

Quality of Life of Institutional and Non-Institutional Elderly Population in Mysuru City: A Comparative Analysis

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Abstract

The research paper examines the perceived quality of life (QOL) of elderly populations in both institutional and non-institutional settings in a specific area. It explores various dimensions of QOL, including social, economic, health, and public accessibility. Data were collected through a field survey using questionnaires and interviews with 100 elderly individuals, including 60 non-institutional and 40 institutional elders. The findings indicate that non-institutional male elders in the 60-70 age group reported higher social and economic QOL than institutional male elders. However, institutional female elders had better economic QOL than their non-institutional counterparts. Health issues were prevalent among both groups, with institutionalised elders experiencing more physical and psychological health problems. Access to public spaces was limited for institutionalised elders, particularly females, while non-institutional male elders had better access to public spaces. Overall, the study suggests no significant difference in the quality of life between institutional and non-institutional elders. Both groups face challenges and have specific needs that should be addressed to enhance their well-being. The study's recommendations, if implemented, could significantly improve the lives of the elderly, including interventions such as improving social support systems, enhancing economic support for non-institutional elders, strengthening healthcare services, improving public space accessibility, and promoting awareness and education among the elderly. These findings contribute to the understanding of the QOL of elderly populations in institutional and non-institutional settings and provide valuable insights for policymakers, organisations, and caregivers in developing initiatives to improve the well-being of the elderly.

Keywords: institution, non-institution, elderly, QOL, health, public accessibility

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Introduction

Ageing and ageing-related issues are significant concerns in present-day Indian society. Previously, elders were highly respected and considered sources of wisdom, knowledge, and advice. The family system was strong and played a vital role in making family decisions.

However, in recent years, its importance has declined, leading to an increase in the number of old age homes. As a result, elderly individuals face various problems, such as loneliness, insufficient income, social insecurity, and disappointment, which greatly affect their quality of life across social, economic, and health dimensions.

The term "Quality of Life" (QOL) is used in various contexts, including Sociology, Economics, Geography, Medical/Health, and Politics. It differs from the concept of standard of living, which is primarily based on income. QOL encompasses wealth, employment, physical and mental health, education, happiness, leisure time, and social connections.

According to the World Health Organization (WHO), Quality of Life is an individual's perception of their position in life, considering the culture, values, goals, expectations, standards, and concerns within their context. Britannica Encyclopedia defines Quality of Life as the degree to which an individual is healthy, comfortable, and able to participate in and enjoy life events.

Objective

The study's main objective is to compare the perceived Quality of Life of institutionalised and non-

institutionalised elderly populations in the study area.

Hypothesis

The study hypothesises that non-institutionalised elders have a higher perceived QOL than institutionalised elders.

Methodology

The study is based on primary data collected through a field survey using questionnaires and interviews. It is part of a cross-sectional study conducted among elderly individuals in both old age homes and with families in Mysuru city. The primary data was gathered from elderly residents in 65 wards and 34 old age homes in the city through interviews and observations. A simple random sampling method was used to collect the data, with a sample size of 100 aged individuals, consisting of 60 non-institutionalised elders and 40 institutionalised elders.

For data analysis, the WHOQOL Index was developed to assess the gender-specific perceived quality of life of elders of different age groups in institutional and non-institutional settings. The index was calculated using a five-point Likert response scale ranging from "Strongly agree" to "Strongly disagree," scores were coded from 1 to 5. Reverse coding was applied to positive opinions to calculate the index. Four dimensions comprising 47 indicators were used to determine the overall quality of life. Finally, the T-test was used to test the hypothesis.

Study area

Geographically, Mysuru is located between 12.18° North latitude and 76.42° East longitude, at 770 meters above Mean Sea Level.

