



Ageing in Place: A Home Economics Perspective

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Abstract

In India, the care of older adults has traditionally been the responsibility of family members, with institutionalization or foster care considered less desirable. However, changes in demographics and culture have shifted the caregiving landscape, especially the shift from joint kinship systems to nuclear families. A safe and secure living environment is crucial for successful ageing in place. From the perspective of older adults ageing in place goes beyond the home to the wider community, with intergenerational support—both formal and informal—being vital. This paper aims to offer a comprehensive understanding of the concept of ageing in place. Given the growth of the ageing population, the role of home economists becomes increasingly important in addressing the challenges and opportunities associated with ageing in place.

KEYWORDS: AGEING IN PLACE, ELDERLY, FAMILY AND CAREGIVERS, HOME ECONOMISTS, HOME MODIFICATIONS

Ageing is a natural and inevitable life stage that cannot be ignored, skipped, or altered. As home economists, it is vital to understand the growing needs of the ageing population and the role we play in addressing those needs. For most older adults in India and elsewhere, ageing in place is a preferred option (Ratnayake et al., 2022). Traditionally, in India, the care of older adults has been the responsibility of family members, with institutionalization or foster care being seen as less desirable. However, demographic and cultural shifts, particularly the transition from joint kinship systems to nuclear families, have altered the caregiving landscape. The responsibility of caring for older adults in India has moved from families to institutions, creating a three-tiered system involving family, institutions, and society (Andruske & O'Connor, 2020). As societal structures evolve, caregiving responsibilities are increasingly shared between society and institutions.

A safe and secure living environment is essential for successful ageing in place. From the perspective of older adults, ageing in place extends beyond the home into the wider community, with intergenerational support—both formal and informal—being critical. Despite India's rapidly ageing population, the care infrastructure has not kept pace (Banerjee, 2020). The ageing population demands housing options that support independent living, even as health

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declines. However, ageing in place may not always be the most suitable or desired option for everyone (Hillcoat-Nallétamby & Ogg, 2014). Providing appropriate housing options for older adults can improve their quality of life (Gabriel & Bowling, 2004) and potentially reduce the need for caregiving services (Lagergren & Batljan, 2000), alleviating some of the financial strain on welfare systems. As the population continues to age, the assumption that older adults prefer to remain in their long-term homes may change (Peace et al., 2011).

As the ageing population grows, the role of home economists becomes increasingly vital in addressing the challenges and opportunities of ageing in place. By understanding the evolving needs of older adults and supporting them through practical solutions, home economists can help ensure that ageing in place remains a viable and supportive option for older individuals and their families. This paper aims to provide a comprehensive understanding of the concept of ageing in place. It explores how the concept has evolved, its importance for older individuals in terms of autonomy and care, and its practical implications, particularly within the Indian context. Additionally, there is a discussion about how home economists can support older adults and their families in fostering a respectful and supportive environment for ageing in place.

Perceptions of ageing

As people age, they become reluctant to move. While younger individuals may express a willingness to relocate in old age, this diminishes as they grow older, often due to declining health and the challenges associated with moving (Kulander, 2013). Older adults prefer ageing in place due to the benefits it offers, such as a comfortable environment, familiarity with the neighbourhood, and feelings of independence and autonomy (CDC, 2013; Golant, 2011). However, the role of the family becomes especially important in making relocation decisions during periods of poor health (Croucher, 2008; Sergeant & Ekerdt, 2008).

Cultural attitudes toward ageing also play a key role in how societies view older individuals. The Tsimané Amazonian forager-farmers showed that they view older people as having superior memory compared to younger individuals (Sorokowski et al., 2017). In developing countries, there is a widespread belief that an ageing population may hinder economic growth and reduce employment opportunities, potentially weakening the economy's ability to support the elderly. As societies modernize the value of an individual is seen through their ability to be a worker (Bauman, 2004), and where older adults are often seen as less valuable cultural repositories (Sorokowski et al., 2017) becoming increasingly isolated (Goll et al., 2015). Given how cultural and contextual factors influence the ageing experience, there is a need to underscore the importance of preserving positive attitudes toward ageing (Higgs & Gilleard, 2017).

