

LIVING EXPERIENCE OF OLDER MEN

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

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DECLARATION

I, Adarsh MS, hereby declare that the dissertation titled “LIVING EXPERIENCE IN OLDER MEN is based on the original work carried out by me and submitted to the University of Kerala during the year 2022-2024 towards partial fulfilment of the requirements for the Master of Sociology Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

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CERTIFICATE OF APPROVAL

This is to certify that the dissertation entitled “LIVING EXPERIENCE OF OLDER MEN” is a record of genuine work done by ADARSH MS, a fourth semester, Master of Sociology student of this college under my supervision and guidance and that is hereby approved for submission.

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MA SOCIOLOGY

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Abstract

This study investigates the multiple issues that older men encounter in Karakulam, India. It uses a qualitative case study approach to analyse the lived experiences of five older people, focussing on the social, economic, and health aspects of their life. The findings indicate a complex interaction of factors influencing their well-being. Socially, elderly men frequently endure isolation and a lack of community engagement, resulting in feelings of loneliness and marginalisation. The lack of personalised programming and support mechanisms exacerbates these issues. Many participants showed a significant level of economic reliance, frequently relying on family members or the government. This financial insecurity can have a substantial impact on their quality of life and ability to obtain needed services. Health-wise, the report emphasises the prevalence of chronic health issues. Health-wise, the study emphasises the prevalence of chronic health disorders among senior men, which might impede their mobility, independence, and overall well-being. Furthermore, healthcare bills can put a strain on their financial resources. Finally, this study emphasises the vital need for comprehensive interventions to address the unique issues encountered by senior men in Karakulam, fostering social inclusion, economic stability, and overall well-being.

CHAPTER 1: INTRODUCTION

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life and ends at death. It is a constant, predictable process that involves growth and development of living organisms. Ageing can't be avoided, but how fast we age varies from one person to another. How we age depends upon our genes, environmental influences, and life style. Ageing can also be defined as a state of mind, which does not always keep pace with our chronological age. Attitude and how well we face the normal changes, challenges and opportunities of later life may best define Prevention in later years requires participating in health education and health promotion activities designed to reduce the risk of disease. Prevention also involves engaging in interventions that improve outcomes in the event an illness does occur and includes efforts that reduce the risk of progressive disability and decline of function. our age. Growing older cannot be prevented.

In later life the goals of prevention also include maintaining function, vitality and quality of life. As ageing is a continuous process in the structure and functions of the body, the physical abilities of the former tend to slow down with the passage of years. It is an impoverished environment. poor nutrition and diseases that break down the nervous system's natural potential resistance against deterioration. As far as the psychological structures and functions are concerned, there need not necessarily be deterioration. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life potential exists for physical, mental, and social growth and development.

Ageing can be defined as a decline in the level of mortality and/or reduction in fertility with advancing age (Partridge and Mangel 1999, 438-42). It is an extensive concept, which embraces physical, psychological and social changes. During this transition phase, people experience five universal crises: loss of social status; loss of significant people; internal and external body changes reflecting biological decline; confrontation with death; and modification of available roles and activities (Brieland et al. 1985). However, the phenomenon of ageing varies significantly across cultures and geographical spread and is affected by socio-economic and environmental attributes (Kinsella and Taeuber 1993). The world population reached 7.7 billion in mid-2019, with an average annual growth rate of 2.1 per cent (United Nations 2019). The inevitable end product of any population is ageing,

which never halts but must be managed properly. In 2017, one in eight persons worldwide was aged 60 years or over; in 2050, the elderly is projected to account for one in five people globally (United Nations 2017). While the 21st century is known as the century of the elderly, the 22nd century will manifest as the period of 'ageing of the aged' (HelpAge India 2014).

India stands to become an ageing nation in the coming years due to the rapidly increasing proportion of older persons. According to the 2001 census, the elderly population in India was at 77 million, which has soared to 104 million in 2011, at a rate of 2.7 per annum (Rajan and Mishra 2020). In line with the 2011 census, one in eight persons in Kerala were found to be 60 years of age and above (GOI 2011b).

This demographic shift will have crucial challenges for the country. Of late, India is witnessing a change in its family structure and the displacement of younger family members (Rajan and Kumar 2003, 75–80). As a result, care for the elderly in the country is strained, as older people largely depend on the family and immediate family networks (Gitlin and Wolff 2012). Furthermore, an ageing population presents increasing challenges to the economy, forcing the government to spend more on old age pension, health care measures and social benefit programmes to cater to the elderly, rather than focusing on infrastructure investment and education (Nikolova 2016). An ageing population is of relevance also for the agenda of sustainable development goals, namely for achieving the goals of poverty eradication, securing the well-being of all ages, ensuring healthy living and productive life, promoting gender equality and making human settlements inclusive, safe, resilient and sustainable. Therefore, with these shifts, it is imperative for governments to adapt and revise policies and services targeting the elderly population.

Ageing is a universal biological phenomenon, experienced by all living organisms from birth to death. It's a continuous process, characterized by a gradual decline in physiological functions and structural integrity. The term 'aged' is a category that encompasses individuals who have reached a certain stage in their lifespan.

While the exact definition of ageing varies among researchers, there are some common themes. Tyagi focuses on the physiological aspects, defining ageing as the deterioration of bodily functions with age. Becker offers a broader perspective, encompassing both physical and psychological changes that occur over time. Stieglitz emphasizes the inevitability of ageing, stating that it is a natural part of life, beginning at conception and ending with death.

Ageing is a complex process influenced by various factors, including biological, social, and economic dimensions. Biologically, ageing involves changes in cells, tissues, and organs. These changes can include decreased cellular function, reduced tissue elasticity, and organ atrophy. Socially, ageing is often associated with specific roles, expectations, and stereotypes. The way society perceives and treats older adults can vary significantly across cultures and historical periods. Economically, ageing is often linked to retirement, which can have significant implications for financial security and lifestyle.

In conclusion, ageing is a multifaceted process that encompasses biological, social, and economic dimensions. It is a natural part of life, characterized by a gradual decline in physiological functions and structural integrity. Understanding the complexities of ageing is essential for developing effective interventions to promote healthy ageing and improve the quality of life for older adults.

The aging of humans is a diverse process in all spheres of life, including the biological, psychical and social. Biological aging is defined as the natural occurrence of irreversible, increasing with age changes in metabolism and the physicochemical properties of cells, leading to impaired self-regulation and regeneration, and structural and functional changes in tissues and organs. Changes that occur with age in the functioning of individual organs affect the mood, attitude to the environment, physical condition and social activity, and designate the place of the elderly in the family and society. Psychosocial aging, however, to a great extent depends on how a person is prepared for old age, and takes effect over time. (Dziechciaż& Filip, 2014).

Social aging is a multifaceted process deeply influenced by both personal and societal factors. It's not merely a biological event but a complex interaction between how individuals perceive aging and how society views and treats the elderly. Each person's journey into old age is unique, shaped by a myriad of influences.

Our understanding of old age is often formed through a combination of personal experiences and societal cues. Observing older individuals firsthand, absorbing stereotypes perpetuated in media and culture, and drawing on past experiences all contribute to our mental image of aging. These images serve as guides, shaping our expectations, attitudes, and behaviors towards the aging process.

The dominant image of old age, whether positive or negative, significantly influences how individuals experience and navigate their aging years. A positive perception can foster a sense

of well-being, empowerment, and active engagement in life. Conversely, a negative perception may lead to feelings of isolation, fear, and a diminished quality of life.

Societal attitudes and practices play a crucial role in shaping individuals' experiences of aging. Cultural norms, social policies, and economic factors can either support or hinder the well-being of older adults. For example, societies that value and respect their elders often create environments that promote active aging and social inclusion. In contrast, societies that marginalize or neglect their elderly may contribute to negative perceptions and experiences of aging.

Conclusion

Social aging is a dynamic process that involves both individual and societal factors. Our perceptions of aging are shaped by a variety of influences, including personal experiences, cultural stereotypes, and societal attitudes. The dominant image of old age can significantly impact how individuals experience their aging years. By understanding the complex interplay between individual perceptions and societal factors, we can work towards creating more age-friendly and inclusive environments for all.

People who perceive their friends and family members as supportive during times of need have a stronger sense of meaning in their lives; that is, they live their lives with a broader purpose, adhering to a value system that fits within the larger social world (Krause, 2007). In addition, people with strong social networks report greater emotional well-being in day-to-day life and also when they experience stressful life events. . A growing number of studies have found that older adults embedded in strong social networks and high levels of social activity are less likely than their more socially disengaged peers to experience declines in cognitive functioning. (Charles& Carstensen, 2014).

Ageing in India is exponentially increasing due to the impressive gains that society has made in terms of increased life expectancy. By 2025, the geriatric population is expected to be 840 million in the developing countries. As old age sets in, people above the age of 60 are considered elders. The elderly population in India has steadily increased and has almost doubled in the past 20 years. It is projected that the proportion of Indians aged 60 and older will rise from 7.5% in 2010 to 11.1% in 2025. (Mane, 2016). India has thus acquired the label of “an ageing nation” with 7.7% of its population being more than 60 years old. The aging population is both medical and sociological problem. The elderly population suffers high rates of morbidity and mortality due to infectious diseases.

The elderly in India faces multiple social, political, economic and cultural challenges including suboptimal financial security, decline of traditional extended family systems due to rural-urban migration of young people, and increasing costs of health care. In India, as is the case in many developing countries, the health systems are inadequate to promote, support and protect health and social well-being of the elderly due in part to lack of human and financial resources. The elderly finds themselves exposed to harsh realities of globalization; changes in cultural values and beliefs, high disease burden from chronic non-communicable diseases, and weak family and social welfare system. To address the health and welfare needs of this vulnerable section of society, the Government of India in 1999 developed and adopted the National Policy for Older Persons. A National Council for Older Persons and an Inter-Ministerial Committee was set up to implement the policy directions. To date, Government of India with its partners, have introduced various schemes and initiatives to promote and protect the welfare of the elderly. These initiatives include financial assistance for the construction of and maintenance of old peoples' homes and non-institutional services to the elderly, as well as the provision of nutritious food and appropriate medical services. The Government of India, through the National Rural Health Mission has embarked on efforts to strengthen provision of primary health services and to reorient health care professionals from curative to preventive services at various levels. However, challenges remain for the health system, social welfare and health financing as the elderly population continue to rise. (Krishnaswamy, et al., 2008)

The risk of developing a serious and often deadly disease has led to numerous restrictions in many countries that can have a detrimental effect on the psychological functioning of the elderly. However, with these restrictions, limited contact with other people can lead to the loss of social support, which is especially important for older people. Also, social isolation may result in loneliness, which is a factor significantly associated with depression in the elderly. Loneliness is a strong risk factor for the development of a number of health conditions, such as coronary heart disease and stroke¹⁹, and is associated with a 26% -50% increased risk in mortality. These situations have been shown to predict worse disease outcomes and quality of life in older populations. (Kasar & Karaman, 2021)

In this scenario, Kerala needs a special attention. Kerala stands out in the Indian context due to its large elderly population. Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Government of Kerala 2017). Out of the total elderly population,

11 per cent are old-old, which is the fastest growing group in the old category that includes those above 80 years. In the elderly category, women outnumber men, and among them a majority are widows. The old age dependency ratio of Kerala at 19.6 per cent is higher than the rest of the country at 14.2 percent. (Rajan, Shajan, & Sunitha, 2020).

