3e.2 Supported	Full Mediation
			Direct Effect	0.068	0.011	0.542	Insignificant		
			Indirect Effect	0.870	0.441	<0.001**	Significant		
Institutional Care	→	Social Well-being	Total Effect	2.378	0.945	<0.001**	Significant	H3e.3 Not Supported	No Mediation
			Direct Effect	2.234	0.888	<0.001**	Significant		
			Indirect Effect	0.144	0.057	0.253	Insignificant		
Institutional Care	→	Leisure Well-being	Total Effect	1.954	0.913	<0.001**	Significant	H3e.4 Not Supported	No Mediation
			Direct Effect	2.148	0.968	<0.001**	Significant		
			Indirect Effect	-0.194	-0.055	0.140	Insignificant		

* Significant at 5% level

Table 6.20 displays how institutional care affects various aspects of well-being in the elderly individuals, with creativity playing a mediating role in some cases. For economic well-being, the total effect of institutional care is significant, and the indirect effect through creativity is also significant, while the direct effect is not. This confirms that creativity fully mediates the relationship between institutional care and economic well-being, supporting hypothesis concerned to economic wellbeing. Similarly, for health well-being, the total effect is significant, and the indirect effect is highly significant, with the direct effect being insignificant. This suggests that creativity fully mediates the link between institutional care and health well-being, supporting hypothesis regard to health wellbeing. For social well-being, although the total effect is significant, the indirect effect is not significant, and the direct effect is highly significant. This indicates that creativity does not mediate the relationship between institutional care and social well-being, leading to the rejection of hypothesis in favour of social wellbeing. leisure well-being, shows that the total effect is significant, the indirect effect is not significant, and the direct effect is significant. This shows that creativity does not mediate the relationship between institutional care and leisure well-being, resulting in the rejection of hypothesis concerned to leisure wellbeing. In summary, creativity fully mediates the relationship between institutional care and economic and health well-being, but does not mediate the relationship with social and leisure well-being.

The significance of the mediating effect was evaluated using Sobel's, Aroian's, and Goodman's mediation tests, and the corresponding results are presented in Table 6.21.

Table 6.21
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes
with their Creativity as Mediating Variable - Sobel's Test, Aroian's Test and
Goodman's Test calculations for the significance of Mediation

Path	Path Value	SE	Mediation Effect					
			Sobel's Test		Aroian's Test		Goodman's Test	
Institutional Care - Economic Well-being	0.024	0.023	8.955	<0.001**	8.946	<0.001**	8.965	<0.001**
Institutional Care - Creativity	0.622	0.032						
Creativity -	0.333	0.023						

Economic Well-being								
Institutional Care - Health Well-being	0.011	0.054	13.257	<0.001**	13.247	<0.001**	13.266	<0.001**
Institutional Care - Creativity	0.622	0.032						
Creativity - Health Well-being	0.707	0.039						

* Significant at 5% level

The results of the Sobel's Test, Aroian's Test, and Goodman's Test indicate that creativity significantly mediates the relationship between institutional care and the well-being of the elderly individuals in old age homes. For both economic and health well-being, all three tests show highly significant mediation effects with p-values less than 0.001. Specifically, creativity plays an important role in how institutional care influences economic and health well-being. The tests confirm that institutional care indirectly affects these aspects of well-being through creativity, highlighting the importance of creative activities in enhancing the overall quality of life for elderly residents. These findings suggest that promoting creativity can help improve both economic and health outcomes for the elderly individuals in institutional care settings. To assess the extent to which the proposed model aligns with the existing theory, model fit indices were examined, and the results are presented in table 6.22.

Table 6.22
Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with their Creativity as Mediating Variable - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.379	0.953	0.910	0.970	0.982	0.025	0.059
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The analysis authorizes that the planned model fits the data well. The CMIN/DF test specifies an acceptable fit, while the GFI, AGFI, NFI, and CFI values demonstrate

strong model alignment, all meeting or surpassing recommended verges. Additionally, the low RMR and RMSEA values confirm the model's adequacy.

Conclusion

Personal disposition significantly mediates the relationship between institution care and quality of life of elderly in old age homes. The findings suggest that institutional care has a moderate association with the quality of life of the elderly. The four pillars of quality of life act as mediators to varying degrees: while certain pillars partially mediate the relationship between institutional care and quality of life, others show no mediating effect. This indicates that institutional care contributes directly to quality of life, with only some aspects of well-being being indirectly influenced through specific pillars. Overall, the hypothesis of a mediating role is partially supported.

6.7 Chapter Summary

This chapter analysed the mediating role of personal disposition in the relationship between institutional care and the quality of life of elderly residents in old age homes. To ensure the validity of the variables, exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were conducted, along with tests for normality and multicollinearity. The personal disposition of the elderly was studied using five variables: happiness, optimism, creativity, adaptability, and emotional stability. A structural equation model (SEM) was used to examine the mediating role of these variables. The results show that happiness does not mediate the relationship between institutional care and economic well-being. Optimism acts as a mediating variable between institutional care and overall well-being. Adaptability acts as a partial mediator but does not significantly affect the relationship between institutional care and overall quality of life. Emotional stability plays a key role in mediating the effect of institutional care on the quality of life, highlighting its importance in improving well-being in old age homes. Overall, the study indicates that while some aspects of personal disposition like optimism and emotional stability strengthen the effect of institutional care, others like happiness and adaptability have limited or partial influence.

Chapter 7: Moderating Role of Government Intervention between Institutional Care and The Quality of Life of Elderly People in Old Age Home

7.1 Introduction

7.2 Government Intervention

7.3 Government Intervention - Exploratory Factor Analysis

7.4 Government Intervention - Confirmatory Factor Analysis

7.5 Government Intervention - Normality and Multicollinearity

*7.6 Role of institutional care in the quality of life of elderly in old
age homes – moderating role of government intervention*

7.7 Chapter Summary

7.1 Introduction

This chapter analyses the role of government intervention and its moderating effect on the relationship between institutional care and the quality of life of elderly residents in old age homes. Using Structural Equation Modelling (SEM) and slope analysis, the chapter evaluates how different levels of government support influence the well-being of older individuals under institutional care.

7.2 Government Intervention and the Quality of life of Elderly in Old Age Homes

The government plays an important role in establishing and running free old age homes, ensuring that elderly individuals without financial or familial support can live with dignity and care. The government supports the training of caregivers and healthcare professionals, ensuring they are equipped to handle the physical and emotional needs of the elderly.

7.3 Government Intervention - Exploratory Factor Analysis

The relevance of the data for factor analysis is tested by using Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. KMO figure above 0.9 is exemplary. The range 0.8 and 0.9 is treated as good. If the score lies between 0.7 and 0.8, it is rated as modest. It is considered fair, if the range lies between 0.6 and 0.7, and it is unacceptable if the score is below 0.5. (Kaiser & Rice, 1974). The results extracted from the test are given in table 7.1.

Table 7.1

Government Intervention - KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
	Approx. Chi-Square	Df	P
0.788	1267.313	10	<0.001**

**** Significant at 1% level**

In the exploratory factor analysis, the statistical result suggests that the data group is satisfactorily appropriate for extended examination. The sample adequacy is 0.788,

which falls within the correct range, suggesting that the data is matched for factor analysis.

Bartlett's Test of Sphericity yielded a significant result with Chi-square value of 1267.313, and $p < 0.001$, demonstrating significant outcomes. It remarks that the variables in the data group have meaningful connections. This strong connection between variables ensures the feasibility of factor analysis.

7.3.1 Government intervention -principal component analysis

When the data is perceived the eligibility for factor analysis principal component analysis is applied to find a minimum set of variables that account for the highest variance. The variables that score more than one Eigenvalue are measured as fixed. The analysis outcomes are depleted in table 7.2.

