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Exploring the Causative Factors Forcing Geriatrics to take shelter in Old Age Homes: A Case Study of District Lahore

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ABSTRACT
This study explores the underlying factors that compel elderly individuals to reside in old age homes in District Lahore, Pakistan. Through a qualitative case study approach, data were collected from 100 elderly residents (37 males and 63 females) across multiple old age homes. Thematic analysis revealed four primary causative factors: family neglect, economic insecurity, health challenges, and social isolation. The study highlights the erosion of traditional family structures and emphasizes the need for comprehensive eldercare policies in Pakistan. The findings aim to inform policymakers, social workers, and civil society to improve the lives of the elderly population.

Keywords: *Geriatrics, Old Age Homes, Neglect, Family Structure, Lahore, Qualitative Research.*

1. Introduction:

The treatment and status of the elderly is a defining reflection of societal values and structures. In Pakistani culture, elders have traditionally held positions of respect, authority, and care within extended families. However, in recent years, societal transformations—accelerated by urbanization, economic pressures, and shifting cultural norms—have significantly altered the role and experiences of geriatrics.

In urban centers like Lahore, the emergence of old age homes is no longer a rarity but a growing phenomenon. This change signals a significant shift from collective family-based eldercare to institutional solutions. Many elderly individuals who once envisioned their old age surrounded by children and grandchildren now find themselves residing in care facilities, often against their original expectations and desires.

The decision or compulsion to move into an old age home is rarely the result of a single factor. Rather, it reflects an interplay of complex socio-economic, emotional, and familial dynamics. Key among these are family neglect, property disputes, loss of a spouse, chronic health conditions, absence of caregivers, or sheer loneliness. These realities often go unnoticed in public discourse due to stigma and lack of visibility of old age homes.

Moreover, Pakistan lacks a cohesive eldercare policy, and geriatric welfare is often overlooked by social institutions and the state. There is an urgent need to investigate and address the root causes behind this growing trend. A localized, case-based understanding—such as this study focused on District Lahore can help generate deeper insights and provoke social and policy-based interventions.

This research seeks to answer: Why do elderly individuals in Lahore choose or are forced to live in old age homes? What do their personal narratives reveal about our changing family structures, societal priorities, and gaps in social security? By documenting and analyzing these stories, the study aims to humanize statistics and foreground the lived experiences of this vulnerable population segment.

2. Literature Review

The literature on aging and institutionalization offers a broad overview of the changing dynamics surrounding eldercare, both globally and within the South Asian context. Scholars have long acknowledged that the aging process is not merely a biological phenomenon but also a deeply social experience, shaped by economic, cultural, and political conditions (Gorman, 2000).

Globally, studies have found that elderly individuals are increasingly facing social exclusion, particularly in societies where modernization has diminished the traditional family support system (Phillipson, 2013). In countries like India, Bangladesh, and Pakistan, the erosion of extended family networks and the rise of nuclear families have significantly impacted how the elderly are cared for (Rajan, Mishra & Sarma, 1999).

According to Siddiqui (2021), in Pakistan, institutional living among geriatrics is rising, yet it remains understudied. His study identified neglect, abandonment, and economic dependency as common threads running through the lives of elderly residents in old age homes. Similarly, Ahmad and Khan (2018) noted that financial insecurity and intergenerational conflicts were key reasons behind the growing population in care institutions.

Gender also plays a crucial role. Female geriatrics, particularly widows or those without sons, are more vulnerable to displacement due to their economic dependency and lower social status (Javed & Aslam, 2020). Moreover, female residents often report higher levels of emotional distress and depression compared to their male counterparts.

Cultural stigma is another major barrier that prevents families from seeking professional help for eldercare or discussing it openly. Old age homes are still considered taboo in many parts of Pakistani society, often associated with familial shame or social failure (Rehman & Saeed, 2017).

Moreover, government initiatives and social welfare programs for the elderly are either insufficient or poorly implemented. The Benazir Income Support Programme (BISP) and senior citizen cards, while promising, have limited reach and fail to address the complex needs of aging populations, such as housing, caregiving, and mental health support (Pakistan Bureau of Statistics, 2021).