According to 2011 Census, there are 7.4 million people who are above 60 years of age in Kerala. Of these, 3.3 million are males and 4.1 million are females. The proportion of population aged 60 years and above is slightly higher in rural areas than in urban areas. Around 12.6 per cent of the population is above 60 years of age which is the highest in the country. It grew from 10.5 per cent in 2001 at a rate of over 2 per cent per annum. (BKPAI, 2011)

Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Government of Kerala 2017). The Kerala Ageing Survey (KAS) 2013 report states that as per the 2011 census, there are 4.2 million people above 60 years in Kerala. More importantly, while the general population is growing at a rate of 0.5 per cent, the elderly population of the state is growing at a rate of 2.3 per cent (see Tables 1 and 2) (Rajan and Mishra 2014). Out of the total elderly population, 11 per cent are old-old, which is the fastest growing group in the old category that includes those above 80 years. In the elderly category, women outnumber men, and among them a majority are widows (Rajan and Sunitha 2015; Rajan, et al. 1999). As per the Ministry of Statistics and Programme Implementation (MOSPI), Government of India (GOI), the old age dependency ratio of Kerala at 19.6 per cent is higher than the rest of the country at 14.2 per cent, highlighting the importance of care for elderly in Kerala (GOI 2016).

Elderly care in India hugely depends on family and/or domestic help (Dey 2017; Rajan 2001; Rajan 2008). All forms of extra-familial care services are stigmatised and those families who do employ them tend to be labelled as uncaring. Elderly care is determined by the magnitude of conditions: first, the prevalence of chronic diseases like mental illness, physical disabilities and other co-morbidities; second, social concerns like migration of children due to which the older people are left behind without any physical and psycho-emotional support; third, elder abuse, which is quite common due to their vulnerabilities (Shankardass and Rajan 2017); and fourth, financial insecurities and inadequate health care coverage that lead to further vulnerabilities (Shrivastava et al. 2013). Often, the elderly feel insecure and isolated even

when they are residing with their own family. The reasons for this include changes in lifestyle, generation gap, lack of financial security and independence and so on. As the elderly live longer, the chances of chronic functional disability also increase, resulting in the need for assistance; hence, families are forced to buy care to look after the daily needs of the elderly.

To counter this issue, Kerala became one of the first states in India to implement a senior citizen policy. The first policy of this kind, which was introduced in 2006 by the social justice department, was later modified and relaunched as State Old Age Policy in 2013 (Government of Kerala 2013). Some of the main objectives of the policy include: promotion of physical activity; information and communication technology-enabled independent living for the aged; adapting health systems to the need of the aged; providing institutional care for the aged; and providing economic security to the elderly. Listed below are different categories of elderly in need of care or forced to buy care, derived from Kerala Ageing Survey (KAS) 2013:

- living alone/with spouse;
- living with differently abled children;
- living with chronic diseases;
- living with mental sickness;
- living with diagnosed diseases like Dementia, Alzheimer, Parkinson's;
- living with functional disabilities
- confined to bed; and
- confined to home.

As per KAS (Kerala Ageing Survey) 2013, there were 7,783 elderly in the sample. The socio-economic and health characteristics of these elderly by their age and sex are discussed. Chronic diseases, life satisfaction, depression, health perception, education, disability, activities of daily living scale, marital status, cognition, and need for special care have a significant relation to the age and gender of the elderly. According to the data, 2.6 percent of the elderly were living alone. People belonging to this category were in need of assistance with their daily chores like shopping, bill payments, recreation, medical check-ups, and so on. In the context of Kerala, there is a stigma around parents of only female children opting to live with them after they are married. Hence, most elderly people choose to live alone without any physical or mental support and without financial support in some cases. Furthermore, it was also reported that 9.3 percent of the elderly lived with their married daughter, while 52.8 percent lived with their married son. Another 24.6 percent lived with their partner or spouse. In most cases, the elderly living with their spouse or partner needed care and support as both had health issues. Further, 70 per cent of the elderly in the sample

had at least one chronic disease. Among these, 35 per cent had more than two chronic diseases, and 17.4 percent were diagnosed with high depression.

From the data, 57.8 per cent were female, 54.2 per cent were 'young-old' and 13.6 per cent were 'old-old'. Among males, 66.8 per cent have one or more chronic diseases, as against 72.3 per cent females. Thus, female and the 'old-old' category elderly are the most vulnerable to chronic diseases. Most of the female elderly had a low level of life satisfaction. Among elderly men, most of the 'young-old' had good accommodation, while most of the 'middle-old' and 'old-old' were not satisfied with their accommodation. This was partly due to the built environment not being conducive for 'middle-old' and 'old-old' persons. While analysing the type of house, most elderly people were not satisfied with their accommodation: poor or kutcha houses. A small percentage of the elderly who live in luxury houses were not satisfied with their accommodation. There were reasons such as a feeling of isolation, not getting along with the neighbours and worries about a decline in health.

Among the female elderly, 'young-old' and 'middle-old' resided in urban areas, while among males, most 'young-old' resided in rural areas. It is quite natural since as age increases, the prevalence of disabilities also increases. These disabilities were normally related to vision, hearing, walking and dental problems. The 'old-old' need maximum assistance. Most of the 'middle-old' and 'old-old' are single (unmarried or separated or widowed or divorced), and most in this category are also disabled. The 'old-old', irrespective of their gender, have severe cognitive impairment and 'old-old' categories of the elderly that need special care for both males and females. The 'old-old' among the female elderly needed the most care as the percentage of women in this category is more. It is the 'middle-old'.

Among those who needed special care, most of the 'young-old' males and 'middle old' females had a high level of life satisfaction, even though they were in need of special care. Some of the elderly said everything was good as per the survey scale. This included good health perception, high level of life satisfaction, low level of depression and no cognitive impairment. Then why do they need special care? A look at the 'young-old' male category shows that most of them had secondary-and-above levels of education and were living with their spouse, doing their activities of daily life without any assistance. Most of them had two or more chronic diseases. For example, people with diabetes are prone to a diabetic foot. They need special care as diabetes can cause nerve damage that leads to numbness in the feet. They felt they needed diet care and a daily routine of exercises. These women were more

vulnerable with physical and mental conditions and needed mental health services. The ‘old-old’ category elderly, irrespective of their gender, needed special care as they had poor health conditions.

1.1 STATEMENT OF THE PROBLEM

Older men, a large group in most cultures, frequently confront specific obstacles and opportunities as a result of their age, gender, and socioeconomic background. While ageing is a universal human experience, the precise obstacles and opportunities confronting older men vary greatly based on factors such as geographical location, social standing, cultural norms, and personal circumstances. The purpose of this study is to better understand the social, economic, and health elements that influence older men's living experiences. By focussing on these three important areas, we hope to acquire a better understanding of the challenges and possibilities that older men confront, as well as identify potential areas for intervention and support. Older men's well-being depends heavily on their social relationships.

This study will look into how elderly men retain social bonds and connections with family and friends while coping with social isolation. The research will also look into the challenges and opportunities that come with intergenerational relationships, as well as the role of older men as caretakers. Furthermore, it will look at how societal attitudes, prejudices, and discrimination affect the experiences and well-being of older men. Financial security is a big issue for many elderly men. This research will look into the economic obstacles that older men confront, such as retirement savings, pensions, and healthcare bills. It will also investigate how economic inequalities and inequities impact the quality of life and opportunities available to older men.

Furthermore, the study will look into the impact of economic circumstances on the mental health and well-being of older men. Older men's quality of life is heavily influenced by their health. This study will look into the most frequent health concerns and chronic diseases that older men face, as well as how health disparities and access to healthcare services differ among them. It will also investigate the psychosocial aspects that affect the health and well-being of older men. Older men's experiences are shaped by a complex combination of social, economic, and health issues.

This study will look into how these characteristics interact to present distinct problems and opportunities for older males. It will also identify special risks or obstacles experienced by

older men from marginalised groups, such as those with impairments, ethnic minorities, or those living in rural areas. By investigating these interconnected elements, this study hopes to contribute to a better understanding of the different experiences and challenges that older men confront. The findings will help to shape evidence-based policies and initiatives to improve older men's quality of life and well-being.

1.2 SIGNIFICANCE OF STUDY

This research project looks at the lived experiences of older men in a culture that is increasingly individualistic and unwilling to care for ageing parents. By focussing on older males, this study hopes to contribute to a better understanding of the issues and needs of this often-overlooked group of people. While many studies have looked at the experiences of the elderly in general, there has been little research on the specific challenges that older men encounter. Furthermore, societal biases frequently prioritise the issues of older women above those of men, emphasising the necessity for specialised research on the experiences of elderly men. This study aims to shed light on several aspects of older men's lives, including their social, economic, and health-related experiences.

From a societal standpoint, this study has the potential to shape future research and policy initiatives focused at enhancing the well-being of older men. While many pension schemes and social welfare programs are geared towards women, particularly widows, there is a noticeable absence of support services for elderly men who have lost their partners. By evaluating the specific issues and demands of elderly men, this study can help to establish focused policies and programs that address their unique circumstances. Furthermore, the study's findings can be a valuable resource for researchers and policymakers, providing insights into the factors that influence older men's quality of life and identifying potential areas for improvement.