Table 7.2

Government Intervention - Principal Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.350	66.993	66.993	3.350	66.993	66.993

Extraction Method: Principal Component Analysis

Principal component analysis takes out 5 components with Eigenvalues higher than one. It has the capability to explain 66.993% of the variance in the data group. Retaining these variables make the data set simple and through by ensuring significant information as far-off with the PCA guidelines. It will help enriching the interpretability of the data set and thereby provides a clear view of its fundamental structure.

7.3.2 Government intervention- factor loading

Once variables are reduced into 5 factors, varimax rotation is used to enrich the clarity of the factors. it is useful to allow variables with significant loading to be attributed to a single principal component.

Table 7.3**Government Intervention - Rotated Component Matrix**

Factor	Measures Acronym	Measures	Factor Loading	Cronbach's Alpha
Government Intervention	GI1	The government provides enough financial support for old age homes.	0.881	0.855
	GI2	Government-supported healthcare facilities are available in the old age home.	0.896	
	GI3	Government programs help improve the quality of life for elderly residents.	0.620	
	GI4	Government inspections ensure the quality and safety of old age homes.	0.856	
	GI5	The policies and programs of the government are useful for elderly residing in old age homes	0.809	

Extraction Method: Principal Component Analysis

The structure of the dataset was examined by using principal component analysis under the Exploratory Factor Analysis (EFA) method. This led to the identification of five factors, with a separate set of measures loading onto each. These factors include financial support, health care facility, government inspection, etc.

To test the internal consistency of the components, Cronbach's alpha was used. The results specified that the alpha values are greater than 0.70 for all components, signifying strong consistency. This confirms that the grouped items are interrelated and measures the anticipated construct effectively.

7.4 Government Intervention - Confirmatory Factor Analysis

To examine the extent to which the 5 measures adequately defined magnitudes of government intervention, confirmatory factor analysis was executed. The model was evaluated using various fit indices, such as CMIN/DF, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Normed Fit index (NFI), Comparative Fit Index (CFI), Root Mean Square Residual (RMR) and Root Mean Square Error of Approximation (RMSEA), and the root mean square error. The results are presented in table 7.4.

Table 7.4**Government Intervention - Model Fit Indices**

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	4.129	0.983	0.936	0.981	0.985	0.020	0.068
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

According to the table, the government intervention model satisfies all model fit indices, such as CMIN/DF, GFI, AGFI, NFI, CFI, RMR, and RMSEA. These standards were met, stating that the 5 measures represent the construct successfully.

In addition to measuring model fit indices, the rationality of the concept is inspected. The two dimensions of construct validity are convergent validity and discriminant validity. Convergent validity is resolute through the system of measurements such as Standardized Regression Weight (SRW), Composite Reliability Coefficient (CRC), and Average Variance Extracted (AVE).

The approximations of the model and psychometric features of the determinants of government intervention model are presented in table 7.5.

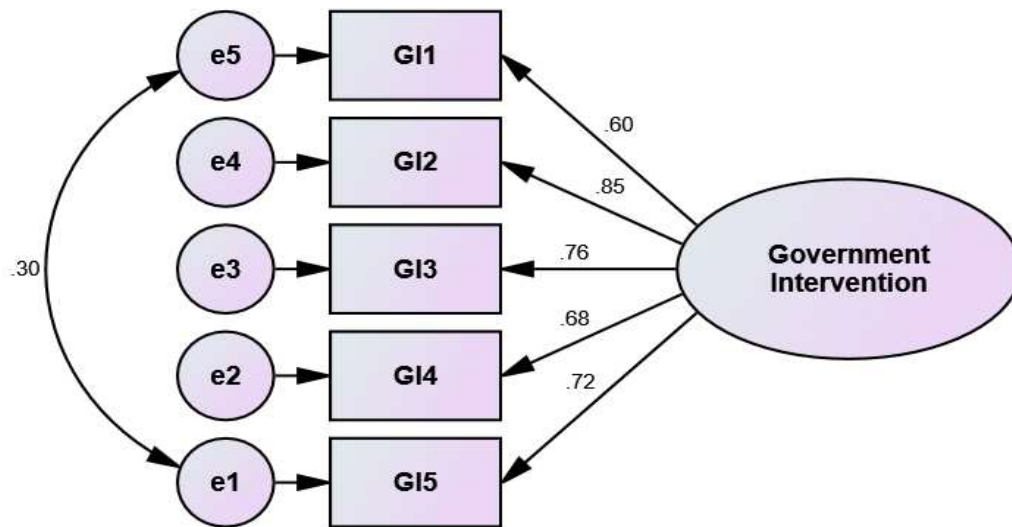
Table 7.5**Government Intervention - Model Estimates and Psychometric Properties**

Factor	Items	Standardized Regression Weights	P	Composite Reliability	Average Variance Extracted
Government Intervention	GI1	0.600	<0.001**	0.847	0.530
	GI2	0.855	<0.001**		
	GI3	0.759	<0.001**		
	GI4	0.682	<0.001**		
	GI5	0.718	<0.001**		

** Significant at 1% level

According to table 7.5, the Standardized Coefficients for all measures exceed the tolerable boundary of 0.50. Moreover, the dimension recorded AVE and CRC values exceeding the cut-off thresholds of 0.50 and 0.70, respectively. These results advocate that the model is appropriate and meets construct validity requirements. The confirmed CFA diagram for government intervention, including Standardized Coefficients and factor correlations, is shown in figure 7.1.

Figure 7.1
Government Intervention - CFA Model



The AVE approximations for the five magnitudes in table 7.5 surpass their equivalent SIC values, signifying that the indicators share a greater link with their proposed constructs than with unconnected ones. Consequently, the CFA model for Economic Well-being establishes Discriminant Validity.

7.5 Government Intervention - Normality and Multicollinearity

Normality and Multicollinearity are key concepts that influence the validity of data. Normality refers to the condition where data follows a normal distribution, characterized by a symmetrical bell-shaped curve centered around the mean. Kolmogorov-Smirnov and Shapiro-Wilks tests are the most commonly used statistical tools to determine the extent to which the data follows a normal distribution.

Multicollinearity is a statistical phenomenon that occurs when two or more independent variables in a model are highly correlated. In other words, it is a state where there is a strong linear relationship among two or more predictor variables. To evaluate

multicollinearity, one commonly used metric is the Variance Inflation Factor (VIF). A VIF value greater than 10 is often measured as indicative of multicollinearity. For multicollinearity in the analysis, Lower VIF values indicate less multicollinearity. Table 7.6 shows the normality and multicollinearity statistics of government intervention.

Table 7.6

Government Intervention - Normality and Multicollinearity Statistics

Factors	Kolmogorov-Smirnov			Shapiro-Wilks			Variance Inflated Factor (VIF)
	Statistic	Df	P	Statistic	Df	P	
Government Intervention	0.050	403	0.126	0.989	403	0.121	1.027

The Kolmogorov-Smirnov test with p – value as 0.126 and the Shapiro-Wilks test shows p- value as 0.121 illustrates that the data for Government Intervention do not significantly diverge from normality, suggesting it is approximately normally scattered. Additionally, the Variance Inflation Factor (VIF) value of 1.027 validates that, multicollinearity is not a concern as it is well below the threshold of 10. These results propose that, the variable is suitable for use in regression analysis without issues related to distribution or multicollinearity.

7.6 Role of institutional care in the Quality of Life of the Elderly in Old Age Homes – Moderating Role of Government Intervention.

