

**LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE A CASE STUDY
OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT, KERALA**

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Requirements for the Masters of Arts Degree Examination in Sociology*

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DECLARATION

I, MIDHUN V MATHEW, hereby declare that the dissertation titled “**LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE; A CASE STUDY OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT KERALA**” 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 “**LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE; A CASE STUDY OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT KERALA**” is a record of genuine work done by MIDHUN V MATHEW, 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

The UN defines a country as “Ageing” or “Greying Nation” where the proportion of people over 60 reaches 7 percent to total population. By 2011 India has exceeded that proportion (8.0 percent) and is expected to reach 12.6 percent in 2025. According to the SRS Bulletin published in the year 2012, Kerala has 11.8 % old age Male and 13.3% Female old age and total elderly population is 12.6% in 2011 in Kerala. Now it has increased. (Source: SRS Bulletin (Sample Registration System) October 2012, Registrar General of India, New Delhi). According to data from the World Population Prospects: the 2017 Revision, the number of older persons — those aged 60 years or over is expected to more than double by 2050 and to more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. Globally, the population aged 60 or over is growing faster than all younger age groups.

A man's life is generally divided into five main stages, namely infancy, childhood, adolescence, adulthood, and old age. In each stage, an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age, physical strength deteriorates, mental stability diminishes, and money power becomes bleak, coupled with negligence from the younger generation. Late adulthood is inevitable, inexorable. The glamorous youth comes and goes, never to return. But the old age stays until one breaths the last and it behaves us to accept the sunset years gracefully and live with dignity. Through these systematic changes that occur between conceptions to death, three main areas of development are affected, including changes in physical development, cognitive development, and psychosocial development.

In Kerala context, family system is deeply rooted with strong relationship between parents, children, relatives etc. But the 21st century witnessing a vital issues in family relationships with old age parents and children. When the educated youth are not able to work in the homeland or the unavailability of jobs, lead them to trust in other countries. When the last child leaves the home for further study or job in abroad or live apart from the parents, literature shows that, they may feel it difficult to adjust with these situation. The research paper deals with the life experience of lonely elderly people with special reference to Neendoor Gramapanchayat which is in the heart of Kottayam district, Kerala.

This study seeks to explore the social, emotional, and health challenges faced by elderly individuals living alone within their families. It examines how these elderly individuals navigate these challenges on a daily basis and the coping mechanisms they develop in response to their circumstances. By analysing the narratives of elderly individuals living alone, the research aims to uncover valuable insights that can inform the development of more effective policies and support systems tailored to their unique needs.

It was understood that the life experiences of lonely elderly individuals in NeendoorPanchayat, Kottayam District, are shaped by a complex mix of social, cultural, economic, and psychological factors. Appropriate interventions and well-targeted policies have the potential to significantly enhance the quality of life for the elderly.

Topic: LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE: A CASE STUDY OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT, KERALA

CHAPTER I

INTRODUCTION

1.1. INTRODUCTION

Old age, the last phase of one's life, is one of the most challenging stages of life. This is mainly due to the general decline in health and physiological functioning associated with aging. The elderly face chronic illness, deteriorating functional capacities of muscles and the sense organs, and problems with memory and cognitive functions. Added to these are the increasing financial dependence, lack of opportunities and inability for social contact, the pains of isolation and bereavement due to the death of loved ones, especially life partners, family members, and friends. The life of the aged is becoming more and more miserable, and there is a growing dissatisfaction among the older, elated that they are not taken care of as they deserve.

The aging process is very subtle, and the changes are slow. However, by mid-60 the changes are more noticeable physically. Their skin becomes thinner and less elasticized wrinkles appear, bones become more brittle and more likely to break, joints become stiffer and more painful. Height is reduced and the spin may become rounded, also muscles become weaker. Their balance becomes impaired, taste and smell deteriorate. Hearing and sight start to fail, blood pressure can increase, the glands do not function so well, and they are more prone to health risks and infections. It is very important that the individuals get the many needs such as convenient health and leisure facilities, sometimes many elderly people tend to need help from a care worker.

Elderly people still have many intellectual needs. Just because they are growing in years does not mean they can no longer grow and learn new things as well; the elderly is essential to communicate with others as they may feel isolated and vulnerable. The elderly is very vulnerable. They are at risk of crime and attack. They may feel depressed because their life has lost their routine. Usually at this is age if an individual has had kids and the kids have probably moved out and got a job and so they can spend their days doing things they have

always wanted to do providing that they stay healthy and able. There are many sociable activities that an elderly person can do, they can go for walks, they can play online games, they can do many things, they have always wanted to. By doing this they will be able to make more friends through formal activities.

The world population continues to grow older rapidly as fertility rates have fallen to very low levels in most world regions and people tend to live longer. When the global population reached 7 billion in 2012, 562 million (or 8.0 percent) were aged 65 and over. In 2015, 3 years later, the older population rose by 55 million and the proportion of the older population reached 8.5 percent of the total population. According to the law, a "senior citizen" means any citizen of India, who has attained the age of sixty years or above.

A report released by the United Nations Population Fund and Help Age India suggests that India had 90 million elderly persons in 2011, expected to grow to 173 million by 2026. Kerala's total population, as per the 2011 census, is around 3.36 crore, of which 12.6 percent are aged above 60 years. According to the census, the state's elderly population is growing at a perpetual rate of 2.3 percent. The growth rate is high among the elderly aged 70 or 80 and above. If this trend continues uninterrupted, it is expected to cross over the proportion of young and old between 2021 and 2031, the study, conducted among 7582 households with 10,027 elderly persons spread over 300 localities in Kerala, said. As the number and proportion of older persons are growing faster than any other age group, there are concerns on the accommodation capacities of society to address challenges associated with this demographic shift. As per the census, females outnumber males among the elderly and in the higher age group; the percentage of female elderly is greater.

The ageing process is of course a biological reality, which has its own dynamic, largely beyond human control. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.

The population of seniors in India has grown from 3.3 percent in 1950 to 7.6 percent in 2000. Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is the age of 60 years or above (GK, 2013). By 2020, it is projected that three-quarters of all deaths in developing countries could be ageing-related. 16 % of the world's elderly population will be in India.

Kerala adds one million elderly every successive year since the census of 1981. The State estimated to reach 20 per cent in the next ten years, so the government is getting ready to prepare its offices and employees to become more senior citizen friendly. As part of the initiative, a mass awareness program related to dealing with old persons will be launched in all government, quasi and co-operative sector offices in the state on October 1, the International Day of Older Persons (PTI, Business Standard, 2014).

Life of elderly is deeply affected by their health factors, which in turn contribute to their functional autonomy or their functional status. A proper care provided to them can automatically rise up their quality of life and social support in empty nest period. Social support system decline can negatively affect the quality of life of the elderly, in that it compromises both their autonomy and their independence. Good Health is a crucial factor for elderly to maintain their role in society, which leads to have a better quality of life at their old age. Quality of life was defined in 1994 by the World Health Organization, Quality of Life (WHO-QOL) as an individual perception of the position in life in the context of the cultural system and values in which people live and related to their goals, expectations, norms and concerns.

Regarding the elderly, the concepts of quality of life presented in the literature are also characterized by their multidimensionality, that is, they take into account functional capacity, emotional, psychological and sexual well-being, social support, satisfaction with Life in general, the perception of health status, among others. (Ermelinda, 2017).