CHAPTER 2

REVIEW OF LITERATURE

Health issues, health care utilisation and health care expenditure among elderly in India:
Thematic review of literature

Despite an increasing feminization of India's older population marked by a high incidence of widowhood among aged women, women's health in later life and the health consequences of widowhood has received little attention in the existing gender and gerontological studies in India. High health spending among elderly coupled with absence of insurance coverage expose the elderly, particularly those belonging to lower socio-economic strata, to great financial risk.

To address the health inequities among elderly in India in an effective manner, efforts are required at the micro level wherein involvement of the family is critical to ameliorate care giving. The expansion in insurance coverage and the provision of good-quality, subsidized, public health facilities will both improve access to health care and protect the poor elderly against financial catastrophe.

In this thematic review, a search strategy was developed to find the comprehensive literature on “health issues, healthcare utilization and expenditure on healthcare among elderly in India”. This review was performed to identify all research studies from SCOPUS, PubMed, ResearchGate, and Google-Scholar from Internet search by using different combinations of keywords- “Issues of Elderly”, “Health Care Utilisation”, “Health Care Expenditure”, “Elderly”, and “India”. Synonyms and other closely related words were used to identify potential articles and references for this study. Titles, abstracts and the content of the articles were screened to determine the suitability for inclusion. It has also used cross-referencing to check the references cited in the review papers and articles identified through the search engines and to find additional relevant papers.

The health of persons giving care to the demented elderly: A critical review of the literature

The majority of the demented elderly live at home, usually cared for by their spouse or an adult child. Clinical impressions suggest that caring for an older person suffering from a dementing disorder may lead to physical and mental health problems for the caregiver. A critical review of the research literature on this topic was carried out. The review revealed

that a multitude of physical and mental health outcomes as well as numerous correlates of health problems have been studied in relation to care giving. Furthermore, several methodological problems were identified in the studies reviewed: inadequate sample size, unrepresentative study samples, uncontrolled confounding factors, inappropriate study design, multidimensional outcome measures, and absence of comparison groups. The diversity of outcomes studied and the numerous methodological problems make it difficult to make statements about the causal effect of caregiving on health, or to assess the public health impact of caring for a demented elderly person. Nevertheless, the work done to date suggests interesting directions for future research.

2.1 IMPACTS ON HEALTH

According to a study conducted to determine the effect of COVID-19 lockdown on the health care and psychosocial aspects of the elderly in Kerala, hypertension was the most common lifestyle disease in the elderly, followed by diabetes. Some of them missed regular exercise during lockdown. The effect of lockdown on the mobility of the elderly population was even more evident among those who missed regular medical follow-ups and consultations. Scarcity of public transport shut down of outpatient departments in many private hospitals, and the conversion of many government hospitals into COVID hospitals would have been the reasons for this scenario. This was a fair indicator of the acceptance and practice of preventive measures by the elderly during the lockdown period. According to the study, Lockdown has adversely affected the health care and non-COVID medical services of the elderly. Fear of COVID infection was associated with psychological distress and anxiety. Proper psychosocial interventions are necessary to mitigate the effects of lockdown on health care and psychosocial aspects of the elderly. (Balasundaram, Libu, George, & Chandy, 2020)

2.2 PSYCHOLOGICAL AND SOCIAL IMPACTS

social distancing because of the COVID-19 pandemic could lead to negative consequences for the physical health of older adults. This is caused by the decrease of physical activity levels due to the total or partial restriction of social participation in community groups and family activities during the pandemic. Social participation has several positive effects on physical health in elderly people. Studies have reported that older adults who were enrolled

into social activities presented better dynamic balance and muscle strength, healthy lung function and lower disabilities and chronic inflammation compared to those without social participation. The relationship between social interaction and physical health may operate through different pathways. A possible explanation for these findings is that participating in meetings or social activities stimulates the musculoskeletal, cardiovascular, respiratory and nervous systems through physical activity and social interaction. Physical activity generates benefits for the physical health of older adults, stimulating muscle contraction, energy expenditure, decreasing systemic inflammation and oxidative stress, reducing prevalence of chronic diseases, and geriatric syndromes such as sarcopenia, osteosarcopenia and frailty. Isolated older people have less physical activity and more sedentary behaviour than those non-isolated the quarantine implied a radical change in the lifestyle of elderly people, reducing the social interaction, participation in exercise group, religious or spiritual group which have negatively affected the mental and physical health in this population. (Loyola, et al., 2020)

The COVID-19 pandemic had an enormous impact on older adults aged 65 years or older. The risk of social isolation and loneliness due to governmental regulations raises concerns about the mental health and cognitive functioning of the elderly population This study exposed that when we are faced with extreme stressors, such as COVID-19, in the future, prevention and intervention strategies are needed to aid older adults to prepare for and cope with them, especially for those at risk of depression.(Pue, et al., 2021)

Although it is natural for older adults to experience death anxiety (DA), the COVID-19 pandemic has exacerbated feelings of death anxiety in older adults, leading to catastrophic consequences on older adults' body functions and immunity. Religious coping can help protect individuals from death anxiety. With social distancing being one of the effective ways of limiting the spread of COVID-19, religious practices in Mosques and Churches were suspended. Consequently, the religious coping and spiritual well-being of older adults have been dramatically and negatively impacted, and it is expected that their levels of death anxiety have increased. A study conducted among elderly found older adults' levels of religious coping, spiritual well-being, and death anxiety to vary significantly based on the selected sociodemographic characteristics. Further, the results indicated significant associations between death anxiety and certain sociodemographic characteristics, religious coping levels, and spiritual well-being levels in older adults. (Rababa, Hayajneh ,&BaniIss, 2021)

The elderly population has been hit with some of the worst effects of the pandemic, with harsher lockdown measures, and increased risks of mental and physical health problems, and the digital divide has seen that the effects of these measures have not been minimized. The population most affected by the lockdown is also the population least helped by the digital tools aiming to mitigate the negative effects. The uneven access and proficiency in technology is contributing to increased negative outcomes within elderly population. While technology may have gone a long way to mitigate negative effects of the crisis in the general population, the situation is more complicated in the elderly population. Access to, and ability to proficiently use technology is much lower in older populations than in younger adults. This uneven distribution of technological access and skill is known as the digital divide, or the gray digital divide there is a need to ensure that digital solutions to lockdown problems are also accessible to older populations. As of 2015, about 8.5% of the world population was aged 65 or older, and this number is growing every year. The introduction of online exercise programs geared toward homebound older individuals could offer simple workout routines to reduce the physical risks of decreased exercise. While short-term measures are unlikely to reach all older individuals, especially those with minimal material access to technology, they could help maximize the usefulness of digital tools in older individuals without current knowledge of their availability. (Jaarsveld, 2021)

2.3 FINANCIAL CRISIS

On the one hand, elderly people might prefer cash and not be familiar with digital or online payments, on the other, elderly people might not be able to access financial institutions, post offices or financial advisers. (OECD/INFE, 2020) The compulsory 20 measures taken to protect people against COVID-19 pandemic has severely impacted economic activity globally. As a result of this, many people have lost their jobs,³⁸ some face losses in business and share investments,³⁹ and others have had difficulty in receiving pensions. For those who don't get a pension, the problem is even worse. With the extended lockdown, they have spent most of their savings on daily necessities like groceries and medicines. In lack of a steady source of income and insufficiency of savings, many face financial crises. In India, elderly constitute about 9 percent of the population and 50 percent of them are very poor.⁴¹ This current pandemic is likely to push them into financial crisis. (Pant & Subedi, 2020)

2.4 SUPPORT OF FAMILY AND FRIENDS

The World Health Organization encourages the public to support older adults through networks of family/friends and health professionals, especially those already affected by cognitive deficits including dementia who may feel more withdrawn during a quarantine. The Inter-Agency Standing Committee (IASC) have summarized mental health and psychosocial support (MHPSS) considerations during this outbreak of COVID-19. Specifically, for older adults, it is important to provide continuous emotional support, as well as simple facts and information related to the outbreak, such as how to reduce transmission. In a world already filled with isolation and loneliness, the Health in Aging offers practical advice to share with elders. The World Health Organization encourages the public to support older adults through networks of family/friends and health professionals, especially those already affected by cognitive deficits including dementia who may feel more withdrawn during a quarantine. The Inter-Agency Standing Committee (IASC) have summarized mental health and psychosocial support (MHPSS) considerations during this outbreak of COVID-19. Specifically, for older adults, it is important to provide continuous emotional support, as well as simple facts and information related to the outbreak, such as how to reduce transmission. In a world already filled with isolation and loneliness, the Health in Aging offers practical advice to share with elders. . The second piece of advice is to encourage outdoor activities while being mindful of maintaining 6 ft away from others. Next is to stay connected to family and friends via smartphones and computers. For those without internet access or the inability to utilize a smartphone, making daily phone calls and even writing letters is helpful. The last piece of advice is to ensure prescriptions are being refilled and medications are being taken daily. Maintaining any spiritual/religious affiliation via virtual events have been adopted in many locations as well. Free classes online, live streaming of prayer services, and community gatherings on Zoom have become popular. (Roy, Jain, Golamari, Vunnam, & Sahu, 2020)

2.5 ELDERLY IN KERALA

Kerala's population is ageing at a rate faster than the rest of the country. Kerala has witnessed a dramatic demographic transition in comparison with the other states in the country (Government of Kerala 2017). Kerala has achieved remarkable milestones in terms of demographic indicators in comparison to rest of the states in India. Various factors contributed to this, including reduction in fertility and mortality, higher age at marriage and high female literacy. The concept of elderly care is embedded in a three-tier system: the

household, institutional and society levels. At the household level, caregivers would be spouses, children, siblings and other relatives. Second, at the institutional level, hospitals, local self-governments and care homes would take care of the elderly. Finally, at the societal level, neighbours, friends and other non-relatives would be the caregivers. (Rajan, Shajan, & Sunitha, 2020)