Ageing—care and dependence

In their discussion of care and dependency Fine and Glendinning (2005) speak about how these terms are interrelated but arise from different positioning. Care indicates a warm emotive role, one predominately understood to be provided by women. Fine and Glendinning posit that “an increasing amount of informal care for older people are clearly shaped both by patterns of reciprocity and obligation that have built up in long-term relationships and by gender” (2005, p. 609). Dependency invokes an idea of an unequal relationship. However, while dependency enacts power-relationships they do not need to be seen as one-way engagements or permanently set rather older people are supported to adapt as they negotiate the care that they are to receive in order to manage their physical and mental limitations (Higgs & Gilleard, 2017).

The periods of dependency are inevitable across the lifespan given that there are always times when a person can be called upon to assist another. For older people, change can result in a higher level of dependency often leads to a greater divide between the elderly and their immediate families, frequently resulting in institutionalization (Nair, 2014). Notably, old age homes tend to house more women than men, suggesting that women experience higher levels of dependency. Population ageing and shifts in family dynamics present substantial challenges, particularly in developing countries like India, where the elderly population is expanding rapidly. These nations navigate a complex landscape, caught between traditional values and modern approaches. (Nair, 2014).

Family dynamics and responsibilities in Indian households

In India and many other countries, the family is a key institution, providing essential informal social security for the elderly (Bloom et al., 2010). Family connections and social networks play a vital role in supporting and engaging older adults globally (Berkman et al., 2012; Bongaarts & Zimmer, 2002). Living with family is the most common and preferred arrangement for and by elderly individuals (Gupta et al., 2009). Elder care within the family setting remains highly favored, with cultural values. These cultural practices are further reinforced by a legal framework that places the primary responsibility of elder care on families, rewarding those who fulfill their duties and penalizing those who do not (Brijnath, 2012).

In Indian culture, the marriage of the first son is often seen as the beginning of old age, especially for the mother. This is because it brings about significant changes in her role and status within the family (Sati, 1996). For the mother, the arrival of the daughter-in-law in the household typically means handing over the management of the household. For the father, it means relinquishing the position of head of the household in practice if not in name (Bhat & Dhruvarajan, 2001).

Within this joint family system, multiple generations lived together, sharing income and resources, at least in principle. In this structure, men typically handled social and economic affairs, while women managed household duties (Bhat & Dhruvarajan, 2001). Older adults expected care from their children, grounded in the concept of intergenerational reciprocity and the cultural significance of performing *seva*. *Seva*, meaning service, is a multifaceted concept that involves the intellectual, emotional, and physical care of elders by younger family members. Rooted in respect, *seva* is viewed as a form of divine worship, where caring for elders is seen as a sacred duty (Lamb, 2000).

By 2050, it is projected that 19.1% of India's population will be elderly, increasing from 9.4% in 2017, underscoring the critical need for geriatric care (UN DESA, 2017). In traditional agrarian societies like India, caring for the elderly is deeply embedded in cultural values, particularly influenced by filial piety (Gupta et al., 2012). In extended family systems characterized by multigenerational coresidence, families typically provide informal care to meet the physical, emotional, and economic needs of elderly members (Gupta et al., 2012; Kulkarni et al., 2016).

Ageing in place

The idea of "ageing in place" is based on Urie Bronfenbrenner's bioecological systems theory and Lawton's ecological model of ageing (Greenfield, 2012). Both theories focus on the relationship between individuals and their environment. The bioecological systems theory explores the connection between proximal and distal environments (physical or social) and the

development of older adults. Ageing in place can be influenced by changes in various environmental layers (micro-meso-macro-chrono-exo) according to Bronfenbrenner and Morris (2006). Ageing in place refers to the ability to live safely, independently, and comfortably in one's own home and community, regardless of age, income, or ability level (CDC, 2013). The World Health Organization defines ageing in place as the process of promoting and maintaining the functional ability to enable well-being in older age (WHO Report on Ageing and Health, 2015). The key factors that contribute to ageing in place with quality are a safe and suitable living environment, sufficient income to support oneself, support from family and friends, and access to primary healthcare (Rolls et al., 2011).