Perceived Quality of Life of Elders

A Quality of Life (QOL) index was created to evaluate how elders of different ages perceive their quality of life based on their gender and living situation (institutionalised or non-institutionalised). One hundred elderly individuals, including 60 non-institutionalised and 40 institutionalised elders, were selected for the study. The index was calculated using a five-point Likert response scale, with responses ranging from "Strongly agree" to "Strongly disagree," each response

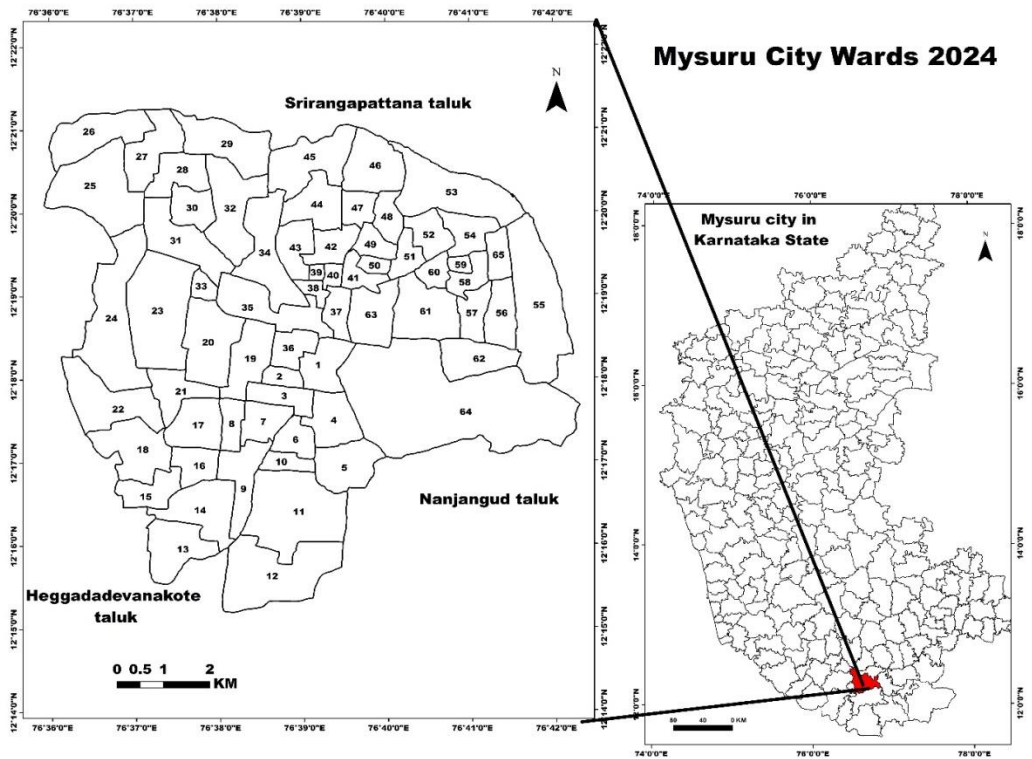
was assigned a score from 1 to 5. The index was adjusted to accommodate the reverse scoring of positive opinions.

The QOL index considered four important dimensions, featuring 47 indicators, to comprehensively assess the elders' quality of life. These dimensions are as follows:

- Social Dimensions
- Economic Dimensions
- Health Dimensions
- Public Accessibility

Map 1

Location of Mysuru City



Perceived Social Quality of Life of Elders

The social quality of life measures the extent to which daily life meets

acceptable living standards for elders. Social status factors such as education, widowhood, age, gender, and lifestyle differ between

institutionalised and non-institutionalised elders, influencing their social QOL. Notably, as age increases, the social QOL of elders tends to decrease, particularly among institutionalised female elders.

The Social Quality of Life Index (SQOLI) was calculated using 17 variables, including the level of satisfaction with bonding among family members, freedom received from family, level of bonding with relatives and friends, and the ability to share feelings with family members and relatives.

SQOLI scores for each respondent were assigned a range

between 1 and 5 for each question. The minimum (score -1) and maximum (5) scores would vary based on the total number of elders in each category.