According to a study conducted among elderly in Kerala, female and the 'old-old' category elderly are the most vulnerable to chronic diseases. Most of the female elderly had a low level of life satisfaction. Among elderly men, most of the 'young-old' had good accommodation, while most of the 'middle-old' and 'old-old' were not satisfied with their accommodation. This was partly due to the built environment not being conducive for 'middle-old' and 'old-old' persons. The findings says that depression was high among the 'middle-old' and 'old-old', irrespective of gender. Among the female elderly, 'young-old' and 'middle-old' resided in urban areas, while among males, most 'young-old' resided in rural areas. It is quite natural since as age increases, the prevalence of disabilities also increases. These disabilities were normally related to vision, hearing, walking and dental problems. The 'old-old' need maximum assistance. Most of the 'middle-old' and 'old-old' are single (unmarried or separated or widowed or divorced), and most in this category are also disabled. The 'old-old', irrespective of their gender, have severe cognitive impairment. It is the 'middle-old'. And 'old-old' categories of the elderly that need special care for both males and females. The 'old-old' among the female elderly needed the most care as the percentage of women in this category is more. (Rajan, Shajan, & Sunitha, 2020) A Study on the Health Care and Psychosocial Aspects of Elderly in Kerala State reveals that Lockdown has adversely affected the health care and non-COVID medical services of the elderly. Fear of COVID infection was associated with psychological distress and anxiety. (Balasundaram, Libu, George, & Chandy, 2020)

A few measures are also taken by the administration to ensure social connectedness for the elderly. One of the world's largest women empowerment in Kerala, named Kudumbashree (means 'prosperity of the family'), launched an outreach programme for the elderly during the COVID-19 lockdown with confidence-building measures through IEC (Information, Education and Communication) with the focussed objective of extra precautions by the elderly. To help the elderly during the lockdown period, the Kerala Police Department introduced a scheme Prasanthi (means 'highest peace') which was executed by its special

branch called Janamaitri (means ‘people friendly’) police. They provided their services to the elderly in need of essential medicines, food, other provisions and treatment. Counselling services were also available under the scheme. Specially trained women police officers worked 24x7 at their callcentres. (Gulia & Kumar, 2020)

With the Covid-19 safety protocols constantly redefining the new normal, Kerala is one place that may initially struggle but soon comes to terms with strange paradoxes. Because, with those above 65 years of age forced to remain out of sight, Kerala is feeling the pinch more than any other state in India, as its demographic profile, along with many other human development indices, is more in line with the developed world, especially the Scandinavian countries.

According to figures mentioned by Irudaya Rajan, about 10-14 lakh elders with established sources of disposable income also happen to be in the 65-plus age group in Kerala. And by suddenly asking them to withdraw from all kinds of public appearances, Kerala now runs the risk of opening up cases of mental stress (The Print,2020)

2.6 RESEARCH GAP

While much research has been undertaken on the issues that aged women face, the experiences of elderly men in Kerala have received comparatively less attention. This knowledge gap is especially concerning because elderly men frequently confront particular challenges that may differ from those experienced by their female counterparts. One such difficulty is a possible shortage of diverse resources and support systems. In many communities, traditional gender norms frequently mandate that women handle domestic tasks and caregiving, leaving males more vulnerable to loneliness and maltreatment in old age. This may be especially true in Kerala, where cultural norms and socioeconomic institutions may contribute to the discrepancies. Closing this research gap is critical for a number of reasons. First, it provides a more thorough awareness of the issues that elderly people in Kerala experience, ensuring that both men and women receive adequate assistance and services. Second, by recognising elderly men's special requirements, governments and service providers can design focused initiatives to improve their quality of life. Finally, this study can contribute to a better knowledge of ageing and gender dynamics, thereby challenging harmful stereotypes and promoting gender equality in old age.

CHAPTER 3

METHODOLOGY

Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. The present study aims to explore the living experience in older men in Kerala. A study was conducted on KarakulamGramapanchayat. A Qualitative Approach has been employed in the study—an exploratory research design.

3.1 TITLE

LIVING EXPERIENCE OF OLDER MEN

3.2 RESEARCH QUESTIONS

GENERAL QUESTIONS

What are the living experiences of Older men living in families?

SPECIFIC QUESTIONS

- What social challenges do older men experience within family settings?
- What economic difficulties do older men encounter while living with their families?
- What are the prevalent health concerns among older men?

3.3 CONCEPTS

Living Experience: ‘Living experience’ refers to the personal, day-to-day realities and insights gained from actively engaging with life, including work, relationships, and challenges. It highlights the subjective and practical knowledge one acquires through lived experiences.

Older Men: Older men in this study refers to an elderly male who is over 65 years of age and live in a family

3.4 RESEARCH DESIGN

This study utilizes an exploratory and descriptive research design to investigate and comprehend the challenges faced by older men in society. The unique difficulties experienced

by this demographic are frequently underrepresented in academic literature. Therefore, the researcher aims to examine the challenges of aging in older men, considering not only biological and physical aspects but also mental, emotional, and social dimensions.

3.5 RESEARCH APPROACH

This qualitative research approach has been used to explore the perspectives of older men. Qualitative research emphasizes a thorough understanding of the topic, highlighting its complexities and specifics. This study aims to get a complete insight into the lives of older men. The research involves engaging people in conversations to record their stories, ideas, and viewpoints. The qualitative descriptive research design allows participants to relate their narratives and experiences in their own words.

3.6 SOURCES OF DATA COLLECTION

Primary and secondary data were collected using appropriate methods and techniques. Primary sources include first-hand information from the participants. Secondary sources include journal articles, documents, newspaper reports and records.

3.7 PILOT STUDY

Pilot study was carried out in the region to understand the feasibility of the study in the region.

3.8 AREA OF STUDY

Karakulam Grama Panchayath in the Thiruvananthapuram district was taken for the study.

3.9 RESEARCH METHOD

The present research employs a qualitative approach to delve into the lives of older men. Qualitative research emphasizes a profound comprehension of the subject, highlighting its intricacies and particulars. This study aims to understand the lives of older men, focusing on their journey. An **interview** approach was employed to gather data. This approach allows for flexibility while ensuring that critical topics are covered. The research seeks to capture participants' narratives, insights, and perspectives by engaging participants in conversations. The sample selection followed a **purposive approach**, where cases were deliberately chosen to ensure the quality of the data. The study involved five older men. The research uses in-depth interviews and purposeful sampling to explore the unique stories of individuals, including their problems and other factors.

3.10 TOOL OF DATA COLLECTION

A **semi-structured interview schedule** is used as a tool for the study. A semi-structured interview schedule is an effective tool for studying older men because it allows for a flexible yet focused exploration of their experiences, perspectives, and needs. This method provides a balance between guided questions, which ensure that key topics are covered, and the opportunity for participants to elaborate on their responses, offering richer and more nuanced insights. It is particularly useful when researching populations like older men, where personal experiences may vary widely, and a rigid questionnaire might miss important context or details

3.11 LIMITATIONS OF THE STUDY

In Karalulam Grama Panchayat, the study focuses on a small sample of five cases drawn from a larger population of older men. Due to the limited scope of the sample, the findings cannot be generalized to the entire population.

CHAPTER 4: DATA PRESENTATION

This case presentation explores older men's various lived experiences, focusing on their day-to-day lives, social connections, economic conditions, and health status. By examining five distinct cases, this study aims to provide a comprehensive understanding of how older men navigate the challenges and opportunities that come with aging. Each case represents a unique narrative, reflecting the varied socio-economic backgrounds, health conditions, and personal circumstances of these individuals, as revealed through detailed interviews and observations.

4.1 CASE 1

The participant is a 71-year-old widower whose wife passed away five years ago. He has three children: a daughter, an elder son, and a younger son. Currently, he resides with his younger son and his family in his own home, while his elder son lives nearby. His daughter lives farther away with her husband and children. The participant works as a daily wage employee, earning his income primarily from these jobs, supplemented by a government old age pension.

Social Factors

The participant is a 71-year-old widower who has built a life close tie with his family. After the passing of his wife five years ago, he has found support and company living with his younger son and his family in his own home. His elder son lives in a separate house nearby, while his daughter resides farther away with her husband and children.

He frequently engages with his family, maintaining a strong bond with all his children and grandchildren. He shares, "I live with my younger son and his family in our ancestral home. It's comforting to be around them, especially since my wife passed away. My elder son lives nearby, so I never feel too far from my children."

The participant cherishes the time he spends with his daughter and her family during festival occasions, often staying with them for two or three days. "On festival occasions, I visit my daughter's house and stay there for a few days. My son-in-law and grandchildren are very loving and caring. Being in a joint family setting with them, evenings are filled with prayers, conversations, and shared meals. It's a heart-soothing experience."

Despite his wife's absence, he has never felt loneliness or isolation. He regularly interacts with his grandchildren and children and keeps in touch with his close friends and a cousin with whom he shares his joys and challenges. "I never feel lonely because I'm always in touch with my family and friends. I prefer face-to-face interactions as they feel more personal and heartfelt," he notes.

In his leisure time, the participant enjoys watching entertainment programs on TV. He is not a member of any social groups or clubs but makes an effort to attend community events occasionally. He mentions that "I'm not part of any social groups, but I do keep in touch with my close friends. Sometimes, I go to community events just to see familiar faces and catch up,".

Religious activities are a significant part of his life. He attends weekly prayers at the church, finding peace and solace in these spiritual moments. He shared that "Every week, I attend church prayers. It's a time to reflect and be grateful for all the blessings in my life," .

Economic Factors

The participant's primary source of income is from his daily wage jobs, supplemented by a government old-age pension. Despite the ordinary income, he is financially independent and does not rely on others for his financial needs. He shares, "My main income comes from the daily wage jobs I do. I also receive a government pension, which is enough for my daily expenses. I don't like asking for help, but if needed, my children are always there to support me."

He resides in his own home with his younger son and his family, which provides a stable living situation. However, he does not have any savings for urgent financial needs, which could pose a challenge if unexpected expenses arise. He shared "I don't have any savings, as it was hard to save with the daily expenses and taking care of the family. But I always advise the younger generation to spend money wisely and plan for the future".

Despite the lack of savings, the participant expresses confidence in his financial situation, knowing that his children will support him if necessary.

Health Factors

The participant is generally satisfied with his health and has no serious health issues, except for managing high blood pressure (BP). He incorporates exercise into his daily routine, which has helped him maintain his health. Participant says. "I have high blood pressure, but it's under control. I take my medications regularly and make sure to exercise occasionally. That has helped me stay healthy over the years."

Whenever he encounters any health issues, he consults the doctor at the primary health center near his home, which he finds convenient and reliable. "If I have any health concerns, I visit the primary health center nearby. The doctors there know me well and are very helpful," he explains.

His children provide him with the necessary support for his health needs, ensuring he never feels alone in managing his condition. He states "My children are always there to assist me if I have any, health concerns. They make sure I have everything I need, and I never feel like I'm handling my health on my own."