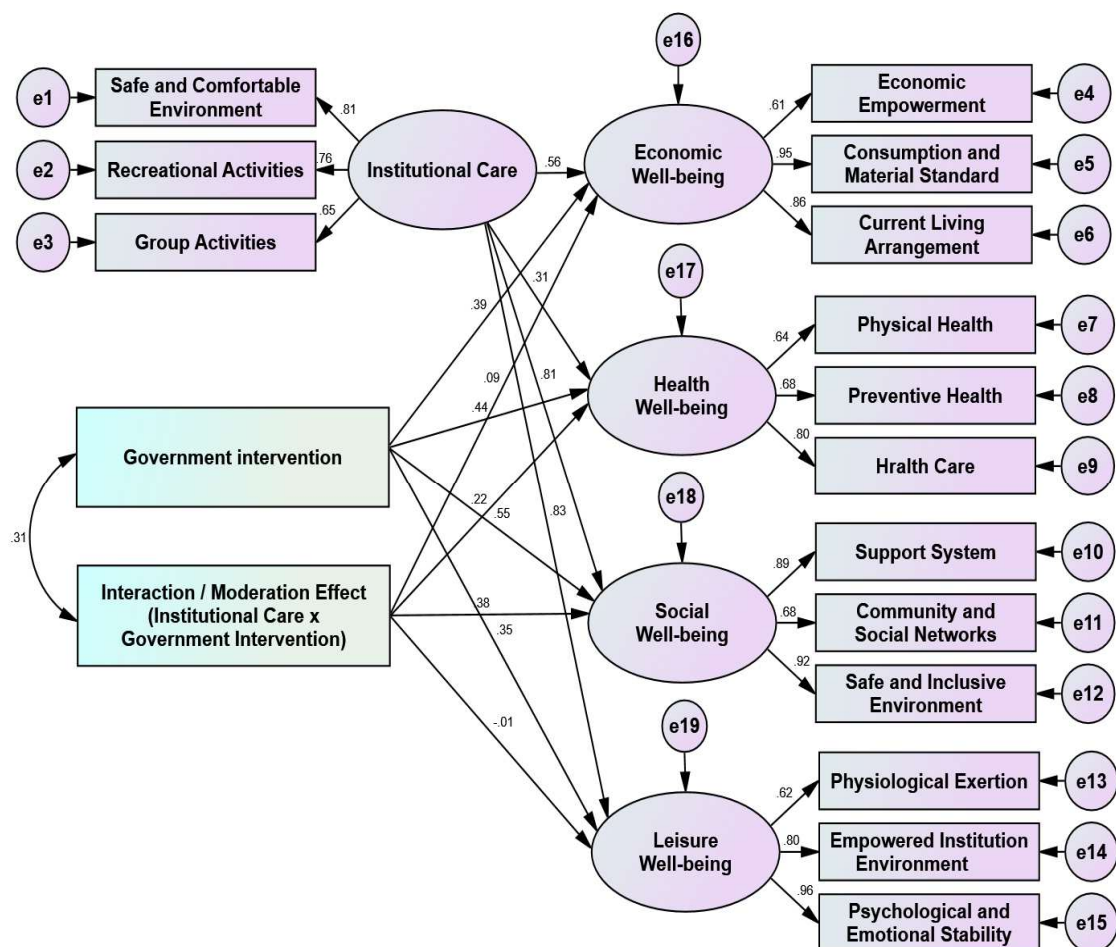
Old age homes play a vital role in enlightening the lives of elderly people, especially those without the support of their family. These aged care homes provide attention by offering healthy food, regular health check-ups, and mental support. They also give the elderly a chance to interact with others, reducing feelings of loneliness. Trained and efficient caregivers help the inmates in health issues and daily challenges, ensuring that they live comfortably. However, the quality of these services often depends on government support. The governments can deliver funds, set instructions and guidelines, and ensure that old age homes sustain good standards of care. This support can make these facilities more affordable for those with limited income, ensuring more elderly people, benefit from them. Regular inspections and audits of free old age homes help maintain accountability and prevent misuse of the resources. Public awareness

campaigns by the government can also highlight the availability of these homes, encouraging families and elderly individuals to seek help when needed. By encouraging partnerships with non-profit organizations and community groups, governments can expand and improve the services offered in free old age homes, promoting inclusivity and compassion for the elderly. The government also introduced several policies and programs in favour of the older adults living in old age homes

H4: Government Intervention significantly moderates the relationship between Institutional Care and Quality of Life of the Elderly in Old Age Homes

Figure 7.2 illustrates the Structural Equation Model on the role of institutional care in the quality of life of the elderly in old age homes with government intervention as a moderating variable.

Figure 7.2
Structural Equation Model on the Role of Institutional Care in the Quality of Life of the Elderly in Old Age Homes with Government Intervention as Moderating Variable.



7.6.1 Role of Institutional Care in the Economic Well-being of Elderly in Old Age Homes - Moderating Role of Government Intervention

It is already proven that the institutional care that the elderly is experiencing has got a significant positive role in enabling their economic well-being. However, the government as a regulating body, can have a vital role in accelerating the momentum of the relationship between institutional care and economic well-being of the elderly. To test the extent to which the government acts as a moderator between institutional care and economic well-being of the elderly in old age homes, the given hypothesis is formulated.

H4a: Government Intervention significantly moderates the relationship between Institutional Care and Economic Well-being of the Elderly in Old Age Homes

Table 7.7 demonstrates the coefficient of the role of institutional care in the economic well-being of the elderly in old age homes with government intervention as moderating variable

Table 7.7
Role of Institutional Care in the Economic Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S.E	C.R	P	Decision
Government Intervention	→	Economic Well-being	0.784	0.560	0.142	5.516	<0.001**	H4a Supported
Interaction / Moderating Effect (Institutional Care x Government Intervention)	→	Economic Well-being	0.155	0.091	0.064	2.434	0.028*	

*Significant at 5% level

**Significant at 1% level

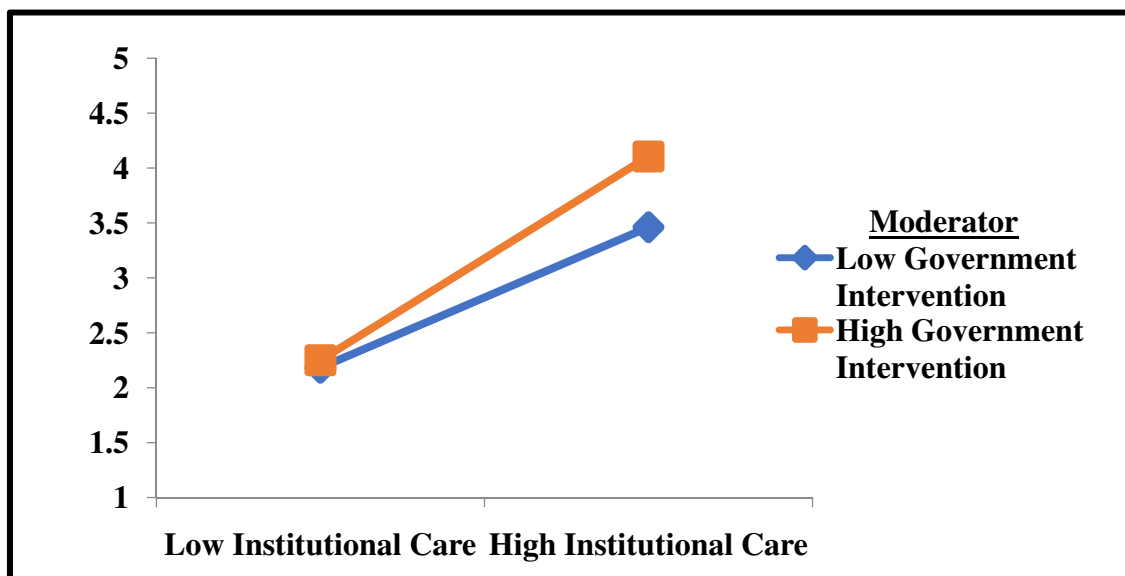
As per the results, it can be inferred that government intervention possesses a significant moderating role in between institutional care and economic well-being of the elderly in old age homes. this indicates that, government intervention can strengthen the relationship between institutional care and economic well-being of the elderly in old age homes. although the relationship between these two factors is positive and significant, Intervention by the government authorities can further strengthen the contribution of old age homes in creating the economic well-being of their residents.

7.6.2 Role of Institutional Care in the Economic Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis

A simple slope analysis is also performed to gather a clear understanding of the nature of the moderating effect of the government intervention between institutional care and economic well-being of the elderly in old age homes. Figure 7.3 illustrates the slope analysis.

