International Journal of Social Science and Humanities
www.humanitiesjournals.com
Online ISSN: 2664-8628 Print ISSN: 2664-861X
Received: 17-08-2025, Accepted: 16-09-2025, Published: 30-09-2025
Volume 7, Issue 5, 2025, Page No. 151-157

Problems of elderly widows living in an old age home: Evidence from Aligarh, Uttar Pradesh

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DOI: https://doi.org/10.66856/ijssh.2025.7.5.7134

Abstract
Elderly widows constitute one of the most vulnerable sections of India's ageing population due to the intersection of gender, age, widowhood, and declining family support. Despite the growing number of old age homes in India, limited empirical research has focused specifically on the lived experiences of elderly widows residing in institutional care. This study examines the social, economic, physical, and psychological problems faced by elderly widows living in an old age home in Aligarh district of Uttar Pradesh. Using a qualitative case study approach, data were collected through semi-structured interviews with twelve elderly widows residing in a women's old age home managed by a non-governmental organization. The findings reveal persistent issues of financial insecurity, health-related challenges, loneliness, social isolation, and experiences of neglect, abandonment, and abuse prior to institutionalisation. The old age home provides basic shelter, food, and care, however, emotional deprivation and inadequate access to government welfare schemes remain major concerns. The study emphasizes the need for gender-sensitive ageing policies, improved implementation of widow-specific welfare schemes, and a comprehensive support system that ensures dignity and well-being in later life. The findings contribute to gerontological and sociological debates on ageing, widowhood, and institutional care in India.

Keywords: Elderly widows, old age home, ageing, institutional care, social exclusion

Introduction

Population ageing has emerged as a significant global demographic phenomenon, with nearly every country witnessing a rapid increase in the number and proportion of older persons (United Nations, 2015) [15]. India is no exception; the country is experiencing a steady rise in its elderly population due to declining fertility, improved healthcare, and increased life expectancy. According to recent estimates, more than 140 million Indians are aged 60 years and above, and this figure is projected to rise to nearly 320 million by 2050, constituting almost one-fifth of the total population.

Ageing in India is occurring alongside profound socio-economic and cultural transformations. The erosion of the joint family system, increasing migration, economic compulsions, and changing value systems have weakened traditional family-based support mechanisms for older persons. These changes have disproportionately affected elderly women, particularly widows, who often face economic dependency, social exclusion, and emotional neglect. Widowhood in later life is frequently associated with loss of status, property disputes, and strained relations with children and relatives. Old age homes have emerged as an alternative support system for elderly individuals who are unable to live with their families due to poverty, ill health, abuse, or lack of caregivers. While these institutions are intended to provide care and security, studies indicate that institutional living may also intensify feelings of loneliness, loss of autonomy, and emotional deprivation, especially among elderly women. Against this backdrop, the present study explores the problems faced by elderly widows living in an old age home in Aligarh district of Uttar Pradesh, with a focus on their lived experiences, vulnerabilities, and coping mechanisms.

Old Age Homes in India: An Overview

Old age homes in India serve as residential institutions for senior citizens who are destitute, abandoned, or unable to live independently. These homes may be managed by government agencies, non-governmental organizations, religious trusts, or private bodies. Broadly, they can be categorised into free homes for economically disadvantaged elderly persons and paid homes catering to those who can afford institutional care. Previous studies have documented a steady increase in the number of old age homes in India, particularly in southern states. Although these institutions provide basic facilities such as food, shelter, and medical care, the quality of services varies significantly across regions and institutions. Research has also highlighted differences in residents' quality of life based on the type of old age home and their financial dependency status. For elderly widows, institutionalisation is often not a matter of choice but a consequence of family conflict, property disputes, neglect, or abuse. While old age homes may offer physical security, they rarely address the deeper emotional and social needs arising from widowhood, loss of family ties, and lifelong gendered disadvantages.

Old age homes to some extent, emerged as institutions that address the growing care deficit faced by older persons. Traditionally, these homes were largely managed by voluntary organisations and were primarily meant for the destitute and economically disadvantaged elderly. In recent years, however, paid old age care facilities have developed to cater to the needs of middle and upper-middle-class older adults who can afford institutional care (Datta, 2017) [4]. With advancing age, individuals often require increased physical and emotional support, which may necessitate institutionalisation. While placement of older parents in nursing or assisted living facilities is relatively common in Western societies, such practices remain culturally uncommon in Eastern contexts (Saleem *et al*., 2023) [12].