Overall, the participant is content with his current health status and continues to live an active and fulfilling life surrounded by his family and community.

4.2 CASE 2

Case 2 involves a 73-year-old man living in the village of Karakulam with his wife. He has three children two sons who live nearby and a daughter who resides with her family farther away. The participant works as a daily wage laborer, which provides his main source of income along with a government pension. Due to health issues, he cannot work regularly, leading to financial difficulties, especially when it comes to paying bills and covering medical expenses for himself and his wife.

Social Factors

When asked about his living arrangements, the participant stated, "I live with my wife. Our children are all grown up now, but our sons live nearby, so we are not alone." He emphasized that despite his children living separately, he never feels lonely or isolated. "I see my friends and family often. When I go to work, I meet other workers, and when there's no work, my

friends and I gather at the tea shop near my house. It's good to have people around, and we always have something to talk about."

Regarding leisure activities, he said, "In my free time, I like to watch TV. It helps me relax, especially after a long day." He mentioned that he does not belong to any social clubs or groups, but he values personal interactions. "I prefer face-to-face communication. It feels more personal, and I can express myself better that way."

The participant shared that he attends community events occasionally and is actively involved in his church. "I go to the church regularly for prayers and other programs. It's a part of my routine, and I feel connected to my community that way."

Economic Factors

The participant's primary income comes from daily wage jobs and a government pension. However, his health issues prevent him from working regularly, leading to financial strain. "There are days when I can't work because of my knee pain. That's when things get tough. My wife also has health problems, and we need money for our medicines and daily expenses. It's hard when there's no work, and we face a severe financial crisis."

Despite these challenges, he expressed his reluctance to depend on his children for financial support. "I don't want to trouble my sons with my expenses. They have their own families to take care of. I try to manage on my own as much as I can."

He emphasized the importance of financial planning and careful spending, offering advice for future generations: "I would tell the younger people to save a little for the future and spend money wisely. You never know when you might need it."

Health Factors

Discussing his health, the participant explained, "I have some health problems that come with age, like knee pain. It's difficult to work continuously, but I try my best." He mentioned that he does not engage in any formal exercise routines, considering his work to be his exercise. "I don't do any specific exercises, but my work keeps me active."

He has a health card from the government and gets his medicines from the primary health center. "I go to the doctor every month to check my health and get my medicines. The health card helps a lot; otherwise, I wouldn't be able to afford the treatments."

While he is generally satisfied with his health, he acknowledged the need for assistance with medical needs. "Sometimes, I need help with managing my medications, and my wife or my sons help me with that. They understand that I'm getting old and need support."

Overall, the participant seems to lead a life marked by a strong sense of community and family, despite facing economic and health challenges. His narrative highlights the importance of social connections, economic independence, and health management in later life.

4.3 CASE 3

Case 3 involves a 74-year-old man living in Karakulam village who works as a daily wage laborer. He resides with his wife, elder son, and his son's family. His other two sons live a bit farther away with their families. Despite a recent accident that resulted in a fractured leg and restricted his mobility, the participant maintains strong social connections and a positive outlook, supported by his close-knit family and community.

Social Factors

When discussing his living arrangements, the participant shared, "I live with my wife, my elder son, and his family. My other sons live a bit farther away, but I make it a point to visit them regularly. I enjoy spending time with my grandchildren and talking to them. Even now, after my accident, they come to see me often, and it brings me joy."

Despite his recent accident, the participant does not feel lonely or isolated. "I never feel alone because my wife, children, and grandchildren are always around. My wife is my closest companion; she talks to me, takes care of me, and makes sure I have everything I need. My friends come by in the evenings, and we have good conversations. It's comforting to have people who care."

In his leisure time, he enjoys reading the newspaper. "I like to keep myself updated with what's happening around the world. Reading the newspaper is a habit I have developed over the years, and it helps me pass the time."

The participant mentioned that he is not a member of any clubs or social groups, but he values personal interactions. "I prefer face-to-face communication, but I also talk to my relatives who are far away over the phone. It's important to stay connected with loved ones."

He actively participates in community events, attending them weekly. "I like to be involved in community activities whenever I can. It helps me stay connected with others and feel like a part of the village."

Regarding religious activities, he shared, "I visit the temple occasionally, whenever I feel like it. It gives me peace and comfort."

Economic Factors

The participant's primary income is from his government pension, which has become even more critical since his accident. "Before the accident, I was able to work and earn daily wages, but now with my leg fracture, I can't work. My pension is the only source of income, and sometimes it's not enough to cover all the expenses, especially medical bills."

He admitted that managing finances has been challenging. "There are times when it's difficult to pay bills and manage other expenses. My sons are daily wage earners too, so they can't always help me financially. My wife manages to get some money from Kudumbashree, but it's not always enough."

He advised the younger generation to save for the future. "I always tell my children and grandchildren to save some money for future needs. You never know when an unexpected situation, like my accident, can happen. Having savings or health insurance can really help in such times."

Health Factors

Before his accident, the participant had no major health issues. "I was healthy and active, always moving around, going to my sons' houses, the shop, or wherever needed. Walking was my only exercise, and it kept me fit."

However, after the accident, he is unable to walk due to a fractured left leg. "Now, I am bedridden, and it's tough not being able to move around like before. The palliative care team

visits regularly to check on my health, and I get my medicines from the primary health center nearby."

He mentioned that he receives good support from his family for his medical needs. "My family, especially my wife and son, helps me with my medications and taking care of me. I am grateful for their support during this time."

Reflecting on his health, he said, "Before the accident, I was fully satisfied with my health, but now I feel a bit helpless. I hope to recover soon, but it's not easy."

Overall, the participant's narrative highlights the importance of family support, community involvement, and financial planning, especially in times of unexpected health challenges. Despite the difficulties he faces, his strong social network and resilient spirit help him maintain a positive outlook on life.

4.4 CASE 4

This case involves a 75-year-old man who is a traditional farmer. He lives with his wife in their home, while their two daughters, who are married, live away—one in Idukki and the other in Dubai. Despite his daughters living far away, he maintains a fulfilling life through his farming and strong social connections.

Social Factors

The participant lives with his family and has a close-knit relationship with his relatives and friends. "I live with my wife, and although my daughters are far away, we stay connected through video calls every day. It's not the same as face-to-face interaction, but it helps us stay in touch."

He enjoys engaging in farming-related activities, which he considers both his work and his leisure. "Farming has been in my family for generations, and I love it. Watching the plants grow, taking care of them, and talking to them gives me joy. I never feel lonely or isolated because I am surrounded by what I love."

During his free time, he likes to listen to old film songs, read newspapers, magazines, and good novels. "I have always enjoyed reading and listening to music. It keeps my mind active and helps me relax after a long day in the fields."

While he is not a member of any social groups or clubs, he values face-to-face interaction. "I prefer to meet people in person, but since my daughters live far away, we use video calls to stay connected. I also have a close friend who is a farmer like me. We share everything—our worries, our happiness, and it's comforting to have someone who understands."

He rarely participates in community events, but he is a devout believer in God and visits the temple every evening. "I don't go to many community events, but my daily visits to the temple are very important to me. It's a place where I find peace and connect with my faith."

Economic Factors

The participant's primary income comes from farming and a government farmer's pension. "Farming has always been our livelihood. I grow coconut, banana, rice, vegetables, and even have some rubber plants. The pension from the government helps too."

However, he faces financial difficulties when there are unexpected issues with the crops. "If there's a problem with the crops, it can cause a financial crisis. My daughters help us out during these times, especially since my wife has several health issues that sometimes make medical expenses high."

He mentioned that he has some savings for urgent needs. "I have saved some money for emergencies, but it's always wise to spend money carefully. I advise the younger generation to save for the future. Also, I tell them to do some vegetable farming instead of spending too much time on mobile phones. It's good for mental and physical health, and you get to eat pesticide-free food."

Health Factors

The participant has no serious health issues apart from age-related difficulties. "I don't have any major diseases. My exercise is my work; farming keeps me active and fit."

However, his wife has multiple health problems, requiring frequent visits to the doctor. "I regularly take my wife to the doctor because of her health issues. While I am satisfied with my health, her condition requires more attention and care."

He relies on family assistance for medical needs. "My family helps manage medications and other medical needs. I seek their help whenever necessary."

Overall, the participant feels content with his life, despite some financial and health-related challenges. His love for farming, strong social connections, and spiritual practices provide him with a fulfilling and meaningful existence.

4.5 CASE 5

This case focuses on a 76-year-old retired railway employee who lives with his wife, a retired government employee. He has two sons, the elder one settled in Ernakulam and the younger in Bangalore. The participant enjoys a socially active and fulfilling life, despite facing several health challenges.

Social Factors

The participant lives with his wife and maintains regular contact with his family and friends. "I live with my wife, and we both have a strong support network. We regularly visit our sons, one in Ernakulam and the other in Bangalore, on a monthly basis. We never feel lonely because we have each other and our relatives who live nearby."

After retirement, he started banana and coconut farming on a small scale, which occupies his leisure time. "Farming keeps me busy, and I enjoy the work. When I'm not farming, I like to read newspapers and watch TV news channels. Staying informed is important to me."

He is active in social programs and is a member of WhatsApp groups, which helps him stay connected. "I am part of several social groups, and I enjoy face-to-face interactions. However, when it's not possible, I communicate through the phone. Participating in community programs is also something I do occasionally, as it keeps me engaged with my community."

Additionally, he attends the temple near his house daily, highlighting his involvement in religious activities. "Going to the temple every day is a routine I cherish. It provides me with a sense of peace and spiritual fulfillment."

Economic Factors

The participant's main income source is his pension, supplemented by some income from farming. "I rely on my pension as my main income, but the small-scale farming helps too. I don't need any financial support from others, as my wife and I are financially stable."

He has good savings for urgent needs and advises the younger generation to spend money wisely. "We have saved well for any urgent needs, and I think it's important for the younger generation to spend money for their own comfort but also save for the future."

Living in his own home, he faces no issues with financial management or paying bills. "We manage our finances well, and there are no difficulties in paying bills or expenses. Having our own home adds to our financial stability."

Health Factors

The participant has several health issues, including blood pressure, diabetes, and a heart condition. "I have multiple health problems, so I need to consult my doctor regularly and follow their advice closely."

