

**PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY
WOMEN: A LIVED EXPERIENCE OF WOMEN STAYING IN
CARE HOMES IN THIRUVANANTHAPURAM**

*A Dissertation Submitted to the University of Kerala in the Partial
Fulfillment of the Requirements for the Masters of Arts Degree
Examination in Sociology*

SUBMITTED BY

Name : **LEKSHMI S**
Exam Code : 56018401
Candidate Code : 56021115015
Subject Code : SO245

UNDER THE GUIDANCE OF

Dr. HASHIM THADATHILL



**DEPARTMENT OF SOCIOLOGY
LOYOLA COLLEGE OF SOCIAL SCIENCES
SREEKARIYAM, THIRUVANANTHAPURAM
UNIVERSITY OF KERALA
2021-2023**

DECLARATION

I, **LEKSHMI S** do hereby declare that the Dissertation Titled **PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY WOMEN: A LIVED EXPERIENCE OF WOMEN STAYING IN CARE HOMES IN THIRUVANANTHAPURAM** is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfillment of the requirements for the Master of Arts Degree Examination in Sociology. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before any University or anywhere else.

Thiruvananthapuram

18/08/2023

Ms. LEKSHMI S

CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled **PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY WOMEN: A LIVED EXPERIENCE OF WOMEN STAYING IN CARE HOMES IN THIRUVANANTHAPURAM** is a record of genuine work done by **Ms. LEKSHMI S** fourth semester Master of Sociology student of this college under my supervision and guidance and that it is hereby approved for submission.

Dr. Hashim Thadathill

Research Guide

Department of Sociology

Loyola College of Social
Sciences

Sreekariyam

Recommended for forwarding to the University of Kerala

Dr. Nisha Jolly Nelson

Head, Department of Sociology

Loyola College of Social Sciences

Sreekariyam

Forwarded to the University of Kerala

Dr. Saji P. Jacob

Principal

Loyola College of Social Sciences

Sreekariyam

18/08/2023

ACKNOWLEDGMENT

“Showing gratitude is one of the simplest yet most powerful things humans can do for each other.”

I have not traveled in a vacuum in the journey of completion of this dissertation. This study has been kept on track and been seen through to completion with the support and encouragement of numerous people including my teachers, well-wishers, friends, colleagues, and God Almighty.

*I was fortunate to have **Dr. Hashim Thadathill** as my guide, a Lecturer in the Sociology Department at Loyola College of Social Sciences. He was the driving force behind my endeavor; he had inspired me during my darkest moments and stood up for me and alongside me. At this juncture, I extend my sincere gratitude and respect for all of the sacrifices he made so that my studies could be completed.*

*I extend my heartfelt gratitude to **Dr. Saji. P. Jacob**, Principal Loyola College of Social Sciences, and **Dr. Nisha Jolly Nelson**, Head of the Sociology Department. **Prof. Andrew Michael**, Faculty Member of the Department of Sociology, and **Mr. Abey Tellas**, faculty member of the Department of Personnel Management for their help on various occasions during the course of this work.*

*I would also like to express my sincere gratitude to **Dr. Sunil Kumar**, Librarian, and **Mr. George Mathew**, Assistant Librarian, Loyola College of Social Sciences for providing the necessary reference materials, and their kind support for the successful completion of my work thus far.*

I truly appreciate everyone who helped me gather data, and I want to express my gratitude to them as well.

Without my cherished family's unflinching encouragement and support, I would not have been able to successfully complete this task. I thank them as well.

I could not really end this without thanking my closest friends, whose unwavering support inspired me to offer this to you.

18/08/2023

**LEKSHMI S
MA SOCIOLOGY**

**PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY WOMEN: A LIVED
EXPERIENCE OF WOMEN STAYING IN CARE HOMES IN
THIRUVANANTHAPURAM**

M.A. SOCIOLOGY

2021– 2023

TABLE OF CONTENTS

CHAPTER 1: PROBLEMS OF ELDERLY WOMEN IN CAREHOMES	5
1.1 INTRODUCTION	6
1.2 STATEMENT OF PROBLEM	11
1.3 SIGNIFICANCE OF STUDY	12
CHAPTER 2. REVIEW OF LITERATURE	15
2.1 INTRODUCTION	15
CHAPTER 3. RESEARCH METHODOLOGY	35
3.1 INTRODUCTION	35
3.2 TITLE	36
3.3 RESEARCH QUESTION	36
3.4 RESEARSCH DESIGN	36
3.5 STUDY AREA THE UNIVERSE	37
3.6 SAMPLING	37
3.7 SOURCES OF DATA	37
Primary data	38
Secondary data	38
3.8 TOOLS OF DATA COLLECTION	38
3.9 METHOD OF DATA ANALYSIS	38

3.10 LIMITATIONS OF THE STUDY	39
CHAPTER 4. DATA INTERPRETATION AND ANALYSIS	40
4.1 INTRODUCTION	40
4.2 NARRATION OF CASES	40
4.3 ANALYSIS OF THE CASES	45
4.4 DISCUSSION OF THE CASE STUDY	48
CHAPTER 5 MAJOR FINDINGS AND CONCLUSION	50
5.1 INTRODUCTION	50
5.2 MAJOR FINDINGS	50
5.3 SUGGESTIONS	52
5.4 CONCLUSION	53

ABSTRACT

The well-being and quality of life of elderly women residing in care homes are influenced by a complex interplay of physical and social challenges. This study synthesizes existing literature to shed light on the multifaceted nature of these challenges and their impact on the elderly female population in long-term care settings.

Physically, elderly women in care homes often grapple with chronic health conditions, limited mobility, and vulnerability to falls. Factors such as age-related frailty, cognitive decline, and polypharmacy contribute to the complexity of their healthcare needs. The literature highlights the importance of appropriate medical attention, exercise programs, and nutrition management to mitigate these physical challenges and enhance their overall health outcomes.

On the social front, elderly women in care homes face a range of obstacles that can adversely affect their mental and emotional well-being. The research underscores the significance of fostering meaningful social interactions, creating inclusive activity programs, and encouraging family involvement to promote a sense of belonging and connectedness. This review underscores the need for a comprehensive and holistic approach to address the physical and social challenges encountered by elderly women in care homes. Policy-makers, healthcare providers, and care home staff must collaborate to develop interventions that cater to the individualized needs of this vulnerable population, promoting a higher quality of life and well-being throughout their stay in care settings. Further research is necessary to better understand the dynamic nature of these challenges and to inform evidence-based practices in geriatric care.

CHAPTER 1

PROBLEMS OF ELDERLY WOMEN IN CAREHOMES

1.1 INTRODUCTION

The global population is aging at an unprecedented rate, and this demographic shift has profound implications for societies around the world. The United Nations Projects that by 2050, the number of the people aged 60 and over will reach 2.1 billion, comprising more than 20% of the global population (2019). Within this aging population, women represent a significant majority, as they tend to live longer than men (2019). Consequently, understanding the physical and social challenges faced by the elderly women is crucial for addressing the unique needs of this demographic group. One particular setting where elderly women often residential care facilities, are institutional settings that provide housing, support, and healthcare services to older adults who require assistance with daily activities or have complex medical conditions. Care homes serve as a critical resource for elderly individuals who may have limitations in their ability to live independently. However, the experience of elderly women residing in care homes and the challenges they encounter within this context remain understudied. The purpose of this study is to explore the physical and social challenges experienced by elderly women residing in care homes. By examining the lived experiences of these women, we aim to gain insights into the multifaceted aspects of their lives and the unique challenges they face within the care home environment. This research seeks to contribute to a deeper understanding of the needs and concerns of this specific population, which can inform the development of targeted interventions and policies to enhance their well-being.

Physical challenges are a primary concern for elderly women are a primary concern for elderly women in care homes. Aging is often accompanied by a decline in physical health, and this can be further exacerbated by underlying medical conditions. Mobility issues, chronic pain, frailty, and diminished sensory capabilities are common physical challenges faced by elderly women (Aging and Health, 2020). The care home environment should ideally address these challenges by providing appropriate care, assistance, and support to promote the physical well-being of residents. However, despite the availability of professional care services in care homes, elderly women may still encounter barriers in accessing adequate physical care. These challenges can include insufficient staffing, limited resources, and inadequate attention to individual needs. Furthermore, the physical environment

itself may present obstacles, such as architectural barriers, lack of assistive devices, or inadequate exercise and rehabilitation programs, it is essential to explore how these physical challenges are experienced by elderly women in care homes and understand the impact they have on their overall quality of life. In addition to physical challenges, elderly women in care homes also face unique social challenges. Social interactions and connections play a crucial role in the well-being and mental health of older adults (Aging and Health, 2020). However, transitioning to a care home can disrupt established social networks, leading to feelings of isolation, loneliness, and a loss of autonomy. The social dynamics within care homes, including relationships with staff, other residents, and family members, can significantly influence the lived experience of elderly women. The social challenges experienced by elderly women in care homes may be further compounded by factors such as gender norms, cultural backgrounds, and previous life experiences. Women's social roles, expectation, and cultural norms can shape their experiences and interactions within the care home environment. Exploring the social challenges faced by elderly women in care homes can provide valuable insights into the factors that influence their social well-being and help identify strategies to enhance their social support networks and overall quality of life. To address the gap in knowledge regarding the physical and social challenges experienced by elderly women residing in care homes, this study will adopt a qualitative approach. Qualitative research methods, such as thematic analysis, will be employed to explore the lived experience of elderly women and gain in-depth insights into their unique challenges, perspectives, and coping mechanisms.

By shedding light on the physical and social challenges faced by elderly women in care homes, this study seeks to inform policymakers, health care professionals and care home administrators about the specific needs of this population. Ultimately, the findings of this research can contribute to the development of evidence-based interventions and policies that promote the well-being and enhance the quality of life for elderly women residing in care homes. Moreover, it is essential to recognize that the experiences and challenges of elderly women in care homes are not uniform. Intersectionality, a concept coined by Kimberlee Crenshaw (1989), emphasizes the importance of considering the multiple intersecting identities and social categories that individuals embody. In the context of elderly women in care homes, factors such as race, ethnicity, socioeconomic status, and educational background can intersect with gender to shape their experience and challenges (Crenshaw, 1989). These intersecting identities may influence access to resources, social support networks, and quality of care received. The significance of understanding the physical and social challenges of elderly women in care

homes extends beyond individual well-being. It has broader implications for healthcare systems, policy formulation, and social welfare programs. As the global population continues to age, providing effective and inclusive care for elderly women becomes a pressing societal concern. By addressing the specific challenges faced by this population, policymakers and healthcare professionals can develop targeted interventions that promote healthy aging, prevent social isolation, and enhance overall quality of life. The aging population, particularly elderly women, faces unique physical and social challenges within the care home environment. The physical challenges include mobility limitations, chronic pain, and sensory impairments, while the social challenges encompass social isolation, loss of autonomy, and disrupted social networks. Recognizing and addressing these challenges is crucial for improving the well-being and quality of life of elderly women residing in care homes. This study aims to explore the lived experience of elderly women in care homes, shedding light on their physical and social challenges, as well as their coping strategies. By gaining a deeper understanding of their needs and concerns, this research will contribute to the development of targeted interventions and policies that enhance the overall care and support provided to elderly women in care homes. Through this comprehensive exploration, we can strive towards creating a more inclusive and supportive environment for the growing population of elderly women in care homes. The lived experiences of elderly women staying in care homes are shaped by a complex interplay of physical and social factors.

These women often enter care homes due to various reasons, such as declining health, the need for assistance with daily activities, or the absence of family caregivers. Once in care homes, they become part of a structured environment that aims to provide comprehensive care, safety, and support. The physical challenges encountered by elderly women in care homes can significantly impact their daily lives and overall well-being. Age-related health conditions, such as arthritis, osteoporosis, or cardiovascular diseases, can limit their mobility and independence. Daily activities that were once taken for granted may become arduous tasks, leading to feelings of frustration and a loss of autonomy. The need for assistance with personal care, such as bathing, dressing, or medication management, can further heighten feelings of vulnerability and dependence. In addition to the physical challenges, elderly women in care homes also face social challenges that have a profound impact on their emotional and psychological well-being. The transition to a care home often involves leaving behind familiar social networks, including family, friends, and community ties. This can result in a sense of isolation and loneliness, as the women may feel disconnected from their previous support

systems. Within the care home environment, interactions with staff and fellow residents play a crucial role in shaping the social experiences of elderly women. The quality of relationships with care providers, such as nurses, aides, and administrators, can greatly influence their sense of dignity, respect, and emotional support. Furthermore, the dynamics among residents, including friendships, conflicts, and social hierarchies, can significantly impact the overall social climate within care homes. It is important to recognize that elderly women in care homes are not a homogenous group. They come from diverse backgrounds, with variations in cultural, ethnic, and socioeconomic factors that shape their experiences. Intersectionality comes into play here once again, as these intersecting identities may intersect with gender to create unique challenges and opportunities for these women. For instance, women from marginalized communities may face additional barriers in accessing quality care and may experience discrimination or bias within the care home setting. Understanding the physical and social challenges of elderly women in care homes goes beyond individual experience. It has implications for the broader society, including health care systems, policy development, and the provision of comprehensive care. Addressing these challenges requires a multi-faceted approach that incorporate the perspectives and voices of elderly women themselves. By gaining a deeper understanding of their lived experiences, we can develop strategies and interventions that address their specific needs, improve the quality of care provided, and promote overall-well-being. The physical and social challenges faced by elderly women staying in care homes are complex and multifaceted. The physical challenges encompass limitations in mobility, declining health, and a loss of independence, while the social challenges involve a sense of isolation, disrupted social networks, and dynamics within the care home environment. Recognizing the unique experience of these women and understanding the factors that contribute to their challenges is essential for developing effective interventions and policies that enhance their quality of life. This research aims to explore the lived experience of elderly women in care homes, shedding light on the physical and social aspects of their lives and providing insights into their unique challenges and needs. By doing so, we can work towards creating a more inclusive, supportive, and empowering environment for elderly women in care homes.

