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Priya
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Sabreena Rasool
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Safiya Jan
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Shabir Ahmed
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Vijay Laxmi
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Wani Adil Hussian
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Corresponding Author:
Priya
Post Basic B.Sc. Nursing 2nd Year, Rayat Bahra College of Nursing, Mohali, Punjab, India

Understanding emotional distress among elderly residents in a destitute home: A descriptive analysis from Punjab

Priya, Sabreena Rasool, Safiya Jan, Shabir Ahmed, Vijay Laxmi and Wani Adil Hussian

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Abstract
Background: Aging is a natural and continuous biological process that leads to gradual physiological, psychological, and social changes in an individual. Elderly refers to the individuals who have reached advanced stage of life, typically 60 or 65 years and older. Older adults may seek attention from busy family members, leading to feelings of insecurity and vulnerability. They are more vulnerable to mental health issues such as anxiety, stress, loneliness, and low self-esteem. Financial difficulties and shifting family values can worsen their distress, sometimes resulting in their placement in old age homes. In such settings, they face challenges like adjusting to strict routines, lack of social support, separation from family, and frequent exposure to illness and death. This can lead to feelings of powerlessness, low self-esteem, and many emotional problems.
Aim of the study: The aim of the study is to assess the emotional problems among the elderly residing at selected Destitute Home of Distt. Sahibzada Ajit Singh Nagar, Punjab in a view of developing an information booklet.
Design and Methods: A non-experimental descriptive research design was employed for this study. The Destitute Home selected for the study was Prabh Aasra Village Padiala Distt. Sahibzada Ajit Singh Nagar, Punjab. Purposive sampling technique was used to select 100 elderly of age 60 years and above to assess the emotional problems through Socio – demographic profile and self-structured questionnaire. Collected data was analysed.
Result: The findings indicated that 60% of the elderly in the destitute home experienced moderate stress, 72% had moderate anxiety, and 71% reported moderate loneliness, with none suffering from severe emotional issues. Only physical activity levels and marital status were found to influence anxiety, while socio demographic variables such as age, gender, education status, marital status, number of children, dietary habits, length of stay, reasons for residing in the home, and frequently experienced emotional problems did not impact levels of stress, or loneliness.
Conclusion: The study found that most elderly residents in the destitute home experienced moderate levels of stress (60%), anxiety (72%), and loneliness (71%), with none suffering from severe levels. Socio-demographic factors did not influence stress or loneliness, while marital status and physical activity levels affected anxiety. These findings highlight the need for tailored interventions, including social engagement and mental health support. Encouraging physical activity may help manage anxiety levels. Addressing emotional well-being through structured programs can enhance their quality of life. Further research is needed to develop effective coping strategies.

Keywords: Elderly, emotional problems, stress, anxiety and loneliness

Introduction
No phase of life is without challenges, but the elderly face unique difficulties due to the progressive decline in physical, cognitive, and emotional functioning. With aging comes a heightened vulnerability to health-related concerns—particularly mental health issues such as anxiety, depression, low self-esteem, and emotional instability [1]. While aging is a natural and inevitable process, it is often met with resistance and social discomfort, even though everyone aspires to a long life.
In India, older adulthood typically begins at age 60. The elderly population is steadily increasing, with an estimated 7.5% of India's population aged 60 and above, the majority living in rural regions [2]. This demographic shift has become more complex due to the transformation of traditional Indian family structures.

The breakdown of joint families and the rise of nuclear households have contributed to reduced familial support for elders, resulting in emotional insecurity, loneliness, and social isolation [3]. Financial dependency, changing societal values, and migration of younger generations to urban areas for employment further exacerbate the challenges faced by the elderly.

Many elderly individuals are compelled to reside in old age homes due to lack of support, deteriorating health, or abandonment. These institutional settings, while providing basic necessities, can often intensify emotional distress. Residents may face adjustment issues, separation anxiety, rigid routines, lack of autonomy, and exposure to illness and death, all contributing to psychological strain [4]. A sense of powerlessness and decreased self-worth is common, especially among those with limited social connections or family contact.

Old age homes in India are broadly categorized into "free" homes for the destitute and "paid" retirement homes. While these facilities aim to address the physical and social needs of the elderly, their mental and emotional needs often remain under-assessed. Despite being perceived as a Western concept in the past, institutional elder care is now expanding in India, with over 1,000 facilities operating nationwide [3]. Some institutions offer amenities like day care centers and communication access to reduce isolation, but the emotional burden remains significant for many.