Ageing is accompanied by physiological changes that not only alter physical appearance but also contribute to gradual functional decline (Balamurugan & Ramathirtham, 2012) [3]

Review of Literature

Existing literature on ageing in India has increasingly focused on issues of mental health, quality of life, and institutional care. Studies have consistently shown that depression, loneliness, and anxiety are among the most common psychological problems faced by elderly persons, particularly those living in old age homes. Physical impairments, chronic illnesses, and declining sensory functions further compound their vulnerability. Thakur, Banerjee, and Nikumb (2013) [14] emphasised the importance of assessing health problems among older persons in developing countries to anticipate disease patterns and plan appropriate geriatric healthcare services. This need is particularly significant in contexts marked by longstanding inequalities in healthcare access, where marginalised populations with low levels of health awareness often reside in rural areas and urban slums. To examine these issues, Thakur *et al.* (2013) [14] conducted a community-based cross-sectional study involving a house-to-house survey of all individuals aged 60 years and above in a village and an urban slum within the field practice area of a teaching hospital.

Hoe, Kamarulzaman, and Heang (2018) [7] examined older adults' perceptions regarding the reasons for their admission to old age homes, along with their emotional experiences and everyday challenges within institutional care. Using purposive sampling, data were collected through semi-structured interviews with twelve residents from two elderly homes in Kuala Lumpur and Selangor, and the findings were analysed thematically. The study revealed that institutionalisation was largely attributed to social change, modern lifestyles, declining health and mobility, and transformations in family structures. Despite these circumstances, the respondents did not express feelings of resentment or abandonment towards their families and instead maintained positive familial relationships. They viewed institutional care as the most suitable option due to the availability of continuous support from trained staff. Although experiences of isolation and limited personalised care were reported, the residents demonstrated acceptance of caregiving services, developed bonds with caregivers, and cultivated a sense of belonging. Overall, the findings indicated that older adults residing in old age homes reported general satisfaction with their lives. Acharyya (2012) [1] noted that the growth of the elderly population has accompanied rising life expectancy in the contemporary period with India projected to host the second largest elderly population globally. Alongside this demographic shift, psychological problems among older persons have also increased. Although the concept of old age homes is gradually gaining acceptance in India, many older adults continue to adhere to traditional family-based ideals while being compelled to reside in institutional care settings. Acharyya (2012) [1] conducted a study to examine levels of depression, isolation, and insecurity among elderly women. Using random sampling, two groups were selected: fifty-five women residing in old age homes in Agartala, Tripura, and forty-five women living with their families. The findings revealed significantly higher levels of depression, isolation, and insecurity among elderly women living in old age homes compared to those residing with relatives. Akbar, Tiwari, Tripathi, Kumar, and Pandey (2014) [2] investigated the factors influencing older adults' decision to reside in old age homes. The study was carried out among 174 senior citizens residing in fourteen different old age homes in Uttar Pradesh, India. Data were collected using the interview method to explore the circumstances leading to institutionalisation. The findings indicated that the most commonly reported reason for residing in old age homes was the misbehaviour of sons and daughters-in-law, accounting for 29.8 percent of the cases. Research on institutional living suggests that loss of autonomy and control over daily life significantly affects the self-esteem and identity of elderly residents. Feelings of safety and respect are important for well-being, yet these are often accompanied by persistent loneliness. Contrary to popular assumptions, old age homes are not entirely devoid of social interaction; residents do engage with one another and construct meanings of self through everyday interactions. However, such interactions may not compensate for the absence of familial bonds. Studies focusing on elderly women and widows highlight their heightened vulnerability due to limited access to education, property rights, and financial resources. Widowhood often leads to social marginalisation, economic dependence, and increased risk of abuse. While some research acknowledges the role of old age homes in meeting basic needs, there remains a significant gap in understanding the lived experiences of elderly widows in institutional settings, particularly in northern India.