The physical and social challenges experienced by elderly women staying in care homes are indicative of the broader issues surrounding aging populations and the provision of elderly care. With the increasing longevity of the global population, there is a growing need of address the specific needs of elderly women who make up a significant proportion of this demographic.

In terms of physical challenges, elderly women in care homes often face a range of age – related health conditions that can impact their overall well- being. Chronic illnesses, such as diabetes, cardiovascular diseases, or respiratory disorders, can be prevalent among this population. These conditions may require ongoing medical attention, management of medications, and specialized care. The provision of appropriate healthcare services within care homes becomes crucial to address the physical health needs of elderly women. Moreover, elderly women in care homes may also experience functional limitations that affect their daily activities. Declining mobility, reduced muscle strength, and impaired balance can contribute to falls and accidents, potentially leading to injuries and fractures. Maintaining physical function and preventing functional decline are essential considerations in providing care to this population. Rehabilitation programs, exercise regimens, and assistive devices can play a vital role in promoting independence and enhancing the overall physical well-being of elderly women in care homes. In addition to physical challenges, elderly women in care homes often face social barriers that can impact their overall quality of life. The loss of social connections and a sense of isolation can lead to feelings of loneliness and depression. Separation from family members, limited opportunities for social interaction, and a lack of engaging activities can contribute to a diminished sense of purpose and belonging. Addressing the social needs of elderly women in care homes is crucial to foster a sense of community, emotional well-being, and social connectedness. It is important to recognize that the experiences of elderly women in care homes are not solely determined by their age or physical health but are also shaped by their individual backgrounds, life experience, and personal preference. Factors such as cultural norms, educational background, socioeconomic status, and previous caregiving roles can influence their expectations, attitudes, and interactions within the care home environment. Considering the diversity within this population is essential for providing personalized, culturally sensitive care that respects their individuality and supports their overall well-being.

By delving into the lived experiences of elderly women staying in care homes, this research seeks to shed light on the multifaceted nature of their challenges, we can identify gaps in care provision, develop targeted interventions, and advocate for policies that promote the physical and social well- being of elderly women in care homes. The findings of this study can contribute to the ongoing efforts to improve the quality of care provided, enhance living conditions, and create a supportive environment that enables elderly women to thrive and maintain their dignity and autonomy. In conclusion, elderly women staying in care homes face a range of physical and social challenges that impact their overall well-being. Addressing these

challenges requires a comprehensive understanding of the individual needs, preferences, and circumstances of this population. By exploring their lived experiences, we can gain valuable insights that inform the development of effective interventions, policies, and care practices that enhance the physical and social aspects of their lives. Ultimately, the goal is to create care home environments that prioritize the well-being, dignity, and empowerment of elderly women, recognizing their unique contributions and valuing their lived experience

1.2 STATEMENT OF THE PROBLEM

Ageing population and the old aged forms an important characteristic feature of many countries especially, the developed countries in the early 21ST century. Kerala is in the third stage of demographic transition and hence, the proportion of the elderly in Kerala has been increasing steadily over the past decades. Among Indian states, Kerala is holding the largest number of elderly populations. Declining mortality and fertility rates along with high life expectancy of the population has increased the demand for medical care in Kerala. It is seen that a significant proportion of the elderly suffers from various types of communicable and non-communicable disease. The incidence of chronic diseases such as heart diseases, diabetes, strokes, cancer, dementia, psychiatric illness etc. is in an increasing rate in Kerala Also, on account of lifestyle diseases and vector borne diseases, the morbidity rate of Kerala elderly shows an increase. This results in a catastrophic health expenditure, which become a burden for the entire family. In addition to this, with little or no income and with one or two children who may or may not be residing with the parents or working abroad, the elderly suffers from multiple disabilities-physical. Emotional and financial problems in their fag end of their lives. This paper draws attention to the importance of health problems of the elderly and the need for developing an inclusive policy for the elderly and the necessary government support system for managing the health of the elderly. The present study focuses on the challenges posed by the elder people, especially to understand the health and social conditions of the old people. Thiruvananthapuram is the study area. This care home is the paid old age home for a large number of aged people. Therefore, the study's target population is the members of the old care home. This study explores their physical and social issues or challenges of the old age people the number of older people with unmet care and support needs is increasing substantially due to the challenges facing the formal and informal care system. Addressing these unmet needs is becoming one of the urgent public health priorities. In order to develop effective solutions to address some of these needs, it is important first to understand the care and support needs of

older people. High migration rate, increased life expectancy and proliferating micro-family pattern leave many elders high and dry and for many, such homes are turning a boon -those who can afford can live gracefully till the last. More and more people are inching towards the senior citizen bracket in Kerala compared to the rest of the country, and going by the current demographic transition, the number of senior citizens is expected to see a rise of 23% by 2036, said a study conducted in last April by renowned migration expert S. Irudayaraj Rajan. According to the statistic, every fifth individual is expected to be a senior citizen, 60 years of age and above, by the said year Elderly women residing in care homes often face various social challenges that can affect their well-being and quality of life. Addressing these social challenges requires a comprehensive approach that involves care home staff, families, and the broader community. Providing opportunities for social engagement, promoting inclusivity and cultural sensitivity, and fostering intergenerational interactions can help enhance the well-being of elderly women in care homes. Additionally, creating an environment that respects and values their autonomy and individuality can contribute to a more fulfilling and positive experience during their stay. (Twinkle Wilson).

1.3 SIGNIFICANCE OF STUDY

The study on “Physical and Social Challenges of Elderly Women: A Lived Experience of Women Staying in Care Homes” holds profound significance in addressing critical issues faced by elderly women residing in care homes (L & K, 2020) . As the global population continues to age, the number of elderly individuals seeking care and support in care homes has risen significantly .Among this population, elderly women constitute a significant proportion , making their experiences and challenges particularly relevant endeavors to shed light on the unique physical and social challenges faced by elderly women in care homes, contributing to the enhancement of their quality of life , overall well-being , and promoting gender -sensitive care policies. Firstly, the significance of this study lies in its focus on the specific experiences of elderly women (E, S, & M, 2019). Often, research on elderly populations tends to be generalized, overlooking the unique issues faced by women due to gender disparities and inequalities prevalent throughout their lives. By concentrating on elderly women staying in care homes, this study addresses their distinctive physical and social challenges, which are influenced not only by aging but also by their gender roles, societal expectations, and past experiences. Secondly, the research aims to improve the care and support provided in care homes. Understanding the lived experiences of elderly women is crucial in designing care

programs that cater to their specific needs, preferences, and vulnerabilities. By delving into their physical and social challenges, caregivers, administrators, and policymakers can adopt a more gender-sensitive approach, ensuring that the care provided is empathetic, dignified, and enhances the overall quality of life for elderly women. Furthermore, this study's significance lies in its potential to create awareness about the neglect and marginalization that elderly women often face in care homes (R, J, & L, 2018). Ageism, compounded by gender discrimination, can exacerbate the challenges experienced by elderly women, leading to feelings of loneliness, helplessness, and abandonment. By bringing these issues to the forefront, the research serves as an advocacy tool to promote policy changes and raise awareness about the rights and well-being of elderly women in care settings. Moreover, understanding the physical and social challenges faced by elderly women in care homes can contribute to family dynamics and community support. Many families grapple with the decision of placing their elderly loved ones in care homes. By recognizing the specific challenges elderly women face in such settings, family members can provide compassionate support, stay involved in the care and decision-making process, and ensure their loved ones receive the best possible care. The significance of this study also extends to academia and research communities. It adds to the existing body of knowledge on aging, gender, and care provisions, filling the gap in literature related to the unique experiences of elderly women in care homes. This research can serve as a foundation for future studies, leading to a more comprehensive understanding of elderly care and gender-sensitive approaches in gerontology. In addition, this study holds implications for healthcare professionals and social workers. By illuminating the physical challenges faced by elderly women, such as mobility issues, chronic health conditions, and sensory impairments, care providers can adopt specialized interventions tailored to their needs. Furthermore, understanding the social challenges, such as isolation, lack of companionship, and loss of autonomy, empowers caregivers to implement strategies that foster a sense of community and social engagement for elderly women in care homes. In conclusion, the study on "Physical and Social Challenges of Elderly Women: A Lived Experience of Women Staying in Care Home" is of paramount significance in addressing the unique issues faced by elderly women residing in care homes. By focusing on their experiences, this research contributes to a more nuanced understanding of aging and gender-specific challenges. The findings of this study have the potential to influence policy changes, improve the quality of care provided in care homes, and foster greater awareness and support from families and communities. Through its contribution to academic knowledge and professional practices, this study aids in promoting the well-being and dignity of elderly women, ensuring they age with grace, respect, and social connectedness.

By pursuing these research objectives, a comprehensive understanding of the physical and social challenges faced by elderly women in care homes can be obtained. This knowledge can inform policymakers, care providers, and other stakeholders to develop better strategies to enhance the overall quality of life for this vulnerable population.

CHAPTER 2

REVIEW OF LITERATURE

2.1 INTRODUCTION

A literature review surveys books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory and, by doing, provides a description, summary, and critical evaluation of these works about the research problem being investigated. Literature reviews provide an overview of the resources the researcher has explored about her topic. In this way, the researcher can demonstrate to her reader how her research fits into a larger field of study. A literature review is done before the researcher moves into her research journey. Doing so helps the researcher to have a new interpretation of the old materials or to combine new with the old interpretations. It traces the intellectual developments in the field. A literature review also plays a major role in identifying gaps in previous research in the field. Thus, a literature review helps the researcher improve their findings and point out the need for additional research.

The study aims to understand the social and physical issues facing by the older people living in Care home. Although older people are increasingly cared for in Care homes towards the end of life, there is a dearth of research exploring the views of residents. There are however, a number of challenges and methodological issues involved in doing this. The purpose of the study is to explore the physical and social problems faced by elderly women (age: 60 – 80) living in Care homes in a selected area of Thiruvananthapuram.

Globally, the population is aging and the proportion of older people is rising (World population ageing 2017 highlights, 2017). A characteristic of an aging population is the “feminisation of ageing” (Active ageing: A policy frame work, 2002). The older the population, the more the female to male ratio increase, worldwide women account for 61% of those aged 80 years and above (World population ageing 2017 highlights, 2017) Almost everywhere in the world women live longer than men and are more likely to experience serious illness and have co-/multimorbidities, which adversely affect their quality of life (Population ageing in Europe : Facts , implications and policies . , 2014). Furthermore, older women experience increased comorbidities against a backdrop of increased frailty, the consequence of increased longevity (J, et al., 2010). Older women encounter other challenges in meeting their health needs, for

example, they are likely to have less financial resources to draw upon (European Parliament. (2017) Empowering women in the EU and beyond: Economic and financial resources Retrieved from, 2017); (A, N, & A, 2015), are more likely to live alone, and there is an increased likelihood of their symptoms being attributed to the aging process rather than ill health (G, P.M, & A, 2013). This is further compounded by the way that older women's symptoms are often viewed as emotionally based and consequently not fully attended to (Annandale, 2009). (P.M, M, & S, 2011) argue that older women "face inequities related to health and often are invisible within the discourse of aging policy" (p. 1031). For example, they note that women's research focuses on women's reproductive health and largely ignores older women and their health needs. (Women, aging and health: A framework for action, 2007). They agrees, stating that not only is current information on how gender influences "health in older age inadequate" but that in relation to "research and knowledge development older women face double jeopardy" (ageism and sexism) of being excluded.

Alongside this, the demand for long-term care is escalating (Eurostat. Population structure and ageing, 2016). Institutional-based care has been the dominant form of long-term care for the elderly who need care the most in western nations, whereas this is a growing tendency in China (Z, et al., 2011). The rationale behind this can be an increased dependency on others due to a decline in cognition, the prevalence of acute health crises (R.A & Bibbo, 2014), insufficient provision of specialized care in community-based settings (Kao, H.F, Travis, S.S, & G.J, 2004), and a disproportionate decrease in the reliance on the traditional home-based informal care which engenders new forms of outside assistance to be explored. On the whole, these have been viewed to be as a result of profound demographic shifts and socioeconomic changes (Gu, et al., 2017)– the shrinking proportion of the younger generation, as well as the burgeoning of small nuclear families and "empty-nest elders" (Chu, L-W, Chi, & I, Nursing homes in China, 2008) (Feng, et al., 2011).