Destitute elderly women are especially vulnerable. Lacking financial independence and familial protection, they often experience exclusion, poverty, and at times, abuse. The term "destitute woman" refers to individuals without income or support, facing extreme hardship and social neglect [5]. This points to deeper systemic issues of gender, poverty, and familial breakdown.

The rising dependence on institutional care underscores the urgent need to address the emotional and psychological problems of the elderly, particularly those living away from family in structured environments. This study seeks to assess the emotional problems among the elderly residing in a selected destitute home in Sahibzada Ajit Singh Nagar, Punjab, and to contribute toward strategies for enhancing their psychological well-being.

Need of the Study

The global aging population is expanding rapidly, with approximately 600 million individuals aged 60 and above—projected to reach 2 billion by 2050 [1]. In India alone, the elderly population is expected to rise from 100 million to 323 million by 2050, making up nearly 20% of the country's total population [1]. This demographic shift has significant implications for healthcare, social support, and policy planning.

Older adults are among the most vulnerable groups, often facing physical, emotional, and social challenges. In India, the aging population is growing at a rate three times faster than the general population [6]. Contributing factors such as poverty, social isolation, family disintegration, and increased dependency have intensified the need for structured elder care services, including old age homes. Currently, there are over 1,000 old age homes in India, offering varying services—ranging from free accommodation to paid care with medical and recreational facilities [3, 6].

Despite 60% of elderly living with families, many face neglect or abandonment. Around 66% are very poor, and 39% live alone or deserted. The breakdown of joint families, urban migration, and changing values have increased emotional vulnerability, loneliness, and reduced intergenerational support [7].

Elderly individuals experiencing homelessness face compounded challenges, including poor mental health, physical suffering, and barriers to healthcare access. Depressive symptoms are significantly more prevalent among the homeless elderly population compared to the general public [8, 9]. Their living conditions expose them to chronic stress, abuse, and isolation—factors that are closely linked to mental health deterioration and decreased quality of life.

Given these realities, it is essential to focus on interventions that address psychological issues among institutionalized elderly populations. Various approaches—such as psychoeducation, motivational interviewing, relaxation techniques, social support interventions, and laughter therapy—have shown promise in mitigating emotional distress among seniors in old age homes [1].

This study is thus warranted to assess the emotional problems of elderly residents in a destitute home, with the aim of informing targeted psychological support strategies.

Objectives

1. To assess the emotional problems among the elderly residing at Destitute Home.
2. To assess the factors contributing to emotional problems among the elderly residing at Destitute Home.
3. To find out the association between the emotional challenges faced by the elderly residents with their selected socio-demographic variables.
4. To analyse and disseminate the research findings.

Methodology

Research Approach & Design: A quantitative, descriptive research design was adopted to assess emotional problems among elderly individuals residing at the selected destitute home in Sahibzada Ajit Singh Nagar, Punjab, with the intent of developing an informative booklet.

Research Setting: The study was conducted at Prabh Aasra, a destitute home in Village Padiala, Distt. Sahibzada Ajit Singh Nagar. The site was selected due to the large elderly population, familiarity with the area, convenience for the investigators, and anticipated cooperation from the institution.

Target Population & Sample: The target population included all elderly individuals aged 60 years and above residing at Prabh Aasra. A purposive sampling technique was used to select 100 participants.

Inclusion Criteria and Exclusion Criteria: Individuals aged ≥60 years, capable of effective communication, and willing to participate were involved in the study. Those with severe cognitive or psychiatric disorders that hindered communication were excluded.

Tool Development: A structured tool was developed following a literature review and expert consultation. It comprised four sections: Section A – socio-demographic profile (10 variables), Section B – 10-item stress rating

scale, Section C – 10-item anxiety rating scale, and Section D – 10-item loneliness rating scale. Each psychological scale was scored to categorize levels as mild (0–10), moderate (11–20), and severe (21–30).

Validity & Reliability: The tool was validated by 9 experts and revised accordingly. Split-half reliability was assessed using Karl Pearson's correlation coefficient (r = 0.71), indicating satisfactory internal consistency.