Ageing at home is a multifaceted concept that necessitates adequate housing, a strong social network and access to necessary services and assistance all of which are and all of which are crucial for older individuals' overall quality of life (Horner & Boldy, 2008; Rolls et al., 2011). Specific sociodemographic characteristics for successful ageing in place include access to information, practical assistance, financial stability, social connections (including family, friends, neighbours, and pets), transportation, and safety (Kennedy et al., 2015). Personal attributes such as resilience, adaptability, and independence are also significant factors that facilitate ageing in place (Kennedy et al., 2015). This concept is linked to a sense of identity rooted in independence, autonomy, and supportive relationships within one's living environment (Wiles et al., 2012). However, there is limited evidence regarding the most impactful factors influencing the quality of ageing in place, particularly from the perspectives of older individuals themselves. Most existing studies tend to concentrate on a single aspect of health (whether physical, psychological, or social), with little literature exploring ageing through a multidimensional, health-promoting, and person-centered lens using qualitative methods (Forsyth & Molinsky, 2021).

Ageing in place includes the idea of being attached to a particular location due to the social connections, security, familiarity, and sense of identity it provides (Wiles et al., 2012). Most people prefer to remain in their homes for as long as possible because they are strongly attached to their home environment. Typically, ageing in place refers to ageing in one's home, but recent theories expand this to include emotionally significant places that support independent living outside institutional settings (Bartlett & Carroll, 2011). This emphasizes flexibility within one's living environment, rather than just staying in a familiar home (Han & Kim, 2017).

Ageing in place in India

Within the Indian context ageing in place is a term that emerged about 2010 (Vasunilashorn et al., 2012) and demonstrates, in part, shifts in responsibility of families caring for older adults. Indian society emphasizes the family system, viewing care for older adults as a cultural duty. Thus, ageing in place offers an important opportunity for maintaining independence and social connections, rather than moving into residential care (Davey et al., 2004). The concept of old age homes, though not widespread in India, is not entirely unfamiliar (HelpAge India, 2000). Traditionally, the majority of children with elderly parents prefer not to send their parents to these homes. Even if considered, many refrain from doing so to avoid societal disapproval and criticism for breaking cultural norms (Bhat & Dhruvarajan, 2001).

Parents, despite potential conflicts with their children, often choose to live with them, where residing with the eldest son remains the most favored option. As the elderly population continues to grow and with limited government support, the responsibility of caring for the elderly rests with their families (Chakraborti, 2004; Rajan et al., 2003). Old age homes generally represent a last resort for parents, particularly for those who see these institutions as preferable to living in a son's home where they feel unwelcome (Subrahmanya, 2000).

Role of ageing individuals in Indian households

Kinship ties play a crucial role in daily life, with a strong expectation that children—especially sons—will care for their parents in old age, typically through coresidence. Elderly parents living with their children often fulfill dual roles: while children provide care for their parents' health and daily needs, parents contribute by offering childcare for their grandchildren. This coresidential arrangement highlights the nonfinancial benefits of living together, which can positively influence the health of elderly individuals (Sudha et al., 2006). Moreover, multigenerational households facilitate the pooling of financial resources. In contrast, elderly individuals living alone may lack this safety net, potentially increasing poverty levels among seniors in India (Husain & Ghosh, 2011).