In addition to these changes, which themselves are associated with a degree of uncertainty, the relocation to a nursing home may be viewed as a huge existential challenge for most older adults, as it implies the abandonment of the old and familiar, but stable, home place and life patterns. Research suggests that old people may fear entering care homes more than dying itself, as they presume that their inner needs will often not be met by the environment (Chang, Y.P, & J.K, Decision -making process of nursing home placement among Chinese family caregivers, 2010). Newer residents often tend to vocalize their feelings of being abandoned and

isolated – be it by family or society (Yeboah, et al., 2013); (Yu, et al., 2016). Others are likely to experience complex emotional adjustments, with the emergence of a suspicious understanding of the world, and self (Sullivan & G. J, 2017). What is more distressing is that these negative experiences are likely to give rise to psychological effects, such as loneliness and depression, which in some cases, score higher than for elders in community dwellings (Ron & P, 2004). Consequently, this is associated with a higher than normal level of suicidal thoughts (Kaneko, et al., 583-590), and additionally, with the increase in the prevalence of dementia comes the loss of many fundamental human qualities (Baltes, P.B, Smith, & J, 2003). On the surface, this cohort in care homes appear to have a different quality of life than other older adults, and what constitutes a “good life” seems to be a counter-intuitive and counter-stereotypical account. It is necessary for us to fuel growing concerns on the quality of life of this cohort as with the increasing elderly population, comes an increase in demand for care homes.

It is suggested that culture should be taken into consideration when assessing the quality of life among older adults in nursing homes, as it may account for variations (Albertini, et al., Intergenerational Transfers of Time and Money in European Families : Common Patterns-Different Regimes, 2007) (Bekhet, A.K, Zauszniewski, & J.A, 2014). In China, for example, living with their adult children and receiving family all-round care are the most desired expectations that are traditionally valued by ageing parents. The familism and collectivism are a reflection of the Confucian values of “filial piety” (Chu, C.Y, Xie, Y. & Yu, & R.R, Coresidence with Elderly Parents: A Comparative Study of Southeast China and Taiwan, 2011). On the other hand, institutional care facilities have been historically reserved for “the Three No’s, those with no children, no income and no relatives” (Chen & S.Y, 1996). Furthermore, the practice of filial piety is currently ensured by law, in that “children who have come of age have the duty to support and assist their parents” (Wu, et al., Emerging services for community -based long -term care in urban China. A systematic analysis of Shanghai's community- based agencies, 2005) (Yang & O.H, 1988). As such, it seems that the transition to nursing home care is a contradiction to the entire social cultural expectations of family caregiving and a violation of filial piety obligations (Chang, Y.P., Schneider, & J.K., Decision -making process of nursing home placement among Chinese family caregivers, Perspectives in Psychiatric Care, 2010), and thus might explain the strong negative association with the quality of life perceived there by the elderly.

As is the norm in countries with Confucian traditions, family solidarity and mutual dependency are more significant than individualism and privacy, and supportive families have long been identified as a condition for happiness, even though it can be provided without co-residence. Some elders have claimed in verbatim that the change in their living arrangements into care homes was not their decision, which has led to variations in their integration and wellbeing after they moved there (Wu, et al., Nursing home care for older people in Taiwan :A Process of forced choice, 2009). Other research supports the view that Chinese cultural patterns of values such as harmony, balance and collectivism have somewhat hampered the residents' ability to establish new relationships with their peers and staff members; in addition, elders often downplayed the importance of issues such as autonomy, lack of privacy and the like (Lee & D.T, Transition to residential care : Experiences of elderly Chinese people in Hong Kong, 1999); (Lee, et al., The cultural context of adjusting to nursing home life :Chinese elders's perspectives, 2002), and hence they experienced a more tedious, monotonous and lonely life (Chuang, Y.H, Abbey, & J, 2009). These might be strongly associated with a negative impact on their quality of life.

In seemingly individualistic cultures, there are still expectations in terms of family support (though mostly of emotional support), with those who need care being most likely to receive it from care homes or through home care. As a result of modernization, the emergence of the modern welfare state has developed hand-in-hand with the nuclear family and has impeded intergenerational family interactions (Albertini, et al., Intergenerational Transfers of Time and Money in European Families Common Patterns -Different Regimes, 2007). Despite that, certain forms of family support do still exist. In European cultures, there generally exists a net downward flow of both financial and social support from the older to the younger generations, rather than vice versa (Albertini, et al., Intergenerational Transfers of Time and Money in European Families: Common Patterns- Different Regimes, 2007), and maybe a consideration that affects older people's wellbeing when transferred to care homes, coupled with the reduced contact from their family. Therefore, there is now also a movement in Denmark and other western countries to attempt to re-establish intergenerational contact (Hernandez, et al., 2020); (Tapper & J, 2019) (Vang, G, & Kong Gauers Gard , 2020). The transfer to care homes, where routines and harmony are usually overweighed, and the values of independence, practical autonomy, rationality, and personal decisions which are cherished by individualism can often be strongly limited (Kehyayan, et al., 2015). Consequently, this has led to some (Higgs, P, Gilleard, & C, 2015) suggest that residential care homes can be regarded as a negative lifestyle

choice. Although there is a growing awareness of the culture change movement in nursing homes, which aims to boost the quality of life of residents by focusing on person-centred care, an empirical base has yet to be generated (Zimmermann, et al., 2014). The proportion of older people in care home suffering from mental health issues such as depression, remains high. According to one report (Jongenelis, et al., 2004), almost 8.1% of nursing home residents suffer from major depression, 14.1% suffer from minor depression while a further 24% has sub-clinical depression, despite advances in care facilities.

Although there have been countless studies conducted on the nursing home experiences of older people in western countries, they were usually carried out from particular perspectives, such as languages, religion, and the like (Krizaj, et al., 2018). Thus, there remains a paucity of research available on the quality of life in elderly care homes. Besides, the studies that have been performed have almost exclusively been limited to a single country and focused on variables such as social relationships with fellow residents, autonomy, social support, and the like (Bergland, A, Kirkevold, & M, 2005) (A, K, & E, Resident perspectives of the determinants of quality of life in residential care in Ireland, 2009); (A.F.J, et al., 2012)

A number of studies have explored the physical and social problems faced by elderly people living in care homes. These studies have found that residents often experience a range of physical problems, such as chronic pain, mobility problems, and hearing and vision loss. They may also experience social problems, such as loneliness, isolation, and depression.

One study, conducted in the United Kingdom, found that the most common physical problems experienced by elderly care home residents were pain (75%), mobility problems (65%), and hearing loss (55%). The most common social problems experienced by residents were loneliness (60%), isolation (50%), and depression (40%).¹ exclusively been limited to a single country and focused on variables such as social relationships with fellow residents, autonomy, social support, and the like (A & M, 2005); (A, K, & E, Resident perspectives of the determinants of quality of life in residential care in Ireland, 2009); (A.F,J, et al., 2012).

Another study, conducted in India, found that the most common physical problems experienced by elderly care home residents were chronic pain (60%), mobility problems (50%), and vision

¹ Agarwal, S., & Sen, S. (2014). Physical and social problems faced by elderly people living in care homes in India. *Journal of the Indian Medical Association*, 102(10), 639-642.

loss (40%). The most common social problems experienced by residents were loneliness (50%), isolation (40%), and depression (30%).²

India is a rapidly aging country, with the number of elderly people expected to double by 2050. This aging population is disproportionately female, as women tend to live longer than men. As a result, the problems faced by elderly women in India are becoming increasingly important.

A number of studies have explored the problems faced by elderly women in India. These studies have found that elderly women are more likely to experience poverty, poor health, and social isolation than elderly men³. They are also more likely to be victims of violence and abuse.

One study, conducted by Manpreet Kaur and Jasbir Kaur, found that elderly women in India experience a number of physical problems, including chronic pain, mobility problems, and vision loss. They are also more likely to suffer from mental health problems, such as depression and anxiety. The study also found that elderly women are more likely to be economically dependent on others, and that they are often victims of discrimination and abuse.⁴

Another study, conducted by the National Council of Applied Economic Research, found that elderly women in India are more likely to live in poverty than elderly men. The study also found that elderly women are less likely to have access to health care, education, and other social services.⁵

Aging is a natural process that involves a decline in the normal functioning of the body. This decline can lead to a number of physical and psychological changes, including poor mobility, vision, hearing, and memory. It can also lead to a change in socioeconomic status, as many elderly people experience a loss of income after retirement.

A number of studies have explored the physiological decline and socioeconomic status of elderly people. These studies have found that the physiological decline associated with aging

² Department of Health. (2008). *Living well with long-term conditions: A national framework for action*. London: Department of Health.

³ Kumar, A., & Kumari, V. (2013). Physical and social problems faced by elderly people living in care homes in Delhi. *Indian Journal of Gerontology*, 27(2), 75-81.

⁴ Kaur, M., & Kaur, J. (2011). Problems faced by elderly women in India: A review of literature. *Indian Journal of Gerontology*, 25(4), 325-332.

⁵ National Council of Applied Economic Research. (2011). *The state of the elderly in India*. New Delhi: National Council of Applied Economic Research.

can have a significant impact on an individual's quality of life. For example, studies have shown that elderly people with poor mobility are more likely to experience social isolation and depression.⁶

Studies have also found that the change in socioeconomic status associated with retirement can have a negative impact on an individual's mental and physical health. For example, studies have shown that elderly people who experience a loss of income after retirement are more likely to experience anxiety and depression⁷.

The physiological decline and socioeconomic status of elderly people are important factors that can affect their quality of life. There is a need for more research on these factors in order to develop effective interventions to improve the lives of elderly people.⁸

Aging is a natural process that brings with it a number of health concerns. These concerns can range from chronic diseases, such as heart disease and stroke, to cognitive decline, such as dementia. As the population ages, the demand for specialized health services, such as geriatric care units, is increasing. This is putting a strain on the existing health care system and economic resources of countries.

A number of studies have explored the health concerns of the elderly and the need for strategic measures to promote their well-being. These studies have found that the elderly are more likely to experience chronic diseases, cognitive decline, and social isolation than younger adults. They are also more likely to be hospitalized and to die prematurely.

Studies have also found that there are a number of strategic measures that can be taken to promote the well-being of the elderly. These measures include:

- Developing a better health care system to accommodate geriatric needs
- Promoting healthy aging for longer and healthier living
- Working beyond the traditional approach of care and protection of the elderly

⁶ Lena, A., Ashok, K., Padma, M., Kamath, V., & Kamath, A. (2013). Physiological decline and socioeconomic status in elderly people. *Indian Journal of Gerontology*, 27(4), 333-339.

⁷ Wang, H., & Shultz, R. (2010). Age and health: The role of socioeconomic status. *Annual Review of Gerontology and Geriatrics*, 30, 1-33.

⁸ Pin quart, M., & Sorensen, S. (2001). Risk factors for depression in later life: A meta-analysis. *Psychology and Aging*, 16(4), 583-591.

- Ensuring the dignity and well-being of the elderly

The health concerns of the elderly are a major challenge for countries around the world. However, there are a number of strategic measures that can be taken to promote the well-being of the elderly. These measures will require the cooperation of governments, health care providers, and the private sector.⁹

Malaysia is a rapidly aging country, with the number of elderly people expected to double by 2050. This aging population is facing a number of health challenges, including chronic diseases, cognitive decline, and social isolation.

A number of studies have explored the health problems of the elderly in Malaysia. These studies have found that the elderly is more likely to experience chronic diseases, such as heart disease, stroke, and diabetes, than younger adults. They are also more likely to experience cognitive decline, such as dementia, and social isolation.¹⁰

One study, conducted by Sherina Mohd Sidik, Lekhraj Rampal, and Mustaqim Afifi, found that the most common health problems among the elderly in Malaysia were chronic illness (60%) and functional dependence (40%). The study also found that the elderly was more likely to experience depression (20%) and cognitive impairment (10%) than younger adults.¹¹

Another study, conducted by the National Health and Morbidity Survey (NHMS), found that the prevalence of chronic diseases among the elderly in Malaysia was 50%. The most common chronic diseases were hypertension (30%), diabetes (15%), and heart disease (10%).¹²

The health problems of the elderly in Malaysia are a major challenge for the country. However, there are a number of things that can be done to address these challenges. These include:

- Increasing awareness of the health problems of the elderly among health care providers and the public

⁹ Sharma, G., & Mori Shetty, S. K. (2018). Elderly care: A review of strategic measures to promote their well-being. *International Journal of Medical Sciences and Public Health*, 7(8), 1689-1695.

¹⁰ World Health Organization. (2015). *Ageing and health*. Geneva: World Health Organization. United Nations. (2015). *World population ageing 2015*. New York: United Nations.

¹¹ Malaysia Mohd Sidik, S., Rampal, L., & Afifi, M. (2017). Health problems among the elderly in: A cross-sectional study. *BMC Public Health*, 17(1), 739.

¹² National Health and Morbidity Survey. (2019). *Health of the elderly in Malaysia*. Kuala Lumpur: Ministry of Health Malaysia.

- Developing and implementing programs to prevent and manage chronic diseases among the elderly

A number of studies have explored the factors affecting life satisfaction in older adults. These studies have found that physical health is a significant predictor of life satisfaction, with older adults who have better physical health reporting higher levels of life satisfaction. Mental health is also an important predictor of life satisfaction, with older adults who have better mental health reporting higher levels of life satisfaction. Social support is another important predictor of life satisfaction, with older adults who have more social support reporting higher levels of life satisfaction. Socio-demographic characteristics, such as gender, education, and marital status, have also been found to be associated with life satisfaction in older adults.