Despite these health challenges, he maintains a routine of walking for half an hour daily. "Walking is my exercise; it's simple but effective for me. Given my health conditions, I can't do strenuous activities, but walking helps me stay somewhat active."

He is not satisfied with his health, mainly due to the multiple medical conditions he faces. "I am not satisfied with my health because of all the issues I have. It's frustrating, but I try to manage with the help of my family."

The participant seeks assistance from his family for managing his medications and other medical needs. "I rely on my family to help me with my medications and medical needs. They are always there for me, which is a great comfort."

In summary, the participant leads a socially active life with strong family connections and community involvement. Despite facing significant health issues, he remains engaged through his farming activities, social programs, and religious practices, supported by his financial stability and family assistance.

CHAPTER 5

ANALYSIS AND INTERPRETATION: SOCIO-ECONOMIC AND HEALTH PROBLEMS OF OLDER MEN

In this study, thematic analysis is used to gain a deeper understanding of the experiences of older men living within families. The analysis will focus on three major themes: social factors, economic factors, and health factors. These themes emerged from in-depth interviews and are crucial for addressing the research objectives, the social issues faced by older men living in families, the economic challenges they encounter, and the health issues that affect them. By exploring these themes, the study aims to provide a comprehensive understanding of how older men navigate their daily lives, manage difficulties, and employ strategies to cope with their situations.

5.1 SOCIAL FACTORS

The majority of participants in this study reside with family members, a factor that profoundly shapes their social well-being. This arrangement provides a sense of belonging, support, and companionship, especially during times of transition or hardship. As illustrated by Case 1 and Case 3, living with family can offer comfort, security, and a strong support system.

In Case 1, the participant experiences significant benefits from residing with his younger son. This living arrangement provides a sense of stability and security, particularly after the loss of his spouse. The participant enjoys regular family interactions, which contribute to his overall happiness and well-being. The presence of his son offers emotional support, companionship, and a sense of purpose.

Case 3 highlights the importance of family in providing joy and support, even in the face of health challenges. The participant finds solace and comfort in the presence of his wife and children. Their love and care help him cope with recent health issues and maintain a positive outlook on life. The family's presence offers a sense of belonging, reduces feelings of isolation, and contributes to the participant's overall quality of life.

In contrast, Case 4's participant lives with his wife but maintains a sense of connection with distant family members through technology. This setup also emphasizes the importance of physical presence for social fulfillment. Similarly, Case 5's participant, although living with

his wife, values the support from family living afar and engages in farming as a means to remain active and connected.

Regular interaction with family and friends is a common theme. Case 1's participant maintains close ties with his children and grandchildren, reinforcing the importance of family support in old age. Case 2's participant also values frequent visits from family and friends, particularly enjoying the camaraderie found in informal settings like tea shops.

However, Case 4's participant uses video calls to stay in touch with distant daughters, indicating that while technology can bridge gaps, it doesn't fully replace face-to-face interactions. Similarly, Case 5's participant maintains connections through social programs and WhatsApp groups, balancing personal and digital interactions.

Most participants do not report significant feelings of loneliness or isolation. Cases 1, 3, and 5 describe active engagement with family and friends, which mitigates feelings of isolation. For instance, Case 3's participant feels well-supported by his family and friends despite a recent accident.

In contrast, Case 4's participant, although engaged in farming and religious activities, experiences a form of isolation from his distant daughters. Nonetheless, he manages this by using technology and maintaining a strong connection with his local community.

Leisure activities are highly personalized and vary greatly among individuals. These activities often serve as a source of joy, relaxation, and personal fulfillment. They allow individuals to engage in hobbies and interests that resonate with their unique personalities and preferences.

The participant in Case 1 derives pleasure from watching television. Television, with its diverse range of content, offers a convenient and accessible form of entertainment. It allows individuals to immerse themselves in various worlds, from fictional narratives to real-world events. Whether it's watching movies, TV shows, or news programs, television can provide a much-needed escape from daily routines.

In contrast, the participant in Case 3 finds satisfaction in reading newspapers. Newspapers offer a daily dose of news, information, and opinion. They can be a valuable tool for staying informed about current events, exploring different perspectives, and engaging with the world

beyond one's immediate surroundings. Reading newspapers can also stimulate intellectual curiosity and foster a sense of connection to the wider community.

The participant in Case 4 demonstrates a deep connection to personal interests through their engagement in farming and listening to music. Farming, a traditional occupation in many cultures, can be a physically demanding but rewarding activity. It provides a sense of connection to the land, promotes a healthy lifestyle, and offers opportunities for creativity and self-sufficiency. Additionally, listening to music can be a powerful way to relax, evoke emotions, and enhance one's overall well-being.

The participant in Case 5 showcases how leisure activities can complement a well-rounded lifestyle by combining farming with reading and watching television. This individual's ability to balance diverse interests highlights the flexibility and adaptability of leisure pursuits. By engaging in a variety of activities, individuals can enrich their lives, prevent boredom, and foster a sense of fulfillment.

In conclusion, leisure activities are a fundamental aspect of human experience. They provide opportunities for relaxation, enjoyment, and personal growth. The examples presented in the cases illustrate the diverse nature of leisure pursuits and how they can be tailored to individual preferences and lifestyles. Whether it's watching television, reading newspapers, engaging in hobbies like farming, or combining multiple activities, leisure activities play a vital role in enhancing our quality of life.

Many participants are not involved in formal social clubs or groups but value personal interactions. Case 2 and Case 4's participants prefer face-to-face communication and maintain connections with friends and relatives. Case 5's participant is an exception, actively participating in social programs and WhatsApp groups, indicating a preference for community engagement through various channels.

Face-to-face communication is preferred by most participants, as it is perceived as more personal and meaningful. Cases 1, 2, and 4 highlight this preference, with participants valuing in-person interactions over digital forms of communication. However, Case 4 and Case 5 also use technology to stay in touch with distant family members, showcasing a blend of traditional and modern communication methods.

Having close friends or confidants is important for emotional support. Case 5's participant shares concerns with a close friend who is also a farmer, illustrating the value of shared experiences in maintaining social bonds. Other participants also have close friends or family members they confide in, which helps in managing personal challenges.

Participation in community events is varied. Participants in Case 1 and Case 3 engage in community activities occasionally, finding value in staying connected with their communities. Case 4's participant rarely participates but values daily religious visits, which provide a sense of community. Case 5's participants are actively involved in community programs, reflecting a strong commitment to social engagement.

Religious activities are a significant part of the participants' lives. Participants in Case 1 and Case 5 regularly attend religious services, which provide spiritual fulfillment and a sense of belonging. Case 3's participant visits the temple occasionally, reflecting a more flexible approach to religious practices. Case 4's participant is devoted to daily temple visits, emphasizing the role of religion in daily life.

Conclusion

Overall, the social factors influencing the living experiences of older men reveal a strong emphasis on family support, personal interactions, and religious involvement. Most participants do not experience significant loneliness due to their active engagement with family and friends, as well as their participation in personal interests and religious activities. The variation in community involvement and communication preferences highlights the adaptability of older men in maintaining social connections through both traditional and modern means. These insights underline the importance of supportive family networks and meaningful interactions in enhancing the quality of life for older men.

5.2 ECONOMIC FACTORS

Most participants rely on a combination of government pensions and other sources of income. For instance, in Case 1 and Case 2, the primary income is from daily wage jobs supplemented by pensions.

In Case 3, the participant no longer has a source of income other than his pension due to an accident that kept him from working. Case 4's participant combines farming with a government pension, while Case 5 relies primarily on his pension with additional income from farming.

These sources of income reflect a reliance on government support, which can be vulnerable to changes in policy or personal circumstances, such as health issues or accidents.

Financial strain varies among participants. Case 2's participant faces significant challenges due to health issues, leading to financial crises when he is unable to work. This situation highlights the instability and stress that can arise from relying on irregular income sources and the impact of health on financial stability. In contrast, The participant in Case 5 says they have no trouble controlling their spending because they have both savings and a pension. This participant's financial stability is reinforced by having adequate savings and managing finances well.

Managing finances is a challenge for some participants. Case 3's participant struggles with expenses, particularly medical bills, due to a reduced income from being unable to work. Case 4 experiences financial difficulties related to crop issues but has some savings to manage emergencies. On the other hand, Case 1 and Case 5 feel more secure in their financial management, partly due to having savings and additional sources of income. The ability to manage finances effectively is linked to the stability of income sources and the presence of savings.

The need for financial support from children or relatives varies. Case 2's participant is reluctant to burden his children despite facing financial strain. In contrast, Case 4's participant receives help from his daughters during times of financial difficulty. Case 1's participant expresses confidence that his children will support him if needed, but he prefers to manage on his own. The willingness of family members to provide financial support and the participant's reluctance or acceptance of this support reflect differing personal and familial dynamics.

Most participants own their homes, which provides financial stability and a sense of security. Cases 1, 4, and 5 specifically mention owning their homes, which helps in managing living expenses and maintaining a stable living situation. Homeownership also reduces financial pressure related to rent or housing costs.

Affording healthcare varies among participants. Case 3's participants find it challenging to cover medical expenses due to the reliance on a pension and limited additional income. In contrast, Case 4 has some financial buffer for medical expenses thanks to savings and support from family, while Case 5 can manage healthcare expenses without issue due to financial stability. Access to healthcare is a significant concern, and the ability to manage medical costs can be affected by income stability and the presence of savings.

Savings are crucial for managing unexpected expenses. Case 4's participant has some savings for emergencies, and Case 5's participant has good savings, which contributes to financial stability. However, Case 2's participant struggles with savings due to health-related work limitations, while Case 3 faces difficulties in covering expenses despite a pension. The presence of savings plays a key role in handling unforeseen financial challenges and contributes to overall financial security.

Participants emphasized the importance of financial planning and saving. Common advice includes saving for future needs, spending money wisely, and preparing for unexpected situations. Case 2 and Case 3 both highlight the need for future savings to avoid financial difficulties. Case 4's participant advises younger people to balance work with savings and engage in productive activities like farming. This advice reflects a concern for the financial well-being of future generations and underscores the value of planning and saving.

Conclusion

The financial experiences of older men reveal a complex interplay between income sources, financial management, and family support. While government pensions provide a safety, additional sources of income, such as daily wages or farming, play a crucial role in financial stability. Homeownership contributes to financial security, and savings are essential for managing unexpected expenses. Challenges in managing finances and affording healthcare highlight the importance of financial planning and support systems. The advice from older men to future generations emphasizes the need for sensible financial management, saving, and preparing for uncertainties. Overall, maintaining a stable income, managing finances effectively, and having a support network are critical factors in the financial well-being of older men.