These gaps in literature point towards the need for more grounded, qualitative research that captures the voices and narratives of the elderly themselves. By focusing on District Lahore, this study aims to contribute original data to the growing discourse on aging, family transformation, and institutional care in Pakistan.

3. Methodology

3.1 Research Design

This study follows a qualitative case study approach, allowing for in-depth exploration of the lived experiences of geriatrics residing in old age homes in District Lahore. A case study design was selected to understand not just the “what” but also the “why” behind their decisions to move into institutional care.

3.2 Study Area

The research was conducted across four registered old age homes in District Lahore, both private and government-supported institutions.

3.3 Sample Size and Selection

A purposive sampling technique was used to select 100 participants: 27 males and 63 females. All participants were aged 60 years and above, cognitively alert, and willing to share their experiences. The sample was selected to ensure diversity in terms of gender, socioeconomic background, and marital status.

3.4 Data Collection Methods

In-depth interviews were conducted using a semi-structured interview guide.
Interviews were conducted in Urdu and Punjabi, lasting between 30 to 60 minutes.
Field notes and audio recordings were used for transcription and thematic analysis.

3.5 Ethical Considerations

Informed consent was taken from all participants.
Ethical approval was sought from the institutional research board prior to data collection.

3.6 Data Analysis

Data were analyzed using thematic content analysis, where patterns and recurring themes were coded manually. NVivo software was used to assist in organizing qualitative data.

Table 1: Participant Demographics (N = 100)

Gender	**Male**	**Female**		
	37	63		
	37%	63%		
Age Group	60-69	70-79	80 and above	
	44	40	16	
	44%	40%	16%	
Marital status	Widowed	Never married	Divorced/Separated	Still married
	62	18	18	2
	62%	18%	18%	2%
Financial Status	Financially independent	Financially dependent		
	22	78		
	22%	78%		

Table 2: Key Factors Identified for Institutionalization

Family neglect	**30%**
Economic Insecurity	26%
Health Issues/Disability	20%
Loneliness/Isolation	12%
Property disputes/abuse	12%

4. Findings

Based on in-depth interviews with 100 participants, the following five key themes emerged as causative factors compelling the elderly to reside in old age homes in District Lahore:

4.1 Family Neglect and Abandonment (30% of participants)

A majority of participants revealed they were either neglected, emotionally abandoned, or directly asked to leave their homes by children or extended family. Many described feeling like a burden.

“Mere bachay kehte hain ke hamare apne bachay hain, humein waqt nahi milta tumhari dekhbhaal ke liye.”
(My children say they have their own kids and don't have time to take care of me.) — Ameena Bibi, 72

“Jab meri biwi mar gayi, to meri bahu ne mujhe keh diya ke ab aap kahin aur jaaiye.”
(After my wife died, my daughter-in-law told me to find another place.) — Muhammad Yaqoob, 75

This neglect was more frequently reported by female residents, especially widows who lacked financial autonomy or male support.

4.2 Economic Insecurity (26% of participants)

Many participants were either unemployed, retired without pension, or lacked savings. Financial dependency on children or relatives created tension and contributed to their displacement.

"Main apni zindagi mein kabhi kisi ka bojh nahi banna chahti thi. Jab betay ne paisay dena band kiye to mein khud hi yahan chali aayi."

(I never wanted to be a burden. When my son stopped giving me money, I came here on my own.) — Kaneez Fatima, 68

"Pension milti hai, lekin itni kam hai ke dawaiyon mein hi khatam ho jati hai."

(I do get a pension, but it all goes into medicines.) — Ali Sher, 80

4.3 Health Challenges and Disability (20% of participants)

Elderly individuals with chronic illnesses, mobility issues, or mental health concerns were often left without proper care. Families felt unequipped to handle their needs.

"Mujhe diabetes aur high blood pressure dono hain. Beti kehne lagi ke tumhara ilaaj humare bas ka nahi."

(I have diabetes and high blood pressure. My daughter said they couldn't manage my treatment.) — Shakeela Begum, 74

Several participants also mentioned how hospitals discharged them with nowhere to go, leading directly to institutional care.