To find out the SQOLI has been calculated with the following formula,

$$SQOLI = \frac{TOS \text{ of } SV1+SV2+SV3+\dots+SV17}{MOS} \times 100$$

Whereas,
 SQOLI = Social Quality of Life Index,
 SV = SQOL variables,
 TOS = Total Obtained Score,
 MOS = Maximum Obtainable Score (17x5= 85 per person)

Table 1A
Perceived Social Quality of Life Index of Male Elders

Variables	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Receiving freedom from family	15	13	6	39	28	15
Satisfied level of bonding with family members	16	14	7	38	25	13
Satisfied level of bonding with relatives	13	10	5	34	18	9
Satisfied level of bonding with friends	16	13	7	40	30	12
Share feelings with family members	14	11	6	41	32	12
Share feelings with relatives	12	9	4	32	15	6
Happy with the living status	14	11	8	42	22	12
Satisfaction with living facilities	19	14	10	39	21	11
Taking Sufficient food	24	15	10	42	29	15
Family/old age members are taking care	23	19	13	39	31	16
Daily activities						
Going to the religious centre	12	10	8	41	23	14
Walking/ yoga/ exercise	22	14	10	35	26	14
Reading newspaper/books	24	19	9	39	24	13
Watch television	21	17	12	41	29	15
Writing habits	10	7	5	14	10	7
Cooking	9	7	4	19	14	8
Shopping	9	7	4	22	17	7
Total score	273	210	128	594	396	201
Index	48	44	40	62	56	50

Table 1B*Perceived Social Quality of Life Index of Female Elders*

Variables	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Receiving freedom from family/care home	29	18	8	52	37	26
Satisfied level of bonding with family members	19	16	10	50	36	27
Satisfied level of bonding with relatives	13	13	9	45	27	20
Satisfied level of bonding with friends	26	19	13	47	33	24
Share feelings with family members	22	18	12	49	34	25
Share feelings with relatives	14	10	7	42	27	20
Happy with the living status	22	15	10	44	33	29
Satisfaction with living facilities	26	17	12	45	31	25
Taking Sufficient food	27	20	16	53	34	32
Daily activities						
Going to the religious centre	20	18	9	43	30	23
Walking/ yoga/ exercise	32	24	11	39	26	21
Reading newspaper/books	28	22	9	34	21	16
Watch tv	26	21	10	40	34	30
Writing habits	24	13	9	20	15	11
Cooking	12	13	7	50	28	28
Shopping	13	14	8	38	14	12
Total score	353	271	160	691	460	369
Index	44	42	40	54	52	49

Source: Tables 1A and 1B computed by the authors

Tables 1A and 1 B present the nature of the social quality of life perceived by the respondents. During the field survey, most respondents from institutional and non-institutional settings provided neutral answers for several variables, including satisfaction with bonding among relatives, happiness with living conditions, and sharing feelings with friends and relatives.

Table 1A indicates that non-institutional

male elders between 60 and 70 have a higher Social Quality of Life Index (SQOLI). This can be attributed to various factors, such as having good relationships with family and friends, enjoying freedom, engaging in activities like reading books and newspapers, watching TV, shopping, and participating in family and spiritual events.

On the other hand, institutional male elders aged 80 years and above have a lower SQOLI of only 40. This

is primarily due to the lack of care and affection from family members, limited freedom within the family, and a hesitancy to share their problems with the family. Additionally, the social lives of institutional elders are significantly impacted by their age and widowhood, resulting in reduced participation in family functions and limited opportunities to go outside, further affecting their social well-being.

In Table 1B, it is evident that the level of SQOLI decreases as elders age, regardless of whether they are in institutional or non-institutional settings and regardless of gender. Non-institutional female elders aged 60-70 have an average SQOLI of 54, while institutional female elders have a lower SQOLI of only 44.

Additionally, female elders aged 80 and above experience lower SQOLI in both institutional (40) and non-institutional (49) settings. Institutional female elders demonstrate lower SQOLI compared to their non-institutional counterparts due to factors such as limited freedom, lack of family care, and weak social connections with family, friends, and relatives.

Elders' Perceived Economic Quality of Life (QOL)

The study evaluated elders' economic quality of life using seven variables: satisfaction with financial status, economic dependency, per capita income, involvement in financial

decision-making, and contentment with family's financial support and assets.