Figure 7.3

Role of Institutional Care in the Economic Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis



By analyzing the figure 7.3, it can be seen that the line is much steeper for high government intervention, indicating that at high level of government intervention, the impact of institutional care on economic well-being is much stronger as compared to

for low government intervention. as the level of government intervention increases, the strength of the relationship between both institutional care and economic well-being among the elderly in old age homes also goes up.

7.6.3 Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes - Moderating Role of Government Intervention

The government plays a significant role in caring for the elderly people in free old-age homes. It provides funds, health services, and safe places to live. Regular checkups, good food, and support for mental health are also offered. Laws and regulations make sure the elderly are protected and treated with respect. The care in institutional homes for the elderly has a significant positive role in creating their health well-being. The authorised ruling body has an important role in inspiring the momentum of interaction between institutional care and health of aged people in old age homes. To inspect the extent to which the government acts as a facilitator between institutional care and health and well-being of the aged, the following hypothesis is framed.

H4b: Government Intervention significantly moderates the relationship between Institutional Care and Health Well-being of the Elderly in Old Age Homes

Table 7.8 presents the coefficients of the moderating effect of government intervention on the relationship between institutional care and the health well-being of elderly residents in old-age homes.

Table 7.8
Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S. E	C.R	P	Decision
Government Intervention		Health Well-being	0.553	0.440	0.061	9.086	<0.001**	H4b Supported
Interaction / Moderating Effect (Institutional Care x Government Intervention)	→ →	Health Well-being	0.297	0.219	0.038	7.824	<0.001**	

**Significant at 1% level

Table 7.8 illustrates that the government intervention proposes an important intermediate role between institutional care and health well-being of the elderly residing in old age homes. The table highlights that, through government intervention, institutional care and health can be strengthened. It is clear that there is a positive and significant relationship between institutional care and health well-being, and government intervention can further strengthen the contribution of old is homes in creating the health and well-being of their inmates.

7.6.4 Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis

In order to understand the nature of the intermediating effect of government intervention between institutional care and the health well-being of aged people in old age homes, simple slope analysis is conducted. Slope analysis is conducted to study the relationship between institutional care and the health and well-being and understand the role of government in strengthening these two variables. The visual representation of slope analysis is presented in figure 7.4.

Figure 7.4
Role of Institutional Care in the Health Well-being of Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis

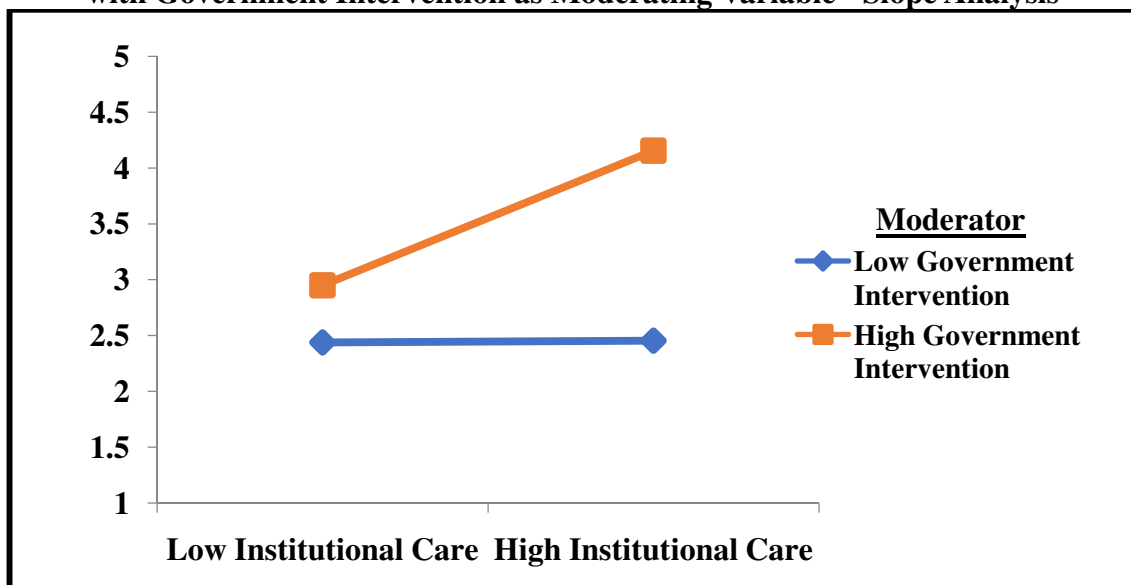


Figure 7.4 shows that the line for government interventions is much steeper. This means that higher government intervention leads to a stronger impact of institutional care on health and well-being. It highlights that as government support increases, the

link between institutional care and health improves for residents in old-age homes. Conversely, lower intervention results in a weaker impact.

7.6.5 Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes -Moderating Role of Government Intervention

The social well-being of the elderly people in old age homes rest on access to suitable healthcare, mental support, and chances to connect with the community to avoid loneliness. Problems like underfunding, dishonor, and lack of trained staff often affect their quality of life. Governments play an important role by funding these homes, providing healthcare, training staff, and protecting the rights of senior citizens. The link between social well-being and institutional care is clear, and the government acts as a key factor in strengthening this connection, ensuring that the elderly receive the care and respect they deserve. The government, as a controlling body, has an important role in influencing the relationship between institutional care and social well being of senior citizens in old age homes. Here, an analysis is formulated to test the magnitude to which the government acts as a moderator between institutional care and the social well-being of the elderly.

H4c: Government Intervention significantly moderates the relationship between Institutional Care and Social Well-being of the Elderly in Old Age Homes

Table 7.9 presents the coefficients of the moderating effect of government intervention on the relationship between institutional care and the social well-being of elderly residents in old-age homes.

Table 7.9
Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable – Coefficient

Factors			Unstandardize d Coefficient	Standardized Coefficient	S.E	C.R	P	Decision
Government Intervention	→	Social Well-being	0.760	0.548	0.029	26.218	<0.001**	H4c Supported
Interaction / Moderating Effect (Institutional Care x Government Intervention)	→	Social Well-being	0.502	0.378	0.057	8.815	<0.001**	

***Significant at 1% level*

Table 7.9 gives the result that government intervention occupies a significant moderating role between institutional care and the social well-being of elderly people who joined old age homes. It led to the conclusion that the intervention of the government can strengthen the relationship between institutional care and the social well-being of aged people in old age homes. Government authority as a regulating body can able to intervene in the institutional care and can enhance the social well-being of older adults residing in old age homes.

7.6.6 Role of Institutional Care in the Health Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis

In order to analyse the nature and magnitude of the controlling effect of government intervention between institutional care and social well-being of the elderly in old age homes, a slope analysis is conducted. The visual representation of slope analysis is presented in figure 7.5.