Statement of the Problem

Elderly widows living in old age homes represent a marginalised group whose problems remain under-researched in sociological and gerontological literature. In Aligarh district of Uttar Pradesh, limited empirical evidence exists on the specific challenges faced by widows residing in institutional care. Understanding their experiences is crucial for designing effective social welfare policies, improving institutional practices, and promoting dignity in old age. This study examines the social, economic, physical, and psychological problems encountered by elderly widows living in an old age home in Aligarh.

Objectives of the Study

1. To examine the socio-economic and health-related problems faced by elderly widows living in an old age home.
2. To analyse the psychological and emotional experiences of elderly widows in institutional care.
3. To suggest policy-oriented measures for improving the well-being of elderly widows.

Methodology

The study is qualitative and descriptive in nature, employing a case study approach to gain an in-depth understanding of the lived experiences of elderly widows. The study was conducted at Awasiya Mahila Vridha Ashram located in Kayanpur, Aligarh district, Uttar Pradesh. The home is managed by Asharfi Gramodhyog Sansthan, a non-governmental organisation, and has the capacity to accommodate 100 elderly women. At the time of the study, fifteen elderly widows were residing in the institution. Using purposive sampling, twelve respondents who

consented to participate were selected for detailed interviews. Data were collected through semi-structured interview schedules, allowing flexibility to explore individual life histories, health conditions, economic status, family relations, and emotional experiences. The data were thematically analysed to identify recurring patterns and key issues.

Profile of the Respondents

The respondents comprised twelve elderly widows residing in an old age home in Aligarh district of Uttar Pradesh. The majority were illiterate or had minimal formal education and belonged to diverse caste and socio-economic backgrounds. Most had experienced widowhood at an early or middle stage of life and reported prolonged economic dependency, property dispossession, family neglect, or abuse. Several respondents suffered from chronic health problems, physical disability, or mental distress. Access to government welfare schemes such as widow pension and health insurance was largely absent or inadequate. Institutionalisation emerged primarily as a consequence of family breakdown and lack of social support.

Profile of the cases

CASE–1: Yashoda Devi (Pseudo-name)

Yashoda Devi, aged about 61 years, was born in *Nasiti*, a village in Mathura district of Uttar Pradesh. She belongs to a Brahmin family and was the sole daughter of her parents. She completed her education up to the matriculation level. At the age of approximately sixteen years, her marriage was arranged by her brother. After marriage, she led a conventional marital life and later became the mother of a daughter. Her daughter is a graduate and has two children. Following the death of her husband, Yashoda Devi faced significant changes in her living arrangements and social circumstances. She initially moved to her brother's house, leaving behind all her marital property to her in-laws, including her devar and jethani. During her stay at her brother's house, she experienced discomfort due to the negative attitude and ill will of her sister-in-law (bhabhi). Owing to this strained relationship, Yashoda's daughter decided to bring her mother to live with her at her own residence. However, after staying with her daughter for some time, Yashoda Devi gradually realised that her presence was becoming a source of conflict between her daughter and son-in-law. Frequent quarrels within the household made her feel emotionally burdened and unwelcome. Additionally, she felt a sense of social embarrassment, as she believed that it was not considered socially appropriate or dignified for a widowed mother to permanently reside in her married daughter's home. This internal conflict and concern for her daughter's marital harmony compelled Yashoda Devi to take an independent decision regarding her future living arrangement. Consequently, she voluntarily decided to move to the old age home (Ashram). Since her admission, she has been residing in the Ashram and expresses general satisfaction with her living conditions. She appreciates the care, attention, and support provided by the warden and staff of the institution. Despite her overall contentment, Yashoda Devi often experiences emotional longing for her grandchildren, with whom she shares a deep emotional bond and affection. From a health perspective, she suffers from respiratory problems, which require ongoing care. Nevertheless, she speaks positively about the support she receives at the Ashram and acknowledges the efforts made by the authorities to look after her well-being. Yashoda Devi does not receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not have any form of health insurance coverage. Reflecting on her life experiences, Yashoda Devi conveys a message to the younger generation, emphasising that children should respect and care for their parents, especially in their old age.