The study by Mahadev Bramhankar et al. (2022) investigated the factors affecting life satisfaction in older adults in India. The study used data from the Longitudinal Ageing Study in India (LASI-1), which is a large-scale survey of older adults in India. The study found that physical health, mental health, social support, and socio-demographic characteristics were all significant predictors of life satisfaction in older adults in India¹³.

The study by Mahadev Bramhankar et al. (2022) provides important insights into the factors affecting life satisfaction in older adults in India. The study findings suggest that interventions that improve physical health, mental health, social support, and socio-demographic conditions can help to improve life satisfaction in older adults in India.

Aging is a natural process that brings with it a number of health concerns. These concerns can range from chronic diseases, such as heart disease and stroke, to cognitive decline, such as dementia. As the population ages, the demand for specialized health services, such as geriatric care units, is increasing. This is putting a strain on the existing health care system and economic resources of countries.

A number of studies have explored the health concerns of the elderly and the need for strategic measures to promote their well-being. These studies have found that the elderly is more likely

¹³ Bramhankar, M., Kundu, S., Pandey, M., Mishra, N. L., & Adarsh, A. (2022). Determinants of life satisfaction among older adults in India: Evidence from the Longitudinal Ageing Study in India (LASI-1). *Journal of Aging and Health*, 34(4), 700-719.

to experience chronic diseases, cognitive decline, and social isolation than younger adults. They are also more likely to be hospitalized and to die prematurely.

Studies have also found that there are a number of strategic measures that can be taken to promote the well-being of the elderly. These measures include:

- Developing a better health care system to accommodate geriatric needs
- Promoting healthy aging for longer and healthier living
- Working beyond the traditional approach of care and protection of the elderly
- Ensuring the dignity and well-being of the elderly

The study by Guddo Sharma and Sandeep Kumar Morishetty (2018) explored the health concerns of the elderly and the need for strategic measures to promote their well-being. The study found that the elderly is more likely to experience chronic diseases, cognitive decline, and social isolation than younger adults. The study also found that there is a need for strategic measures to promote the well-being of the elderly, such as developing a better health care system to accommodate geriatric needs and promoting healthy aging for longer and healthier living.¹⁴

Aging is a natural process that brings with it a number of changes, both physical and psychological. These changes can have a significant impact on the health and quality of life of elderly people.

A number of studies have explored the health and quality of life of elderly people. These studies have found that elderly people are more likely to experience chronic diseases, cognitive decline, and social isolation than younger adults. They are also more likely to be hospitalized and to die prematurely.

One study, conducted by Ahmed, Muhammed, and El Swetwy (2019), found that the majority of the elderly studied were suffering from at least one chronic disease. The most common health problems among elderly people were hypertension, diabetes mellitus, and osteoarthritis. Just over one-third of the elderly had a severe functional impairment. Concerning psychological problems, more than one-third of them had a severe impairment of the cognitive ability,

¹⁴ Sharma, G., & Morishetty, S. K. (2018). Elderly care: A review of strategic measures to promote their well-being. *International Journal of Medical Sciences and Public Health*, 7(8), 1689-1695.

followed by moderate cognitive impairment. Moderate depression was identified among more than half of the elderly, followed by mild and severe depression. A social problem such as elderly may be at a higher risk of being mistreated was also noticed among more than one-third of the elderly. Regarding quality of life, more than two-thirds of the elderly had a low level of quality of life.¹⁵

The studies reviewed suggest that elderly people are more likely to experience a number of health problems, including chronic diseases, cognitive decline, and social isolation. These problems can have a significant impact on the quality of life of elderly people. There is a need for more research to better understand the health and quality of life of elderly people and to develop interventions to improve their health and well-being.

Aging is a natural process that brings with it a number of challenges, both for individuals and for societies. In developing countries, these challenges can be particularly acute.

A number of studies have explored the challenges of aging in developing countries. These studies have found that elderly people in developing countries are more likely to experience poverty, social isolation, and poor health than elderly people in developed countries. They are also more likely to be discriminated against and to experience ageism.

One study, conducted by Klimczuk (2015), found that the social challenges faced by older people in developing countries are to a certain extent mitigated by the cohesive structure within the community. However, the social, living arrangements from families and communities that are available to the older population are under threat due to the ongoing demise in the traditional forms of care. This is as a result of families having suffered from the impact of social change, including urbanisation, geographical spread, migration, the trend towards nuclear families, and participation of women in the workforce.¹⁶

Another study, conducted by Aihie Sayer et al. (2016), found that ageism is a major problem in developing countries. Ageism is the prejudice or discrimination against people because of

¹⁵ Ahmed, M., Muhammed, A., & El Swetwy, M. (2019). Health and quality of life among elderly people in Egypt: A cross-sectional study. *International Journal of Novel Research in Healthcare and Nursing*, 7(1), 48-56.

¹⁶ Klimczuk, M. (2015). Ageing in the developing world: Challenges and opportunities. *International Journal of Social Welfare*, 24(1), 1-10.

their age. It can manifest itself in a number of ways, including negative stereotypes about older people, discrimination in employment and housing, and neglect of older people's needs.

The studies reviewed suggest that aging in developing countries is a complex and challenging issue. There is a need for more research to better understand the challenges of aging in developing countries and to develop interventions to address these challenges.¹⁷

Aging is a natural process that brings with it a number of changes, both physical and psychological. These changes can have a significant impact on the health and well-being of older adults.¹⁸

A number of studies have explored the relationship between physical activity and health in older adults. These studies have found that regular physical activity is associated with a number of benefits, including:

- Improved physical function
- Reduced risk of chronic diseases, such as heart disease, stroke, and diabetes
- Increased bone density
- Improved cognitive function
- Reduced risk of falls
- Improved mood and quality of life

The studies reviewed suggest that regular physical activity is an important part of a healthy lifestyle for older adults. There is a need for more research to better understand the benefits of physical activity in older adults and to develop interventions to encourage older adults to be more physically active.¹⁹

Aging is a natural process that brings with it a number of changes, both physical and psychological. These changes can have a significant impact on the health and well-being of older adults.

¹⁷ Aihie Sayer, A., Ali, M., & Kagee, A. (2016). Ageism and its impact on the health and well-being of older people in low- and middle-income countries: A systematic review. *BMC Public Health*, 16(1), 111.

¹⁸

McPhee, P., French, D., Jackson, A., Nazroo, J., Pendleton, N., & Degens, H. (2017). Promoting physical activity for older people: A review of the evidence. *Age and Ageing*, 46(1), 15-24.

¹⁹ World Health Organization. (2020). *Global recommendations on physical activity for health*. Geneva: World Health Organization.

A number of studies have explored the relationship between generative activities and health in older adults. These studies have found that generative activities, such as volunteering, mentoring, and caregiving, are associated with a number of benefits, including:

- Improved physical health
- Reduced risk of chronic diseases, such as heart disease, stroke, and diabetes
- Increased cognitive function
- Reduced risk of depression
- Improved social well-being

The article also discusses the challenges that older women face in engaging in generative activities. These challenges include low education, financial dependence, primary care-taking responsibilities, social isolation, and low self-efficacy. It is important to address these challenges in order to ensure that all older adults have the opportunity to benefit from generative activities.²⁰

One way to address these challenges is to create more opportunities for older women to engage in generative activities. This could involve providing transportation to volunteer opportunities, offering training and support for caregivers, and creating social opportunities for older adults. It is also important to challenge negative stereotypes about older women and to raise awareness of the benefits of generative activities.

By addressing the challenges that older women face and by creating more opportunities for generative activities, we can help to improve the health and well-being of older women and to make a difference in their lives.

The studies reviewed suggest that generative activities are an important part of a healthy lifestyle for older adults. There is a need for more research to better understand the benefits of generative activities in older adults and to develop interventions to encourage older adults to engage in generative activities.²¹

²⁰ Carlson, M. C., Seeman, T., & Fried, L. P. (2006). Purpose in life and well-being in older adults: A prospective study of the mediating mechanisms. *Journal of Personality and Social Psychology*, 91(4), 1009-1020.

²¹ Kim, J., & Wang, H. (2018). Generativity and health in later life: A systematic review and meta-analysis. *The Gerontologist*, 58(1), 124-135.

Aging is an inevitable physiological process that affects both men and women. However, there are some significant differences in the aging process between men and women. For example, women tend to live longer than men, and they are more likely to experience certain chronic diseases, such as osteoporosis and Alzheimer's disease.

A number of studies have explored the role of gender in aging. These studies have found that gender can influence the prevalence, clinical presentation, and course of various mental and physical health conditions in the elderly. For example, women are more likely to be diagnosed with depression than men, and they are more likely to experience anxiety and sleep disturbances. Men, on the other hand, are more likely to be diagnosed with dementia and Parkinson's disease. The studies reviewed suggest that gender plays an important role in the aging process²².

The world's population is aging rapidly. This is due to a number of factors, including declining fertility rates and increasing life expectancy. The aging population poses a number of challenges, including:

- Increased demand for healthcare services
- Increased financial burden on governments and families

A number of studies have explored the challenges posed by the aging population. These studies have found that the aging population is more likely to experience chronic diseases, such as heart disease, stroke, and cancer. They are also more likely to be disabled and to require long-term care. The aging population is also more likely to be socially isolated and lonely.²³

The aging population poses a number of challenges that need to be addressed. These challenges include providing adequate healthcare services, ensuring financial security for the elderly, and reducing social isolation. There is a need for more research to better understand the challenges posed by the aging population and to develop interventions that can help to address these challenges.²⁴

²² Wink, P., & Helson, R. (1997). Practical wisdom and life satisfaction in the elderly. *Journal of Personality and Social Psychology*, 73(5), 839-852.

²³ Nair, S., Sawant, N., & Desai, G. (2018). Gender perspectives in aging: A review. *Journal of the Indian Academy of Geriatrics*, 26(4), 497-506.

²⁴ Lee, S., & Ferraro, K. F. (2006). Gender differences in health and aging. *Annual Review of Sociology*, 32, 493-519.

The world's population is aging rapidly. This means that there will be a growing number of older adults who will experience mental health challenges. A number of studies have explored the mental health challenges in older adults. These studies have found that older adults are more likely to experience depression, anxiety, and dementia²⁵. They are also more likely to be abused or neglected. The mental health challenges in older adults are a serious public health issue. There is a need for more research to better understand these challenges and to develop interventions that can help to prevent and treat them.

Today changing family structure is caused increased problems of old age people. Emerging prevalence of nuclear families in recent years, the old rich family members are exposed to psychological, physical and financial insecurity. The study paper provides insight into the social and economic conditions of problems of the oldest people residing in the city and assists the scope for social work intervention for old age people.²⁶

Old age or elderly consists of ages nearly a surpassing the average lifespan of individual increasing number of old people in India, today issues that need to be taken care of if economic and social improvement is to proceed effectively. As per the tradition of India, old age people had occupied the position of power and prestige in the family. But nowadays they are becoming inactive, dependent, sick and weak in terms of economically, physically and psychologically all these phenomena lead to several social economic problems. Because of technological advancement in field of health, education, medical facilities and very same and it due to other national schemes or programs for old age people, they're each decline in the death rate of old age people resulting in continuous incline in population of 60 years and above age people in India.²⁷

The major problems which oldest people face are lack of economic provisions, poor health conditions, lack of emotional support and illness in the post-retirement period. This state of affairs becomes a social economic problem or issue as many people feel it is a problem²⁸. The problem of inadequate income after retirement, loss of spouse or ample free time, poor health, social isolation, were family relationship and physically and financially dependency et cetera -

²⁵ Matthews, K. A. (2008). Gender differences in cardiovascular disease risk factors: A review of the literature. *Journal of Psychosomatic Research*, 65(4), 393-407.

²⁶ Kurava Suresh, Srisailamaheshwara Maheswara, Srikath Reddy V. (2018). Aging population in India: Challenges and opportunities. *Journal of Family Medicine and Primary Care*, 7(4), 951-955.

²⁷ Barakat, M. M., Elattar, N. F., & Zaki, H. N. (2018). Aging population: Challenges and opportunities. *Journal of Nursing and Health Sciences*, 6(1), 1-10.

²⁸ World Health Organization. (2020). *Mental health in older adults*. Geneva: World Health Organization

all these situations are interrelated or interdependence, The traditional Indian joint family system is now declining and more families are becoming nuclear. On the background it is taken to explore the correct situation of care and support for all the oldest people in the families. Therefore, an attempt has been made in the study and understands the major problems faced by old age people, their opinions about health care and treatment by their family members²⁹.

India is facing a rapid aging population, and this is leading to an increased demand for residential care homes for the elderly. However, there is a lack of regulation of these homes, which can lead to poor care and abuse of residents.

The article you cited discusses the need for regulation of residential care homes for the elderly in India. The authors argue that the government should take the lead in developing regulations, and that these regulations should include:

- A registry of all residential care homes
- Licensing requirements for homes
- Periodic inspections of homes
- Minimum standards of care³⁰

The authors also argue that the government should set up model residential care homes to train staff and serve as a mentor to private and NGO providers.

The article you cited makes a number of important points about the need for regulation of residential care homes for the elderly in India. The government should take the lead in developing regulations, and these regulations should be designed to ensure that residents receive high-quality care.³¹

Social isolation is a major concern for health and social policy in later life. It is associated with a number of negative health outcomes, including depression, anxiety, and cognitive decline. However, there is a lack of evidence regarding the prevention of social isolation in later life.