Figure 7.5

Role of Institutional Care in the Social Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Slope Analysis

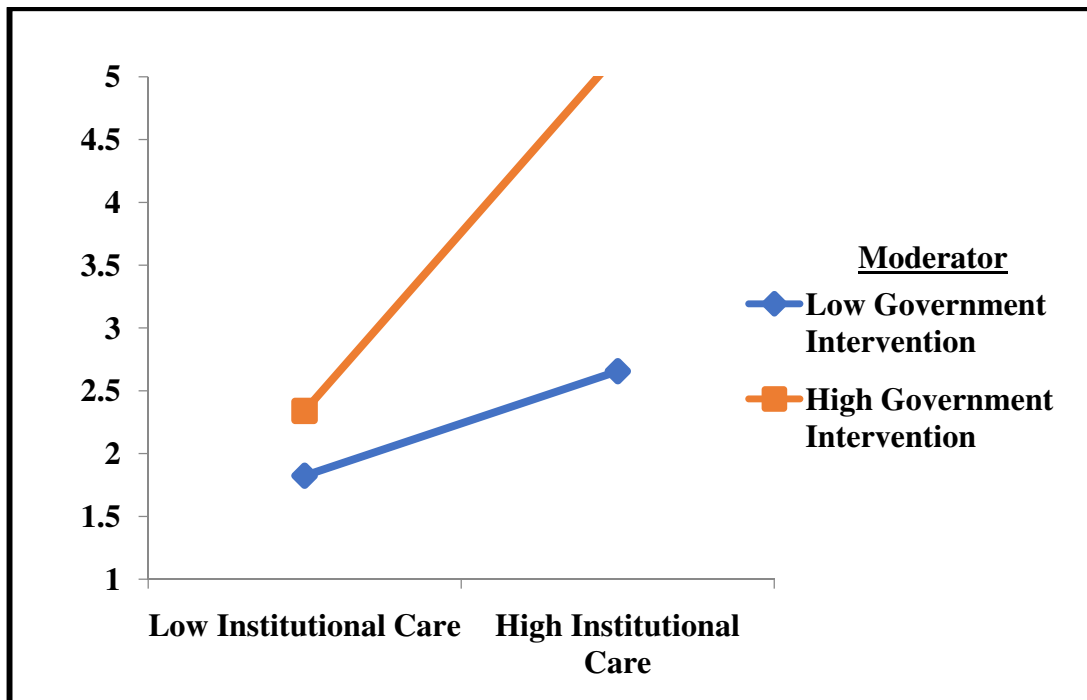


Figure 7.5 presents the slope analysis of the relationship between institutional care and the social well-being of the elderly, with government intervention as a moderating

factor. The steeper line for government intervention specifies that higher government involvement, united with strong institutional care, leads to improved social well-being. Contrarywise, low government participation results in lower social well-being. This shows a direct relationship where increased government intervention strengthens the connection between institutional care and the social well-being of the elderly residents in old age homes.

7.6.7 Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age Homes - Moderating Role of Government Intervention

Institutional care is very significant for the pleasure and relaxation of the elderly people living in old age homes. Leisure well-being means feeling joy and satisfaction through activities like games, hobbies, and engaging time within and outside the institution. When old age homes provide good care, the elderly can enjoy these activities, which help them feel less lonely and more connected to others. Such care creates a positive and supportive environment for the elderly to stay happy and active. The government plays an important role in improving this care. When the government gives proper support, like funds, rules, and resources, old age homes can provide better facilities, trained staff, and more activities for the elderly. This makes life in old age homes more enjoyable and comfortable. But when government help is less, old age homes may not have enough resources, and the elderly might not get the activities or care they need. This shows how government support helps make the connection between institutional care and the well-being of the elderly stronger, ensuring they live a happier and more meaningful life. Here, an analysis is formulated to test the magnitude to which the government acts as a moderator between institutional care and leisure well-being of the elderly.

H4d: Government Intervention significantly moderates the relationship between Institutional Care and Leisure Well-being of the Elderly in Old Age Homes

Table 7.10 presents the coefficients of the moderating effect of government intervention on the relationship between institutional care and the leisure well-being of elderly residents in old-age homes.

Table 7.10
Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable – Coefficient

Factors			Unstandardized Coefficient	Standardized Coefficient	S. E	C. R	P	Decision
Government Intervention	→	Leisure Well-being	0.353	0.197	0.042	8.421	<0.001*	H4d Not Supported
Interaction / Moderating Effect (Institutional Care x Government Intervention)	→	Leisure Well-being	-0.013	-0.011	0.028	-0.484	0.612	

***Significant at 1% level*

Table 7.10 displays the result that government intervention occupies a significant moderating role between institutional care and leisure well-being of the elderly people who joined old age homes. It led to the conclusion that the intervention of the government can strengthen the relationship between institutional care and the leisure well-being of aged people in old age homes. Government authority as a regulating body can able to intervene to the institutional care and can enhance the social well-being of older adults residing in old age homes.

Table 7.11 shows the model fit indices for the role of institutional care in the leisure well-being of the elderly in old-age homes, with government intervention as a moderating variable.

Table 7.11
Role of Institutional Care in the Leisure Well-being of the Elderly in Old Age Homes with Government Intervention as Moderating Variable - Model Fit Indices

Index	CMIN/DF	GFI	AGFI	NFI	CFI	RMR	RMSEA
Value	2.162	0.956	0.912	0.976	0.987	0.039	0.054
Criteria	< 5 (Hair et al., 1998)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hair et al., 2006)	> 0.90 (Hu & Bentler, 1999)	> 0.90 (Hooper et al., 2008)	< 0.08 (Hair et al., 2006)	< 0.08 (Hair et al., 2006)

The model fit indices suggest that the structural model is well-specified and aligns with the data. The fit measures, including GFI, AGFI, NFI, and CFI, are all above the recommended threshold of 0.90, indicating a strong model fit. Furthermore, the low RMR and RMSEA values, both below 0.08, confirm minimal residual error and an acceptable fit to the observed data.

Conclusion

Government intervention significantly moderates the relationship between institutional care and quality of life. It plays an important moderating role in enhancing the quality of life of the elderly within institutional care settings. Among the four components of quality of life tested, three show significant moderation, confirming the hypothesis, while one component does not. This suggests that while government support strengthens most aspects of elderly well-being, its influence is not uniform across all domains. Overall, the moderating role of government is largely supported, highlighting its critical contribution to improving elderly care and living conditions.

7.7 Chapter Summary

This chapter explores the moderating role of government intervention in influencing the quality of life of the elderly individuals residing in care institutions. Government intervention refers to the policies and actions implemented to improve the well-being of the elderly in old age homes. The study found that, government support significantly enhances the quality of life for institutionalized elderly individuals. All aspects of the study showed a positive relationship between the quality of life of the elderly and the extent of government intervention, highlighting its critical role in fostering better living conditions and care in these institutions.

Chapter 8: Finding Suggestion and Conclusion

8.1 Introduction

8.2 Summary of Procedure

8.3 Summary of Findings

8.4 Policy Suggestions

8.5 Future Scope of Research

8.1 Introduction

This section presents the conclusions derived from the study's findings. The chapter offers practical suggestions and policy recommendations aimed at improving the quality of life of the elderly in institutional care settings. It also discusses the implications of the study for future research and possible directions for further exploration in this field.

8.2 Summary of Procedure

The study on 'Institutionalised Elderly in Kerala: An Assessment of Quality of life and support system, focuses on the elderly people residing in free old age homes in Kerala. This research is intended to identify the determinants behind the residing of the elderly in free old age homes. Various determinants led to the joining of the elderly, into institutional care (Shamsi Akbar et al., 2014). In an institutional setup, older adults experience dramatic changes in their lifestyle and surrounding atmosphere (Janbandhu et al., 2022). Therefore, studying the quality of life becomes essential to understand and address their overall well-being effectively. The quality of life of the elderly is closely related to institutional care (Isha, 2016). This study also examines the role that institutional care in shaping the quality of life of the elderly. The change in atmosphere and surroundings affects the elderly in both positive and negative terms. This impact is based on their personal characteristics (Panwar et al., 2019). Thus, this study also explores the mediating role of personal disposition in the quality of life of elderly people living in institutional care. The government has an important role in maintaining better standard for old age homes (Harbishettar et al., 2021). The intervention of government can enhance the quality of life in an institutional set up. Therefore, the study demonstrates the moderating role of government between care in the old age home and the quality of life of the elderly.

The study attained its objectives using primary data collected from 403 individuals residing in free old age homes in Kerala. Data collection was done through direct interviews. Secondary data is collected from various published reports. The socio-demographic characteristics of institutionalised elderly individuals were analysed using frequency distributions. To identify the factors influencing elderly admission to old age

homes, Exploratory Factor Analysis (EFA) was carried out. The Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity were performed to ensure the suitability of the data for factor analysis. Principal Component Analysis (PCA) was used to extract the minimum number of factors, and the Rotated Component Matrix was used to simplify the interpretation of the results. In order to test and validate, the factors Confirmatory Factor Analysis (CFA) was administered. The validity of the identified factors was confirmed using fit indices. Descriptive statistics were used to determine the most influential factors contributing to the admission of the elderly individuals to old age homes. Mean and standard deviation were calculated for this purpose.