When comparing the social support system and quality of life of the elderly in our society and family set ups, those living without their children, there is a considerable amount of differences that could be observed. Ageing of the population along with changes in the family structure and shifts in intergenerational relations has brought into focus issues pertaining to health status across all domains, which in turn reflect the quality of life of elderly in India.

The New Indian Express published in 2014 shows that the major population of Kerala is growing old compared to other states in India. S IrudayaRajan and U S Mishra mention that the older age group is expanding compared to the younger age group and Kerala is increasing the case of elderly population every successive year. Kerala state planning board report (in surviving a lonely evening, 2011) caregivers are given responsibility for looking after the elderly in most of the families (Mishra, 2014). It is because children work outside the state or country. This increases the day care centres and old age homes.

The highest number of old age homes in Kerala is in Trissur (82), Ernakulum has (33) and Kottayam has (27). About 6% of the elderly is living alone in Kerala and it increases with in few years. The elderly who are living alone face many psychological issues like problem of coping with retirement, death of partner, loss of income, lack of independence, children leaving the home etc. Due to loneliness their emotional imbalances leads to suicide. Social support system is very important among elderly otherwise they will be isolated and will feel lonely.

Lonely and isolated elderly people have a high risk of physical and mental decline, and will die faster. Psychological and physical wellness will be affected due to lack of social support system. The social support system plays an important role in the empty nest period of elderly and it will affect the quality of life. The young generation doesn't care about the elderly who have sacrificed their whole life for upbringing them. Many of them are placed in institution or left in their homes. The condition of the elderly is not good as they have no one to give them affection and love.

1.2. STATEMENT OF THE PROBLEM

The aging population in Kerala is growing rapidly, with the elderly demographic expanding at a faster rate compared to the younger age groups, as highlighted by various studies and reports. The 2014 report from *The New Indian Express* and research by S. IrudayaRajan and U.S. Mishra indicate that Kerala faces a significant increase in its elderly population every successive year. The Kerala State Planning Board report (2011) further notes that caregivers are increasingly responsible for elderly care due to the outmigration of children for work, leading to a rise in the number of day care centers and old age homes, particularly in districts like Thrissur, Ernakulam, and Kottayam. Recent reports from *Frontline Magazine* and *The Times of India* (2023) underscore the growing prevalence of elderly individuals living alone, particularly in areas such as Kaipuzha and Neendoor in Kerala's Kottayam district (Frontline Magazine, 2023).

Given this context, this study aims to explore the social life of elderly individuals living alone in Neendoor Panchayat, Kottayam district, Kerala. The research will assess the level of family support, daily life activities, social habits, coping mechanisms, interactions with others, participation in group activities, and engagement in religious practices. Additionally, the study will examine how changes in socio-economic status after retirement

affect the lives of the elderly. These factors are critical in understanding the challenges faced by the elderly, which may lead to isolation, loss of independence, loneliness, and psychological distress. Understanding these dynamics is essential for developing targeted interventions and policies to support the well-being of elderly individuals living alone.

1.3. SIGNIFICANCE OF THE STUDY

This study is significant for several reasons: The findings will provide valuable insights for policymakers to create targeted support programs for the elderly. It will raise awareness within the community about the challenges faced by elderly individuals living alone. The research will contribute to the academic discourse on aging, social isolation, and family dynamics in the context of rural India.

This study sought to examine how changing social connections over time influenced health. While the elderly is vulnerable to losing formal social roles through retirement or the death of a spouse, they could still seek out social activities in other fields. To lead an independent life, the elderly needs some basic requirements and skills for day-to-day living that include the ability to undertake social activities and perform personal and domestic tasks. So, these factors lead to finding out some need in this area, so I took up this study as the social life of the elderly living alone in families.

CHAPTER II

REVIEW OF LITERATURE

2.1. INTRODUCTION

The phenomenon of social life of elderly living alone in families has gained significant attention from scholars, policymakers, and social researchers due to its implications for gender dynamics, family structures, and social well-being. This review of literature aims to provide a comprehensive overview of existing research, shedding light on the different dimensions of social life of elderly living alone in families and their broader implications.

Through a systematic examination of scholarly research, this review identified key themes, gaps, and trends in the study of social life of elderly living alone in families. The review also explored the methodologies employed in existing studies, ranging from quantitative analyses of demographic data to qualitative investigations involving in-depth interviews and ethnographic observations. Through this comprehensive exploration of the literature, the review aims to illuminate the challenges and opportunities faced by elderly who live alone, with the ultimate goal of informing future research directions, policy initiatives, and interventions that address the diverse needs and realities of these elderly living alone in families.

2.2. STUDIES ON ELDERLY LIVING ALONE IN FAMILIES–GLOBAL

A significant body of research has examined the demographic and economic factors influencing the living arrangements of elderly individuals globally. According to a study by the Pew Research Center, older adults in wealthier countries, such as the United States and parts of Europe, are more likely to live alone or with only a spouse, compared to their counterparts in less economically developed regions where extended-family living is more common (Ausubel.J(2020)).The economic stability provided by government pensions and social services in wealthier countries enables more elderly individuals to maintain independent households.

In contrast, in countries with lower economic development, such as those in sub-Saharan Africa and parts of South Asia, financial constraints and cultural norms often result in elderly individuals living in extended-family households. This arrangement allows for shared economic resources and caregiving responsibilities, which are essential in regions with limited social welfare systems.

Living alone can have significant health and social implications for the elderly. Studies have shown that social isolation and loneliness among older adults can lead to adverse health outcomes, including increased risks of cardiovascular diseases, depression, and cognitive decline. The National Institute on Aging highlights that loneliness can trigger biological processes that contribute to various health issues, such as inflammation and weakened immune responses (Nielsen.L(2019)

The COVID-19 pandemic further exacerbated these issues, with many elderly individuals experiencing heightened isolation due to lockdowns and social distancing measures. This increased the prevalence of mental health problems and disrupted regular healthcare services for many seniors

Research has focused on various interventions to mitigate the effects of living alone among the elderly. Community-based programs, social activities, and technological solutions like Tele-health and social media platforms have been explored as means to reduce loneliness and improve mental health. A scoping review of loneliness and social isolation interventions for older adults emphasizes the importance of tailored approaches that consider the specific needs and contexts of different populations(Olujoke.A.,Fakoya, Noleen.K. McCorry & Michael Donnelly (2020).

2.3. STUDIES ON ELDERLY LIVING ALONE IN FAMILIES -NATIONAL

- Victor, C. R., Scambler, S. J., Bowling, A. N., & Bond, J. (2005). "The prevalence of, and risk factors for, loneliness in later life: A survey of older people in Great Britain." This study highlights the prevalence of loneliness among older adults living alone and identifies key risk factors such as loss of a spouse, low income, and lack of social networks.

- Kharicha, K., Iliffe, S., Harari, D., Swift, C., Gillmann, G., & Stuck, A. E. (2007). "Health risk appraisal in older people: Are older people living alone an 'at-risk' group?" This research focuses on the health risks associated with older adults living alone, including higher rates of chronic illnesses and decreased access to healthcare services.
- Choi, N. G., & McDougall, G. J. (2007). "Comparison of depressive symptoms between homebound older adults and ambulatory older adults." The study compares depressive symptoms between elderly individuals living alone and those living with family, finding higher rates of depression among those living alone.
- Cohen, C. A., Colantonio, A., & Vernich, L. (2002). "Positive aspects of caregiving: Rounding out the caregiver experience." This article explores how family dynamics are affected when elderly members live alone but still rely on family for caregiving, emphasizing both positive and negative impacts.
- Gibler, K. M. (2003). "Aging subsidized housing residents: A growing problem in U.S. cities." This study examines the socioeconomic challenges faced by elderly individuals living alone, including housing stability and financial insecurity.
- Tang, F., & Lee, Y. (2011). "Social support networks and expectations for aging among elderly Chinese." This research discusses the policy implications of an aging population living alone, including the need for improved social support networks and community-based services.
- Victor, C. R., Scambler, S. J., Bowling, A., & Bond, J. (2006). "Being alone in later life: loneliness, social isolation and living alone." The study focuses on the quality of life among elderly people living alone, finding that social isolation significantly affects their overall well-being.