However, demographic shifts are beginning to alter the structure of Indian families (Krishnaswamy et al., 2008; Rajan & Kumar, 2003). As life expectancy increases, the extended dependency of elderly individuals on their children results in higher healthcare and living costs within traditional Indian family dynamics (Bosch-Farré et al., 2020). Studies have shown that family relationships are crucial and serve as a key source of support for older women and men (Bosch-Farré et al., 2020). The elderly emphasize the strong connection between their own well-being and that associated with their children and grandchildren given that family members' health, job circumstances, and financial security are significant concerns for the elderly (Bosch-Farré et al., 2020).

Historically, elderly individuals served as the foundation of the traditional social structure, but they have gradually become marginalized within families. Significant changes in intergenerational support have emerged alongside shifts in the economic landscape. Today, the elderly are increasingly viewed as a dependent segment of society (Nair, 2014). Unlike previous generations, who may have been psychologically dependent yet did not perceive themselves as such, today's elderly often find themselves compelled to rely on others for support.

Role of caregivers in supporting ageing individuals in India

Elderly care involves addressing the specific needs and requirements unique to older adults. It focuses on providing both social and personal support for seniors who require assistance with daily tasks and healthcare, while also ensuring they can age with dignity (Ejinkeonye & Anyakoha, 2017). Caregiving activities predominantly occur within households rather than in institutions, making it "private" and thus an informal process (Fine & Glendinning, 2005). Although there are several policies and legal frameworks in place (see for example the Senior Citizens Act, 2007), the provisions for social welfare benefits and assistance for the elderly remain limited. This situation reinforces interdependencies and positions family members, particularly women, as the primary caregivers (Chakraborti, 2004; Desai & Raju, 2000; Gupta et al., 2009; Navaneetham & Dharmalingam, 2012).

The emphasis on men as caregivers for the elderly in India stems from patriarchal structures that undervalue women's contributions (Fine & Glendinning, 2005) where women typically shoulder a greater share of domestic responsibilities. Although it is commonly believed that sons should be the primary caregivers for the elderly, women are typically identified as primary caregivers. In households where caregivers adhere strongly to filial piety norms, women often report a heightened sense of caregiver burden and role overload (Gupta et al., 2009), leaving them with limited options to decline the demands for elder care (Gupta et al., 2009). However, with increasing educational attainment and new employment opportunities, women's participation in traditional family roles is changing (Heath & Jayachandran, 2016; Pignatti, 2020) shifting approaches to elderly care (Johnson & Lo Sasso, 2006). As a result, female caregivers often experience a heavier burden than their male counterparts that impacts both the elderly receiving care receivers and providers due to the demands of multiple roles and responsibilities (Johnson & Lo Sasso, 2006; Bookman & Kimbrel, 2011; Crespo & Mira, 2014). Therefore, it is essential to understand how informal caregiving has evolved amid the ongoing demand for women's participation in the workforce.

Additionally, research on elderly care in India remains limited, underscoring the need for in-depth studies to examine the caregiving process and the challenges faced by female caregivers (Govil et al., 2024). The perspectives of family care providers, particularly women, are largely overlooked in the existing literature, as few studies have explored these issues within the context of changing dynamics (Govil et al., 2024).

Role of government in supporting ageing individuals in India

Governments often define old age chronologically for administrative purposes, but this doesn't accurately reflect a person's functional ability. In many developed nations, 65 years is the retirement age, while in India, the retirement age for central government employees is currently fixed at 60 years and the retirement age for state government employees in India varies from 56 years in Kerala to 60 years in most other states (Government of Kerala, 2012).

In India, there is a significant lack of policy and legislation specifically addressing elder care (Brijnath, 2012). Cultural interpretations of care, the impacts of caregiving, the coping mechanisms of caregivers, and the broader legislative environment have reinforced the belief that care should be personalized and primarily provided at home. This has contributed to the perception that old-age homes represent places where relatives are "abandoned," symbolizing a failure of familial responsibility (Brijnath, 2012).