4.4 Loneliness and Social Isolation (12% of participants)

Some elderly individuals moved into old age homes voluntarily due to loneliness, especially those who never married or had no surviving family.

"Mere koi apne nahi rahe. Dost mar gaye, rishtedaar duur ho gaye. Yahan aake kam az kam logon se baat to hoti hai."

(I had no one left—friends died, relatives distant. At least here, I get to talk to people.) — Sikandar, 76

Women especially expressed emotional pain from being excluded from family gatherings or being left alone for days.

4.5 Property Disputes and Abuse (12% of participants)

A small but significant number reported being forced out due to inheritance disputes, particularly after the death of a spouse. Physical and emotional abuse was also cited.

"Zameen mere naam thi, lekin betay ne zabardasti mujh se dastakhat le liye."

(The land was on my name, but my son forced me to sign it over.) — Abdul Ghaffar, 82

"Jab tak mere paas paisay the, tab tak izzat thi. Paisay khatam to galiyan milne lagi."

(As long as I had money, I was respected. Once it was gone, they started abusing me.) — Parveen Akhtar, 69

Table 3: Themes and Participant Quotes:

Theme	Percentage	Quotes
Family Neglect	30%	"Hamare apne bachay hain…" – Ameena Bibi
Economic Insecurity	26%	"Main kisi ka bojh nahi banna chahti thi." – Kaneez Fatima
Health Challenges	20%	"Mujhe diabetes aur BP dono hain." – Shakeela Begum

Health Challenges	12%	"Koi apna nahi raha." – Sikandar
Property Disputes/Abuse	12%	"Zameen mere naam thi..." – Abdul Ghaffar

5. Discussion and Analysis

This study sought to explore the multifaceted causes that compel geriatrics to seek shelter in old age homes in District Lahore. The qualitative data, supported by participant quotes, reveals how deeply structural, economic, entrenched and emotional issues intersect to influence the lives of elderly individuals in Pakistan.

5.1 Validation of Hypotheses

H1: Geriatrics residing in old age homes in District Lahore are primarily forced by neglect from their immediate family members.

Supported.

Findings confirm that family neglect is the most prominent factor (reported by 30% of participants). This aligns with existing studies such as Siddiqui (2021) and Ahmad & Khan (2018), which identified weakening familial bonds and intergenerational conflict as drivers of elder displacement. In many cases, the elderly were emotionally excluded, disregarded, or even actively forced out of their homes.

H2: Economic dependency and lack of healthcare support are significant contributors to their institutionalization.

Supported.

The data also validates this hypothesis. Economic insecurity (26%) and healthcare challenges (20%) were major factors contributing to institutionalization. Many elderly individuals lack pensions, savings, or property, making them vulnerable to dependency or financial manipulation by family members.

5.2 Changing Family Structures and Cultural Shifts

Traditionally, Pakistani families followed a joint family system, with sons expected to care for aging parents. However, economic pressures, job migration, urban living, and nuclear family models are disrupting these roles. The burden of eldercare is often shifted onto state-run institutions or simply ignored.

These changes are echoed in participants' testimonies where sons and daughters-in-law are cited as key decision-makers in the neglect or displacement of parents. This transition reflects a cultural shift from collectivism to individualism—particularly in urban centers like Lahore.

5.3 Gendered Experiences of Aging

The data also reveals that women face unique challenges in old age. Out of 34 female participants, the majority were widows, often left with no financial support or decision-making power. Women also reported more psychological distress, which supports previous literature (Javed & Aslam, 2020) that highlights the gendered vulnerabilities of elderly females in patriarchal societies.

Additionally, cases of property exploitation were more commonly reported by men, particularly those who owned land or assets that were forcefully transferred or misused by relatives.

5.4 Institutionalization as a Last Resort

None of the participants viewed old age homes as an ideal place to live. Rather, they described it as a "majboori" (compulsion) or a "last option" when all other supports failed. Even those who moved voluntarily cited mental and emotional exhaustion from isolation or abuse.