The findings from this current study highlighted the different problems the “elderly staying alone” face. The most important reason which is the root cause of all problems is the lack of family support. It results in poverty, decreased health care and hygiene, hunger, poor housing conditions, which when coupled with neglect and abuse from

the neighbours resulted in increased mental illnesses among the elderly population. (Indian Journal of Palliative Care,2018).

The “elderly people staying alone” are still neglected, suffering from poverty and are socially deprived. There is no social structure that can take care of them. It is the high time for the government to step in for bringing societal and familial reforms that will safeguard this special elderly population of rural India. There are few recommendations for developing the condition of the “elderly staying alone” in India, that may be at familial, societal, and policy level.

In the family level, the younger generation should be more thoughtful about the elderly in the homes and should not leave them all alone. In case they need to leave their villages for work, they should take the elderly people with them or should make alternative arrangements so that the eldest family member is not alone at home and does not become a victim of negligence and abuse. The elderly people enjoy the company of their grandchildren and the kids should not be prevented from mixing with their grandparents. They need regular health check-ups and medications. It is the duty of the younger generation to cater for their needs in their last days and should not allow them to go into depression.

The societies need to be more elderly friendly, especially to those who are all alone in their last days of life. It should be realized that everyone has to pass through this stage 1 day or the other. Societies should have a dedicated place or a clubhouse for elderlies to meet, talk, gossip, and share their feelings. Some entertaining facilities can be arranged for them like playing indoor games such as carrom or cards. They may find it refreshing to have an evening stroll, so a park or dedicated pavement may be built in the surroundings for the elderly citizens

The government should arrange for free health treatment, free food, free medicines, and clothes for the “elderly who stay alone” and it will be a step toward universal health coverage that India is trying to achieve sooner. Special pension allowance if started which will be dedicated only for the “elderly staying alone,” will give better financial independence to them. The nongovernment organizations may play an important role in rendering services dedicated to this special elderly group. The number of government-aided old age homes should be increased, even in rural areas, where they will have a place to stay, get food to eat, have regular health check-up, and a peer group with whom they can share their feelings. A

separate administration should be established to work for the problems of the “elderly who are staying alone.”(Indian Journal of Palliative Care,2018).

The primary reason for children sending their elderly parents to old age homes is considered to be the migration to another city or country for better opportunities in their career, whether it is for a job or education. It is not much difficult for the youths to leave their parental house and migrate to a new place, but it is certainly challenging for the elderly parents to leave their hometowns and settle down in a new city and so they prefer to live in their home town. However, this is not the only reason for the development of old age homes in Kottayam.

- With improved medical facilities and advancements in senior care, seniors are living longer and healthier lives.
- Many seniors are choosing to downsize in their retirement years and live in smaller homes that are easier to manage. Additionally, as the children of baby boomers reach adulthood, they are often moving away from home to start families of their own, leaving their parents behind.
- Finally, the current economic climate has made it difficult for some families to afford two households, so they are opting to have their elderly parents move in with them.(Frontline Magazine,2023).

2.4. RESEARCH GAP

Despite the growing body of literature on social life of elderly living alone in families, there remains a significant research gap in understanding lived experiences, narratives, and coping strategies of elderly living alone in families. Therefore, in the present research a Qualitative approach is was adopted in exploring the complex interplay of social, economic, cultural, and psychological factors that influence elderly living alone in families.

The literature review on social life of elderly living alone in families has illuminated a diverse array of perspectives and insights into the experiences, challenges, and strengths of these elderly. The journey through various scholarly works has revealed the multifaceted nature of elderly living alone in families shedding light on both the adversities they confront and the resilience they demonstrate. Nevertheless, as the literature suggests, gaps in research persist. Notably, there is a need for more longitudinal studies, intersectional analyses, and in-

depth qualitative investigations that capture the evolving trajectories of elderly living alone in families over time and delve into the intricate narratives of individual experiences. Therefore, the present study.

CHAPTER III

RESEARCH METHODOLOGY

3.1. TITLE OF THE STUDY

LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE: A CASE STUDY OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT, KERALA

3.2. RESEARCH QUESTIONS

3.2.1. GENERAL RESEARCH QUESTION

What are the challenges faced by the elderly who live alone?

3.2.2. SPECIFIC RESEARCH QUESTIONS

- What are the social, emotional, and health challenges faced by the elderly living alone in families.?
- How do the lonely elderly navigate these challenges on a day-to-day basis?
- What are the coping mechanisms that the elderly living alone develop in response to their circumstances?
- What insights can be gained from the narratives of elderly alone families that could inform the design of more effective policies and support systems?

3.3 DEFINITION OF CONCEPTS

- **Elderly:** a person over 60 years of age and is living alone in a household in the Neendoor Panchayat of Kottayam district.
- **Life experience:** The term refers to the knowledge and understanding a person gains through their involvement in various activities and events over time, shaping their perspectives and personal growth.

- **Loneliness:** Loneliness is a distressing emotion arising from the perception that one's social needs are unmet, either due to a lack of sufficient social connections or the perceived inadequacy of the quality of those relationships.

3.4. RESEARCH DESIGN

According to Bryman (2012), a research design serves as a framework for data collection and analysis, reflecting the researcher's priorities throughout the research process. In this study, a case study design was chosen to gain a comprehensive understanding of the lives of elderly alone families, their challenges, and the opportunities they encounter.

The case study design involves an in-depth exploration of a single social phenomenon. This phenomenon could be an individual, a group, an event, a community, or any other social unit. By focusing on a single case, this research approach allows for a thorough examination of intricate details that other research methods might overlook. Central to the case study research is the emphasis on the complexity and uniqueness of the chosen case. Through a detailed analysis, this method aims to unveil the distinct qualities that make each case individual. In the context of this study, the chosen case is that of elderly alone families, and the goal is to analyze their experiences, challenges, and opportunities thoroughly.

One of the notable strengths of the case study approach is its ability to capture the richness and subjectivity inherent in the cases being examined. By delving into the experiences and emotions of the individuals within these elderly, the research aims to offer a comprehensive and nuanced understanding of their situations. In essence, this research approach aligns with the goal of understanding the challenges and opportunities faced by elderly alone families. Through the case study design, the researcher seeks to uncover the multifaceted aspects of these elderly, highlighting their unique circumstances and shedding light on the factors that shape their experiences.

3.5 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.

3.6 PILOT STUDY

Pilot study was conducted in the NeendoorPanchayat of Kottayam district to understand the feasibility of the study.

3.7 AREA OF STUDY

NeendoorPanchayat of Kottayam District was chosen as the study area. Recent reports from *Frontline Magazine* and *The Times of India* (2023) highlight the increasing number of elderly individuals living alone, especially in the region of Neendoor within Kerala's Kottayam district. Consequently, this study has selected NeendoorPanchayat as the focus area for the dissertation.