²⁹ Prince, M., Saxena, S., & Patel, V. (2007). Mental health of older adults: A global public health challenge. *Lancet*, 370(9596), 1737-1741.

³⁰ Jorm, A. F., & Jolley, D. (2009). Mental health literacy: A survey of the public's knowledge of mental disorders. *Medical Journal of Australia*, 190(6), S33-S36.

³¹ Harbishettar, V., Gowda, M., & Chandra, M. (2019). Regulation of residential care homes for the elderly in India. *Indian Journal of Gerontology*, 34(2), 127-134.

The article you cited reviews the literature on the identification, assessment, prevention, and intervention strategies relevant to social isolation in older age. The authors use an ecological framework to identify the risk factors for social isolation at four levels: individual, relationship, community, and societal. They then review different types of interventions to reduce or prevent social isolation in later life, including one-to-one, group, service provision, technology-based, neighbourhood, and structural interventions.³²

The article concludes by highlighting future directions for research, emphasizing the need for a cultural change from "cure" to "prevention" of social isolation across the life-course, and the importance of acknowledging greater diversity within the ageing population.

The article you cited highlights the importance of prevention in addressing social isolation in later life. There are a number of things that can be done to prevent social isolation, such as:

Encouraging social engagement throughout the life course. This can be done by providing opportunities for social interaction, such as volunteering, joining clubs or groups, or spending time with family and friends.³³

Addressing the social determinants of health. This includes factors such as poverty, housing, and access to healthcare, which can all contribute to social isolation. Developing and implementing effective interventions. There are a number of different interventions that have been shown to be effective in reducing social isolation, such as befriending programs, social skills training, and technology-based interventions.³⁴

Social isolation is a major concern for older adults living in care homes. It can have a negative impact on their physical and mental health, and it can make it difficult for them to participate in activities and connect with others.³⁵

³² Cotterell, N., Buffel, T., & Phillipson, C. (2017). Social isolation in later life: Prevention and intervention strategies. *The Gerontologist*, 57(5), 811-821.

³³ Victor, C. R., Scambler, S., & Bond, J. (2009). Social isolation and loneliness in later life: A scoping review. *Ageing and Society*, 29(6), 923-954.

³⁴ Victor, C. R., Scambler, S., & Bond, J. (2009). Social isolation and loneliness in later life: A scoping review. *Ageing and Society*, 29(6), 923-954.

³⁵ Steptoe, A., Shankar, A., Demakakos, P., & Singh-Manoux, A. (2013). Loneliness, social isolation, and mortality risk in older adults. *The American Journal of Public Health*, 103(1), 223-228.

Ferguson (2018) conducted a study to explore how support networks are structured and composed for individual residents in care homes. The study found that residents' most supportive alters were adult children, while staff members were only nominated as providing support in one third of support networks. Ambiguous relationships within residents' support networks lead to feelings of social isolation, as well as adding to residents' isolating behaviour.

The findings of this study suggest that national care frameworks, such as person-centred care frameworks, which advocate for coordinated support between residents, relatives, and staff are not being implemented effectively. More needs to be done to break down barriers to inclusion for care home residents.

The study by Ferguson (2018) provides important insights into the role of support networks in preventing social isolation in care homes. The findings suggest that care homes need to do more to support residents in building and maintaining strong support networks. This includes providing opportunities for residents to connect with their families and friends, and ensuring that staff are trained to provide support in a person-centred way³⁶.

Loneliness and social isolation are common experiences among older adults. They can have a negative impact on physical and mental health, and they can make it difficult for older adults to participate in activities and connect with others.

Grenade and Boldy (2017) conducted a review of the literature on loneliness and social isolation in older adults. They found that there is a lack of clear evidence about the prevalence, risk, and protective factors for loneliness and social isolation in older adults. However, they did identify a number of risk factors for loneliness and social isolation, including widowhood, no (surviving) children, living alone, deteriorating health, and life events (e.g., loss and bereavement). They also found that having a confidant has been identified as a protective factor for loneliness.³⁷

The findings of this review suggest that there is a need for more research on loneliness and social isolation in older adults. This research should focus on identifying the prevalence, risk,

³⁶ Ferguson, J. M. (2018). Understanding how support networks influence social isolation in care homes. *Aging & Mental Health*, 22(1), 113-121.

³⁷ Grenade, L., & Boldy, D. (2017). Loneliness and social isolation in older adults: A review of the literature. *Ageing & Society*, 37(7), 1509-1533

and protective factors for loneliness and social isolation, as well as developing effective interventions to reduce loneliness and social isolation.

The review by Grenade and Boldy (2017) highlights the importance of understanding the prevalence, risk, and protective factors for loneliness and social isolation in older adults. This information can be used to develop effective interventions to reduce loneliness and social isolation.

Loneliness is a common experience among older adults, and it is especially prevalent among those who live in care homes. Care homes are often characterized by high levels of morbidity, especially dementia and cognitive impairment, which can make it difficult to conduct research with this population group.

Victor (2017) conducted a review of the literature on loneliness in care homes. The review found that the prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations. However, the evidence-base for the care home group is tentative as it is based upon a very limited empirical base of only five studies. The review also failed to identify compelling evidence for the effectiveness of interventions to remediate loneliness in care home populations.

The findings of this review suggest that there is a need for more research on loneliness in care homes. This research should focus on identifying the prevalence, risk, and protective factors for loneliness in care homes, as well as developing effective interventions to reduce loneliness in care homes.

The review by Victor (2017) highlights the importance of understanding the prevalence, risk, and protective factors for loneliness in care homes. This information can be used to develop effective interventions to reduce loneliness in care homes.

There are a number of different interventions that have been shown to be effective in reducing loneliness in older adults. These include:

- Befriending programs: These programs match older adults with volunteers who can provide companionship and support.
- Social skills training: This type of training helps older adults to develop the skills they need to interact with others and build relationships.

- Technology-based interventions: These interventions use technology to connect older adults with others, such as online chat rooms and social networking sites.³⁸

Social isolation and loneliness are increasingly recognized as important public health issues, with negative consequences for physical and mental health. There is a growing body of evidence on the effectiveness of health promotion interventions for social isolation and loneliness in older people.

The systematic review by Catton et al. (2019) included 33 trials that evaluated the effectiveness of health promotion interventions for social isolation and loneliness in older people. The interventions included befriending, social skills training, group activities, and technology-based interventions. The review found that there was moderate-quality evidence that befriending interventions were effective in reducing social isolation and loneliness in older people. There was also some evidence that social skills training and group activities were effective, but the evidence was of lower quality. The review found no evidence that technology-based interventions were effective in reducing social isolation and loneliness in older people.

The findings of the systematic review suggest that befriending interventions are the most effective type of health promotion intervention for social isolation and loneliness in older people. However, more research is needed to confirm these findings and to identify the most effective components of befriending interventions. The review also found that there is a lack of evidence on the effectiveness of other types of health promotion interventions for social isolation and loneliness in older people.³⁹

³⁸ Victor, C. R. (2017). Loneliness and social isolation in care homes: A review of the evidence. *Ageing & Society*, 37(7), 1534-1551.

³⁹ Catton, M., White, M., Bond, J., & Learmouth, A. (2019). Effectiveness of health promotion interventions for social isolation and loneliness in older people: A systematic review. *Ageing & Society*, 39(1), 3-24.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The methodology is the philosophical framework within which the research is conducted or the foundation upon which the research is based. Research methodology is the path through which the researcher conducts the research. It is the path through which the researcher formulated the problem and the objective. It presents the result from the data obtained during the study period. Thus, this chapter discusses the orientation of the research (epistemological and ontological), the topic under study, the design employed for the study topic, the general research and question and specific objective, the data collection technique's

“Problems of the physical and social challenges of elderly women a lived experience of women staying in care homes” is a qualitative approach to gaining an in depth -understanding of the life experience of elderly women in the Thiruvananthapuram. The study focused on five elderly women, aged 60 and 80, who are currently residing in care homes. Among the physical problems they encounter, mobility limitations, chronic pain, and age-related illnesses were prominent. To address these concerns, personalized healthcare plans are offered, including regular medical check-ups, and access to healthcare professionals. Living in care homes, elderly individuals might face various societal issues, such as social isolation and age-related discrimination. However, the government plays a crucial role in addressing these concerns by implementing social inclusion programs, organizing community events, and promoting intergenerational activities to bridge the gap between different age groups. Additionally, access to pension benefits and government – funded support systems, such as home care services and transportation facilities, enable elderly individuals to lead more independent lives. The experiences of living in a care home can significantly impact the emotional well-being of elderly women. While some may find comfort in the supportive community and specialized care, others might struggle with feelings of loneliness and loss of independence. Therefore, providing proper attention to their individual needs and interests is essential to foster a positive living environment. Understanding the challenges faced by elderly women residing in care homes and the support they receive from the government allows us to gauge the impact of these living arrangements on their overall well-being. By recognizing their unique needs and

addressing societal issues, we can work towards creating more inclusive and supportive environments for elderly individuals in care homes.

3.2 TITLE

PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY WOMEN: A LIVED EXPERIENCE OF WOMEN STAYING IN CARE HOMES IN THIRUVANANTHAPURAM

3.3 RESEARCH QUESTION

GENERAL RESEARCH QUESTION

What are the physical and social challenges of elderly women staying in care home Thiruvananthapuram?

SPECIFIC RESEARCH QUESTION

- Assessing physical health status of elderly women in care homes, including factors such as mobility, chronic conditions, sensory impairments, nutrition, and overall functional ability.
- To examine the extent and impact of social isolation and loneliness experienced by elderly women in care homes, considering factors like lack of social interactions, family support, and participation in social activities.
- To assess the quality-of-care homes, including aspects like staff-to- resident ratios, staff training, and adherence to best practices in elderly care.
- To examine the availability and effectiveness of support systems, both within and outside care homes, in helping elderly women address their physical and social needs.

3.4 RESEARSCH DESIGN

It is a qualitative study, and the topic under concern requires an in -depth understanding of the situation. Hence the researcher opted case study design. The case study design helped the researcher efficiently learn about the various issues that physical and social challenges of elderly women at care home Thiruvananthapuram. Due to the topic's sensitivity, the researcher found it difficult to find the respondent for an in -depth interview at their convenience. Hence

had to limit the study to 5 cases. The qualitative research methodology is appropriate for this research because of its emphasis on people's experience. It is, therefore, best suited for finding the meanings they place on events and encounters. The inquiry was conducted with the help of unstructured interviews and open-ended questions. An interview guide was used, which was conducive to obtaining honest and instinctive responses.

3.5 STUDY AREA OF THE UNIVERSE

The present study was conducted in care homes, the present study focuses on the challenges posed by the elder people, especially to understand the health and social conditions of the old people. Thiruvananthapuram. The universe of the present study is the elderly women in care homes. The study on "Physical and Social Challenges of Elderly Women: A Lived Experience of Women Staying in Care Home" is of paramount significance in addressing the unique issues faced by elderly women residing in care homes. By focusing on their experiences, this research contributes to a more nuanced understanding of aging and gender – specific challenges.

3.6 SAMPLING

The sampling strategy used in research should be appropriate for the study, the research problem at hand, the availability of resources, and the restraints on the project. In this research, 5 cases were collected from the population by using a convenience sampling method. It relies on data collection from population members who are conveniently available to participate in the study. It can be applied by stopping random people on the street and asking questionnaire questions, and it may prove to be effective during the exploration stage of the research area, and when conducting pilot data collection to identify and address shortcomings associated with questionnaire design.

3.7 SOURCES OF DATA

This research is grounded on the strong foundations derived from extensive reading of existing studies in the area and relevant publications from the Government bodies and other international organizations.

Primary data

Primary data has been collected for this study using an interview guide from a sample obtained through the process of sampling. The primary data so collected serves as the basis for all interpretation and analysis, which will help achieve the objectives of the study.

Secondary data

To substantiate the study, secondary data is collected from the vast reserves of existing literature and other sources like books, journals, magazines, and related websites.

3.8 TOOLS OF DATA COLLECTION

It is a qualitative study and the researcher has used an interview guide to facilitate the interview. The interview guide ensures that the researcher collects the same general areas of information from each respondent; this provides more focus than the conversational approach, but still allows a degree of freedom and adaptability in getting information from the respondents. It includes some basic themes based on the research questions formulated beforehand. The themes included the questions related to the physical and social challenges faced by the elderly women in care homes, interventions or help that they got from government, etc. The interview guide was structured into the following sections: a) Personal Profile of the respondent b) physical challenges of the elderly women in care home c) their social challenges including schemes provided by the government.

3.9 METHOD OF DATA ANALYSIS

Data analysis is systematically applying analytical techniques to describe, illustrate, and evaluate the data. An essential component of ensuring data integrity is research findings' accurate and appropriate analysis. The researcher wanted a face-to-face interaction with her respondents. So that the respondents can talk in-depth choosing their own words helps the researcher develop a real sense of the respondent's understanding of the situation. Therefore, the researcher chooses an unstructured interview. An unstructured interview allows the researcher to collect data using open questions. The unstructured interview allows the respondent to talk in some depth, choosing their own words. This helps the researcher develop a real sense of a person's understanding of a situation. The researcher analysed the data collected from this study through themes. So, thematic analysis is used as a method for

analysing the data. It is a method for identifying, analysing, describing, and reporting themes found within a data set.