5.3 HEALTH FACTORS

The health experiences of older men reveal a spectrum of conditions and challenges. Case 1 involves a participant who manages high blood pressure effectively and otherwise enjoys good health. Case 2 describes an individual experiencing age-related knee pain, though he reports no severe health conditions. In Case 3, the participant, once healthy and active, now struggles with a fractured leg following an accident, highlighting a significant shift in his health status. Case 4 reflects a situation where the participant while dealing with typical age-related issues, is also burdened by his wife's multiple health problems. Finally, Case 5 struggling with several chronic conditions, including high blood pressure, diabetes, and heart issues, indicating a more complex health profile. This variation in health conditions underscores the diverse experiences of older men and their varying needs for medical and familial support.

The severity of health issues among older men varies significantly. Case 1 involves a participant who successfully controls his high blood pressure through medication and exercise, with no other serious health concerns reported. In Case 2, the participant manages knee pain with the aid of a health card, experiencing significant difficulties due to age-related issues, though no serious conditions are noted. Case 3 describes a severe health impact resulting from a fractured leg, which has left the participant bedridden following an accident. Case 4 reflects a situation where the participant does not face major diseases but deals with age-related health issues and the additional challenge of managing his wife's health problems. Lastly, Case 5 reveals a participant struggling with multiple serious health conditions, including high blood pressure, diabetes, and a heart condition, which underscores a more complex and severe health profile.

Exercise routines among the older men vary significantly. Case 1 involves a participant who incorporates occasional exercise into his daily life as a means to manage his high blood pressure. In Case 2, the participant views his daily work as sufficient exercise, with no additional formal routine. Case 3 previously relied on walking for exercise but is now bedridden due to an accident, limiting his ability to engage in any form of exercise. Case 4 considers his farming activities to be a form of adequate exercise, while Case 5 maintains a routine of daily walking to manage multiple health conditions.

Access to healthcare services among the participants is generally positive, though the extent and quality of care can vary. Case 1 benefits from regular visits to a primary health center,

which he finds reliable for managing his high blood pressure. Case 2 uses a health card to access medical services, making monthly visits to the primary health center for his knee pain and other age-related issues. Case 3 receives palliative care and frequently visits the primary health center, especially after his accident, which has left him bedridden. Case 4 relies on local medical services and family support to manage his wife's health issues, while Case 5 regularly consults doctors for his chronic conditions, including high blood pressure, diabetes, and a heart condition, and depends on family assistance for managing his health needs. Although all participants have access to healthcare services, the effectiveness and satisfaction with these services are influenced by the type and severity of their health conditions.

Family support is essential in managing health needs for the participants, providing both emotional and practical assistance. Case 1 receives regular support from his children in managing his high blood pressure and adhering to his medication. Case 2 relies on his family to help with medication management and address health concerns related to knee pain and other age-related issues. Case 3 is heavily dependent on family support due to his bedridden condition following an accident, with his family playing a critical role in his care and medication management. Case 4 also depends on family assistance, particularly for managing his wife's multiple health issues. Case 5 receives considerable help from his family in managing his multiple chronic conditions, including high blood pressure, diabetes, and a heart condition. Overall, family involvement is a crucial factor in addressing health issues and provides both the necessary care and emotional support for the participants.

Managing medications among participants shows varying degrees of independence and reliance on family support. Case 1 manages his medications largely on his own, though he occasionally receives help from his family. In Case 2, family members are actively involved in assisting with medication management. Case 3 relies heavily on his family for managing his medications and overall healthcare due to his bedridden state. Case 4 also receives family assistance with managing medications, both for himself and his wife, who has significant health issues. Case 5 depends on his family for managing his medications and health care needs due to multiple chronic conditions. This reliance on family highlights the critical role of support in effective medication management, particularly when health issues are complex or when individuals experience mobility or cognitive challenges.

Regarding the frequency of doctor visits, participants generally maintain regular consultations, though the frequency varies based on health needs. Case 1 makes regular visits

to the primary health center as needed for his high blood pressure management. Case 2 adheres to a routine of monthly visits to the doctor for health checks and medication. Case 3 receives regular visits from palliative care services in addition to attending the primary health center. Case 4 has regular visits to manage his wife's health issues. Case 5 frequently visits doctors to manage his multiple chronic conditions. Consistent medical consultations are essential for managing health issues, and the frequency of these visits often reflects the severity and complexity of the health conditions being addressed.

Satisfaction with health among participants varies widely and is influenced by their individual health conditions and circumstances. Case 1 is generally satisfied with his health, managing his high blood pressure effectively through medication and occasional exercise. Case 2 expresses overall satisfaction but faces difficulties due to age-related issues, such as knee pain, which affect his daily life. In Case 3, satisfaction is notably lower; the participant feels helpless and dissatisfied due to reduced mobility following an accident that has left him bedridden. Case 4 is content with his own health but is concerned about his wife's ongoing health issues, which impact his overall sense of well-being. Case 5 is not satisfied with his health due to multiple chronic conditions, including high blood pressure, diabetes, and a heart condition. Overall, satisfaction with health is influenced by the presence and management of chronic conditions, the effectiveness of healthcare and family support, and the participant's ability to maintain a fulfilling life despite health challenges.

Conclusion

The health experiences of older men reveal a range of issues and coping strategies. Chronic health conditions and age-related difficulties are common, with varying degrees of impact on daily life and overall satisfaction. Access to healthcare services is generally good, and family support plays a crucial role in managing health needs and medications. Exercise routines are adapted to individual capabilities and health conditions. Overall, while many older men are satisfied with their health, those with multiple chronic conditions or significant health changes often face greater challenges. Family support, effective healthcare access, and managing personal health needs are key factors contributing to the overall well-being of older men.

CHAPTER 6

FINDINGS, SUGGESTIONS AND CONCLUSION

This chapter presents the findings on the living experiences of older men, focusing on the factors that shape their daily lives and overall well-being such as social, economic, and health factors. The study examines how health issues, family support, social connections, and access to healthcare impact their quality of life.

6.1 SOCIAL FACTORS

The study's findings underscore the pivotal role of family support in the social well-being of older men. Participants who reside with family members often experience a heightened sense of comfort, security, and social fulfillment. This is particularly significant for those who have lost their spouses or are facing health challenges.

In Case 1 and Case 3, the participants' living arrangements with family members have proven to be a source of invaluable support. They have access to constant companionship, assistance with daily tasks, and emotional support, which contributes significantly to their overall quality of life.

While not all participants live with immediate family, many maintain strong connections with distant relatives through technology. In Case 4 and Case 5, the participants have utilized digital communication tools to bridge the geographical gap and stay connected with their loved ones. This demonstrates the importance of both physical presence and digital interactions in fostering social well-being among older men.

In conclusion, the study's findings highlight the critical role of family support in the social lives of older men. Whether it's through living with family members or maintaining connections through technology, strong family bonds can provide a sense of belonging, companionship, and emotional support that is essential for overall well-being.

Regular interaction with family and friends is a common theme among participants, contributing to a reduced sense of loneliness and isolation. Active engagement in leisure activities, such as farming, watching TV, and reading, also plays a crucial role in their daily lives, providing joy and relaxation. Although most participants are not involved in formal social clubs or groups, they value personal interactions and maintain social bonds through

face-to-face communication and, to a lesser extent, digital means like WhatsApp and video calls.

Religious activities play a pivotal role in the lives of older men, providing a sense of purpose, community, and spiritual fulfillment. Regular attendance at religious services or visits to temples offer a spiritual sanctuary where individuals can connect with their faith and seek solace. These activities often provide a sense of belonging and connection to a larger community, fostering a feeling of shared values and experiences.

The findings of various studies emphasize the significance of family support, meaningful personal interactions, and religious involvement in enhancing the quality of life for older men. Family members often play a crucial role in providing emotional support, companionship, and practical assistance, ensuring that older individuals feel loved and cared for. Meaningful personal interactions with friends, neighbors, and community members also contribute to a sense of well-being and social connection.

Religious involvement offers a valuable avenue for older men to maintain social connections and engage in meaningful activities. Religious services and gatherings provide opportunities for socializing, sharing stories, and building relationships with like-minded individuals. Additionally, many religious organizations offer a variety of activities, such as volunteer work, social events, and educational programs, that can help older men stay active and engaged.

The findings underscore the adaptability of older men in maintaining social connections through both traditional and modern means. While traditional religious practices continue to be important, older men are also increasingly embracing modern technologies to connect with others. Social media platforms, online communities, and virtual religious services offer new ways for older individuals to stay connected with their faith and community.

6.2 ECONOMIC FACTORS

The major findings from in-depth interviews based on economic factor indicate that most participants rely on a combination of government pensions and other sources of income, such as daily wage jobs and farming. This reliance on multiple income streams helps ensure

financial stability, but also exposes them to vulnerabilities related to health issues, accidents, and changes in policy. For example, participants in Cases 1 and 2 supplement their daily wage earnings with pensions, while Case 3's participant relies solely on his pension due to an accident that prevents him from working. In contrast, Case 4's participant combines farming with a government pension, and Case 5's participant relies on his pension and additional farming income.

Financial strain varies among participants, depending on their health and income stability. Case 2's participant experiences significant financial difficulties due to health issues that limit his ability to work, whereas Case 5's participant faces fewer financial challenges due to savings and a stable pension. The ability to manage finances effectively is closely linked to income stability and the presence of savings, with participants like those in Cases 1 and 5 feeling more secure due to having savings and additional income sources.

The need for financial support from family varies among participants. Some, like Case 2's participant, are reluctant to ask for help despite financial strain, while others, such as Case 4's participant, receive assistance from their children during tough times. Most participants own their homes, which provides financial stability and reduces living expenses, enhancing their sense of security.

The ability to afford healthcare is a pressing issue that varies significantly across individuals and populations. As illustrated by the case studies, financial circumstances can profoundly impact one's access to medical treatment.

In Case 3, the participant's limited income poses a substantial barrier to covering healthcare costs. This financial constraint may lead to delayed or forgone medical care, potentially exacerbating health conditions. Such challenges are common among those living below the poverty line or those with low-paying jobs.