CASE–2: Angoori Devi (Pseudo-name)

Angoori Devi, aged 72 years, was born in *Seemapuri*, Delhi. She belongs to the Katik/Sooryavanshi caste and is illiterate. She was married to Ratan Lal and is the mother of two children, a son and a daughter. Her son passed away, and her daughter is married. Following the death of her son, Angoori Devi began residing with her daughter-in-law, who had five children. During her stay in her son's household, Angoori Devi experienced severe neglect and mistreatment. Her daughter-in-law eventually expelled her from the house, leaving her without shelter or support. After being forced out, Angoori Devi went to live with her sister. However, this arrangement also proved to be unsafe and unstable, as her sister's sons physically assaulted her on several occasions. In addition to the physical abuse, Angoori Devi reported that her daughter-in-law had forcibly taken possession of her property, leaving her economically dispossessed and dependent. At one point, Angoori Devi had been receiving a widow pension; however, this support was discontinued, and she was left without any regular source of income. Her physical condition is weak, as she has difficulty in walking and suffers from reduced hearing capacity. Despite these limitations, she is able to perform certain basic activities of daily living independently, such as feeding herself and using the washroom without assistance. On 17 April 2022, Angoori Devi was found in a distressed condition at Aligarh Railway Station by members of the non-governmental organisation *Hand for Help*. Recognising her vulnerability, the organisation intervened and subsequently facilitated her admission to the old age home (Ashram), where she has been residing since then. At present, Angoori Devi does not receive any widow pension or other forms of governmental financial assistance. She also does not possess any health insurance coverage. Her case reflects extreme vulnerability marked by family rejection, property dispossession, physical abuse, and inadequate access to state support systems in old age.

CASE–3: Kiran (Pseudo-name)

Kiran, aged about 74 years, was born in Ratanpur, Khair block of Aligarh district, Uttar Pradesh. She is illiterate and belongs to the Mallah caste. Kiran was married to Shiv Chand, who was visually impaired (blind) and earned a living by selling moongfali (groundnuts). The couple had two sons however, both of them died during their teenage years, which caused severe emotional and economic distress to the family. After the death of her husband, Kiran's living situation became highly unstable. Her devar, Mohanlal, forcefully took possession of her property and subsequently expelled her from the house. As a result, she was left without shelter, property, or familial support. Following this displacement, Kiran was compelled to engage in manual labour for her survival. She worked as an agricultural

labourer and was involved in harvesting potatoes to meet her basic needs. Over time, due to advancing age, physical exhaustion, and the absence of family support, Kiran found it increasingly difficult to sustain herself independently. Consequently, she voluntarily decided to move to the old age home (Ashram), seeking safety, shelter, and care. Since her admission, she has been residing in the Ashram and reports a sense of satisfaction and emotional stability in her present living environment. From a health perspective, Kiran suffers from waist pain, which affects her physical comfort and mobility. Despite this health issue, she expresses contentment with the care provided at the Ashram and considers it a secure and supportive place to live in her later years. She does not receive any old age pension, widow pension, or other forms of governmental assistance. Additionally, she does not have any health insurance coverage. Reflecting upon her life experiences and hardships, Kiran conveys a message to the younger generation, emphasising that youth should respect and care for their parents, particularly during old age when support and compassion become essential.

CASE–4: Chandravati (Pseudo-name)

Chandravati, aged 63 years, was born in Naurangabad, a village in Aligarh district of Uttar Pradesh. She belongs to the Nagar caste and is illiterate. She has one daughter, who was married through a group marriage ceremony (Samuhik Vivah). Chandravati led a modest family life until the death of her husband, after which her circumstances changed significantly. Following her husband's death, Chandravati was left without adequate familial and economic support. There was no one in the household to take primary responsibility for her care and daily needs. Although her daughter is married, she maintains a close relationship with her mother. Chandravati's daughter lives near the old age home and visits her daily. She assists her mother with essential personal care activities, including bathing and changing clothes, thereby providing emotional and practical support despite the constraints of her own marital responsibilities. In terms of economic assets, Chandravati transferred all her property to her son-in-law. Her decision was influenced by the financial condition of her son-in-law, who works as a street vendor and faces difficulty in supporting his family adequately. This transfer of property, however, left Chandravati without any independent financial security in her old age. Chandravati suffers from filaria, leading to elephantiasis, which has severely affected her mobility. Due to this condition, she experiences difficulty in performing daily activities, particularly in going to the washroom independently. Her health condition requires continuous medical attention and care. Chandravati has expressed a strong desire to receive governmental support, particularly in the form of old age pension and widow pension, to facilitate the treatment of her right leg and to meet her basic healthcare needs. At present, Chandravati does not receive any pension or other forms of governmental financial assistance. She also does not have any health insurance coverage. Reflecting on her life experiences, she conveys a message to the younger generation, emphasising that children should live together with their parents and take responsibility for caring for them, especially during old age.