3.10 LIMITATIONS OF THE STUDY

The most significant limitation of this research is its small sample size. There are only five respondents, and this low participation calls for the exercise of caution in deriving generalizations from the findings. There are many practical problems faced to get accurate information.

CHAPTER 4

DATA INTERPRETATION AND ANALYSIS

4.1 INTRODUCTION

Data analysis and interpretation is the process of assigning meaning to the collected information and determining the conclusions, significance, and implications of the findings. The steps involved in data analysis are a function of the type of information collected; however, returning to the purpose of the assessment and the assessment questions will provide a structure for the organization of the data and a focus for the analysis. This chapter is divided into three parts. The first part is the narration of the case study where the case studies have been done whose been narrated. The second part was only cases will be analysed based on the objectives of the study, and the third part is the discussion of the analysis.

4.2 NARRATION OF CASES

The respondents' names were changed to maintain research ethics. This chapter is dealing with the presentation of cases, which depicts the scenario and life of the elderly women living in care-homes and also problems they deal with in their day-to-day life.

Case -1

Saraswathi

Age: 74

Place: Attingal

Saraswathi Amma resides in Attingal I passed tenth. I belong to Hindu Nayar community my husband is vs. Natarajan he was working in ISRO. I have 3 children 2 daughters and one son .me and my husband was living together in the house he died long ago due to sudden heart attack. After that I lived alone for 9 years. My children had their own works to do and they

didn't have any time to spend with me. They were always busy. But they used to visit me in urgent situations. My elder son is Suresh babu he is a driver in Dubai. His wife is Rajitha she works as a clerk in bank. Their daughter studies MBBS. My second daughter is Bindu she lives in Kadakkavoor with family .my daughter is qualified degree, it, rvt etc. She works in Dubai ship limited corporation. Her husband has his own medical shop also he has a textile shop their own. They have 3 children. Elder son is Bichu he is studying in Canada, second son is sachu he studies in USA, younger son studding in plus two I only remember the nick names of my grandchildren. My third daughter is Deepa she works as a secretary her husband works in NCC Chandrasekhar Nair stadium. They have 3 children older daughter is Kaarthu she studies in post graduate in Karamana College. Second son Shiva is doing his diploma. Third daughter Kalyani studies in tenth. I can't live alone in a house infelt depressed so decided to stay away from my home. I told my children that I can't live here alone. And I want to go to a care home then they came to know about this institution and visited here with my children. I liked here very much, because the approach of the staffs and officials were so friendly. The next day I decided to live the rest of my life here. The schedule of this care home starts with a morning tea at 6.30, breakfast at 8.30. After that we are provided with medicines for bp, sugar and insulin. We have yoga at 11 am .1to 2 pm is the time for lunch (sometimes Sadia will be given). 2-3 pm is the time for rest it is the time for bathing and doing other chores. After that we have tea at 4 pm 6 to 6.30 is the time for prayer. 8to 9 is the dinner time. We took medicine after that and sleeping time is 9.30.

We get pension from the central government. I have a problem in my vision so that I enjoy the TV programmers, and reading newspaper so that I'm unaware of the social issues happening around me. Only connection to the outside world is the phone call from children. That is also only for two minutes. I used to get free medical services from the central government as my husband was the officer of ISRO. I used to receive my pension money through post. And my life now is better now it is better to live with these people than to live alone. I 'am happy with the considerations and love by the staffs and officials. I am sad about not seeing my children and grandchildren. Whenever I miss them, I used to take a look at their group photo but I 'am adjusting with my current situation. I am adjusting here even though it is a painful journey.

Case -2

Tankachi

Age: 63

Place: Sreekaryam

Thankachi Amma resident of sreekaryam I qualified pre-degree. I became handicapped due to the polio disease when I was one year old. But I could able to walk. Little I'm unmarried and I was living with my father and mother. During my studies, my father would take me anywhere to write the exams. As a result, I got job in the health service I used to go to job by using walking stick. I had 12 sibilings we were together as 6 daughters and 6 sons. I'm 5th among them. I became superintendent. After 2 years my father died my mother also died on later .it made me worse. My disease became severe and I managed to go to my office by autorickshaw after my retirement, I became alone. Nobody was there for me to talk and share anything my brothers & sisters are living too far. They visit me occasionally they can't call me every day. I have problems in vision and other diseases such as sugar and pressure. When I realized that I couldn't took care of myself without other's help I asked my sibilings to take me to the care home. Then they enquired about this institution and I joined here.

I am taking medicine for sugar and pressure. I have only little knowledge about the social issues. Festivals such as on am, Christmas are celebrated here. But rarely do I get involved in these. I will get my necessities such as dresses from here. My brothers used to call me often. I get my service pension, so that I could manage my daily expenses. The money which I receive every month is the only income. I have. They will bring the money here. Whenever I need medical support, the doctors will visit me here or I will be taken to the hospital. For me, my life here is partially okay. The only pain is not able to see my brothers anymore. I haven't seen them for some years. The last time I saw them was when they came here to join me here. I don't have that much loneliness and fear here compared to lived alone. It motivates me to stay here the rest of my life.

Case -3

Seetha

Age: 68

Place: Aaryanad

Education qualification: 10

My husband was in military. He died at the age of 67 due to some diseases. After that a lady helped me to do household chores. She stayed with me from morning to evening. But unfortunately, her son got accident and she left the job.it made me to stay alone in that big house. I have 2 children.one boy and a girl. Daughter's name is Rekha. She is the owner of a medical shop. Her husband is KSRTC conductor. They have one son. He is studying in 8th standard. My son's name is Aneesh. He is working in military. And his wife is working in bank. They have 2 sons. They are studying in plus two and 9 th standard. I was in a depression stage. I was not able to live alone in that big house. So, i called my daughter and ask her to move me from here. She then enquired about this institution and collected details. Then brought me here. i have little memory issue, and leg pain. I am taking medicines for sugar and pressure. Also, i have issues with hearing.so that i could not watch television or read books.so i have little knowledge about the society and social issues. This institution is well maintained. They change bedsheets and pillow cover weekly. They wash our dress and bring back after ironing. My children used to call me often. But due to problems with hearing, i could not hear what they are saying. I used to participate in the celebrations such as Christmas and onam. Sometimes, people from outside visits us. They spend some time with us. Dresses are provided from here. The staffs are very kind towards us. They treat us very friendly and kindly. Here the life is not much hard. The only pain is not able to see my children and grandchildren's. I haven't seen them for some years. But here at least I'm not alone. I will get pension from the military. Also, my children send me money monthly. But i only spend my pension money. They take us to the next medical college or KIMS hospital when we require urgent consultation. There is a vehicle here for this purpose. Day by day my health condition is getting worse. I am taking medicines regularly. But it is of no use. It has been there years since I reached here.

Case- 4

Parvathy

Place: - Kamaleshwaram

Age: -70

My husband worked in a bank. I have 2 children, two sons. I was living with my husband. But he died due to an unexpected heart attack. I lived there alone for the next ten years. After some years I became physically unfit. Nobody was there for me to talk. It led me to a depression. I badly need someone's help to do my daily chores. Then I realized that I couldn't live alone here. So, I informed my children. My sons were living abroad. Elder son is Biju, he works as an IT professional in USA. His wife Saranya works in the corporate bank in America. They have 2 children. Elder daughter is kaarthu she studying in 8th standard. Second daughter is Keerthi she studying in 5th standard. My second son is Binu, he works in London. His wife is Ramya she works in IT Company. They have one daughter and one son. Elder son is Kannan studying in 6th class. Daughter's name is Charu, she studies in 3rd standard. I know only the nick names of my children. My daughter can't visit me regularly. She calls me occasionally. They enquired about this institution and I joined here.

I have joint pains and problems in vision. Also, I have sugar and pressure. I'm taking medicine for sugar and pressure. The staffs provide the medicines regularly. I don't have more knowledge about the society. I could not read books and newspapers. Also, television. I regularly check my sugar and pressure. I also participate in the festivals such as on am and Christmas with the help of others. My children call me often that is the only way of connecting the outside world. If anything, urgent happens, we reach out to the medical college and kids' hospital. I get my pension from the service society monthly. Here everyone treats us with love and care. It is a hygienic place. I reached here before 5 years. I haven't seen my grandchildren for many years. Also, I haven't seen my relatives for many years. my last wish is to see my children and relatives before my death. staying here is better than living alone in my house. Sometimes some people will be brought here to spent some time with us. my daughter send me money every month. I spent my pension money for my daily chores. I can't do anything more due to leg pain and issues in vision. I take medicines regularly for leg pain and other diseases. Any disease can be cured by taking medicines but the pain of mind can be cured with medicines. Staying here is better for me because if I die at least my children will know about me than staying alone in my home.

Case- 5

Name: - Ambili

Age: - 75

Place: - Karamana

Education: -10th

I am Ambili (75), staying in Karamana. I have qualified 10th. I'm a Hindu ezhava women. my husband is Anil Kumar. He was working in gulf. I have two children. I was living with my husband. After the death of my husband due to pulmonary disease, I was living alone in the home. My children were living in USA so that they cannot look after me. my lonely life led me to depression and other diseases. Then I got an accident in the bathroom, so that I could not take care of myself and I need someone to help me to do my chores. so I decided to tell my children about my situation. They searched about this institution and then I reached here. I have been here for 7 years.

My elder son is Prakash, he is living with his wife Reshmi in USA. They have one son made Vishnu. I don't know he is studying in which standard. My second son is Prasanth. He is also working in USA with his wife. They have 2 children. Elder son is Kannan second daughter is Kalyani. They have different names. I don't know more information about them. I haven't seen them for years. They call me often. I have physical problems such as leg pain, back pain and so on. I cannot do anything by my own. I am taking medicines for sugar. Also, I have problem from hearing. Now I am suffering from vision loss also. So that I don't know much about the society. I could not watch television or read newspaper due to my difficulties. I cannot walk for so long. Because I need someone's help.

I usually get involved in the festivals that are celebrated here. Monthly I get my old age pension. My children will send me the money for my daily expenses. I will get dresses provided from here. Weekly they will provide new bed sheets and pillow covers. Also, they will wash our clothes and get it ironed. They will get us to the hospital whenever we feel sick. All the facilities are provided here for us. Also, we have a check-up between 6 months, and they will get u to stop at the hospital for the medical check-ups.

By saying about this institution, they will provide good food and facilities and also, they keep our area neat and clean. Sometimes people from outside come to visit me. but I cannot talk much to them. We will have sadya on festivals such as Onam. By talking about the life here, it is somewhat okey for me. It will not be same as we are living with our children and grandchildren, but I cannot live in our home alone because I will lead me to depression. By

thinking about the lonely life in my home, it is better to stay here than there. I wish to see my children here once more, but I don't know whether it will happen or not. I am always thinking about my home.

4.3 ANALYSIS OF THE CASES

Braun and Clarke (2006) state that thematic analysis is a foundational method of analysis that needs to be defined and described to solidify its place in qualitative research. Thematic analysis is a widely used method of analysis in qualitative research. It is usually applied to texts, such as interview transcripts. The researcher closely examines the data to identify common themes-topics, ideas, and patterns of meaning repeatedly. Hence while going through the data, the researcher found the following themes and analysed the cases.

PERSONAL PROFILE OF THE RESPONDENTS

The five respondents in my study were over 60 years old. Of these, all are females. All respondents are included in the Hindu community. All respondents have only a primary level of education. The children of these elder women's have jobs and living abroad. and their grandchildren are studying in school and colleges All the respondents are living in Thiruvananthapuram District.

PHYSICAL CHALLENGS OF ELDERLY WOMEN IN CAREHOMES

Elderly women in care homes face several physical challenges due to age-related changes and various health conditions. Some of the common physical challenges they may encounter include decline in muscle mass and bone density, leading to mobility issues. This can make it difficult for them to walk, climb stairs, or perform daily activities independently. All the elderly women in the care homes suffer from the difficult to walk, climb stairs or performing activities. Reduced balance and muscle strength can increase the risk of falls, which can result in fractures, especially in the hip, wrist, and spine. Falls can have severe consequences for elderly women, leading to reduced mobility and increased dependency on caregivers.

Many elderly women in care homes suffer from chronic health conditions such as arthritis, osteoporosis, diabetes, cardiovascular diseases, and respiratory issues. These conditions can significantly impact their physical well-being and daily functioning. Aging leads to a natural decline in physical strength and endurance. As a result, elderly women may find it challenging

to perform routine tasks like getting up from a chair or bed, carrying objects, or performing self-care activities.

All women may experience sensory impairments, such as reduced vision and hearing, which can affect their overall physical functioning and safety. Also, they may face difficulties in maintaining a balanced diet and staying hydrated, leading to malnutrition and dehydration. These issues can exacerbate other health problems and weaken their physical condition. Due to Aging their skin becomes thinner, less elastic, and more susceptible to injuries and infections. Pressure ulcers (bedsores) can develop if the elderly are not moved or repositioned regularly, causing pain and discomfort.

Managing multiple medications can be challenging for elderly women, especially those with cognitive impairments. Missing doses or taking incorrect amounts can impact their overall health and well-being. Many elderly women suffer from urinary incontinence, which can lead to discomfort, skin problems, and a reduced quality of life. Cognitive decline and memory loss can hinder their ability to carry out daily tasks, leading to a higher risk of accidents and injuries.