3.8 RESEARCH METHOD

The present research employs a **qualitative approach** to delve into the social lives of elderly families who are alone. Qualitative research emphasizes a profound comprehension of the subject, highlighting its intricacies and particulars. This study aims to gain a comprehensive understanding of the lives of elderly alone families, focusing on their journey from challenges to strengths. An **interview** approach was employed to gather data, guided by a **semi-structured interview schedule**. This approach allows for flexibility while ensuring that key 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 based on specific criteria aligned with the research objectives. A total of six elderly living alone were included as participants in the study. (Three are widows (women's), three are widower). In essence, this qualitative research provides a platform for the participants to share their stories and experiences in their own words. By employing in-depth interviews and purposeful sampling, the research endeavors to uncover the unique narratives of these elderly people, shedding light on their struggles, strengths, and the factors that shape their lives.

3.9. DATA ANALYSIS

Data was analyzed thematically. Thematic analysis of elderly alone families involves systematically examining qualitative data collected from elderly living alone to identify recurring themes, patterns, and meanings within their narratives. Thematic analysis is

a flexible method that allows researchers to uncover the rich and complex experiences of these elderly people. Applying thematic analysis to the narratives of elderly alone families provides a structured and systematic approach to uncovering meaningful insights. It allows researchers to uncover the underlying stories, emotions, and experiences that contribute to a holistic understanding of the challenges, strengths, and dynamics within these elderly people.

3.10. LIMITATIONS OF THE STUDY

One of the primary limitations of the study was the notable lack of participation from the elderly population, which resulted in a constrained ability to gather comprehensive data from this demographic. This challenge was mitigated by transparently communicating the study's objectives and importance and assuring the safeguarding of personal information. The sensitive and confidential nature of the topic posed several obstacles throughout the research process. Initially, identifying suitable participants, i.e., elderly alone families, presented a formidable hurdle. The study aimed to investigate the circumstances faced by the social life of elderly alone families, necessitating a thorough understanding of their difficulties and challenges.

CHAPTER IV

CASE PRESENTATION ANALYSIS AND INTERPRETATION

DATA ANALYSIS PROFILE OF THE CASES

| CASES | AGE | SEX | RELIGION | MARITAL STATUS |
|--------------|------------|------------|------------------|-----------------------|
| 1 | 75 | M | Christian | Widower |
| 2 | 76 | F | Hindu | Widow |
| 3 | 68 | F | Hindu | Widow |
| 4 | 72 | M | Christian | Widower |
| 5 | 65 | F | Christian | Widow |
| 6 | 70 | M | Hindu | Widower |

4.1. CASES

4.1.1 CASE 1 75-YEAR-OLD WIDOWER

Case 1 is living in Neendoor. He is a member of the Syro Malabar Catholic Church. He has been working as an advocate since the age of 35. He was married, and his wife was a housewife. His spouse passed away ten years ago. He has five children three daughters and two sons. The first daughter of '1 is a catholic nun, and she belongs to the SH religious community. The second daughter of '1' and her husband are pilots. They are in the United States of America. They have three children. Case 1's third daughter is an advocate, and her husband is a Cardiologist. They have two children. They are living in Ernakulam. His first son and his family are in America, working for a company. Case 1's second son is a dentist. He and his family live in New York. Case 1's has a servant.

The interviewee feels that he is not suffering from any kind of emptiness and loneliness. However, he is living alone with a servant in a huge house. His contact with outside world has shrunk to the newspapers and Radio news that he listens to. He has hardly any social life and he finds solace and comfort in prayer. His children visit him rarely and call him occasionally. He admits to the fact that they are busy, and he is alone all by himself.

Case 1's is on 75 now. He can't travel alone. So, he spends time at home itself. He has had the habit of attending the holy mass every day until three years ago. Now, his limbs are weak, and he cannot walk alone. His children don't take him to the church because of the fear of falling. His house is a two-storey building with a huge standing wall. No relatives and friends come there. He doesn't visit them also. He walks inside the home with the help of a walker. He does not have the health to attend functions at relatives and neighbours houses. Those children who are living here come to visit him now and then. They contact him over the phone occasionally. He says, "They don't have time; they are busy with their own activities, and everyone is busy". He doesn't like to stay with his children. Since he is living in the same house for long time, it is difficult for him leave the place. He wants to take the last breath from here.

Case 1 belongs to a rich family. So he does not have any financial problem. He has no problem in living alone. He prepared himself for that. He spends most part of his time in prayer. He is happy about all the blessing God has given to him. He is unhappy since he can't go to the church every day. In general he is happy and expects to live up to 90 years.

He has no health problems relate to his age. His eyes and ears were in good health. He does not face any problem related to memory. He has sleeps very less. He wakes up four or five times in the night. His left leg is affected by elephantiasis. Now his rights leg also has some swelling. His legs are weak. So he cannot climb stairs without walker. His servant prepares foodfor him. He tries to do his jobs alone. He is not under any medication.

He starts prayer from morning itself. He listens to the Radio news, watches TV news and read newspapers. His heart is filled with the good memories of the blessings given by God. He tries to conduct evening walk every day. He does things correctly and systematically. He always tries to remain positive and be grateful to God for all that has come his way.

4.1.2 CASE 2 76-YEAR-OLD WIDOW

Case 2 is living in Kaipuzha. She belongs to Hindu Ezhava community. She got married when she was 15. Her husband passed away 29 years ago. He died due to hysteria. When she was 32 years in old. He was a coolie. She has two children's: a son and a daughter. All of them lived afar from her; when their son was eighteen years old, he left his home. He could not come back. They have no awareness about him, living or not. Her daughter is working in Dubai. She got married when she was 18th years old. Later, her husband left her and married other women. She has a daughter she was married and settled in Kollam. Her daughter come to their house and visits her once in two years. Her Grandchild visits her in some occasion like Onam, Christmas and other festival. But on all days, she lives lonely.

The death of her husband was a big blow to her. She goes to the neighbouring house to work as a servant. She does all working for raring of their children's. She gives better food and education to children's. When the son was 18th years old he left home and he could not come back. This would create a lot of solitude with her. The daughter was only financial help to the family. So she went to Dubai and working in housemaid, she earns money for family. Case 2, does all household activities, and she as raring their grandchild. When she was 19th she got married and settled in Kollam. This will lead to a life of loneliness to case 2. Case 2 says that she does not face this utter solitude before her marriage after that a big solitude affect her, and this leading to a meaningless and painful life.

Case 2 has difficult to travel alone. So she travels if it is extremely necessary. She maintains good relationships with her friends and relatives. They also visit to her house occasionally. She attends the functions in their house also. They have no any relationships with neighbours and could not get any help from neighbours. She contracts her children through telephone once in a week. She doesn't visit children's house, they are lived afar from her. Children visits in some occasionally. She has pension and her daughter sent her money required for her expenditures. She sent thousand rupees per month. This was used to bring medicine, hospital requires, electricity bill, mobile recharge and other requires. She has any type of money investment, and couldn't have any indebtedness. So income will be adequate for satisfied all needs.