The Economic Quality of Life Index (EQOLI) scores for each respondent for each question ranged from 1 to 5, with higher scores reflecting a positive response. The minimum score (1) and maximum score (5) varied based on the number of elders in each category. To find the Economic Quality of life, EQOLI has been calculated using the following formula,

$$EQOLI = \frac{TOS \text{ of } EV1+EV2+EV3+\dots+EV7}{MOS} \times 100$$

Whereas,

EQOLI = Economical Quality of Life Index, EV = EQOL Variables,

T O S = Total Obtained Score,

M O S = Maximum Obtainable Score (5x7= 35)

Tables 2A and 2B show the economic status of the city's elderly population as assessed by the EQOLI. There is a slight variation in the financial quality of life for institutionalised male elders between 60 and 70 years (score of 70) and 70 and 80 years (score of 68.5). However, these scores are lower than those of non-institutionalised elders, who scored 47 and 43 in the same age groups.

Most institutionalised elders are retired, financially secure, and independent due to their early planning for old age. However, it is worth noting that some of these elders seek permission from their

children to access their pension funds.

On the other hand, many non-institutionalised elders are financially dependent on their children and family. However, some supplement their income by engaging in manual labour or driving activities.

Tables 2A and 2B reveal that non-institutionalised female elders have significantly lower EQOLI scores than institutionalised female elders. In the age group of 60-70, non-institutionalised female elders score 46, while institutionalised female elders score 58. Similarly, in the age group of 70-80, non-institutionalised female elders score 42, while non-institutionalised female elders score 54. Lastly, in the age group above 80

years, non-institutionalised female elders score only 39, whereas institutionalised female elders score 50. This indicates that non-institutionalised female elders have limited financial freedom, support, and income compared to those who receive pensions.

It is worth noting that some elders, particularly those who are illiterate, have

not made earlier plans for their financial security and later life. Many of their children are not providing financial support to their parents, resulting in many elders expressing unhappiness with their economic status.

Table 2A
EQOLI of Male Elders

Variables	Institutional			Non – Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Happy with financial status	28	24	18	29	23	9
An earlier plan for financial security	25	19	12	22	14	6
Economically fully dependent	14	12	10	37	16	7
Income (M)						
No income (1Score)	30	27	18	26	17	10
Below 5000 (2Score)						
5000-10000 (3Score)						
1000-15000 (4Score)						
15000 above (5Score)						
Are you taking any financial decision	29	23	12	27	22	7
Happy with the family's financial support	22	19	11	25	21	10
Any assets	24	20	12	24	23	8
Total	172	144	93	190	136	56
Index	70	68.5	66	47	43	41

Source: compiled by the authors

Table 2B
EQOLI of Female Elders

QOL of Economic status	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Happy with financial status	30	25	14	40	31	19
An earlier plan for financial security	27	21	12	35	24	16
Economically fully dependent	32	20	12	31	21	13
Income (M)						
No income (1Score)	23	20	11	32	19	12
Below 5000 (2Score)						
5000-10000 (3Score)						
1000-15000 (4Score)						
15000 above (5Score)						
Are you making a financial decision	22	19	11	28	18	11
Happy with the family's financial support	23	20	13	35	21	14
Any assets	28	21	15	38	23	12
Total	185	146	88	238	157	97
Index	58	54	50	46	42	39

Source: Compiled by the authors

Perceived Health QOL of Elders

Evaluating the health of elderly individuals is essential for understanding their quality of life. Common non-communicable health issues among the elderly include physical disabilities and mental or psychological health problems. In addition, chronic diseases like heart problems, diabetes, and high blood pressure can affect healthy ageing. Healthy ageing encompasses physical abilities, mental well-being, social connections, family relationships, and financial status.