CASE–5: Jamuna (Pseudo-name)

Jamuna, aged 70 years, was born in *Mahoba*, Jhansi district of Uttar Pradesh. She belongs to the Saini caste and is illiterate. She had been residing in Pushpanjali Colony in Aligarh with her son, who has two daughters. Jamuna's son is unemployed and suffers from alcohol addiction, which significantly affected the stability of the household and her living conditions. Over time, Jamuna's son sold all her property, including the residential house, without ensuring any alternative arrangements for her shelter or financial security. Following the sale of the house, his wife moved to her maternal home along with her daughters. This left Jamuna completely alone and without a permanent place of residence. Distressed by the loss of her home and sense of injustice, Jamuna frequently visited the house that had been sold and engaged in quarrels with the new occupants, expressing her frustration and emotional turmoil. Recognising her vulnerable condition, a woman from the same colony intervened and took Jamuna to the old age home (Ashram), where she was subsequently admitted. Physically, Jamuna does not suffer from any major health problems and is generally well. However, she appears to be experiencing significant mental and emotional distress, marked by feelings of loss, abandonment, and insecurity. Jamuna reported that she had been receiving an old age widow pension for a period of six months, but this financial support was discontinued thereafter. At present, no members of her family visit her at the Ashram. Despite this absence of familial contact, Jamuna expresses a sense of comfort and satisfaction with her current living arrangement. Over time, she has developed emotional bonds within the institution and now considers the staff and residents of the Ashram as her family. Jamuna does not currently receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not have any health insurance coverage. Her case highlights the intersection of family dysfunction, property dispossession, emotional distress, and gaps in social security mechanisms affecting elderly widows.

CASE–6: Pavitra (Pseudo-name)

Pavitra, aged 64 years, hails from *Sikandrarao* in Aligarh district of Uttar Pradesh. She belongs to the Kashyap caste and is illiterate. She is a widow and the mother of four children, comprising three sons and one daughter, all of whom are married. Despite having children, Pavitra experienced a lack of economic and emotional support following the death of her husband. After her husband's demise, Pavitra was left without any stable source of income or financial security. The absence of economic support from her family made it increasingly difficult for her to sustain herself independently. As a result, she voluntarily decided to move to the old age home (Ashram) in search of shelter, safety, and basic care. Pavitra maintains limited contact with her family. She occasionally visits her daughter, which provides her with some emotional connection. However, she does not have any contact with her sons or their families, reflecting strained familial relationships. Despite these social limitations, Pavitra appears to be physically healthy and does not report any major health-related problems at present. Pavitra does not receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not possess any health insurance coverage. Her case illustrates how the absence of economic

security and weakening family support systems can compel elderly widows to seek institutional care, even in the presence of surviving children.

CASE–7: Rajwati (Pseudo-name)

Rajwati, aged 76 years, was born in *Kayanpur* village of Aligarh district, Uttar Pradesh. She belongs to the Jatav caste, which is categorised under the Scheduled Castes (SC). She is the mother of two children, a son and a daughter. After the death of her husband, Rajwati initially went to live with her son and his family, expecting care and support in her old age. During her stay with her son's family, Rajwati experienced strained interpersonal relations, particularly with her daughter-in-law. Due to persistent conflicts and lack of emotional comfort, she found it difficult to adjust in her son's household. As a result of these strained relations, Rajwati decided to leave her son's home and moved to her daughter's family in the hope of finding a more supportive living environment. However, her stay with her daughter's family also proved to be uncomfortable. She was unable to adjust to the household environment and felt a lack of emotional security and belonging. Facing repeated difficulties within the family setting, Rajwati ultimately took an independent decision and voluntarily moved to the old age home (Ashram) to secure a stable and peaceful living arrangement. At present, Rajwati occasionally visits her daughter, maintaining some level of contact and emotional connection. However, she has no contact with her son or his family. Rajwati does not receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not have any health insurance coverage. Her case reflects the challenges of family conflict, lack of intergenerational support, and social exclusion that often compel elderly widows to seek institutional care in later life.