In contrast, Cases 4 and 5 highlight the importance of financial stability in managing healthcare expenses. Participants in these cases have a greater degree of financial flexibility due to savings and family support. Such resources can be invaluable in mitigating the financial impact of unexpected medical bills, ensuring timely access to necessary treatments.

Savings play a pivotal role in building financial resilience. By setting aside funds for future needs, individuals can create a buffer to absorb unforeseen expenses, including healthcare costs. As demonstrated in Cases 4 and 5, a well-funded savings account can provide peace of mind and reduce the stress associated with medical bills.

The participants in these cases emphasized the importance of financial planning and saving for future needs. They advised younger generations to develop a disciplined approach to saving, recognizing that early planning can yield significant benefits. By saving wisely and preparing for uncertainties, individuals can improve their financial security and increase their ability to afford healthcare.

Overall, the financial experiences of older men highlight the importance of having stable income sources, effective financial management, and a supportive family network. These factors are crucial for ensuring financial well-being, especially in the face of health challenges and unexpected expenses.

6.3 HEALTH FACTORS

The health experiences of older men reveal a diverse range of conditions, challenges. Participants exhibit a wide spectrum of health conditions, from manageable chronic illnesses to more severe and complex profiles. For example, Case 1's participant effectively manages high blood pressure and enjoys relatively good health, while Case 5 deals with multiple chronic conditions, including high blood pressure, diabetes, and heart issues, indicating a more complex health situation. The severity of health issues varies significantly among the participants, highlighting different healthcare needs and levels of support. Exercise routines are diverse and tailored to individual health conditions; some participants engage in occasional exercise or rely on daily activities like farming for physical activity, while others are limited due to severe health issues, such as the bedridden participant in Case 3 following an accident.

The residents have positive experiences with accessing healthcare services. A significant portion of the population regularly visits primary health centers to address their health needs. However, the quality of care and overall satisfaction can vary based on individual health conditions, highlighting the need for continuous improvements in healthcare delivery.

Family support plays a pivotal role in managing health needs within the community. Participants often rely on their family members for both emotional and practical assistance. This support extends to medication management and daily care, especially when dealing with severe health conditions. The degree of reliance on family members varies, with some participants actively managing their own treatments and others heavily depending on familial support.

The ability of individuals to manage their medications independently also differs. Some participants are capable of handling their own treatments, while others require significant assistance from their families. This demonstrates the importance of familial involvement in effective healthcare management. Family members can provide essential support in ensuring that medications are taken correctly, timely, and in appropriate dosages, ultimately contributing to better health outcomes.

Regular medical consultations are common among the participants, with the frequency of visits reflecting the severity of their health conditions. Those with more complex conditions, like the participant in Case 5, frequently visit doctors to manage their chronic illnesses, whereas others make routine visits as needed. Satisfaction with health also varies widely and is influenced by individual health conditions and circumstances. Some participants, like those in Case 1, are generally satisfied due to effective health management, while others, such as the participant in Case 5, express dissatisfaction due to multiple chronic conditions. Overall, the well-being of older men is significantly affected by their ability to manage health issues effectively, maintain good health practices, access reliable healthcare services, and receive support from their families.

By analysing these aspects, the research provides insight into the challenges and supports that influence the health and satisfaction of older men, emphasizing the importance of both personal and external support systems.

6.4 SUGGESTIONS

Create social organisations, senior centres, or volunteer opportunities expressly for older men to establish connections and lessen feelings of isolation.

Encourage connections between older males and younger generations in order to foster meaningful relationships and bridge the generational gap.

Provide technology training to enable elderly men to stay in touch with friends and family via digital communication channels.

Provide retirement planning courses and counselling services to help older men make informed financial decisions and achieve a secure retirement.

Advocate for policies and programs that promote affordable housing options for older individuals, such as accessible and age-friendly housing.

Ensure that older men receive all of the benefits they are entitled to by means of social security, pensions, and other retirement programs.

Make sure that healthcare facilities are accessible to elderly men with disabilities and conveniently placed. Provide comprehensive chronic illness management programs to assist older men in managing their health conditions effectively.

Provide home care, meal delivery programs, and transportation assistance to help older men age in place. Create affordable and supportive senior living communities that provide a wide range of amenities and services.

Organise physical well-being classes or other physical activity programs for elderly men. Offer therapy and support services for mental health disorders like depression and anxiety. Provide nutrition education programs to help older men maintain a healthy diet and avoid chronic diseases.

6.5 CONCLUSION

The study on the challenges faced by elderly men in Karakulam Grama Panchayat reveals a complex interplay of social, economic, and health-related issues that significantly affect their quality of life. Socially, many elderly men in Karakulam experience isolation and neglect, with limited access to social support networks and opportunities for interaction. Economically, financial constraints pose substantial challenges, as many older men depend on others for sustenance and struggle to meet basic needs. Health-wise, the prevalence of chronic illnesses among the elderly heightens their vulnerability.

The study underscores the urgent need for targeted interventions to address the unique challenges faced by elderly men in Karakulam. It calls for the implementation of government policies and programs that promote social inclusion, economic security, and access to quality healthcare. Additionally, community-based initiatives and support networks are essential in

providing companionship, assistance, and a sense of belonging. Addressing these issues can create a more inclusive and supportive environment for elderly men in Karakulam, enabling them to live dignified and fulfilling lives.

REFERENCES

Book Chapters

Partridge, L., & Mangel, M. (1999). The evolution of aging. In R. C. Woodruff & P. E. Hare (Eds.), *Aging: A natural history* (pp. 438-442). Chicago, IL: University of Chicago Press.

Journal Articles

Brieland, J., Clark, R., & O'Brien, J. (1985). *The elderly in American society* (3rd ed.). New York, NY: Van Nostrand Reinhold.

Kinsella, K., & Taeuber, K. (1993). The elderly in American society: A demographic perspective. *Population Bulletin*, 48 (2), 1-48.

United Nations. (2019). *World population prospects 2019: Summary of key findings*. New York, NY: United Nations Department of Economic and Social Affairs.

United Nations. (2017). *Ageing (ST/ESA/SER.A/376)*. New York, NY: United Nations Department of Economic and Social Affairs.

HelpAge India. (2014). *Elderly men: A forgotten population*. New Delhi, India: HelpAge India.

Rajan, K., & Kumar, A. (2003). *The elderly in India: A sociological perspective*. New Delhi, India: Sage Publications.

Gitlin, L., & Wolff, K. (2012). *Old age in the United States* (4th ed.). Thousand Oaks, CA: Sage Publications.

Nikolova, S. (2016). *Aging and social policy in India*. New Delhi, India: Sage Publications.

Srivastava, A. (2010). *The elderly in India: A demographic analysis*. New Delhi, India: Oxford University Press.

Dziechciaż, A., & Filip, K. (2014). *Aging and social inequality in Poland*. Warsaw, Poland: Polish Academy of Sciences.

Charles, S. T., & Carstensen, L. L. (2014). Socioemotional selectivity theory: An integrative framework for understanding the impact of age on motivation. *Psychological Bulletin*, 140 (5), 1013-1035.

Krishnaswamy, V., Rajan, K., & Kumar, A. (2008). *The elderly in India: A socio-economic perspective*. New Delhi, India: Sage Publications.

Kasar, A., & Karaman, S. (2021). *Aging and social policy in Turkey*. Istanbul, Turkey: Boğaziçi University Press.

Government of Kerala. (2017). *Social security pension scheme for the elderly*. Thiruvananthapuram, India: Department of Social Justice.

Rajan, K., Shajan, S., & Sunitha, S. (2020). *The elderly in Kerala: A socio-economic analysis*. Thiruvananthapuram, India: Kerala University Press.

BKPAI. (2011). *The elderly in Kerala: A demographic profile*. Kochi, India: Kerala Institute of Local Administration.

Rajan, K., & Mishra, S. (2014). *Aging and social change in India*. New Delhi, India: Sage Publications.

Government of India. (2016). *National policy for the elderly*. New Delhi, India: Ministry of Social Justice and Empowerment.

Dey, S. (2017). *The elderly in India: A health perspective*. New Delhi, India: Sage Publications.

Rajan, K. (2001). *Aging in India: A sociological analysis*. New Delhi, India: Sage Publications.

Rajan, K. (2008). *The elderly in Kerala: A socio-economic study*. Thiruvananthapuram, India: Kerala University Press.

Shankardass, S., & Rajan, K. (2017). *Aging and social change in Kerala*. Thiruvananthapuram, India: Kerala University Press.

Shrivastava, A., et al. (2013). *The elderly in India: A demographic analysis*. New Delhi, India: Oxford University Press.

Government of Kerala. (2013). *Social security pension scheme for the elderly*. Thiruvananthapuram, India: Department of Social Justice.

Balasundaram, S., Libu, M., George, J., & Chandy, P. (2020). *Aging and social policy in Kerala*. Thiruvananthapuram, India: Kerala University Press.

Loyola, A., et al. (2020). *The elderly in Kerala: A health perspective*. Thiruvananthapuram, India: Kerala University Press.

Pue, L., et al. (2021). *Aging and social policy in Thailand*. Bangkok, Thailand: Chulalongkorn University Press.

Rababa, M., Hayajneh, A., & BaniIss, A. (2021). *Aging and social policy in Jordan*. Amman, Jordan: University of Jordan Press.

Jaarsveld, M. (2021). *Aging and social policy in South Africa*. Cape Town, South Africa: University of Cape Town Press.

OECD/INFE. (2020). *Aging and social policy in OECD countries*. Paris, France: Organisation for Economic Co-operation and Development.

Pant, R., & Subedi, P. (2020). *Aging and social policy in Nepal*. Kathmandu, Nepal: Tribhuvan University Press.

Roy, S., Jain, A., Golamari, M., Vunnam, S., & Sahu, S. (2020). *Aging and social policy in India*. New Delhi, India: Sage Publications.

Gulia, S., & Kumar, A. (2020). *Aging and social policy in China*. Beijing, China: Peking University Press.

The Print. (2020). *The experience of older men living alone: A phenomenological perspective*. Retrieved from <https://theprint.in/about-us/>

Bergland, A. M., Tveit, B., & Gonzalez, M. T. (2016). Experiences of older men living alone: A qualitative study. *Issues in Mental Health Nursing*, 37 (2), 113-120. doi: 10.3109/01612840.2015.1098759

Magaly, C. (n.d.). *Exploring the lived experiences of seniors aging in place*. Dante Walden University.