The Quality of Life Index for the elderly individuals living in old age homes was developed. This index includes four main components: economic well-being, social well-being, health well-being, and leisure well-being.

The index is calculated using the Min-Max normalisation technique, which standardises the data to a range between 0 and 100 (OECD, 2008). A 'z'-score is then computed, based on the the average scores of all components. The final index score is converted into percentage (0 to 100), and quality levels are categorised as follows:

- Low quality of life: Scores below 33.33
- Medium quality of life: Scores between 33.34 and 66.66
- High quality of life: Scores above 66.67

Equal importance is given to all components in the index, following the methodology of the Quality of Life for Elderly Index 2021. The quality of life of the elderly individuals in institutional settings was analysed based on their demographic characteristics. Statistical tools such as Independent t-tests, one-way ANOVA, and Tukey's post hoc test were used to compare the quality of life across different demographic groups. The analysis focused on four key aspects of quality of life: economic, social, health, and leisure well-being, along with major demographic factors. To understand the role of institutional care in improving the quality of life of the elderly in old age homes, a Structural Equation Model (SEM) was applied. Before building the SEM, Confirmatory Factor Analysis (CFA) and Exploratory Factor Analysis (EFA) were conducted to validate the data structure. Additionally, tests for multicollinearity and normality were performed to ensure the reliability of the analysis.

A Structural Equation Model (SEM) was used to analyse the role of institutional care in the quality of life of the elderly individuals, considering their personal disposition as a mediating variable. The model examined the total effect, direct effect, and indirect effect to evaluate the significance of the relationships and test the hypotheses. To determine the significance of mediation, statistical tests such as the Sobel test, Aroian's test, and Goodman's test were conducted. These tests confirmed the mediating role of personal disposition in the relationship between institutional care and the quality of life of the elderly.

The moderating role of government intervention in the relationship between institutional care and the quality of life of elderly individuals living in old age homes was analysed using a Structural Equation Model (SEM). To further explore the moderation effect, a slope analysis was also conducted, providing deeper insights into how varying levels of government intervention influence the quality of life.

8.3 Summary of Findings

The number of elderly individuals residing in old age homes in Kerala is increasing day by day (Rajan et al., 2020 and Fernandez & Zacharias, 2018). This trend highlights the unique needs and challenges faced by the elderly population, including care and support requirements. This study remarked that the majority of respondents in the old age homes belong to the 70-79 age group and this group often faces health issues, loss of spouse, lack of social relationships, and economic challenges. Only 3% of residents are aged 90 years and above. Interestingly, the majority of residents are female, as women are often considered a more vulnerable section of society due to factors like longer life expectancy, economic dependence, and lack of social support. A significant proportion of the elderly residents are widowed, with the death of a spouse being a major reason for their transition to institutional care.

In terms of religious composition, the majority of the residents belong to the Hindu community while representation from the Muslim community is minimal. In terms of education, most residents are illiterate followed by those with only primary education, reflecting their lower socio-economic status. Since education is closely linked to overall well-being and quality of life, the low educational attainment further

emphasises their disadvantaged position in society. One of the most significant societal changes impacting the elderly is the shift to nuclear family structures. In this study, 81.81% of the elderly residents come from nuclear families which often lack the traditional support system provided by joint families. This shift has contributed to the increasing dependence of the elderly individuals on old age homes for care and companionship.

8.3.1 Determinants behind the shifting of elderly in to old age home

The main reasons behind the shifting of the elderly people into old age homes are related to demographic, familial, economic, physical and psychological aspects. Among these, increased life expectancy is the most important reason, as it scored the highest mean. This shows that many elderly people need extra care as they age. It is noted that not having children is not a major factor for the elderly to move to the old age homes, as other factors are more important in this decision. Family conflicts are one of the major reasons for the elderly individuals moving to old age homes. These conflicts often arise due to misbehaviour by children and in-laws, neglect, or unwillingness of family members to take on the responsibility of caregiving. The breakdown of joint families has further weakened the familial bond, leaving many elderly individuals without adequate care.

Economic dependence is another key issue, as elderly individuals who rely financially on their families may feel like a burden, leading to strained relationships. Additionally, adjustment problems within the family, such as generational gaps and differing lifestyles, can make the elderly feel unwelcome in their own. Health issues are also a significant factor. Many elderly people face chronic illnesses, disabilities, or reduced mobility, making it difficult for them to manage daily tasks without assistance. In cases where families are unable or unwilling to provide the necessary care, institutional support becomes the only viable option. The study concludes that familial factors are the primary reason for the shift of the elderly individuals into old age homes, followed by social factors such as isolation and lack of community support. Together, these challenges highlight the importance of addressing both family dynamics and broader social systems to improve the quality of life for the elderly.

8.3.2 Quality of life of the elderly in institutional care

The quality of life of the elderly individuals depends on several key factors. According to the Economic Well-Being Index, a significant proportion, 43% of the respondents, experience low economic well-being. This indicates that, financial constraints are a major challenge for many elderly individuals. When it comes to health, the majority have only a moderate health status. This is primarily due to various health issues that they commonly face, which prevent them from enjoying optimum well-being. In terms of social well-being, most respondents report a low level of social interaction. The lack of meaningful relationships and social activities contributes to feelings of loneliness and isolation. Additionally, the respondents highlighted moderate leisure well-being, which reflects the absence of adequate recreational and leisure facilities that could enhance their mental health and happiness.

Overall, the quality of life of the elderly individuals residing in old age homes is moderate. This suggests that institutions meet basic needs but only partially enhance broader capabilities and higher-level needs, supporting both Sen's Capability Approach and Maslow's theory. Addressing economic challenges, providing better healthcare, fostering social interactions, and offering recreational opportunities could significantly improve their well-being.

8.3.3 Quality of life across the demographic profile of the elderly in old age homes

The association between the quality of life and the demographic profile of the elderly individuals reveals significant insights. Male residents tend to enjoy better economic well-being, when compared to their female counterparts. However, age does not have a significant impact on economic well-being. Marital status, on the other hand, plays a notable role, with married elderly individuals experiencing better economic well-being, when compared to those who are widowed, separated, or single. Educational status is also linked to economic well-being, as better-educated individuals tend to fare better economically. Furthermore, elderly individuals living in nuclear families report higher economic well-being than those in joint families. Similarly, those who previously lived with their children also show better economic well-being, highlighting the importance of family structure and support in shaping their financial stability.

The association between health well-being and demographic profiles significantly impacts the overall well-being of the elderly individuals residing in old age homes. Male elderly individuals tend to enjoy better health well-being than their female counterparts. However, age does not significantly influence health outcomes, as no notable differences are observed across age groups. Marital status is a significant factor, with married elderly individuals reporting better health conditions. Higher educational attainment is also associated with improved health well-being, reflecting the positive impact of education on health awareness and access to care. Elderly individuals living in nuclear families enjoy better health well-being compared to those in joint families. Additionally, the living arrangements that they had before moving to the old age home play a role; those who previously lived with their children tend to have better health well-being than others.

Social well-being, which reflects the interactions and communications of the elderly individuals with others, is significantly influenced by demographic factors. Male residents in old age homes tend to enjoy higher social well-being, when compared to their female counterparts. Social well-being is also associated with age, with elderly individuals aged 90 and above reporting better social interactions than those in younger age groups. Marital status plays a crucial role, as married elderly residents exhibit higher social well-being compared to those who are widowed, separated, or single. Educational attainment further influences social well-being, with elderly individuals having secondary education showing higher social engagement compared to those with primary education or no formal education. This could be attributed to differences in adaptability or social preferences. Living arrangements before moving to an old age home also have a notable impact. Elderly individuals who lived in nuclear families prior to joining an old age home report better social well-being compared to those from joint families. Similarly, those who previously lived with their children exhibit higher levels of social interaction and communication, while elderly individuals who lived alone prior to entering the old age home report lower social well-being. This highlights the importance of prior family and social support in shaping the social experiences of elderly individuals in old age homes.