Pilot Study: A pilot study on 10 elderly residents at Prabh Aasra (Village Jhanjheri) was conducted to evaluate tool feasibility. The tool was found to be reliable and appropriate for final data collection.

Data Collection Procedure: Formal permission was obtained from the destitute home administration and informed consent from participants. Data was collected in March 2025 via interview schedules, ensuring privacy and minimal disruption.

Data Analysis: Data was coded and analyzed using descriptive and inferential statistics. Socio-demographic distribution analyzed using frequencies and percentages. Association between emotional scores and demographic variables tested using Chi-square test.

Results and Discussion

Analysis and interpretation were done in accordance with the objectives laid down for the study. The data was analysed by calculating the score in terms of mean; mean percentage, and standard deviation. Chi square test was used for assessing association between the variables. The level of significance was $p<0.005$. The data collected were entered in a master sheet. It was analyzed and interpreted by using descriptive and inferential statistics. The data was organized and presented under the following sections:

Section I: Percentage Distribution of the elderly according to their sociodemographic variables.

Section II: Frequency and Distribution of factors contributing to emotional problems among the elderly residing at Destitute Home.

Section III: Association of findings related to the emotional challenges faced by the elderly residents with their selected socio-demographic variables.

Section I:

Percentage distribution of the elderly according to their socio-demographic variables.

Table 1: Frequency and percentage distribution of the elderly residing in destitute home according to their socio- demographic variables. N=100

Variables	Opts	Frequency(f)	Percentage (%)
Age	60-70 years	13	13%
	71-80 years	53	53%
	81- 90 years	26	26%
	91 years & above	8	8%
Gender	Male	32	32%
	Female	68	68%
Educational Status	No Formal education	40	40%
	Undergraduate	22	22%
	Graduate	34	34%
	Post Graduate & above	4	4%
Marital Status	Married	53	53%
	Unmarried	0	0%
	Widowed	47	47%
	Divorced/Separated	0	0%
No. of Children	None	10	10%
	One	49	49%
	Two	30	30%
	More Than Two	11	11%
Dietary Habits	Vegetarian	69	69%
	Non - Vegetarian	31	31%
	Special Diet	0	0%
Length of stay in destitute home	Less than a year	9	9%
	2 - 3 Years	59	59%
	4 - 5 Years	19	19%
	More than 6 years	13	13%
Reason for staying in Destitute Home	Abandonment by Family	15	15%
	Financial Difficulties	44	44%
	Physical Health issues	35	35%
	Any other Reason	6	6%
Physical activity Level	No Physical Activity	13	13%
	Mild	78	78%
	Moderate	9	9%
	Intense	0	0%
The Emotional Problem experienced most frequently	Stress	10	10%
	Anxiety	49	49%
	Loneliness	32	32%
	Any Other	9	9%

Table 1. presents the distribution of elderly residents in the destitute home based on various socio-demographic variables, including age, gender, education, marital status, number of children, dietary habits, duration of stay, reasons for admission, physical activity levels, and frequently experienced emotional problems. The majority (53%) were aged between 71–80 years, with 26% in the 81–90 age group. Females made up a larger proportion (68%) compared to males (32%). In terms of education, 40% had no formal education, 34% were graduates, 22% were undergraduates, and only 4% had postgraduate qualifications. Marital status showed 53% were married and 47% widowed, with no participants unmarried or divorced/separated. Regarding family, 49% had one child, 30% had two, 11% had more than two, and 10% were childless. Dietary habits revealed 69% were vegetarians and 31% non-vegetarians, with no special dietary needs reported. Most had been staying for 2–3 years (59%), followed by 19% for 4–5 years, 13% for over 6 years, and 9% for less than a year. Financial difficulty (44%) was the primary reason for their stay, followed by health issues (35%), abandonment (15%), and other reasons (6%). In terms of physical activity, 78% engaged in mild activity, 13% were inactive, 9% had moderate activity, and none were highly active. Anxiety was the most commonly reported emotional issue (49%), followed by loneliness (32%), stress (10%), and other problems (9%).

Section II

Emotional problems among the elderly residing at destitute home.