CASE–8: Najma (Pseudo-name)

Najma, aged about 62 years, hails from *Kamalpur* village in Aligarh district of Uttar Pradesh. She belongs to the Ansari caste, categorised under the Other Backward Classes (BC), and is illiterate. She was married to Md. Asif, and the couple has one son. Details regarding her earlier family life and marital relationship are limited due to her present mental condition. Najma was found in a semi-conscious state at Gandhi Park in Aligarh by a person named Sunil. Observing her vulnerable condition, he intervened and subsequently brought her to the old age home (Ashram) to ensure her safety and care. Since her admission, Najma has been residing in the Ashram. Najma is mentally unwell and communicates very little. She rarely speaks and remains largely withdrawn, which restricts her ability to express her experiences and emotions in detail. Despite her mental health condition, she appears to be satisfactorily content with the care and support provided by the staff of the Ashram. She responds positively to their presence and assistance, indicating a sense of security within the institutional environment. At present, Najma does not receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not have any health insurance coverage. Her case highlights the extreme vulnerability of elderly women facing mental health issues, abandonment, and lack of familial support, underscoring the critical role played by institutional care in ensuring their basic safety and well-being.

CASE–9: Jubeda (Pseudo-name)

Jubeda, aged 63 years, was born in *Muzaffarnagar* district of Uttar Pradesh. She is illiterate. Prior to her admission to the old age home (Ashram), Jubeda had been living with her brother's family. However, due to unspecified familial circumstances, she was abandoned by some of her family members and left at Aligarh Railway Station. Following this abandonment, Jubeda was found in a vulnerable condition and was subsequently brought to the Ashram, where she has been residing since then. Her physical health is considerably weak. She experiences difficulty in walking and also faces problems in verbal communication, as she is unable to speak properly. These physical limitations restrict her mobility and her ability to express her needs and experiences effectively. At present, Jubeda does not receive any old age pension, widow pension, or other forms of governmental financial assistance. She also does not have any health insurance coverage. Her case illustrates severe neglect, abandonment, and physical vulnerability, highlighting the absence of familial and institutional support systems for elderly women prior to their admission into institutional care.

CASE–10: Shushila Chauhan (Pseudo-name)

Shushila Chauhan, aged about 69 years, is an illiterate woman born in *Dadesari* village of Hathras district, Uttar Pradesh. She was married at the young age of fifteen to Rajendra Chauhan, who is now deceased. The couple had two children, a son and a daughter, both of whom are married at present. After marriage, Shushila's daughter became completely indifferent towards her mother and did not maintain any emotional or social relationship with her. Shushila continued to live with her son after the death of her husband. Her son works as a daily wage labourer and is addicted to alcohol. Whenever he returned home after work, he would physically assault Shushila and also beat his wife. The primary reason behind his violent behaviour was his desire to acquire his mother's property. Shushila was subjected to repeated physical abuse and emotional trauma within her own household. On one unfortunate occasion, her son asked her to accompany him to a nearby *tehsil* under the pretext of applying for a widow pension scheme. Taking advantage of her illiteracy and trust, he fraudulently transferred all her property into his own name. Despite acquiring her property, the violence and abuse did not stop. Shushila's suffering continued, leaving her completely helpless and insecure within her own home. Unable to endure the continuous abuse, Shushila eventually left her son's house and began living in a temple. In order to survive, she started working in a bulb factory, performing manual labour despite her advancing age. As her physical strength declined with age, it became increasingly difficult for her to continue working. During this time, a male co-worker informed her about the old age home (Ashram), explaining that she would receive adequate food, care, and a better living environment there. Subsequently, Shushila moved to the Ashram, where she has been residing since then. While her present life is relatively stable and marked by a sense of happiness due to safety and care, she continues to miss her home. She still harbours a desire to return to her son's house; however, the persistent fear of being beaten again prevents her from leaving the Ashram. Shushila suffers from several health problems, including joint pain and general weakness in her body. She does not receive any form of governmental aid, widow pension, or financial

assistance. Reflecting upon her life experiences, she conveys a message to the younger generation, emphasising that children should respect and care for their parents, particularly in their old age.