Leisure well-being among the elderly people in old age homes is influenced by their family background. The study shows that male residents enjoy more leisure activities compared to females. Married elderly people also have better leisure well-being than those who are single, widowed, or separated. Education plays a positive role, as those with higher education levels are more involved in recreational activities. Elderly individuals from nuclear families have better leisure well-being compared to those from joint families. Additionally, the living arrangements before moving to the old age home matter. Those who lived with their children have higher leisure well-being, while those who lived alone tend to have lower leisure well-being. These factors show how background and family support affect the leisure activities for the elderly people.

8.3.4 Role of institutional care in the quality of life of the elderly in old age homes

Institutional care significantly impacts the quality of life of the elderly individuals living in free old age homes. It is positively associated with the economic well-being of residents by supporting their financial needs, improving their consumption and material standards, and providing a stable living arrangement. These factors collectively enhance their economic stability. Health wellness is also linked to institutional care, as it ensures access to proper physical health facilities, preventive healthcare, and ongoing medical support. Furthermore, institutional care plays a vital role in improving social well-being by offering a supportive environment, fostering community connections, and encouraging social networks that help reduce loneliness and isolation. Leisure well-being is another area positively influenced by institutional care. By ensuring economic stability and offering recreational activities, institutional care helps the elderly residents to lead more fulfilling and enjoyable lives. This supports Sen's view that access to care expands an individual's capabilities and Maslow's view that meeting physiological and safety needs improves overall well-being. Overall, institutional care provides a comprehensive framework that enhances economic, health, social, and leisure well-being, significantly improving the quality of life of the elderly individuals.

8.3.5 Mediating role of personal disposition between the quality of life and institutional care of the elderly in old age homes

The personal attitude of the elderly individuals significantly influences their overall quality of life in free old age homes. Happiness plays a key role as a mediating factor

for some aspects of well-being, but not for others. The study reveals that, there is no mediation between economic well-being and happiness, suggesting that financial stability does not directly influence happiness, nor does happiness enhance economic well-being. However, happiness acts as a partial mediator for health, social, and leisure well-being. Thus, happiness strengthens the positive effects of health, social interactions, and leisure activities, creating a cycle of improvement, even though it does not directly influence the economic well-being.

Optimism plays a key role in the relationship between institutional care and the quality of life of the elderly individuals, acting as a partial mediator for economic, health, social, and leisure well-being. This means that while institutional care directly improves these aspects, optimism further enhances their positive effects. For instance, institutional care provides financial stability, and optimism helps individuals feel more secure and positive about their economic situation, boosting their economic well-being. Similarly, institutional care supports healthcare, and optimism contributes to better recovery and improved health. In terms of leisure, institutional care provides recreational opportunities, and optimism encourages greater participation and enjoyment. However, for social well-being, optimism does not play a mediating role, as social interactions and relationships are directly influenced by institutional care without significant input from personal optimism.

Adaptability influences the relationship between institutional care and the quality of life of elderly. For economic well-being and social well-being, there is no mediation, which means that, institutional care directly impacts these areas without much influence from adaptability. However, for health well-being and leisure well-being, adaptability acts as a partial mediator, meaning it helps improve the positive effects of institutional care. For example, being adaptable allows individuals to adjust better to healthcare routines or enjoy leisure activities provided by the institution.

Creativity plays a full mediating role in the relationship between institutional care and both economic and health well-being. This means that institutional care improves economic and health well-being only when creativity is present, as it helps individuals find innovative ways to manage finances or maintain their health. For social and leisure well-being, there is no mediation, meaning institutional care directly influences these

areas without the need for creativity. In simple terms, creativity is essential for maximising the benefits of institutional care on health and economic well-being, but it doesn't affect social interactions or participation in leisure activities.

8.3.5 Moderating role of government intervention between the quality of life and institutional care of the elderly in old age homes

Government intervention plays an important role in improving the quality of life of the elderly people living in old age homes by strengthening the effects of institutional care. With government support, the positive impact of institutional care on economic well-being is enhanced, leading to better financial stability for the elderly. This finding matches with the observation made by Harbishettar et al., 2021. Similarly, government involvement helps improve the health well-being of residents by ensuring better healthcare services. Additionally, government intervention strengthens the relationship between institutional care and social well-being, making social support and community connections more effective for elderly individuals.

Using Amartya Sen's Capability Approach, we can see that just giving shelter and care to the elderly people in old age homes is not enough. Many of them end up in these homes because of family problems, which takes away their freedom to live a respectful life with their families. Inside the homes, personal qualities such as how well they can adjust or stay positive affect how happy and healthy they feel. This shows that, having basic facilities doesn't always mean that they have a good life. Their overall quality of life may be average, but they often miss emotional support and a sense of control over their lives. The government can help improve their lives by giving more support and creating opportunities, so that the elderly people can live with dignity and purpose, even in old age homes.

Maslow's theory explains that when older people don't get enough love, care, or emotional support because of family problems, they may move to old age homes. In these homes, their happiness and well-being depend on how well their basic needs like food, safety, and health are met, as well as emotional needs like feeling loved, respected, and valued, are met. Their personal qualities and the support they get from the government also help them live a better and more meaningful life.

8.4 Policy suggestions

Study conducted among institutionalized elderly in Kerala reveal that they often face challenges like an average quality of life, inadequate emotional and social support, and limited access to healthcare services. To address these issues and reduce the shift of elderly individuals into old age homes, the government can play a positive role through regulatory, financial, and social policies. Enhancing tax incentives or relief to donors and organizations supporting elderly care increase their economic well-being. Funding community-based and home-care programs, strengthening healthcare services for older adults, and awareness campaigns can encourage family support. Regulations ensuring quality standards in old age homes can safeguard residents.

Enhancing infrastructure with accessible facilities for elderly, safety protocols, and digital tools can improve living conditions. Support cultural and recreational programs, volunteer initiatives, and intergenerational engagement can reduce social isolation. Legal safeguards, such as monitoring residents' rights and establishing grievance redressal mechanisms, can protect against exploitation. Further, initiatives like mental health counselling, part-time work opportunities, can promote leisure well-being. Special programs targeting female residents are also essential, as research indicates they face more challenges than their male counterparts. Finally, public awareness campaigns and ongoing research can ensure that these efforts are effective and sustainable, fostering dignity, respect, and social integration for the elderly.

8.5 Future Scope of Research

Research on elderly care in Kerala has mostly focused on elderly in community. Studies on institutional care and elderly living near religious institutions, such as temples, remain limited. There is a need to explore various aspects of elderly wellbeing, care quality, and economic security to provide better support and policy recommendations.

Future research on elderly care can examine differences in living conditions and wellbeing between institutionalized and non-institutionalized seniors, Study to compare quality of life before and after joining old age homes to evaluate their impact. Studies can compare paid and government-run homes, evaluate caregiver effectiveness, and explore the role of day care programs as supportive mechanisms. Research can also

investigate financial aspects, including pensions, allowances, affordability of care, part-time work or skill programs, financial literacy, and the effectiveness of government welfare schemes. Additionally, studies could look at how homes run by government, NGOs, and private entities differ in management and services, as well as the needs of elderly who are abandoned or dependent on religious institutions.