Table 2: Frequency and Percentage distribution of factors contributing to stress among the elderly residing at Destitute Home. N=100

Criteria measure of stress score		
Level of scores N= 100	Frequency	Percentage
Severe (21-30)	0	0.0%
Moderate (11-20)	60	60.0%
Mild (0-10)	40	40.0%
Maximum =30, Minimum=0		

Table 2. states that out of 100 elderly residing at destitute home, the majority 60 (60%), had a moderate level of stress, whereas 40 (40%) elderly residing at destitute home had a mild level of stress. None of them suffered from severe level of stress.

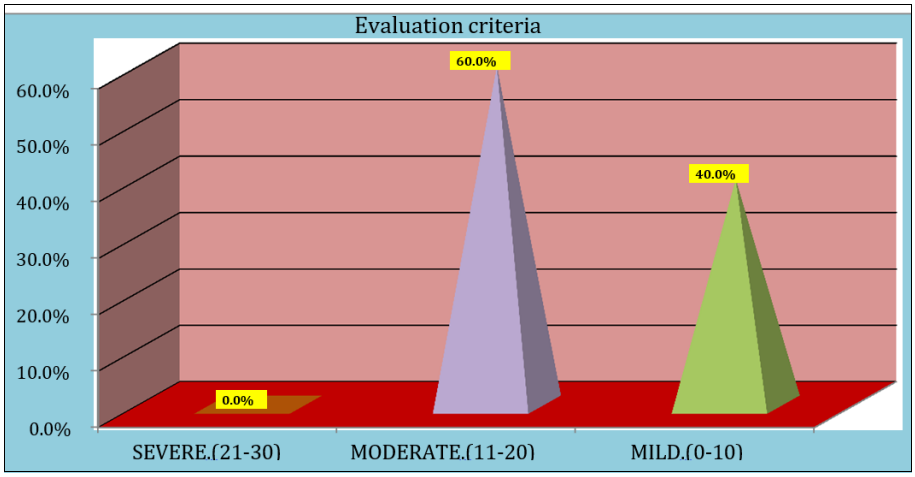

Fig 1: Criteria measure of stress score

Table 3: Descriptive statistics of Stress N=100

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Stress score	11.86	13	2.69	15	7	8	39.53

Maximum=30, Minimum=0

The descriptive statistics for stress scores among 100 participants show a mean score of 11.86 with a median of 13, indicating that most participants fall within the moderate stress range. The standard deviation (S.D.) of 2.69 suggests some variation in stress levels. The scores range from 7 to 15, with a mean percentage of 39.53%, reinforcing that stress levels are predominantly mild to moderate, without extreme cases.

Table 4: Frequency and Percentage distribution of factors contributing to anxiety among the elderly residing at Destitute Home. N=100

Criteria measure of anxiety score		
Level of scores n= 100	**Frequency**	**Percentage**
Severe (21-30)	0	0.0%
Moderate (11-20)	72	72.0%
Mild (0-10)	28	28.0%

Maximum =30, Minimum=0

Table 4, states that out of 100 elderly residing at destitute home, the majority 72 (72%), had a moderate level of anxiety, whereas 28 (28%) elderly residing at destitute home had a mild level of anxiety. None of them suffered from severe level of anxiety.

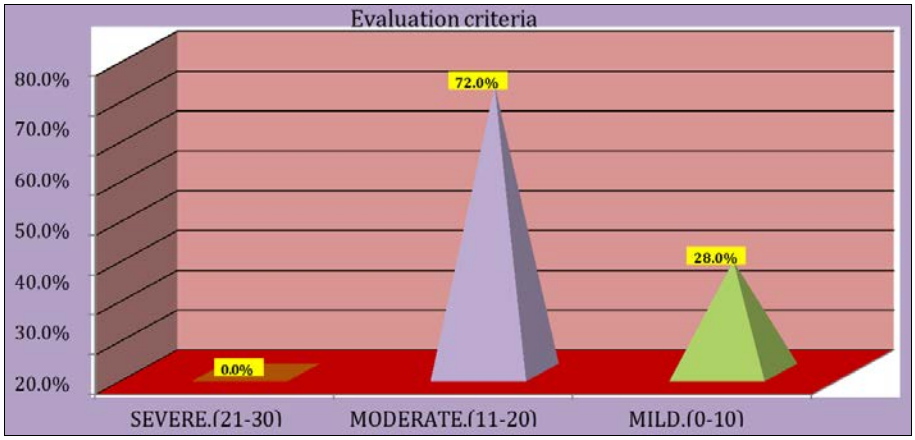

Fig 2: Criteria measure of anxiety score

Table 5: Descriptive statistics of Anxiety. N=100

Descriptive Statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Anxiety score	11.10	11	2.14	15	8	7	37.00

Maximum=30, Minimum=0

The mean anxiety score was 11.10, indicating that the majority of participants experienced moderate levels of anxiety. The median score was also 11, reflecting a symmetrical distribution of anxiety scores among the participants. The range of scores was 7 (from 8 to 15), suggesting limited variation and no extreme outliers. The mean percentage score of 37% further confirms that moderate anxiety is a prevalent concern in the studied population.