She has no socio economic problems. She suffers much psychological and health problems. In the absence of husband she worked really hard for her children and

she provide them with good education and all facilities, but they are not lived with her. When the grandchild got married, she was lived alone she suffers much of painful sorrows. The loneliness life is main causes for massive insecurity and creates continues despair and sadness. She feels that there is no any meaning to life. She suffers more solitude and painful thoughts. During nights she feels afraid. All her emotions reach their peak at nights. She didn't worry about death. But she is afraid of the fact that there is nobody to take her to the hospital if something happens. So these bitter thoughts will create a lot of depression and grief. They have some positive feeling; in the absence of her husband she worked really hard and provide good education and good food to the children also in the absence of her daughter she took grandchild and raring to her. These will create lot of satisfaction and happiness.

Psychological problems will create lot of physical problems always she feels much illness. She has problems in her knees and hands. This will affect problems to ability to travel. She is suffering from high blood pressure, diabetes and cholesterol. She takes medicines for all these diseases. She is very anxious about her health.

In many days she goes to temple and spends more time with Gods. She participates all marriage functions, festivals, ceremonies etc. These are helps to escape from many problems. Then she tries to do all household activities by herself. She tries to maintain good relationships with friends and relatives and communicate with her children, friends, relatives through telephone. She watches television programmes in the remaining time. In all evening she is lightening the lamp and prayer. These help to forget many sorrows affect her.

4.1.3 CASE 3 68-YEAR-OLD WIDOW

She is living in Kurumulloor. She is a housewife. She belongs to the Hindu Nair. Her husband passed away 22 years ago. Her husband died due to heart attack. He was a very lovable person and she enjoyed tremendous care and affection for him. She has one son who are married and settled. Her son is school teacher in Kannur. His wife was a housewife and they have a child. He is studying in 5th class. They are settled in Kannur. They come to their house and visit her once in two week.

During the time of husband death, she was very young. So her parents and relatives compelled her for a remarriage. She does not allow. She lived for her son. The death of her husband has increased her burden and creates a feeling of loneliness.

Later these feeling was disappeared her son grew up. She has some property. In the absence of her husband, she worked hard to provide better education and other facilities to son. She had a lot of hopes on him. She believed that when he gets a job her suffering will come to an end. Later son got married and settled in Kannur. She started feeling of isolation and grief. The son leaves the home soon after his marriage. She broke down because she had a lot of desire to him. His absence destroyed her both physically and mentally.

She can travel without the help of anyone. The all relatives are besides to her house. So she visits their house and spends more time with them. She able to participate in all social activities and functions. She often visits temple which is near to her house. She says that neighbours are good people, they are helped her very well. So she led a good relationships with neighbours and friends. She doesn't have any contract with children through telephone. Children's are visits her once in two week and lived with her. She gets widow pensions and her son financially helping. She has some investment. So she didn't have any debt.

She has no financial crisis, but all problems connected too mentally. After death of her husband and left of her son. She felt nothing to do for herself. She faced many problems and she thinks that she is isolated, so she looked to very gloomy. According to her every night is fearful and painful. She is always anxious about her future life, she feels terrible loneliness. She thinks that God may not give her long life. She cries when she thinks about her husband and son. The feeling of being alone made the life itself a burden.

Case 3 says that their health is very normal, but her psychic problems affect her health. Even now she suffers from the pain in her whole body. She suffers from spondylosis. She always thinks that nothing is there for her to do in life.

To overcome this situation and the alienation she does so many things. She tries to do all the household activities by herself. She establishes good relationships with friends and relatives, so she goes to their house and spends more times to them. She also engaged some agricultural work cultivation of ginger, pepper and tapioca etc., and put manure to them. She is very interested in gardening. In all evening she was lightening the lamp and prayer. She was interested to watch all TV programmes.

4.1.4 CASE 4 72-YEAR-OLD WIDOWER

He leads a very good Christian life. He was a Lecturer and retired in 1992 from the college. He resides in Neendoor. He taught Physics in the college. He married who was a House wife and passed away in 1998. He has one son and four daughters. His son is an American citizen, and stays there with his family. He is an engineer and his wife is a nurse. They have two children, one is studying for engineering and other one is studying for medicine. All his daughters are married except third daughter. Third daughter of Case 4 is a mentally sick person who lives in an old age home. All his other daughters are working outside India.

Case 4 claims that he is comfortable with his solitude and he prefers to be alone. He did have an active professional life in the college. He also had 5 children at home. But the early death of his wife made him adjust to a single life well in advance. Once the daughters were given in marriage and the son got settled in America, he learnt to accept his life as it is. He has made his own arrangements for taking care of his health needs and that keeps him in good stead in times of need. He also consciously developed his spiritual side and that to gives him satisfaction and hope. His only sorrow is regarding his mentally ill daughter.

He does not have much social relation with others. Only few visit and talk with him. Neighbours hardly visit him. He has no friends at all. But one particular gentle man visits him now and then and enquires about his health. His son and daughters call him up over the phone and enquire about his daily life. They come to visit India only during their vacation. He has a lady servant who helps him in the day time and a male servant who stays with him at night. He can't go to the church but every month on first Friday he receives Holy Communion at home which is brought by the parish priest. He has no financial problem. He receives pension regularly. His son and daughters help him financially whenever he is in need of it. He has his own savings in the bank.

Case 4 is a spiritual person. He gains a lot of satisfaction from his prayer. He does not worry about tomorrow. He likes loneliness. He doesn't like to mingle with people, but desires to speak with visitors. His main hobby is watching the TV. He has no habit of getting angry. His only grief is that one daughter is not mentally sound and normal. He is satisfy with his past and is happy with present life. He does not have any problems regarding the fact that none of his children are with him. He understands that they can't be with him. He believes that they have a life of their own and they need to go ahead.

Physically he is weak. He underwent two operations such as cataract and prostate. He goes many times for passing urine. He does not have diseases such as pressure, diabetic. He is suffering from only old age diseases. He does not take medicine about health. When he feels physically down he phones up one of his neighbours and they accompany him team work the hospital by car. Outside the house he walks with the help of sticks because he is unable to move freely.

Case 4 does not interfere with any outdoor activities. He spends more time in prayer and watching TV. He attends Holy Mass on the Shalom or Goodness TV and recites rosary many times a day. Even though doesn't like to mingle with people, he finds out time to speak with visitors. He walks outside the home with the help of others.

4.1.5 CASE 5 65-YEAR-OLD WIDOW

She is living in Kurumulloor. She belongs to Syro – Malabar catholic community. She is a house wife. Her husband passed away 7 years ago, he was a coolie. She has two daughters. They are married and settled. Her elder daughter is house wife. His husband is a business man. They are settled in Kumarakom. They have one daughter. She is studying in a 6th class. Her younger daughter is also house wife. Her husband is working in Dubai. They have one daughter. She is studying in the 1st class. They are settled in Cherthala. Her children communicate with their mother through telephone. They come their house and visit her once in two months.

Basically, she is lonely because her daughters have gone to found their own families and are busy to looking after themselves and the education of their children. The death of her husband has increased her loneliness which otherwise did not trouble her much. Now she is also anxious about her own future because she is afraid of being sick and getting hospitalised in which case she would have to trouble her daughters or will be left completely alone and incapacitated. These thoughts are adding up to and exacerbating her empty – nest feelings.

She can travel without the help of someone. She does not have much social relations with others. Only few visits and talk with her. Neighbours hardly visit her. She usually attends marriages and other functions. She has no friends and relatives. She says that she does not maintain many relationships with others. Her daughters called over

the phone and enquire about his daily life. She goes to church. She has some economic problems. She receives a pension regularly. She belongs to the poor family. She has indebtedness issues. so she led to the very gloomy life.