Interestingly, some participants mentioned that despite the hardships, old age homes offer a sense of community and routine, which they lacked in their homes. This highlights a paradox: while institutionalization is stigmatized, it can also offer safety, social interaction, and basic care that are unavailable elsewhere.

5.5 Gaps in Policy and Social Support

The findings also point to a critical lack of state infrastructure for eldercare. Despite the existence of programs like the Senior Citizen Card or BISP, most participants were either unaware of these programs or unable to access them. There are no formal mental health services, grief counseling, or rehabilitation plans in most old age homes.

This neglect further validates earlier literature (Rehman & Saeed, 2017; UNESCAP, 2020) indicating that eldercare is not a national priority, and aging is not adequately addressed in Pakistan's social policy framework.

5.6 Cultural Taboo around Old Age Homes

A recurring undercurrent in the interviews was the shame associated with living in an old age home. Participants often justified their situation to the researcher, suggesting a strong cultural stigma. This reflects the moral framing of old age homes in Pakistan as places of abandonment, rather than care.

This perception not only isolates the elderly further but also deters families from seeking ethical, dignified institutional care options. The result is a vicious cycle of guilt, silence, and inadequate support.

Table 4: Summary of Analysis Table

Family Neglect	**Breakdown of intergenerational obligations in urban nuclear families**
Economic Insecurity	Absence of pensions, property rights, and state-supported income
Health Challenges	Families unprepared to manage chronic illnesses and disabilities
Loneliness	Isolation leading to voluntary relocation for emotional survival
Gender-based displacement	Widows and dependent women more vulnerable to abandonment

6. Conclusion

This study explored the causative factors compelling geriatrics to take shelter in old age homes in District Lahore. Through in-depth interviews with 50 participants (16 male, 34 female), it was revealed that old age institutionalization is largely not a voluntary choice, but rather a response to a breakdown of traditional support systems.

The most dominant factor was family neglect, followed closely by economic insecurity, chronic health issues, emotional isolation, and in some cases, property disputes and abuse. These factors are interconnected and often cumulative, indicating that the decision to move into an old age home is complex and multifactorial.

Moreover, the study highlights the gendered nature of aging, where women particularly widows are at greater risk of abandonment and neglect. The findings also emphasize that

despite cultural stigma, many elderly find a sense of dignity, care, and routine within institutional settings, which they were denied in their homes.

The data also exposes significant gaps in eldercare policy, accessibility of state welfare schemes, and the general neglect of mental health and emotional well-being of the elderly in Pakistan.

This case study of Lahore should serve as a wake-up call for policymakers, social workers, religious institutions, and civil society to recognize the growing needs of this vulnerable population and to take proactive measures to ensure they live with respect, care, and dignity.

7. Recommendations

Based on the findings of this study, the following recommendations are proposed:

7.1 Policy Recommendations

National Geriatric Policy: Introduce a dedicated national policy for elderly welfare, including rights to shelter, healthcare, and emotional care.

Universal Pension Scheme: Implement accessible, non-discriminatory pension schemes for all elderly individuals, especially women and widows.

Monitoring of Old Age Homes: Regulate and monitor public and private old age homes for standards of care, medical support, and abuse prevention.

7.2 Family and Community Engagement

Family Counseling Programs: Establish support and education programs for families on how to care for aging parents and resolve intergenerational conflicts. Islamic and Cultural Awareness Campaigns: Encourage religious scholars and community leaders to raise awareness about the rights and responsibilities towards parents in old age

7.3 Institutional and Social Support

Mental Health Services: Incorporate psychological counseling, grief therapy, and mental wellness activities in old age homes. Mobile Health Units: Create mobile healthcare units to serve elderly populations who cannot afford hospital visits. Community-Based Aging Centers: Set up day-care centers and community halls for the elderly to engage in social, religious, and recreational activities.

7.4 Research and Education

Further Qualitative Research: Encourage more localized and comparative studies on eldercare in different regions of Pakistan. Curriculum Inclusion: Integrate gerontology and elder rights into university and medical education to train the next generation of social workers and doctors.

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