Table 6: Frequency and Percentage Distribution of factors contributing to loneliness among the elderly residing at Destitute Home. **N= 100**

Criteria measure of loneliness score		
Level of scores n= 100	**Frequency**	**Percentage**
Severe (21-30)	0	0.0%
Moderate (11-20)	71	71.0%
Mild (0-10)	29	29.0%

Maximum =30, Minimum=0

Table 6 states that out of 100 elderly residing at destitute home, the majority 71 (71%), had a moderate level of loneliness, whereas 29 (29%) elderly residing at destitute home had a mild level of loneliness. None of them suffered from severe level of loneliness anxiety.

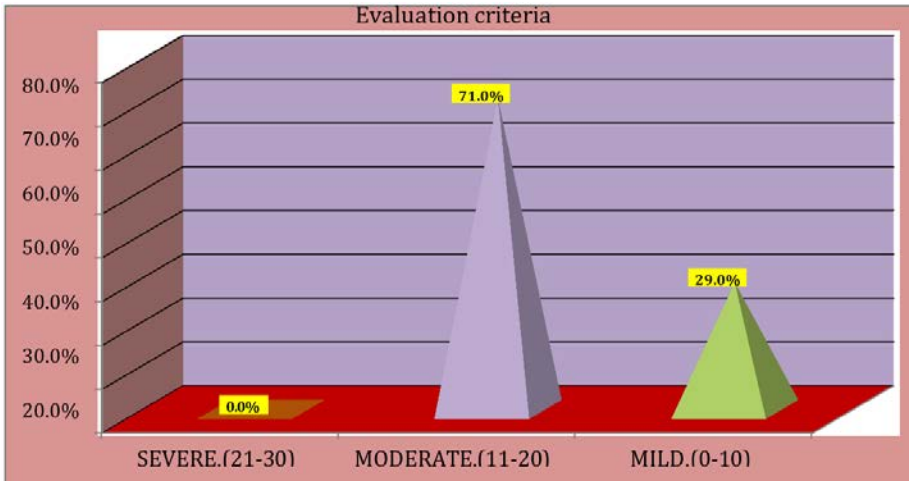

Fig 3: Criteria measure of loneliness score

Table 7: Descriptive statistics of Loneliness N= 100

Descriptive statistics	Mean	Median	S.D.	Maximum	Minimum	Range	Mean %
Loneliness score	10.91	11	2.04	15	8	7	36.37

Maximum=30, Minimum=0

The average loneliness score (10.91) falls near the median (11), indicating that most participants have similar scores

with few extreme values. Standard deviation (2.04) suggests moderate dispersion in loneliness scores. The range of 7 indicates that loneliness levels do not vary widely within this group. The mean percentage (36.37%) suggests that overall loneliness levels are on the end of the possible scale.

Section III

Association of findings related to the emotional problems faced by the elderly residents with their selected socio-demographic variables.

Table 8: Association between the level of stress faced by elderly residents with their selected socio- demographic variables. N= 100