Currently, old-age homes are still linked to notions of familial abandonment, conflict, and psychological distress. While these associations may evolve with increased migration, urbanization, changing roles of women, and improved care facilities, institutional care is still seen as a last resort, typically utilized for a limited duration. After a period of institutionalization, families often seek alternative arrangements, such as hiring paid attendants to care for their elderly at home. This preference for home care highlights the need for more resources to support families together with the need to eliminate the punitive elements of the Senior Citizens Act, 2007, as it fails to adapt to the changing dynamics of Indian families perpetuating the narrative of family decline. Research suggests that the Indian family is not "declining" but is instead adapting to new circumstances, like being responsive to social forces such as migration and urbanization, while still upholding traditional values of *seva* and love (Brijnath, 2012).

Living with independence

The desire for independence and an improved quality of life is commonly expressed by the elderly (Mitchell & Piggot, 2003). It is undeniable that people are living longer lives, and this trend is prevalent across the world. However, the health of older individuals varies significantly, both within and among different countries. Overall, there has been an improvement in global life expectancy, resulting in better overall health. In many regions, the number of years spent in good health, or at least without severe disability, has increased (United Nations Department of Economic and Social Affairs, 2023).

Elderly individuals, more than any other age group, often feel a strong attachment to their homes. This connection extends beyond the physical space and includes the possessions, experiences, memories, and expectations associated with their homes (Hidalgo & Hernandez, 2001; Rowles, 2003). Additionally, they feel connected to the community and the sociocultural environment of their home. For older people, their home provides a sense of autonomy and independence (Hearle et al., 2005) and allows them to have control over their daily activities, events, body, individuality, and social status (Stones & Gullifer, 2016).

Home enables independence by creating a space that is controlled by and uniquely the domain of the individual. Therefore, “home” signifies more than just the physical structure where a person lives; it represents the independent self and facilitates an independent life. In a broader context, home encompasses both the physical and social community in which the individual resides. Consequently, the attachment to a place will differ based on the unique combination of elements such as the older person’s physical residence, the social and constructed community, and the individual’s tenure within that community (Stones & Gullifer, 2016). In comparison to those transitioning to residential aged care, individuals living at home feel more physically self-reliant, have greater control over their lives, and are free from feelings of obligation. Staying in their own homes provides a sense of historical continuity and stability. It allows them to maintain elements of their lives, such as personal projects, activities, and memories, which contribute to their self-concept and identity in later years (Mitchell & Piggott, 2003).

As individuals age and encounter various losses, such as the death of loved ones, this experience can also be viewed positively through the lens of continual development (van Baarsen, 2002; Walker, 2002). Despite the physical decline associated with ageing, most individuals prefer to remain in their own homes and communities (Fricke & Unsworth, 2001). They do not view the transition to institutional residential care as a natural or desirable step in the ageing process (McGee et al., 2005; O’Hanlon et al., 2005). For many, residential care is seen as a last resort (Campbell-Enns et al., 2020) or, at worst, an option to be avoided at all costs (Wilson, 2000). Research indicates a generally positive correlation between ageing in familiar surroundings and a heightened sense of satisfaction and contentment (Wilmoth, 2000).

Many older people are attached to their independence and prefer familiar environments (Machielse, 2016). This preference is mainly since independent living helps maintain their sense of self-reliance, self-management, and self-esteem (Milligan, 2009). Machielse (2016) suggests that older individuals should have the opportunity to live independently as their health allows and if there is sufficient housing and social support available in their living environment. In many countries, older individuals’ ability to continue living in their own homes is closely related to their financial situation and how it compares to the costs of residential and nursing home

care (Chen et al., 2015). According to Horner and Boldy (2008), ageing in place can offer more appropriate care at a lower cost compared to moving to a more specialized and sheltered facility. Ageing in place is proposed as a solution to these financial challenges, which could lead to reduced expenses and improved quality of life for older individuals (International Federation of Ageing, 2011).