Thirteen variables were selected to calculate the health QOL index.

$$HQOLI = \frac{TOS \text{ of } HV_1 + HV_2 + HV_3 + \dots + HV_{13}}{MOS} \times 100$$

Whereas,

EQOLI = Health Quality of Life Index,

HV = HQOL Variables,

T O S = Total Obtained Score,

M O S = Maximum Obtainable Score
(13x5= 65)

According to Tables 3A and 3B, most elderly individuals in institutional and non-institutional settings encounter vision problems, while fewer experience memory-related issues. Various factors, such as social integration, relationships, economic conditions, financial security, family background, environmental conditions, and living arrangements, influence the health status of the elderly.

Table 3A shows that male elders in institutional care have a lower health status, with an overall HQOLI (Health-Related Quality of Life Index) score of less than 50. On the other hand, male elders in non-institutional settings display better health status, with HQOLI scores exceeding 50 in all age groups.

Another significant finding from Tables 3A and 3B is that

institutionalised elders tend to experience more physical and psychological health problems compared to their non-institutionalised counterparts. Furthermore, the study indicates that HQOLI levels decrease as elders age in institutional and non-institutional settings.

During the field survey, most elderly individuals, especially those in institutions, reported experiencing common age-related ailments such as joint pain, dental problems, gastric issues, tiredness, headaches, and weakness. These health problems were often attributed to improper diet, insufficient food consumption, and weather conditions. Additionally, some elders reported chronic diseases such as high blood pressure, heart problems, and diabetes.

Many elderly individuals reported psychological problems, though the level and types of issues varied based on factors such as age, gender, marital status, living arrangements, and economic status. Elders who were living without a spouse, especially those living alone, faced

issues of loneliness, fear, and a lack of family care, even in care centres. Overall, institutionalised elders reported higher levels of psychological problems. Non-institutionalised male elders in the 60-70 age group reported fewer psychological issues.

A significant observation is that female non-institutionalised elders reported better overall health conditions across all age groups. Conversely, institutionalised female elders reported significantly poorer psychological health, while institutionalised male elders reported more physical health problems compared to others.

Elder's Perceptions of the Accessibility of Public Space

Various government and non-government organisations have implemented programs to improve the accessibility and use of public spaces for the elderly. However, the level of use and accessibility to these spaces greatly impact the overall quality of life, which is crucial for quality, healthy, and active ageing.

Table 3A

Perceived HQOLI of Male Elders

Variables	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Can you do your daily activities	19	16	12	37	25	13
Receiving support from children	20	17	12	34	26	11
Receiving care from family	18	14	10	33	24	10
Are you happy with the environment	19	15	11	31	25	9
Normal sickness (joint pain, body pain)	14	12	8	21	15	8
Physical disability						
Vision problem	20	19	9	38	18	10
Speech	31	24	16	41	27	12
Loss of memory	24	20	9	41	29	9

Variables	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Chronic diseases No CD (3 score)	10	9	5	30	21	7
One CD (2 score)						
Two CD (1 Core)						
Psychological problems						
Loneliness	12	11	7	31	25	9
Sleeplessness	15	10	8	28	23	10
Fearness	12	9	6	29	24	9
Lack of care and affection	11	8	7	21	19	11
Total score	225	184	120	415	301	128
Index	49	47	46	53	51	50

Table 3B

Perceived HQOLI of Female Elders

Variable	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Can you do your daily activities	33	24	14	58	45	22
Receiving support from children	27	22	12	55	33	21
Receiving care from family	25	21	11	53	32	20
Normal sickness (joint pain, body pain)	31	19	15	48	25	15
Are you happy with the environment	24	22	10	56	34	18
Physical disability						
Vision problem	29	25	8	45	29	14
Speech	15	13	12	35	28	19
Loss of memory	16	13	10	32	27	15
Chronic diseases No CD (3 score)	13	15	9	35	26	9
One CD (2 score)						
Two CD (1 Core)						
Psychological problems						
Loneliness	27	28	12	38	28	18
Sleeplessness	29	26	11	42	26	22
Fear	30	24	14	37	30	20
Lack of care and affection	25	23	18	34	26	23
Total score	323	256	156	568	389	236
Index	50	49	48	55	54	52