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Appendix

INSTITUTIONALISED ELDERLY IN KERALA: AN ASSESSMENT OF QUALITY OF LIFE AND SUPPORT SYSTEMS

INTERVIEW SCHEDULE

Section	: Details / Options
Name	:
Name of Institution	:
Age	: ☐ 60–69 ☐ 70–79 ☐ 80–89 ☐ 90 and above
Sex	: ☐ Male ☐ Female ☐ Others
Marital Status	: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ No response
Religion	: ☐ Hindu ☐ Muslim ☐ Christian ☐ Others
Community Others	: ☐ General ☐ OBC ☐ SC ☐ ST ☐
Educational Status	: ☐ Illiterate ☐ Primary ☐ Secondary ☐ Graduate ☐ Post Graduate
Type of Family	: ☐ Nuclear ☐ Joint
Living Arrangement Before Joining Old Age Home Other	: ☐ Alone ☐ With spouse ☐ With children ☐
Type of Ration Card	: ☐ APL ☐ BPL ☐ Others
Do You Have a Bank Account?	: ☐ Yes ☐ No
Duration of Stay in the Institution	: ☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ More than 10 years

2. Factors leading to the joining of elderly in to old age home

The following statements relate Factors leading to the joining of elderly in to old age home This information has been sought on the 5-point Likert Scale indicating Strongly Agree (SA), Agree (A) Neutral (N), Disagree (D), and Strongly Disagree (SD). Please place a tick [✓] in the boxes given below

	SA	A	NAD	D	SD
DEMOGRAPHIC FACTORS					
Unmarried					
Childless					
Increased life expectancy					
Decline in death rate					
Surviving illness					
Having only one child					
Having no son					
FAMILIAL FACTORS					
Family conflicts					
Loneliness after spouse's death					
Abuse by children					
neglect by children					
Joined old age home because children refused to take care					
Life threats from family					
Improper to stay with married daughters					
Physical inability to manage chores					

SOCIAL FACTORS					
Breakdown of joint family					
Generation difference factor					
Moving away from traditional ways					
Migration of people from rural to urban area					
Decline in honesty and respect					
Lack of social protection					
ECONOMIC FACTORS					
Economic dependence					
Migration of younger generation					
Lack of education					
Poverty					
Un attractive employment					
Lack of income					
Homelessness					

Difficult to pay rent for the houses					
Lack of financial assets					
Lack of saving and investment					
Indebtedness					
Lack of financial resources to children					
Conflict with children regarding assets					
Due to the debt of children					

PSYCHOLOGICAL FACTOR					
Psychiatric illness					
Not want to be burden to family					
Personal freedom and spiritual satisfaction in life					
Adjustment problems					
By choice					
HEALTH FACTORS					
Health diseases					
Difficulty to meet medical expenses					
Physical Disability to look after themselves					
Chronic diseases					

QUALITY OF LIFE

The following statements relate to the analysis of quality of life of elderly in old age home This information has been sought on the 5-point Likert Scale indicating Strongly Agree (SA), Agree (A) Neutral (N), Disagree (D), and Strongly Disagree (SD). Please place a tick [√] in the boxes given below

STATEMENT	SA	A	NAD	D	SD
ECONOMIC WELL BEING					
1.Economic Empowerment					
I am satisfied with the pension					
I am satisfied with my savings					
I can afford to buy what I want to					
I am satisfied with my insurance policy					
I am part of income generating activities in the institution					
2. Consumption and material standard					
I am satisfied with the quantity of food					
I am satisfied with the quality of food					
I received extra food on request					

I am satisfied with the consumption of non-food items					
3 Current living arrangement					
I am satisfied with the types of rooms					
I am satisfied with the bed allotted for me					
I am satisfied with the ventilation facilities					
I am satisfied with the bathroom facilities					
2. HEALTH WELL BEING					
1.Physical health					
I don't feel any pain					
I am satisfied with the diet plan in old age home					
I don't have any lifestyle diseases					
I don't have any chronic diseases					
I am satisfied with the nutritious food in old age home					
2 Preventive health					
I can able to do all my daily activities					
I have health insurance coverage					
Hospitalization not happened in my life					
3.Health care					
I am satisfied with the regular health check-up in old age home					
I am satisfied with the behaviour of medical staff in old age homes					
I am satisfied in the treatment given to bedridden patients in old age home					
3.SOCIAL WELL BEING					
1.Support system					
Staff would help me if needed					
Inmates would help me if needed					
I have not faced any discrimination					
Can able to adjust well with the other inmates					
Community and social networks					
I would like to connect more with the society					
I enjoy cultural activities by outsiders in old age homes					
The old age home provides social connections among inmates					
There is no restriction for interacting with the society					
3. safe and inclusive environment					
I get pleasure from old age home					
I feel safe in old age home					

I got emotional support from old age home					
4. LEISURE WELL- BEING					
1.Physical activities					
I have leisure activities that I can enjoy					
I am satisfied with the indoor activities					
I am satisfied with the outdoor activities					
I have the facility of outing in old age home					
Institution environment					
I am satisfied with the space in the institution					
I am satisfied with the cleaning activities in old age home					
I am satisfied with the behavior of staff in old age home					
Satisfied with the nonslip floors in the institution					
Psychological And Emotional Wellbeing					
I think there is no risk factors associated with elderly in old age homes					
I feel I am living happily after joining old age home					
I feel my loneliness reduced after the joining of old days home					

Role of institution in the quality of life

The following statements relate to the role of institution in the life of elderly old age home. This information has been sought on the 5-point Likert Scale indicating Strongly Agree (SA), Agree (A) Neutral (N), Disagree (D), and Strongly Disagree (SD). Please place a tick [√] in the boxes given below

STATEMENT	SA	A	NAD	D	SD
1.safe and comfortable environment					
I am satisfied with the grievance redressal system in the institution					
Safety features like watchman and cctv are available in old age home					
Institution provides all awareness that elderly need					
There is the facility of counselling services					
Satisfied with the transportation facilities in the institution					
Institution offers elderly friendly buildings					

Institution offers pollution free environment					
2. Recreational activities					
There are creative facilities like painting, gardening etc					
There are the facilities like yoga and other exercises					
Indoor games like table tennis, carrom, chess etc are regular in the institution					
Satisfied with the sources of entertainment in the institution					
3. Group activities					
All festivals are celebrated					
I considered religious events in old age home as important					
Individual celebrations like birthday parties are allowed					
Inmates are allowed to go outside for tour					
There are creative and resourceful activities among the inmates like candle making, paper making etc					

Personal disposition

The following statements relate personal features of elderly in old age home. This information has been sought on the 5-point Likert Scale indicating Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD). Please place a tick [√] in the boxes given below

STATEMENT	SA	A	NAD	D	SD
Happiness					
There is trust respect and happiness among the inmates in old age home					
Old age home arranges activities that make me happy					
Happiness plays a significant role in enhancing my quality of life here.					
Joining in the old age home was a good decision for my well-being.					
Optimism					
Optimism helps me cope with challenges I face in the old age home					
I have an optimistic belief that good things will					

happen in future					
The institution provides inspiration and optimistic views to inmates					
Adaptability					
The adjustment to the routines and environment of the old age home is easy					
Adapting to life in the old age home has improved my quality of life.					
I have adapted well to building new relationships with other residents and staff.					
There is no problem to communicate and socialize with people from different backgrounds.					
Adjusting to dietary or health-related changes has been a manageable process for me.					
I believe adaptability has made my life in the old age home more fulfilling.					
Emotional stability					
Emotional stability plays a significant role in enhancing my quality of life here.					
There is emotional stability in my daily life at the old age home.					
Emotional stability motivates me to participate in recreational and cultural programs					
emotional instability is rarely experienced in the old age home					
unexpected situations are handled without feeling overwhelmed.					
Creativity					
Engaging in creative pursuits helps me feel more connected and fulfilled.					
Being creative enhances my self-confidence and self-esteem.					
Creative activities help me build better relationships with other residents.					

Role of government

The following statements relate to the role of government in the life of elderly in old age home. This information has been sought on the 5-point Likert Scale indicating Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD). Please place a tick [✓] in the boxes given below

STATEMENT	SA	A	NAD	D	SD
Role of government					
The government provides enough financial support for old age homes.					
Government-supported healthcare facilities are available in the old age home.					
Government programs help improve the quality of life for elderly residents.					
Government inspections ensure the quality and safety of old age homes.					