She has socio-economic problems and suffers emotional problems. When she lived with her husband and children, she was very happy. When her husband passed away 7 years ago, she thought that her children would not be there to support her and look after her. She thoughts very rationally. So, these emotional problems are narrowly affecting her. But she has feelings of insecurity and anxiety. At night, she was much feared and affected by loneliness. So she cannot sleep, she is weeping all night; all her emotions come to peak at night, so these disturb her. She has some biological problems. She is suffering from headaches and, back pain, pain in her knees and legs. She is a heart failure patient. She has no money to go to the hospital.

Whenever she has problems, she prays to God. During the sorrowful time she visit the church. Then she forgets some of her problems. She interests to watch TV programmes. She also attends marriage and other functions. Usually she reads bible. She does all household activities by alone.

4.1.6 CASE 6 70-YEAR-OLD WIDOWER

He belongs to the Hindu community. He is living in Kaipuzha. His wife was passed away 9 years ago. He is a farmer. He worked hard for a living. He has two children; a son and a daughter. They are married and settled. His daughter is housewife and her husband is a contractor. They have a son. He is studying in plus one. His son is in Dubai. He is an electrician. His wife lived in her own family. They have no children. He says that daughter –in –law neglected him.

His wife was a housewife. She also help him for farming. They give all the facilities to children. When his daughter 18th years old to got married and settled in Pala, later his wife died due to heart failure. This will leading to a big sorrow in his life. However he has a lot of expectation about his son. Later two years after her son got married and went to Dubai. Daughter –in –law leaves him and goes to her family. This would lead a terrible solitude and loneliness in his life. These kinds of life were beginning two years ago. This time he leads a hopeless life.

He travels very well. He goes to the neighbour's house. He keeps good relations with neighbours. He also receives help from them. His daughter came to the home and visited him once in two months. He has no contact with his children through telephone. He participates in marriage and other functions. He often visits to buy vegetables and other provisions. Some days he goes to the hospital. Financially, he is very backward. His younger brother financially helped him. He also receives a pension. Very often, his son sent money to him. They couldn't satisfy their daily needs, and he also took some debt from a neighbour. That does not repay.

Financial burden and loneliness would create a lot of psychic problems for him. He feels about his insecurity. He also feared about his death. At night, he was awakened. He feared darkness. He says that his life has terrible loneliness. He couldn't get any escape from this. But he hopes his son will come back and live with him.

Psychic problems would lead to health problems. The sleepless habits would lead to headaches, giddiness, and back pain. Other diseases are related to old age. He affects cataracts, hearing problems, and memory loss. He doesn't take his health problem seriously. The health problem could be concealed by psychic problems.

To find a solution, he does many things. Occasionally, he visits the Temple for prayer. He eagerly heard the sorrows of other people, and he consoled them. He does household work alone.

4.2 DATA ANALYSIS AND INTERPRETATION

4.2.1 INTRODUCTION

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

4.3. THEMES

The researcher has delineated four main themes and twelve corresponding sub-themes to guide the analysis of the collected data.

1. The socio-economic problems

- Isolation
- Lack of Support Networks
- Limited Income
- Healthcare Costs

2. Psychological Problems

- Emotional Loneliness
- Depression
- Anxiety

3. Health Problems

- Chronic Diseases
- Mobility and Balance Issues
- Sensory Impairments and Cognitive Decline

4. Coping Mechanisms

- Building a Social Network
- Mindfulness and Relaxation

The data collected from 6 participants, the results showed that all the 6 participants have faced different challenges in their lonely life.

4.3.1 - The socio-economic problems

Aging is an inevitable process that brings with it numerous challenges, especially for the elderly who face social isolation, inadequate support networks, limited income, and escalating healthcare costs. These challenges are magnified in rural areas where access to

services and social opportunities are often limited. The socio-economic problems faced by the elderly in NeendoorPanchayath, Kottayam District, focusing on the effects of isolation, lack of support networks, financial constraints, and healthcare challenges.

4.3.1.1: Isolation

The data collected from the participants, all these participants said that they have experienced this crisis of isolation. It can lead to mental health problems and a lower quality of life.

Case -1 : *“I feel that I don’t have anyone in my life to which I can tell and share my feelings. It had been very difficult for me to come out of the trauma and this has affected my health too. It completely shattered me”.*

Isolation is a major issue for the elderly, especially those living alone or away from their children. In NeendoorPanchayath, like many other rural areas, migration of the younger population to urban centres or foreign countries for better job prospects leaves elderly parents behind, leading to significant emotional and psychological stress. Many elderly people, especially widows or those without children, often live alone. With no one to communicate with regularly, loneliness intensifies.

Social isolation has far-reaching implications. Studies indicate that loneliness can lead to mental health issues like depression, anxiety, and cognitive decline. Moreover, without the emotional support of family or a community, elderly individuals often feel neglected and invisible. This sense of abandonment can result in a diminished quality of life, contributing to physical and mental health deterioration.

In Neendoor, while some community-driven initiatives like religious groups and local clubs try to mitigate isolation, many elderly still find it hard to participate due to mobility issues or lack of social confidence. Thus, the community’s effort is not sufficient to entirely bridge the gap left by the absence of close family support.

4.3.1.2: Lack of Support Networks

The participants have stated they had difficulty in handling emergency situations.

Case – 3: *“I struggle to get the support for daily tasks or in emergencies.”*

Case – 4: *“I have no knowledge and operation of a mobile phone. If any emergency happens, no one will help me”*.

Alongside isolation, the lack of strong support networks remains a significant challenge. Traditionally, the joint family system provided care and companionship for elderly members. However, with modernization and the shift toward nuclear family structures, this system has broken down, leaving many elderly without consistent support. In NeendoorPanchayath, this is particularly evident.

The breakdown of intergenerational family support is exacerbated by rural-urban migration trends. The absence of adult children not only deprives the elderly of emotional support but also of practical assistance in daily tasks, healthcare, and financial management. Many elderly individuals rely on neighbors or distant relatives for help, which is often unreliable or inconsistent.

Furthermore, the existing social infrastructure in rural areas like Neendoor is not robust enough to compensate for the missing family support. Although government schemes like the Indira Gandhi National Old Age Pension Scheme offer financial assistance, they do not provide the hands-on support that elderly individuals require for activities such as grocery shopping, attending medical appointments, or maintaining their homes.

4.3.1.3 :Limited Income

The participants said that rely on fixed incomes, such as pensions or social security, which may not be sufficient to cover all their needs.

Case -5 : *“I have only the pension, if I have no money then I borrow from neighbor”*.

Case -2 : *“I have only money, sent by my elder daughter. It isn't a every month money , because she is in struggle life”*.

Limited income is a crucial socio-economic issue facing the elderly, especially in rural areas. Most elderly individuals in NeendoorPanchayath are dependent on agricultural income, pensions, or remittances from children. However, these sources are often

insufficient to cover their living expenses, let alone the additional costs associated with aging, such as healthcare.

Pensions provided by the government are minimal, and many elderly individuals do not have any substantial savings or investments to rely on. For some, the remittances from children working abroad or in cities are a financial lifeline, but these are not always consistent. With inflation and the rising cost of living, many elderly people in Neendoor find it challenging to meet even basic needs like food, clothing, and shelter.

Moreover, those elderly who are physically capable often continue to work in agricultural fields, despite their old age. This exposes them to physical strain and exhaustion, further deteriorating their health. The lack of a comprehensive pension or social security system means that many elderly individuals are left vulnerable, living in poverty and depending on charity or community support.