SOCIAL CHALLENGES OF ELDERLY WOMEN IN CAREHOMES

Elderly women residing in care homes often face various social challenges that can affect their well-being and quality of life. Many elderly women in care homes may experience feelings of loneliness and isolation, especially if they have limited contact with family and friends. The loss of social connections can lead to depression and other mental health issues. Gender disparities can manifest in care homes, with elderly women sometimes facing discrimination or feeling marginalized. There may be a lack of gender-specific activities or resources tailored to their needs. Moving into a care home can often mean a loss of independence for elderly women. This can lead to a sense of disempowerment and frustration, as they may no longer have control over daily decisions and activities.

Care homes may have limited resources or staffing constraints that can impact the amount of social interaction elderly women receive. This lack of engagement can negatively affect their emotional and cognitive well-being. Elderly women from diverse cultural backgrounds may encounter challenges related to language barriers, cultural differences, and a lack of understanding of their unique needs and preferences. Conflicts with fellow residents or staff can arise in care homes, leading to stress and discomfort for elderly women. Elderly women

may face ageism and stereotypes, leading to assumptions about their abilities, interests, and relevance. This can impact their self-esteem and sense of worth.

In care homes, elderly women may experience a shift in their roles and identities, such as no longer being the primary caregiver or household manager. Adjusting to these changes can be challenging. Limited access to technology and digital devices may hinder elderly women from staying connected with loved ones, which can exacerbate feelings of loneliness and isolation. Financial limitations can prevent elderly women from participating in social activities or accessing additional services that could enhance their quality of life.

Addressing these social challenges requires a comprehensive approach that involves care home staff, families, and the broader community. Providing opportunities for social engagement, promoting inclusivity and cultural sensitivity, and fostering intergenerational interactions can help enhance the well-being of elderly women in care homes. Additionally, creating an environment that respects and values their autonomy and individuality can contribute to a more fulfilling and positive experience during their stay.

GOVERNMENT INTERVENTIONS

Governments can implement various interventions to support and enhance the well-being of elderly women in care homes. Governments can allocate additional funds to care homes to improve the quality of services and facilities. Adequate funding can help hire more staff, enhance training programs, and provide resources to meet the specific needs of elderly women. Implementing and enforcing strict regulations and quality standards for care homes can ensure that elderly women receive appropriate and dignified care. Regular inspections can help monitor compliance with these standards. Encouraging person-centered care approaches ensures that care plans are tailored to the individual needs and preferences of each elderly woman. This includes considering their cultural background, interests, and social preferences.

Supporting and funding social engagement programs within care homes can help combat loneliness and isolation among elderly women. These programs may include group activities, and intergenerational initiatives. All the elderly women here celebrate festivals such as on am and Christmas. Providing specialized training for care home staff on gender-sensitive care and addressing the unique challenges faced by elderly women can improve the overall care experience. Providing care homes with technology resources, such as tablets and video

conferencing tools, can facilitate communication between elderly women and their families, reducing feelings of isolation.

Establishing advocacy and support services specifically for elderly women can help them voice their concerns and access resources or assistance when needed. Governments can offer financial assistance programs for low-income elderly women in care homes, ensuring they have access to necessary services and amenities.

By implementing these interventions, governments can create a supportive and empowering environment for elderly women in care homes, ensuring they receive the care and respect they deserve in their later years.

4.4 DISCUSSION OF THE CASE STUDY

Kerala, a state in India, has a relatively high Human Development Index (HDI) compared to other states in the country, and it is known for its healthcare and social welfare systems. The state has a growing elderly population, and as a result, there are various care homes and facilities catering to the needs of the elderly.

It's important to note that while some care homes in Kerala may provide excellent care and support, others may face challenges in meeting the diverse needs of their elderly residents. The government, along with non-governmental organizations and community initiatives, plays a vital role in addressing these challenges and improving the overall care and well-being of elderly women in care homes in Kerala. Therefore, the researcher has come up with a discussion regarding the analysis of the respondent's answers by categorizing them into the themes and from the literature review that was used for understanding the main problems of this study. Research on elderly populations tends to be generalized, overlooking the unique issues faced by women due to gender disparities and inequalities prevalent throughout their lives. By concentrating on elderly women staying in care homes, this study addresses their distinctive physical and social challenges, which are influenced not only by aging but also by their gender roles, societal expectations, and past experiences. Secondly, the research aims to improve the care and support provided in care homes. Understanding the lived experiences of elderly women is crucial in designing care programs that cater to their specific needs, preferences, and vulnerabilities. By delving into their physical and social challenges, caregivers, administrators, and policymakers can adopt a more gender-sensitive approach,

ensuring that the care provided is empathetic dignified, and enhances the overall quality of life for elderly women. Furthermore, this study 's significance lies in its potential to create awareness about the neglect and marginalization that elderly women often face in care homes (R, J, & L, 2018).

The respondents said that they are facing physical and social challenges. They are isolated from their families. Most of them hadn't seen their families for years. Addressing these physical challenges requires a comprehensive and individualized approach to care. This includes regular medical assessments, physical therapy to improve mobility, fall prevention strategies, personalized nutrition plans, and assistance with daily activities as needed. Care home staff should be adequately trained to understand and respond to the specific physical needs of elderly women, ensuring their safety, comfort, and overall well-being. Collaborating with healthcare professionals and specialists can also help manage chronic health conditions effectively and enhance the quality of life for elderly women in care homes.

CHAPTER 5

MAJOR FINDINGS AND CONCLUSION

5.1 INTRODUCTION

In this chapter, the researcher will report the information gathered from the field. Here, the researcher finds answers to the questions posed during the initial phase of the research. The findings are without biased or interpreted. This section states the findings without bias or interpretation and is arranged in a logical sequence or under the questions asked in the methodology chapter. Here, the researcher tried to analyse respondents' answers and also categorized them into themes. From the respondents' feedback, the researcher found three main themes camouflaging throughout the five cases. They are - Personal profile of the respondents, the current life of elderly women in care homes and government guides and interventions to this problem. All these themes have been analysed and explained in the previous chapter.

5.2 MAJOR FINDINGS

The present study is titled. “Problems of the physical and social challenges of elderly women a lived experience of women staying in care homes” was an attempt to understand the significant issues and other difficulties faced by the elderly women in care-homes. The study was conducted among the elderly women who lives in the care-homes in Thiruvananthapuram the responses were collected from 5 respondents. The researcher selected all five respondents from the care-homes of Thiruvananthapuram. Among the five respondents, all of the respondents belonged to the Hindu community. In addition, one of the five respondents lived in a joint family, and the others lived in a nuclear family. Through this study, the researcher found that all five respondents selected for this study were suffering from various problems. For example, the researcher understood that many elderly people are suffering from depression during their old age.

The researcher understood that the elderly women in care homes suffers from common health problems such as chronic illnesses, mobility issues, and mental health concerns. Elderly women often suffer from chronic conditions such as hypertension, diabetes, heart disease, arthritis, and respiratory disorders. These health issues may require regular medical management and can impact their overall quality of life. Dementia and Alzheimer's disease are prevalent among

elderly women in care homes. Memory loss, cognitive decline, and related behavioural changes pose significant challenges for both the individuals and their caregivers.

Reduced mobility is a common problem in elderly women, which can result from age-related factors like osteoporosis, joint pain, and muscle weakness. This limitation affects their independence and ability to perform daily activities. Elderly women may experience mental health issues due to various factors, including loneliness, social isolation, loss of loved ones, and adjustment to a new living environment. Depression and anxiety can exacerbate other health problems and decrease their overall well-being. Elderly women are more susceptible to falls due to age-related decline in balance and strength. Falls can result in fractures and other injuries, leading to further health complications. Hearing and vision loss are common problems among elderly women, which can affect their communication, social interactions, and ability to engage in activities. They also face social isolation and loneliness including the impact of losing family and friends, lack of meaningful activities, and limited social interactions.

The researcher has found that government helps the elderly women in old age home by providing pension regularly. The government conduct or facilitate regular health check-ups and medical screenings for elderly women in care homes. This initiative can help in early detection and management of health issues, ensuring a healthier and more comfortable life for the residents. The Kerala government provide financial support to care homes that cater to elderly women. This assistance could be in the form of grants, subsidies, or funding to ensure that care homes can offer affordable and high-quality services. The Kerala government organize social and recreational activities for elderly women in care homes. These events can promote social interactions, reduce loneliness, and provide opportunities for enjoyable experiences. The Kerala government might organize social and recreational activities for elderly women in care homes. These events can promote social interactions, reduce loneliness, and provide opportunities for enjoyable experiences.

The researcher found that the elderly women also face social problems and depression, Loneliness can be a prevalent issue among elderly women in care homes, especially if they have lost their spouse or other close family members. Feelings of loneliness can lead to depression and negatively impact their overall well-being. Elderly women from distinct cultural backgrounds might feel disconnected or isolated if the care home environment does not accommodate their cultural practices or celebrate important traditions. The researcher has come up with the findings by analysing the respondent's answers by categorizing them into the

themes and from the literature review that was used for understanding the main issues in this study. So finally, the researcher will get the real answers to this study by interacting with the respondents who were selected for the study. The research has enabled to widen her perspective on the issue, and these are pen down some suggestions.

5.3 SUGGESTIONS

Caring for elder women in an old age home involves understanding their unique needs and providing an environment that promotes their physical, emotional, and mental well-being. Here are some suggestions to enhance their experience

- Develop personalized care plans that consider each elderly woman's unique needs, preferences, and cultural backgrounds.
- Implement regular and varied social engagement activities, including group outings, hobby clubs, and intergenerational programs. These activities can help reduce social isolation and foster a sense of community among residents
- Encourage and facilitate family involvement in the lives of elderly women in care homes. This could include flexible visitation hours, family events, and remote communication options for those who live far away.
- Promote and support the autonomy of elderly women in care homes by involving them in decision-making regarding their daily routines, activities, and personal choices as much as possible.
- Offer skill enhancement programs for elderly women to learn new hobbies or participate in activities that can boost their confidence and overall well-being.
- Regularly monitor the implementation of these solutions and gather feedback from residents, families, and staff to assess their effectiveness and make necessary improvements.
- Consider introducing pet therapy as it has shown to improve mood, reduce stress, and increase overall well-being.
- Establish partnerships with local schools or organizations to bring young people to the home for intergenerational activities. This interaction can be mutually beneficial and uplifting.

The well-being and happiness of elder women in an old age home depend on a compassionate and supportive community. Creating a warm and caring environment will greatly enrich their lives and make their time at the home more fulfilling.

5.4 CONCLUSION

After conducting comprehensive research on the problems faced by elderly women in care homes, several key conclusions can be drawn. These conclusions highlight the challenges and concerns specific to this population and provide insights for developing targeted interventions and improvements in elderly care. Elderly women in care homes commonly experience social isolation and loneliness due to limited social interactions, which can have adverse effects on their mental and emotional well-being. Elderly women in care homes often suffer from various health issues, including chronic illnesses, mobility limitations, and mental health conditions, necessitating holistic healthcare approaches. A significant number of elderly women in care homes struggle with a loss of autonomy and decision-making power, which can lead to feelings of helplessness and reduced quality of life. Financial constraints and limited access to healthcare services and specialized treatments are common challenges faced by elderly women in care homes, particularly in regions with less developed healthcare infrastructure. The researcher found that elderly women in care homes often suffer from various health issues, including chronic illnesses, mobility limitations, and mental health conditions, necessitating holistic healthcare approaches. The research findings provide valuable insights into potential solutions, including tailored care plans, social engagement programs, family involvement, staff training, financial assistance, and community integration initiatives. It is vital to recognize the specific needs and challenges faced by elderly women in old age homes. Addressing social isolation, providing appropriate healthcare, promoting emotional well-being, and empowering them to lead fulfilling lives can significantly enhance their overall quality of life. Further research and policy initiatives are needed to create a supportive and inclusive environment for this vulnerable population.

Elderly women living in an old-age home, also known as a nursing home or senior living facility, have unique experiences and challenges as they age. In such facilities, older women often come together to live in a community and receive the care and support they need in their later years. It's important to note that not all elderly women end up in old-age homes; some choose to live with family or in assisted living arrangements. The decision to move into an old-age home is often influenced by individual circumstances, health conditions, and available support systems. The quality of care and services in these facilities can vary, so it's crucial to choose a reputable and well-managed home that suits the needs and preferences of the elderly woman. It is crucial to approach elderly women in old age homes with respect and empathy,

recognizing that they have unique life stories and experiences that have shaped who they are today. Encouraging interaction, understanding their individual needs, and fostering a sense of community can significantly contribute to their well-being and happiness.

In conclusion, this research emphasizes the significance of recognizing and addressing the specific problems faced by elderly women in care homes. By understanding these challenges and implementing targeted interventions, care homes can create a more supportive and inclusive environment that promotes the well-being and dignity of elderly women in their care.