Source: 3 A and 3B computed by the authors

Ten variables have been used to get accessibility of public space QOLI using the following formula,

$$APSQOLI = \frac{TOS\ of\ APSV_1 + \dots + APSV_{10}}{MOS} \times 100$$

Whereas,
 APSQOLI = Accessibility of Public Space Quality of Life Index,

APSV = Accessibility of Public Space Variables,

T O S = Total Obtained Score,

M O S = Maximum Obtainable Score (10x5= 50)

Tables 4A and 4B show that many elderly people who are not living in institutions are satisfied with their access to health facilities. This is

because of the successful implementation of programs such as Sandhya Suraksha and Janashree medical shops and the assistance provided by Asha workers in different regions. On the other hand, only a few elderly people living in institutions are satisfied with the facilities in government offices, banks, and similar institutions. Those living in institutions, especially female elders, have limited access to public spaces due to restrictions on going outside, which prevents them from visiting religious centres, recreational facilities, markets, post offices, and other public spaces. In contrast, elderly men who are not institutionalised have better access to public spaces. The majority of them enjoy freedom (as shown in Table 1A), financial security (as shown in Table 2A), and better physical health (as shown in Table 3A).

During the field survey, the researcher found that many

individuals, especially illiterate non-institutionalised elders and physically disabled institutionalised elders, relied heavily on the government to access necessary facilities.

However, they sometimes encountered challenges such as fraudulent practices and paying bribes to use these facilities. Institutionalised and non-institutionalised elders expressed similar opinions regarding the accessibility of public spaces.

An important finding from the data is that both institutionalised and non-institutionalised male and female elders reported better access to public spaces. Institutionalised male elders in the 60-70 age group scored 60, those in the 70-80 age group scored 57, and those aged 80 and above scored 54. Non-institutionalised female elders scored 59, 57, and 53 in the respective age groups.

Table 4A

QOLI for Male Elder's Perceptions of the Accessibility of Public Space

QOL of Health Status	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Are you happy with the accessibility of elderly-friendly transportation facilities	23	19	12	40	28	15
In railway station	22	18	11	38	26	15
Post offices	21	17	10	39	25	14
In banks	21	17	9	38	25	13
Market centers	18	15	10	36	24	13
Parks	18	15	11	35	27	14
In recreation centers	18	15	10	34	25	12
In religious centers	18	16	11	37	26	14
In other government offices	16	16	9	33	24	12
On the road/ footpath	18	15	11	31	25	13
Total	193	163	104	360	255	134
QOL Score	55	54	52	60	57	54

Source: Computed by the Authors

Table 4B*QOLI for Female Elders' Perceptions of the Accessibility of Public Space*

QOL of Health Status	Institutional			Non - Institutional		
	60-70	70-80	80+	60-70	70-80	80+
Are you happy with the accessibility of elderly-friendly transportation facilities	22	19	13	54	35	21
In railway station	30	20	12	51	33	19
Post offices	29	23	12	50	34	20
In banks	30	21	13	49	33	21
Market centers	27	23	11	48	31	19
Parks	29	23	14	50	33	18
In recreation centers	27	21	14	46	28	15
In religious centers	29	24	15	47	29	20
In other government offices	31	22	14	46	28	16
On the road/ footpath	28	21	13	43	30	17
Total	281	217	131	484	314	199
Index	56	54	52	59	57	53

Source: Compiled by the Authors

Overall Quality of Life of Elders

The overall Quality of Life (QOL) index, which includes all dimensions, shows that elderly individuals living outside of institutions, especially men aged 60-70, have a higher overall quality of life score of 55 than other age groups. However, both institutionalised and non-institutionalised women aged 80 and above have a lower overall quality of life score, 46 and 49, respectively.

Table 5 shows that male elders between the ages of 60 and 70 living in institutions have a higher economic quality of life index, scoring 70, but a lower health quality of life, scoring 49. On the other hand, male elders in the same age group who are not living in institutions have

a higher social quality of life, scoring 62. Furthermore, female elders in the 60-70 age group who are not living in institutions have a higher quality of health, with a score of 55.