Demographic data		Levels of stress (N=100)			Association with stress score				
Variables	**Opts**	**Severe**	**Moderate**	**Mild**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age	60-70 years	0	8	5	2.139	0.544	3	7.815	Not Significant
	71-80 years	0	34	19					
	81- 90 years	0	15	11					
	91 years & above	0	3	5					
Gender	Male	0	18	14	0.276	0.600	1	3.841	Not Significant
	Female	0	42	26					
Educational Status	No Formal education	0	23	17	2.982	0.394	3	7.815	Not Significant
	Undergraduate	0	13	9					
	Graduate	0	23	11					
	Post Graduate & above	0	1	3					
Marital Status	Married	0	32	21	0.007	0.935	1	3.841	Not Significant
	Unmarried	0	0	0					
	Widowed	0	28	19					
	Divorced/Separated	0	0	0					
No. of Children	None	0	6	4	0.366	0.947	3	7.815	Not Significant
	One	0	28	21					
	Two	0	19	11					
	More Than Two	0	7	4					
Dietary Habits	Vegetarian	0	43	26	0.499	0.480	1	3.841	Not Significant
	Non - Vegetarian	0	17	14					
	Special Diet	0	0	0					
Length of stay in destitute home	Less than a year	0	6	3	0.635	0.888	3	7.815	Not Significant
	2 - 3 Years	0	36	23					
	4 - 5 Years	0	10	9					
	More than 6 years	0	8	5					
Reason for staying in Destitute Home	Abandonment by Family	0	11	4	2.328	0.507	3	7.815	Not Significant
	Financial Difficulties	0	27	17					
	Physical Health issues	0	18	17					
	Any other Reason	0	4	2					
Physical activity Level	No Physical Activity	0	6	7	2.493	0.288	2	5.991	Not Significant
	Mild	0	50	28					
	Moderate	0	4	5					
	Intense	0	0	0					
The Emotional Problem experienced most frequently	Stress	0	6	4	0.417	0.937	3	7.815	Not Significant
	Anxiety	0	28	21					
	Loneliness	0	20	12					
	Any Other	0	6	3					

Table 8 highlights the association between the level of stress experienced by elderly residents in destitute homes and selected socio-demographic variables such as age, gender, educational status, marital status, number of children, dietary habits, duration of stay, reason for admission, physical activity level, and emotional problems experienced most frequently. The analysis revealed that the majority of participants were aged 71–80 years, but age did not significantly influence stress levels, as the chi-square value ($\chi^2(3) = 2.139$, $p=0.544$) exceeded the 0.05 significance level. Similarly, gender showed no significant association ($\chi^2(1) = 0.276$, $p=0.600$), despite most residents being female. Educational status also lacked significance ($\chi^2(3) = 2.982$, $p=0.394$), with most having no formal education. Marital status ($\chi^2(1) = 0.007$, $p=0.935$) and number of children ($\chi^2(3) = 0.366$, $p=0.947$) also had no statistically significant relationship with stress, although most were married and had one child. In terms of dietary habits, the predominance of vegetarians did not translate to a significant association ($\chi^2(1) = 0.499$, $p=0.480$). Similarly, duration of stay (mostly 2–3 years) showed no significant influence on stress levels ($\chi^2(3) = 0.635$, $p=0.888$). Financial difficulties were the most cited reason for admission, but again, no significant association was observed ($\chi^2(3) = 2.328$, $p=0.507$). Most residents reported mild physical activity, yet this variable too showed no significant effect on stress ($\chi^2(2) = 2.493$, $p=0.288$). Lastly, although anxiety was the most frequently experienced emotional problem, it did not significantly affect stress levels either ($\chi^2(3) = 0.417$, $p=0.937$). In conclusion, none of the examined socio-demographic variables demonstrated a statistically significant influence on the level of stress among the elderly residing in destitute homes.

Table 9: Association between the levels of anxiety faced by the elderly residents with their selected socio-demographic variables. N= 100