CASE–11: Shanti (Pseudo-name)

Shanti, aged about 71 years, is a matriculate and belongs to a Brahmin family. She was born in *Charra*, Aligarh district of Uttar Pradesh. At the age of sixteen, she was married to Ram Naresh, who was a farmer by profession. As her father had passed away prior to her marriage, the responsibility of arranging her marriage was undertaken by her three elder brothers. The couple had only one child, a daughter. When Shanti's daughter was eight years old, she came to her maternal grandmother's house for a visit. During this visit, her jewellery was stolen. Shanti informed her husband about the incident. In response, her husband placed a condition before his mother-in-law that unless all the stolen jewellery was recovered, he would not take the daughter back to his house. Shanti's mother was unable to fulfil this condition, and Shanti's brothers were also unable to provide any assistance. As a result, her husband divorced Shanti and took their daughter with him, severing all ties with her. After the divorce, Shanti continued to live in her mother's house along with her mother, brothers, and sisters-in-law. Over time, all three of her brothers passed away. Subsequently, her sisters-in-law moved to Noida for their children's education. Shanti's mother also died, leaving her completely alone and without familial support. In order to sustain herself, Shanti began working as a domestic maid and continued in this occupation for nearly fifteen years. However, due to advancing age and declining physical strength, she became unable to perform her work effectively. Recognising her condition, the employer for whom she worked arranged for her to be taken to the old age home (Ashram), where she has been residing since then. Shanti experiences a sense of homesickness and has expressed dissatisfaction regarding the lack of emotional warmth, hospitality, and connectedness that a family home provides, which she feels is missing in the institutional setting. Nevertheless, she acknowledges that she is living in the Ashram due to compulsion and expresses a degree of acceptance of her circumstances. She suffers from several health problems, including breathing difficulties, diabetes, and throat-related issues. Shanti receives a widow pension amounting to ₹1,500 every three months, which provides minimal financial support. Reflecting on her life experiences, she conveys a message to the younger generation, emphasising that children should respect and care for their parents, especially during old age.

CASE–12: Santosh Devi (Pseudo-name)

Santosh Devi, aged 62 years, belongs to the Maheshwari (Baniya) family. She studied up to the fifth standard. Her parental home is in *Sikandrarau*. At the age of fourteen, she was married to Ramesh. After marriage, she moved to *Charra*, where she spent most of her married life. She is the mother of two sons, of whom one has passed away. Her surviving son is approximately 45 years of age. Santosh Devi's husband, Ramesh, is also deceased. During his lifetime, he was employed in two different jobs. However, as he was the only son of his parents, he was not permitted by them to take up employment away from the family home. Eventually, he established a clothing shop for his livelihood. After her husband's death, Santosh Devi continued to live with her surviving son. Santosh Devi's son presently resides in Aligarh with his wife and their three children. In order to support her son's business, Santosh Devi sold her property and invested the proceeds into running his enterprise. While her son and grandson treated her with care and respect, this situation was resented by her daughter-in-law. She accused Santosh Devi of taking away her husband and children's attention. As a result, the daughter-in-law began to subject Santosh Devi to harassment and blame. On one evening, Santosh Devi was physically assaulted by her daughter-in-law and forcibly sent out of the house. Following this incident, a person from the neighbourhood (*mohalla*) intervened and helped her reach Vrindavan. In Vrindavan, Santosh Devi attempted to sustain herself through work. However, due to health problems, including piles and general weakness, she became physically unfit to continue working. Subsequently, a *guru* from the Ashram brought Santosh Devi back to her son's house in the hope of reconciliation. Unfortunately, her daughter-in-law resumed her abusive behaviour, making it impossible for Santosh Devi to continue living there. As a result, Santosh Devi voluntarily left the house once again. While wandering, she stayed for a few days in a temple. Eventually, people from the temple's vicinity recognised her condition and facilitated her admission to the old age home. At present, Santosh Devi is residing in the old age home and reports feeling comparatively better and more secure in this environment. She has expressed a desire to receive government welfare schemes and pension benefits meant for widows, which would help her meet her basic needs and ensure a degree of financial independence in her old age.