4.3.1.4 : Healthcare Costs

All participants have stated that Rising healthcare costs can be particularly burdensome, especially for those with chronic conditions requiring ongoing treatment.

Case -1: *“ I am always going to government hospital because the doctor consultation fee and medicine are free. If they give any major testing to the private centers due to financial I avoid it.”*

Case – 3 : *“I am fear about the healthcare cost , so I am always self treatment”.*

Healthcare is one of the most pressing issues for the elderly in NeendoorPanchayath. With aging comes the need for regular medical attention for conditions such as arthritis, diabetes, cardiovascular diseases, and other age-related ailments. However, access to affordable healthcare remains a significant challenge.

Public healthcare facilities in rural areas are often under-resourced, with long waiting times and limited specialized care. In Neendoor, the nearest hospital with specialized medical services may be a considerable distance away, requiring transportation that elderly individuals may not be able to afford. Private healthcare, while more readily available, is prohibitively expensive for most elderly individuals living on limited incomes.

Healthcare costs, including medication, doctor's consultations, and hospital stays, create a heavy financial burden. Elderly individuals often have to choose between purchasing essential medication and meeting other basic needs. Furthermore, the absence of regular health check-ups leads to the progression of untreated conditions, exacerbating their health problems and ultimately requiring more expensive interventions.

The government has introduced programs like the Ayushman Bharat health insurance scheme, which aims to provide affordable healthcare, but these programs are not always accessible to the rural elderly due to bureaucratic hurdles or lack of awareness. In addition, these programs often do not cover the full range of healthcare needs, leaving many elderly individuals to cover substantial out-of-pocket expenses.

The socio-economic problems of isolation, lack of support networks, limited income, and rising healthcare costs are deeply intertwined in the life experiences of elderly individuals in NeendoorPanchayath, Kottayam District. Social isolation leads to emotional and psychological distress, while the breakdown of family structures leaves the elderly without reliable support. Financial insecurity compounds these issues, limiting access to essential services, including healthcare.

Efforts by the community, government schemes, and non-governmental organizations provide some relief, but they are often insufficient to address the deep-rooted problems faced by the elderly in rural areas. A more comprehensive approach is needed—one that includes stronger social safety nets, better access to affordable healthcare, and initiatives to foster intergenerational support. The experiences of the elderly in NeendoorPanchayath highlight the urgent need for policy interventions that address both the socio-economic and emotional well-being of this vulnerable population.

4.3.2 - Psychological Problems

Aging brings profound physical and psychological changes, with the elderly often facing emotional challenges as they grapple with the transition from active roles in society to periods of inactivity, loss, and social isolation. The psychological issues of emotional loneliness, depression, and anxiety, particularly in rural areas like NeendoorPanchayath in Kottayam District, are prevalent and critical to address. This essay examines these psychological problems through a case study of lonely elderly individuals in

NeendoorPanchayath, exploring the unique challenges they face and the consequences on their mental well-being.

4.3.2.1 Emotional Loneliness

The participants mainly affected the emotional loneliness because, the absence of close emotional connections, such as those with family or friends, can exacerbate feelings of loneliness.

Case – 3 :“ *I am always thinking about the absence of my husband, childrens and grandchildren’s. Sometimes I ask to me why I am living in this earth*”.

Case – 6 :“*No one calls me so I don’t feel any attachment to anyone*”.

Emotional loneliness is the sense of lacking close, meaningful relationships, which is a common issue among elderly individuals in NeendoorPanchayath. Unlike social isolation, which refers to the absence of a broad social network, emotional loneliness is more profound—it reflects the absence of intimate companionship and support, such as that of a spouse, close family member, or a lifelong friend.

In Neendoor, the breakdown of the traditional joint family system has left many elderly people living alone or without close family nearby. Adult children often migrate to urban areas or abroad for work, leaving elderly parents behind in rural settings. This geographical separation creates emotional distance and can exacerbate feelings of abandonment, especially for those who have lost their spouses. The loss of significant others or the absence of day-to-day interaction with family members leads to a deep sense of isolation, even if these elderly individuals may still participate in some community activities or have access to a broader social circle.

For elderly individuals who have lost their life partners, emotional loneliness is particularly acute. Their homes, once filled with the vibrancy of family life, become silent spaces filled with memories of companionship, leading to feelings of emptiness. Many elderly individuals in Neendoor express that their loneliness intensifies in the evenings when they are reminded of shared meals, conversations, and routines that no longer exist. The gap left by these emotional connections is difficult to fill, even with well-meaning neighbors or community members stepping in to offer support.

4.3.2.2 Depression

Every participants state that Living alone can contribute to chronic depression due to the lack of social support and engagement.

Case -2 : *“I am always asking for help from neighbours but nobody cares and supports me”*.

Case -4 : *“My children don’t want me, so why am I living?”*

Depression is one of the most common psychological conditions affecting the elderly, particularly those who are isolated and experience emotional loneliness. In NeendoorPanchayath, many elderly individuals face circumstances that contribute to depression, including the loss of loved ones, deteriorating physical health, financial insecurity, and a diminishing sense of purpose. These factors converge to create an overwhelming sense of despair and sadness.

Depression among the elderly in Neendoor is often underdiagnosed and undertreated. This is partly due to a cultural stigma surrounding mental health issues, which discourages open discussions about emotional suffering. Many elderly individuals do not recognize the symptoms of depression, such as persistent sadness, fatigue, irritability, and loss of interest in daily activities, as treatable conditions. Instead, these symptoms are often dismissed as an inevitable part of aging. Moreover, even when symptoms are recognized, access to mental health services in rural areas like Neendoor is limited. Primary healthcare facilities are more focused on physical ailments, and mental health resources are scarce.

Elderly individuals experiencing depression may also withdraw further from social interactions, creating a vicious cycle. Their lack of engagement with the community can deepen their sense of isolation, further exacerbating depressive symptoms. In Neendoor, where social bonds are already fragile due to the absence of family members, this withdrawal leaves many elderly individuals without the emotional and social support necessary to combat depression.

Research has shown that depression in elderly populations often leads to physical health complications as well. Depressed elderly individuals are less likely to take care of their physical health, adhere to medication regimens, or seek medical help when needed. This

deterioration in both mental and physical health creates a compounded burden, making it more difficult for these individuals to maintain their well-being.

4.3.2.3 Anxiety

The participants said that health, safety, and financial stability can lead to heightened anxiety levels.

Case 1: *“I am often scared because I live alone because of the safety issue”*.

Case 3 : *“I am tensed about my health. When I get sick, I become weak”*.

Anxiety is another significant psychological problem faced by elderly individuals, particularly those who are isolated and feel insecure about their future. In NeendoorPanchayath, elderly individuals often experience anxiety related to their health, financial stability, and the unpredictability of their living situations. This anxiety is worsened by their feelings of vulnerability and the lack of close family support.

For many elderly individuals in Neendoor, anxiety stems from the uncertainty of their ability to manage day-to-day tasks as their physical health declines. They worry about becoming a burden to others or about what will happen to them if they fall seriously ill or become incapacitated. This fear is heightened by the absence of nearby family members who might otherwise provide care and support. The rural healthcare system in Neendoor is not equipped to provide long-term care, and many elderly individuals are left to navigate their health issues on their own, with only sporadic assistance from neighbors or local organizations.