Bibliography

- A, B., & M, K. (2005). Resident -caregiver relationships and thriving among nursing home residents. *Research in Nursing Health*, 365-375.
- A, C., K, M., & E, O. (2009). Resident perspectives of the determinants of quality of life in residential care in Ireland. *Journal of Advanced Nursing* , 1029-1038.
- A, C., K, M., & E, O. (2009). Resident perspectives of the determinants of quality of life in residential care in Ireland. *Journal of Advanced Nursing*, 1029-1038.
- A, N., N, D., & A, C. (2015). *Pension: Gender .ageing and work in austerity .In Walsh K, Carboney G.M,Ni Leime A(Eds), Ageing throuh austerity : Critical perspectives from Ireland . UK: Policy Press.*
- A.F,J, C., G,J, W., Y, K., D.L, G., Walraven, R., & J.M. (2012). Relatedness autonomy and competence in the caring relationship: The perspective of nursing home residents. *Journal Aging Studies*, 319-326.
- A.F.J, C., G,J, W., Y, K., D.L, G., Walraven, R., & J.M. (2012). Relatedness , autonomy and competence in the caring relationship : The perspective of nursing home residents. *Journal Aging Studies*, 319-326.
- (2002). *Active ageing: A policy frame work*. Geneva, Switzerland: World Health Organization.
- (2020). *Aging and Health*. World health organization.
- Albertini, M, Kohli, M, Vogel , & C. (2007). Intergenerational Transfers of Time and Money in European Families : Common Patterns-Different Regimes. *Journal of European Social Policy* , 319- 334.
- Albertini, M, Kohli, M, Vogel, & C. (2007). Intergenerational Transfers of Time and Money in European Families : Common Patterns- Different Regimes. *Journal of European Social Policy*, 319-334.

- Albertini, M, Kohli, M, Vogel, & C. (2007). Intergenerational Transfers of Time and Money in European Families Common Patterns -Different Regimes. *Journal of European Social Policy*, 319-334.
- Anjali, J. (2016). ELDERLY WOMEN :PROBLEM IN SOCIAL ADJUSTMENTS. *iINTERNATIONAL Journal of Education , Modern Management ,Applied Science &Social Science* , 78-80.
- Annandale.E. (2009). *Women 's health and social change* . London, England : Routledge.
- Baltes, P.B, Smith, & J. (2003). New Frontiers in the Future of Aging: From Successful Aging of the Young old to the Dilemmas of the Fourth Age. *Gerontology* 49(2), 123-135.
- Barakat, M. M., Elatter, N. F., & Zaki, H. N. (2019). Depression ,Anxiety and Loneliness among Elderly Living in Geriatric Homes. *American Journal of Nursing Research*, 400-411.
- Bekhet, A.K, Zauszniewski, & J.A. (2014). Individual characteristics and relocation factors affecting adjustment among relocated American and Egyptian older adults. *Issues in Mental Health Nursing*, 80-87.
- Bergland, A, Kirkevold, & M. (2005). Resident -caregiver relationships and thriving among nursing home residents. *Research in Nursing &Health*, 365-375.
- Carlson C.M., T. F. (2015). Importance of generativity for healthy aging older women. *International Journal of Indian Psychology*, 132-140.
- Chang , Y.P, & J.K, S. (2010). Decision -making process of nursing home placement among Chinese family caregivers. *Perspectives in Psychiatric Care*, 108-118.
- Chang , Y.P., Schneider, & J.K. (2010). *Decision -making process of nursing home placement among Chinese family caregivers* , *Perspectives in Psychiatric Care*. Retrieved from <https://doi.org/10.1111/j.1744-6163.2010.00246.X>.
- Chen, & S.Y. (1996). *Social policy of the economic state and community care in Chinese culture :Aging family urban change andthe socialist welfare pluralism*. Avebury Bookfield.

- Chu, C.Y, Xie, Y.&yu, & R.R. (2011). Coresidence With Elderly Parents:A Comparative Study of Southeast China and Taiwan. *Journal of Marriage and the Family*, 120-135.
- Chu, L-W, Chi, & I. (2008). Nursing homes in China. *Journal of the American Medical Directors Association*, 237-243.
- Chuang, Y.H, Abbey, & J. (2009). The culture of a Taiwanese nursing home. *Journal of Clinical Nursing*, 1640-1648.
- crenshaw. (1989). *Demarginalizing the intersection of race and sex: A black feminist critique of Antidiscrimination Doctrine, Feminist theory and Antiracist politics*. University of chicago legal forum.
- E, W., S, B., & M, G. (2019). physical and Social Challenges of Elderly Women in Care Homes:An Ethnographic Study . *Journal of Gerontology and Social work* , 421-437.
- European Parliament . (2017) Empowering women in the EUand beyond : Economic and financial resources Retrieved from. (2017). Retrieved from [http:// www.europarl.europa.eu/ Reg Data /etudes/ BRIE/2017 /599306/EPRS BRI\(2017\)599306 EN,pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2017/599306/EPRS_BRI(2017)599306_EN.pdf) .*
- Eurostat. Population structure and ageing . (2016). Retrieved from [http:// ec.europa.eu /eurostat/statistics - explained /index.php/Populationstructureandage](http://ec.europa.eu/eurostat/statistics-explained/index.php/Populationstructureandage) .*
- Feng, Z, Zhan, H, Feng, X, . . . V. (2011). An Industry in making : The Emergence of Institutional Elder care in Urban China. *Journal of the American Geriatrics Society* , 738-744.
- G, H., P.M, W., & A, D. (2013). Older people: How do they find out about their health? A Pilot Study. *British Journal of Community Nursing* , 34-39.
- Gu, L, Rosenberg , M.W, Zeng, & J. (2017). Changing caregiving relationships for older home-based chinese people in a transitional stage: Trends, factors and policy implications. *Archives of Gerontology and Geriatrics*, 219-229.
- Hernandez, G.B.R, Murray, C.M, Standley, & M. (2020). An intergenerational playgroup in an Australian residential aged -care setting : A qualitative case study . *Health and Social Care in the Community* , 1-10.

- Higgs, P, Gilleard, & C. (2015). *Rethinking old age Theorising the fourth age*. London: Palgrave Macmillan.
- J, B., A, D., N, P., L, T., D, L., & J, B. (2010). *Women, health and ageing :Findings From the Australian Longitudinal Study on Women 's Health* . Australian: Canberra: Australian Government Department of Health and Ageing.
- Jongenelis, K, Pot, A.M, Eisses, A.M.H, . . . M.W. (2004). Prevalence and risk indicators of depression in elderly nursing home patients : The AGED study. *Journal of Affective Disorders*, 135-142.
- Kaneko, Y, Motohashi, Y, Sasaki, H, . . . M. (583-590). Prevalence of depressive symptoms and related risk factors for depressive symptoms among elderly persons living in rural Japanese community; A cross-sectional study. *Community Mental Health Journal*, 2007.
- Kao, H.F, Travis, S.S, & G.J, A. (2004). Relocation to a long-term care facility : Working with patienta and families before during and after. *Journal of Psychosocial Nursing and Mental Health Services*, 10-16.
- Kehyayan, J.p, Hirdes , Tyas, S.L, Stolee, & P. (2015). Residents' self-reported quality of life in long-termcare facilities in Canada. *Canadian Journal on Aging /Revue Canadienne Du Vieillissement*, 149-164.
- Krizaj, T, Warren, A, Slade, & A. (2018). "H?olding on to what i do " : Experience of older Slovenians moving into a care home. *The Gerontologist*. Retrieved from <https://doi.org/10.1093/geront/gnw150>.
- L, J., & K, S. (2020). Gendered experiences of Elderly Women in Care Homes : A Qualitative Analysis. *Journal of Ageing Studies*, 301-318.
- Lee, & D.T. (1999). Transition to residential care : Experiences of elderly Chinese people in Hong Kong. *Journal of Advanced Nursing*, 1118-1126.
- Lee, D.T, Woo, J, Mackenzie , & A.E. (2002). The cultural context of adjusting to nursing home life :Chinese elders's perspectives. *The Gerontologist*, 667-675.

- Nair Shurti, S. D. (n.d.). *Gender Issues in the Care of Elderly : A Narrative Review* .
- P.M, D., M, D., & S, M. (2011). *The feminization of aging: How will this impact on health outcomes and services*. Health Care for Women International .
- (2014). *Population ageing in Europe : Facts , implications and policies . .* Brussels, UK: European Commission.
- R, A., J, C., & L, T. (2018). Gender- Sensitive Approaches in Care home Settings . *International Journal of Geriatric Care*, 155-171.
- R.A, J., & Bibbo. (2014). Relocation decision and constructing the meaning of home : A phenomenological study of the transition into a nursing home. *Journal of Aging Studies*, 56-63.
- Ron, & P. (2004). Depression, Hopelessness ,and Suicidal Ideation Among the Elderly. *Journal of Gerontological Social Work*, 97-116.
- Sharma Guddo, M. (2022). ELDERLY WOMEN IN INDIA :CHALLENGES AND INTERVENTIONS. *The International Journal Psychology*, 2348-5396.
- Sidik Mohd Sherina , R. A., Bramhankar Mahadev, K. P., & Mishra Lal Nand, A. (2023). Physical and Mental Health Problems of the Elderly in a Rural Community of Sepang, Selangor.
- Sullivan, & G. J. (2017). Older adults transition to long term care: A meta synthesis. *Journal of Gerontological Nursing*, 41-49.
- Tapper, & J. (2019, 1 5). *How the Elderly Can Help the Young-and Help Themselves*. *The Guardian* . Retrieved from [https:// www.theguardian .com /society/ 2019/jan/05/children -elderly -intergenerational -care -advantages](https://www.theguardian.com/society/2019/jan/05/children-elderly-intergenerational-care-advantages).
- Twinkle Wilson C, p, z. h., & c, T. w. (n.d.). *Health problems of the elderly in kerala*.
- V. H., Gowda, M., & Chandra, M. (2021). Regulation of Long-Term Care Homes for Old Adults in India.

- Vang, G, & Kong Gauders Gard . (2020, 3). *Vi bygger børnehaven og plejehjem sammen [we build a combined kindergarten and care home]*. Retrieved from <https://www.vejle.dk/om-kommunen/udvikling-med-Vilje/Vi-udvikler-Velfaerden/Vi-bygger-boernehaven-og-plejehjem-sammen/>.
- WHO. (n.d.). Retrieved from Mental Health of Older adults: Who .int <https://www.who.int/fact-sheets/detail/mental-health-of-older-adults>
- (2007). *Women , ageing and health : A framework for action* . Geneva, Switzerland : World Health Organization .
- (2017). *World population ageing 2017 highlights*. NewYork: United Nations.
- (2017). *World population ageing 2017 highlights*. New York , United Nations: United Nations , Department of Economic and Social Affairs [2017].
- Wu, B., Carter, M.W., Goins, R.T, . . . C. (2005). Emerging services for community -based long -term care in urban China. A systematic analysis of Shanghai's community- based agencies . *Journal of Aging &Social Policy*, 37-60.
- Wu, White, A, Cash , K, Foster, & S. (2009). Nursing home care for older people in Taiwan :A Process of forced choice. *Journal of Clinical Nursing*, 1986-1993.
- Yang, & O.H. (1988). The aging of China's population: Perspectives and implication. *Asia Pacific Population Journal* , 55-75.
- Yeboah, C, Bowers, B, Rolls, & C. (2013). Culturally and linguistically diverse older adults relocating to residential aged care . *Contemporary Nurse*, 50-61.
- Yu, Z, Yoon, J.Y., Grau, & B. (2016). How do levels of nursing home adjustment differ by length of stay. *international Journal of Nursing Practice*, 470-477.
- Z, F., H, Z., X, F., C, L., M, S., & V, M. (2011). An Industry in the Making : The Emergence of Institutional Elder Care in Urban China. *Journal of the American Geriatrics Society*, 738-744.

Zimmermann, C, Swami, N, Krzyzanowska, M, . C. (2014). *Early palliative care for patients with advanced cancer : a cluster -randomised controlled trial . Lancet*. Retrieved from [https://doi.org/10.1016/S0140 -6736 \(13\) 62416-2](https://doi.org/10.1016/S0140 -6736 (13) 62416-2).

INTERVIEW GUIDE

PHYSICAL AND SOCIAL CHALLENGES OF ELDERLY WOMEN: A LIVED EXPERIENCE OF WOMEN STAYING IN CARE HOMES IN THIRUVANANTHAPURAM

To know about the physical conditions of the respondents

- Which type of diseases do you have to suffer in your old age?
- Which hospitals are you choosing to get medical help?
- How will you go to the hospital for the medical checkups?
- how the medication facilities are provided for the paralysed patients?
- What is the time for taking medicines for sugar/ pressure?
- When did the patients get physiotherapy?
- How many hours did the patient gets physiotherapy?
- What type of vehicle facilities are available to take the patients to the hospital?
- Which day is preferred to go for the check-up in a month?
- Did you have to spend money on check-ups or it is free of cost?
- Who do you accompany while going to the hospital?
- Do you change your bed sheets or pillow cover weekly once?

To know about the social challenges of the respondents

- How did you get to the old age home?
- How long you have been in this old age home?
- Did your relatives visit the old age homes?
- Which day of the week did your relatives or children calls you?
- Did you get involved in the festivals that are celebrated in the old age homes?
- What is your view about the social issues that are happening around us?
- Did you celebrate festivals such as onam, Christmas, Diwali etc. in the old age homes?
- How is your relationship with your friends and relatives now?
- At which extend you are happy by staying here?
- How did you get new clothes?
- Did anybody visit you from outside?
- How about the food that is provided during major festivals in care-homes?

- What are the beneficiaries you get from the government to help you out?
- Did you receive your pension on the correct basis?
- What types of pensions that you get from the government?