Home modifications and the living environment for ageing in place

Hillcoat-Nallétamby and Ogg (2014) suggest that the desire to move often stems from dissatisfaction with the home environment rather than the neighbourhood itself. To enable individuals to age in place, the built environment must either be completely transformed or significantly adapted (Martens, 2018). The built environment plays a crucial role in influencing physical abilities. Sixsmith and Sixsmith (2008) note that increasing frailty, along with barriers inside and outside the home, affects both people's independence and their capacity to age in place. Home offers older individuals much more than mere physical shelter. It nurtures their sense of self, provides continuity of history, and offers support during times of change (Gullifer & Thompson, 2006). Additionally, it connects older adults with their younger selves, linking their past experiences to their current physical and psychological states (Evans et al., 2002; Rubinstein & De Medeiros, 2003). While ageing in place can yield positive outcomes, physical dislocation may negatively impact the psychological and emotional well-being of older adults.

As individuals age, their housing choices and preferences often evolve, reflecting the effects of the ageing process on their living arrangements. Understanding these shifts is essential for providing appropriate housing options and structuring housing markets accordingly. Notably, the preference for renting in the future is significantly higher than the current rates of home ownership. Given the wide variation in individual housing preferences, it's unlikely that a single solution will adequately address the housing needs of older adults based on sociocultural, economic, physical, and cognitive health conditions, and life course trajectories (Hillcoat-Nallétamby, 2015).

As people age, they typically prefer smaller, easier-to-maintain homes. Especially for those aged 80 and older (Oswald et al., 2011). Consequently, the need for single-story homes, the absence of stairs, antislip flooring, and bathroom adaptations becomes increasingly important. Many older adults ageing in place face challenges within their home environments, such as awkwardly positioned sinks and bathtubs, heavy doors, and a lack of handrails (Gitlin et al., 2001, 2006; Iwarsson, 2005). Home modifications can help manage daily activities in these situations. Furthermore, research indicates that home adaptations, especially in bathrooms, are a major concern for older adults (Fox et al., 2017). Practical modifications, such as installing shower rails and ramps, serve as adaptive and compensatory strategies (Sheth & Cogle, 2023). However, there is still a significant gap in systematic knowledge regarding how to effectively design services that meet these needs (Gitlin, 2003; Heywood, 2004).

Ageing in place is generally viewed as a beneficial approach for older adults, enabling them to live independently or with minimal support for as long as possible. It reflects a preference among older individuals to remain in their own homes rather than transition to institutions or care facilities. However, the existing literature offers limited insights into the effects of ageing in place on individuals and their caregivers, as well as the challenges it presents for service providers and aged care communities (Horner & Boldy, 2008).

To facilitate successful ageing in place, it is essential to offer services tailored to the needs of older adults, allowing them to maintain their independence and avoid the often costly and disruptive shift to more dependent living arrangements. These services should aim to enhance individual autonomy through support, management, and necessary physical adaptations while also addressing the increasing dependency that may arise over time (Horner & Boldy, 2008). Wilken et al. (2002) underscore the dual nature of ageing in place, noting that staying in one's home is beneficial only as long as it remains a positive experience for the individual, their family, and society.

Communities often assume that most older adults prefer ageing in place, which can lead to unfair judgment of those who opt for alternative arrangements from family, friends, healthcare professionals, and even from themselves. This highlights the necessity for a flexible service approach focused on individual needs rather than on the type of accommodation or label. Understanding the desire to age in place is vital, but it is equally important to consider the potential drawbacks of remaining in one's home for too long, as these can impact residents, caregivers, staff, and services (Horner & Boldy, 2008).

Role of home economists in supporting older people and families to develop respectful ways to age in place

Home economists are dedicated to enhancing the empowerment and well-being of individuals, families, and communities by developing lifelong learning skills applicable to various living and work situations, whether paid, unpaid, or voluntary (IFHE Position Statement, 2008). However, research on holistic wellness in later life is still limited (Foster et al., 2015) and where a comprehensive, whole-person approach is crucial for promoting successful ageing (Foster et al., 2015). At its core, Home Economics seeks to improve the quality of life through practical application and service, aligning closely with the principles of gerontology.