Major Findings

The findings of the present study are derived from an in-depth thematic analysis of twelve case studies of elderly widows residing in an old age home in Aligarh district of Uttar Pradesh. The analysis shows that institutionalisation among elderly widows is not a voluntary or preferred choice but largely a consequence of cumulative socio-economic vulnerabilities, family breakdown, gendered disadvantages, and inadequate state support systems. A major finding of the study relates to family conflict and breakdown of traditional support systems. Most respondents reported strained or hostile relationships with their children or in-laws, particularly daughters-in-law. Several widows experienced neglect, verbal abuse, physical violence, or expulsion from their marital or natal homes. In many cases, property disputes played a central role, where elderly widows were dispossessed of their assets by sons or other relatives, leaving them economically dependent and socially marginalised. The erosion of filial responsibility and weakening of intergenerational bonds emerged as a significant factor pushing elderly widows towards institutional care. Economic insecurity was another prominent factor. The majority of respondents lacked independent sources of income and were dependent on family members or irregular state assistance. Access to government welfare schemes such as widow pension and old age pension was either absent, discontinued, or grossly inadequate. Only one respondent reported receiving a minimal widow pension, which was insufficient to meet basic needs. The absence of financial security significantly constrained their autonomy and coping capacity in old age.

The study also highlights serious health-related challenges faced by elderly widows. Majority of the respondents suffered from chronic illnesses, physical disabilities, mobility problems, sensory impairments, and age-related ailments such as respiratory disorders, joint pain, filaria, and general weakness. Mental health issues, including depression, anxiety, emotional distress, and withdrawal, were evident in several cases. Limited access to regular healthcare, absence of health insurance, and dependence on institutional arrangements further aggravated their vulnerability. Psychological distress and emotional deprivation emerged as critical dimensions of the respondent's lived experiences. Feelings of loneliness, abandonment, fear, and insecurity were common, particularly among those who had experienced abuse or sudden displacement. While the old age home provided physical safety, food, and shelter, it could not fully compensate for the emotional void created by the loss of family ties. Nevertheless, some respondents gradually developed emotional bonds with fellow residents and staff indicating adaptive coping mechanisms and the importance of institutional social support.

Another important finding relates to gendered vulnerability in old age. Widowhood intensified the respondent's marginalisation due to lifelong gender inequality, limited education, lack of property rights, and economic dependence. The study shows that how widowhood intersects with age, caste, health status, and poverty to produce multiple layers of disadvantage. Despite these adversities, many respondents articulated moral expectations from the younger generation emphasising respect, care, and responsibility towards ageing parents. In nutshell, the findings show that old age homes function more as spaces of last resort rather than empowered choices. Institutional care provides basic survival support but remains insufficient in addressing the emotional, psychological, and dignity related needs of elderly widows.

Conclusion

The present study examines the complex and multifaceted problems faced by elderly widows living in an old age home in Aligarh district of Uttar Pradesh. The findings shows that institutionalisation is primarily driven by family conflict, economic insecurity, health deterioration, and lack of effective social support rather than personal preference. Elderly widows experience compounded vulnerability due to the intersection of widowhood, ageing, gender inequality, and weak implementation of welfare measures. While old age homes offer safety, shelter, and basic care, they cannot substitute for emotional security, family belonging, and social dignity. The persistent absence or inadequacy of widow specific pensions, healthcare access, and social protection highlights significant gaps in state responsibility towards ageing women. The study emphasises the urgent need for gender sensitive ageing policies, stronger enforcement of property and maintenance rights, expansion of social security coverage, and community-based support systems. Ensuring dignity in old age for widows requires a holistic approach that integrates economic security, healthcare, emotional support, and social inclusion. Without addressing the structural and gendered roots of vulnerability, institutional care alone cannot ensure a meaningful and secure life for elderly widows.

Limitations

The study is limited by a small sample size and focus on a single old age home, which restricts generalisation, and by reliance on self-reported experiences.

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