Demographic data		Levels of anxiety (N=100)			Association with anxiety score				
Variables	**Opts**	**Severe**	**Moderate**	**Mild**	**Chi Test**	**P value**	**DF**	**Table value**	**Result**
Age	60-70 years	0	10	3	2.493	0.477	3	7.815	Not Significant
	71-80 years	0	40	13					
	81- 90 years	0	18	8					
	91 years & above	0	4	4					
Gender	Male	0	27	5	3.575	0.059	1	3.841	Not Significant
	Female	0	45	23					
Educational Status	No Formal education	0	28	12	1.383	0.710	3	7.815	Not Significant
	Undergraduate	0	16	6					
	Graduate	0	26	8					
	Post Graduate & above	0	2	2					
Marital Status	Married	0	43	10	4.665	0.031	1	3.841	Not Significant
	Unmarried	0	0	0					
	Widowed	0	29	18					
	Divorced/Separated	0	0	0					
No. of Children	None	0	7	3	1.963	0.580	3	7.815	Not Significant
	One	0	37	12					
	Two	0	19	11					
	More Than Two	0	9	2					
Dietary Habits	Vegetarian	0	48	21	0.655	0.419	1	3.841	Not Significant
	Non - Vegetarian	0	24	7					
	Special Diet	0	0	0					
Length of stay in destitute home	Less than a year	0	6	3	0.226	0.973	3	7.815	Not Significant
	2 - 3 Years	0	43	16					
	4 - 5 Years	0	14	5					
	More than 6 years	0	9	4					
Reason for staying in Destitute Home	Abandonment by Family	0	9	6	1.627	0.653	3	7.815	Not Significant
	Financial Difficulties	0	32	12					
	Physical Health issues	0	27	8					
	Any other Reason	0	4	2					
Physical activity Level	No Physical Activity	0	9	4	7.662	0.022	2	5.991	Not Significant
	Mild	0	60	18					
	Moderate	0	3	6					
	Intense	0	0	0					
The Emotional Problem experienced most frequently	Stress	0	7	3	1.113	0.774	3	7.815	Not Significant
	Anxiety	0	37	12					
	Loneliness	0	21	11					
	Any Other	0	7	2					

Table No. 9 presents the association between the level of anxiety faced by elderly individuals residing in destitute homes and selected socio-demographic variables such as age, gender, educational status, marital status, number of children, dietary habits, duration of stay in the destitute home, reason for admission, level of physical activity, and the emotional problem most frequently experienced. According to the data, age ($\chi^2(3, 0.05) = 2.493$, p=0.477), gender ($\chi^2(1, 0.05) = 3.575$, p=0.059), educational status ($\chi^2(3, 0.05) = 1.383$, p=0.710), number of children ($\chi^2(3, 0.05) = 1.963$, p = 0.580), dietary habits ($\chi^2(1, 0.05) = 0.655$, p = 0.419), length of stay ($\chi^2(3, 0.05) = 0.226$, p=0.973), reason for staying ($\chi^2(3, 0.05) = 1.627$, p=0.653), and emotional problems experienced most frequently ($\chi^2(3, 0.05) = 1.113$, p=0.774) all showed p-values greater than 0.05, leading to the rejection of the respective research hypotheses and concluding that none of these factors had a statistically significant influence on the level of anxiety among the elderly. However, marital status ($\chi^2(1, 0.05) = 4.665$, p=0.031) and physical activity level ($\chi^2(2, 0.05) = 7.662$, p=0.022) had p-values less than 0.05, indicating a significant association with anxiety levels. Therefore, it was concluded that both marital status and level of physical activity significantly influenced the level of anxiety among elderly residents, while all other examined variables did not show any significant association.

Table 10: Association between the emotional challenges faced by the elderly residents with their selected socio-demographic variables. N= 100

Demographic data		Levels of loneliness (N=100)			Association with loneliness score				
Variables	**Opts**	**Severe**	**Moderate**	**Mild**	**Chi Test**	**P Value**	**DF**	**Table Value**	**Result**
Age	60-70 years	0	10	3	2.147	0.542	3	7.815	Not Significant
	71-80 years	0	40	13					
	81- 90 years	0	16	10					
	91 years & above	0	5	3					
Gender	Male	0	19	13	3.089	0.079	1	3.841	Not Significant
	Female	0	52	16					
Educational Status	No Formal education	0	28	12	1.299	0.729	3	7.815	Not Significant
	Undergraduate	0	17	5					
	Graduate	0	24	10					
	Post Graduate & above	0	2	2					
Marital Status	Married	0	39	14	0.366	0.545	1	3.841	Not Significant
	Unmarried	0	0	0					
	Widowed	0	32	15					
	Divorced/Separated	0	0	0					
No. of Children	None	0	6	4	1.102	0.777	3	7.815	Not Significant
	One	0	36	13					
	Two	0	22	8					
	More Than Two	0	7	4					
Dietary Habits	Vegetarian	0	50	19	0.232	0.630	1	3.841	Not Significant
	Non - Vegetarian	0	21	10					
	Special Diet	0	0	0					
Length of stay in destitute home	Less than a year	0	7	2	2.227	0.527	3	7.815	Not Significant
	2 - 3 Years	0	43	16					
	4 - 5 Years	0	14	5					
	More than 6 years	0	7	6					
Reason for staying in Destitute Home	Abandonment by Family	0	11	4	2.136	0.545	3	7.815	Not Significant
	Financial Difficulties	0	30	14					
	Physical Health issues	0	27	8					
	Any other Reason	0	3	3					
Physical activity Level	No Physical Activity	0	8	5	0.811	0.667	2	5.991	Not Significant
	Mild	0	57	21					
	Moderate	0	6	3					
	Intense	0	0	0					
The Emotional Problem experienced most frequently	Stress	0	6	4	1.012	0.798	3	7.815	Not Significant
	Anxiety	0	36	13					
	Loneliness	0	22	10					
	Any Other	0	7	2					