Gerontology explores how various factors impact basic human needs, individual well-being, family strengths, and community vitality, and how they either support or challenge older adults (Nickols et al., 2009). Home economists, with their specialized knowledge, play a crucial role in addressing the concerns of families with ageing relatives, fostering improved family relationships, and enhancing the well-being of older adults (Ponzetti, 1991). As an integrative and multidisciplinary field, Home Economics has, for over a century, focused on enriching the domestic or private sphere (Thompson, 1986). It offers a knowledge system that bridges the philosophical and practical aspects of everyday life. The profession is increasingly focused on school contexts, thus considerations of ageing and later stages of the life cycle are becoming restricted to theoretical understandings. The integration of gerontology within Home Economics can significantly enrich the knowledge base used by professionals in these fields to promote healthy ageing.

As individuals age, they face numerous adjustments with minimal information related to changes in family dynamics and the home environment. Home Economics has a valuable contribution to the field of ageing because it addresses many practical aspects of daily living. The philosophy and skills central to this profession cater to the essential needs of older individuals (Sanders, 1984; Van Zandt et al., 1984). Older adults often encounter disabilities that threaten their independence, but many of these limitations can be addressed by effectively managing environmental factors. Housing and consumer studies within Home Economics focus on mitigating these environmental challenges, helping the elderly maintain independence and improve their quality of life.

By offering practical solutions and addressing the everyday challenges of ageing, Home Economics can play a vital role in helping older adults adapt to their evolving needs, thereby supporting both personal independence and familial relationships. For instance, structural modifications—such as installing access ramps for wheelchair users and safer bathroom facilities—are key components of courses like “Family Housing” or “Housing for the Elderly.” Professionals in housing and interiors emphasize the importance of educating individuals about the psychological, economic, and cultural factors that affect housing needs throughout life, especially for elderly people with mobility challenges.

Home economists specializing in consumer studies focus on personal finance, decision-making, and resource management, empowering older adults and their families to make informed choices and maximize available resources. This holistic approach enhances their financial well-being and overall quality of life. Additionally, Home Economics promotes personal growth, family interaction, and intergenerational relationships. As Montgomery (1982) noted, families provide more support to older relatives than all government sources combined. Most elderly individuals maintain regular contact with family members, fostering meaningful relationships. Family holds deep cultural significance and promoting successful ageing hinges on nurturing intergenerational support systems (Ratnayake et al., 2022).


Conclusion

Ageing is a natural and inevitable process associated with the time-based deterioration of physiological functioning and capacities (Ratnayake et al., 2022). Urbanization and the shift to nuclear families have reduced care for older adults, while societal challenges include negative media portrayals and limited social support. The elderly in India face age-related expectations, such as slowing down and retiring, though many resist these norms by remaining active and engaged. Intergenerational support, promoting positive attitudes toward ageing, and creating employment opportunities for older adults is essential to combating ageism (Sivaramakrishnan et al., 2024; WHO, 2021).


The field of gerontology and the concept of ageing in place are closely linked, with home economists taking a holistic approach to addressing the needs of older adults, as mentioned by researchers. However, there is a noticeable gap in the literature regarding the role of home economics in gerontology as a holistic approach, reflecting a lack of substantial research and discussion in this area. Throughout the years, the philosophical orientation of the subject has focused on practical life skills education, with a focus on improving the everyday lives of families (McCloat & Caraher, 2018). As individuals grow older, they often fail to realize that their living environments may need to be adapted to accommodate their ageing process. The failure to make these necessary modifications can result in ageing being perceived as a burden rather than a natural and manageable part of life. This lack of foresight underscores the importance of integrating gerontology more deeply into the field of home economics. By doing so, we can ensure that individuals and communities are better prepared for the challenges of ageing in place. By slowing down and thoughtfully considering how our lives and environments will need to evolve over the next decade, we can create spaces that support ageing with dignity and ease, rather than allowing it to become an afterthought in a society driven by constant advancement.

Biographies

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