To test the hypothesis that non-institutional elders enjoy a higher quality of life than institutional elders, independent samples t-tests were conducted for each dimension of the Quality-of-Life Index (QOLI). The results are as follows:

Social QOLI: t-statistic = -0.4339, p-value = 0.6755

Economic QOLI: t-statistic = -1.3296, p-value = 0.2186

Health QOLI: t-statistic = 0.5558, p-value = 0.5946

Public Space QOLI: t-statistic = -0.1633, p-value = 0.8754

Overall QOL Index: t-statistic = -0.5953, p-value = 0.5713

The p-values for all dimensions are greater than 0.05, indicating no significant difference in social, economic, health, public space, and overall quality of life between institutional and non-institutional elders.

In conclusion, based on the data and the results of the t-tests, the hypothesis that non-institutional elders enjoy a higher quality of life compared to institutional elders is rejected for all dimensions of quality of life. Therefore, this study finds no significant difference in the quality of life between institutional and non-institutional elders.

Table 5

Quality of Life of Elders by Different Age and Sex

QOLI	60-70 years				70-80 years				80+ years			
	Inst.		Non-Inst.		Inst.		Non-Inst.		Inst.		Non-Inst.	
	M	F	M	F	M	F	M	F	M	F	M	F
Social QOLI	48	44	62	52	44	42	56	52	40	40	50	49
Economic QOLI	70	58	68	54	66	50	47	46	44	42	42	39
Health QOLI	49	50	53	55	47	49	51	54	46	48	50	52
Public space QOLI	55	56	54	54	52	52	60	60	57	57	54	53
Overall QOL index	52	49	55	52	49	47	51	50	47	46	48	47

Source: Compiled by the Authors

Conclusion

The study examined the perceived quality of life (QOL) of older individuals living in institutions and those living in the community across various dimensions, such as social, economic, health, and public accessibility. The findings revealed several important insights.

Firstly, it was observed that as individuals grow older, their social QOL tends to decrease, especially among women

living in institutions. Men aged 60-70 living in the community reported the highest social QOL, while women living in institutions had the lowest scores in this dimension.

Secondly, economic QOL varied between older individuals living in institutions and those in the community. Women living in the community reported poor economic QOL, while women living in institutions had relatively higher

scores. Men living in the community reported better economic QOL.

Thirdly, both groups faced common health issues associated with ageing, such as joint pain and dental problems. Those living in institutions, particularly women, reported more physical and psychological health problems than those living in the community. Chronic diseases such as high

blood pressure, heart problems, and diabetes were also prevalent among the elderly population.

Additionally, access to public spaces was reported to be limited for those living in institutions, especially women, due to restrictions on freedom and mobility. Men living in the community had better access to public spaces than other groups.

Furthermore, the overall QOL index showed that men aged 60-70 living in the community enjoyed the highest overall QOL. In contrast, both women living in institutions and those living in the community aged 80 years and above reported poor overall QOL.

Suggestions

Based on the findings of this study, the following suggestions can be considered to enhance the quality of life for institutional and non-institutional elders:

- **Improve social support systems:** Implement programs and initiatives that promote social integration and reduce loneliness among institutionalised elders. Encourage family involvement, organise social gatherings, and

provide opportunities for social interaction and bonding.

- **Enhance economic support:** Develop policies and interventions that address the financial needs of non-institutional elders, particularly females, which may include financial literacy programs, access to microfinance options, and support for income-generating activities to improve their economic independence.
- **Strengthen healthcare services:** Ensure easy access to healthcare facilities for institutional and non-institutional elders. Focus on preventive healthcare measures, regular health check-ups, and adequate medical resources to manage chronic diseases effectively.
- **Improve public space accessibility:** Create age-friendly environments that cater to the needs of elderly individuals, including accessible infrastructure, public transportation, and recreational spaces.
- **Promote community engagement and participation of elders in public life.**

Foster awareness and education: Conduct awareness campaigns to educate the elderly about their rights, available support services, and ways to improve their well-being. Promote literacy programs to empower elders and enhance their decision-making capabilities.

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