Table No. 10 shows the association between the level of loneliness experienced by elderly residents in destitute homes and selected socio-demographic variables such as age, gender, educational status, marital status, number of children, dietary habits, length of stay in the destitute home, reason for staying, physical activity level, and the emotional problem most frequently experienced. The analysis revealed that age ($\chi^2(3, 0.05) = 2.147$, p=0.542), gender ($\chi^2(1, 0.05) = 3.089$, p=0.079), educational status ($\chi^2(3, 0.05) = 1.299$, p=0.729), marital status ($\chi^2(1, 0.05) = 0.366$, p=0.545), number of children ($\chi^2(3, 0.05) = 1.102$, p=0.777), dietary habits ($\chi^2(1, 0.05) = 0.232$, p = 0.630), length of stay in the destitute home ($\chi^2(3, 0.05) = 2.227$, p=0.527), reason for staying in the destitute home ($\chi^2(3, 0.05) = 2.136$, p=0.545), physical activity level ($\chi^2(2, 0.05) = 0.811$, p=0.667), and emotional problems most frequently experienced ($\chi^2(3, 0.05) = 1.012$, p=0.798) all had p-values greater than the 0.05 level of significance. As a result, the research hypotheses for each of these variables were rejected, and it was concluded that none of the selected socio-demographic variables showed a statistically significant influence on the level of loneliness among elderly individuals residing in destitute homes.

The present study assessed the emotional problems among the elderly residing in a destitute home in Sahibzada Ajit Singh Nagar, Punjab. The data were analyzed using descriptive and inferential statistics and were categorized into socio-demographic characteristics, emotional problem factors, and associations with selected variables.

Findings indicated that the majority of the elderly were between 71–80 years of age (53%), predominantly female (68%), with no formal education (40%), and married (53%). Nearly 49% had one child, and 69% were vegetarian. Financial difficulties emerged as the most common reason (44%) for staying at the destitute home. Most elderly (78%) reported mild physical activity, and anxiety was the most frequently experienced emotional issue (49%).

Regarding emotional well-being, 60% of the elderly experienced moderate stress, 72% had moderate anxiety, and 71% had moderate loneliness. Importantly, none reported severe levels of any emotional problem. These results are consistent with findings from Dash M. (2019) [10], who observed that destitute women often live with distress and psychosocial problems, and from Vankova and Holmerova (2018) [11], who identified depression and anxiety as prevalent emotional concerns among the elderly.

Chi-square analysis revealed that age, gender, educational status, marital status, number of children, dietary habits, length of stay, reason for staying, physical activity, and frequently experienced emotional issues did not significantly influence stress levels among the elderly. Similar non-significant results were found for anxiety, except for marital status (p=0.031) and physical activity level (p=0.022), which were significantly associated with anxiety. This suggests that married individuals and those engaging in different levels of physical activity may experience differing levels of anxiety.

In the case of loneliness, no significant associations were found with any of the socio-demographic variables, including age, gender, education, marital status, number of children, dietary habits, duration of stay, or physical activity. These findings echo the results of Ganguli *et al*. (2019) [12], who reported a high prevalence of depression among elderly women in old age homes, particularly those with limited education, financial dependency, and increased age.

The study found that moderate emotional problems—stress (60%), anxiety (72%), and loneliness (71%)—are common among elderly individuals in destitute homes, though none reported severe levels. While stress and loneliness showed no significant link to socio-demographic factors, anxiety was significantly associated with marital status and physical activity. These findings highlight the limited influence of demographic variables and underscore the importance of considering lifestyle factors in emotional health. The study recommends targeted mental health support in institutional settings, with a focus on physical activity and social role-related interventions.

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