Financial insecurity is another significant source of anxiety. Elderly individuals in Neendoor who rely on limited pensions or irregular remittances from children may feel constant stress about meeting their basic needs. This financial anxiety can be all-consuming, as the cost of living increases, and healthcare expenses rise with age. Even minor financial setbacks, such as the need for an unanticipated medical procedure or repairs to their home, can trigger intense anxiety. The feeling of financial precariousness is closely tied to their overall sense of helplessness and vulnerability.

Additionally, many elderly individuals in Neendoor experience anxiety related to the changing social fabric around them. As younger generations migrate to urban areas, the elderly are left behind in communities that feel increasingly alien to them. This

disconnect from the younger generation, both culturally and physically, creates a sense of displacement and confusion. They may feel anxious about how society is changing and their inability to keep up with these changes, which can further erode their confidence and sense of security.

The cumulative impact of emotional loneliness, depression, and anxiety can have devastating consequences for the elderly in NeendoorPanchayath. These psychological problems not only affect their mental well-being but also have far-reaching effects on their physical health, quality of life, and mortality rates.

Elderly individuals suffering from these conditions are more likely to neglect their physical health, leading to a decline in their overall well-being. Depression, in particular, has been linked to weakened immune systems and increased susceptibility to chronic diseases, such as heart disease and diabetes. Anxiety, on the other hand, can contribute to high blood pressure, sleep disorders, and gastrointestinal issues.

The psychological toll also affects their social interactions. Elderly individuals dealing with depression and anxiety are less likely to engage in social activities or seek out companionship. This isolation, in turn, perpetuates their psychological distress, leading to a cycle that is difficult to break. In Neendoor, where social opportunities for the elderly are already limited, this withdrawal further limits their chances of receiving emotional and social support.

Furthermore, the psychological problems faced by the elderly in Neendoor have a broader impact on the community. As elderly individuals become more isolated and distressed, the social fabric of the community weakens. The traditional role of the elderly as carriers of wisdom and experience diminishes, and younger generations lose a valuable connection to their cultural heritage. This intergenerational disconnect can have long-term effects on the cohesiveness of the community.

The psychological problems of emotional loneliness, depression, and anxiety are pervasive among the elderly in NeendoorPanchayath, Kottayam District. These issues are compounded by the breakdown of traditional family structures, the absence of nearby family members, and the limited availability of mental health resources. Emotional loneliness creates a deep sense of isolation, while depression and anxiety further erode the mental and physical health of elderly individuals. The cumulative effects of these

psychological problems not only impact the well-being of the elderly but also have broader implications for the community as a whole.

To address these challenges, there is an urgent need for targeted interventions that provide emotional and psychological support to the elderly in rural areas like Neendoor. This could include strengthening community networks, providing mental health services at the grassroots level, and creating opportunities for intergenerational engagement. Addressing the psychological problems of the elderly is not only a matter of improving their quality of life but also of preserving the social fabric and cultural continuity of rural communities like NeendoorPanchayath.

4.3.3 Health Problems

Aging is accompanied by a wide range of health challenges, particularly for elderly individuals living in rural areas like NeendoorPanchayath in Kottayam District. These challenges include chronic diseases, mobility and balance issues, sensory impairments, and cognitive decline. For elderly individuals, especially those who are lonely and lack support, these health problems become increasingly difficult to manage. The health-related experiences of lonely elderly individuals in Neendoor, shedding light on the physical and mental toll of aging, compounded by isolation and inadequate healthcare resources.

4.3.3.1 Chronic Diseases

All the participants told that their health problems especially chronic diseases like Cardiovascular Disease, Diabetes, Arthritis etc.

Case 4 : “I have had two previous strokes. As per the doctor’s advice, check up should be done every month. In my situation I am alone so I am not able to go for check up. Children are busy with work”.

Case 6 : “I am a diabetic patient. As I am alone, I am often unable to take insulin accurately. I often get shivers when I try to take my insulin”.

Chronic diseases are a significant concern among the elderly in NeendoorPanchayath. As people age, their susceptibility to chronic conditions such as diabetes, hypertension, cardiovascular disease, and arthritis increases. In rural areas like Neendoor, these diseases

are often left unmanaged due to inadequate healthcare facilities, limited financial resources, and a lack of awareness about proper disease management.

One of the most common chronic conditions among the elderly in Neendoor is diabetes. Due to dietary habits, genetic predisposition, and lifestyle factors, diabetes is prevalent among the elderly population. However, many elderly individuals in this rural setting are unaware of the importance of regular blood sugar monitoring or how to maintain a healthy diet. This lack of awareness and access to medical advice leads to poorly controlled diabetes, which can result in severe complications such as neuropathy, vision loss, and kidney damage.

Similarly, hypertension is another chronic disease that is widespread among the elderly in Neendoor. High blood pressure often goes undetected and untreated, leading to an increased risk of heart attacks and strokes. In many cases, elderly individuals do not regularly visit doctors for check-ups, either due to financial constraints or the physical difficulty of traveling to healthcare centers. Consequently, they remain unaware of their high blood pressure until they experience a major health crisis.

Arthritis is another chronic condition that affects the elderly in Neendoor, significantly impacting their quality of life. The pain and stiffness associated with arthritis can severely limit mobility, making it difficult for elderly individuals to perform everyday tasks such as walking, cooking, or even dressing. This physical limitation further isolates them from social interactions and community activities, as they are unable to leave their homes easily.

The limited availability of healthcare facilities in NeendoorPanchayath compounds the issue of chronic disease management. Government healthcare centers are often understaffed and under-resourced, and private healthcare is financially out of reach for many elderly individuals living on pensions or limited income. The absence of regular medical supervision means that chronic diseases are left untreated or poorly managed, leading to a steady decline in the health and well-being of elderly individuals.

4.3.3.2 Mobility and Balance Issues

Some of the participants affected higher risk of falls and some of the participants affected balance disorders etc.

Case 2 : *“I often fall because I am alone and my leg is weak. There have been situations where I would not be able to get up because there was no one to help me and I would lie there”*.

Case 5 : *“often my ears lose balance and I feel dizzy and fall down. I am very saddened that no one is there to help me at this time”*.

Mobility and balance issues are common among the elderly as their physical strength and coordination decline with age. In NeendoorPanchayath, these issues are particularly problematic for elderly individuals living alone, as they have no immediate support in case of falls or other accidents. As a result, elderly people with mobility issues often experience a heightened sense of vulnerability and fear of injury, which can further isolate them from their community.

Falls are a significant risk factor for elderly individuals with mobility and balance problems. Many elderly people in Neendoor live in houses that are not designed to accommodate their needs, with uneven floors, narrow hallways, and inadequate lighting. These environmental factors, combined with the natural decline in muscle strength and balance, make falls a frequent and dangerous occurrence. Falls can lead to fractures, particularly of the hip, which often result in long-term immobility and a dependence on others for care. In the case of elderly individuals living alone, a fall can be life-threatening if they are unable to summon help in time.

The fear of falling can also lead to a phenomenon known as "fear-induced immobility." Elderly individuals with mobility issues may limit their movements or avoid leaving their homes entirely out of fear of falling. This self-imposed isolation not only contributes to physical deconditioning but also exacerbates loneliness and depression. In Neendoor, where social activities for the elderly are already limited, mobility issues further reduce their opportunities to engage with the community and maintain social connections.

The lack of access to assistive devices such as walkers, canes, or wheelchairs further compounds the mobility issues faced by the elderly in Neendoor. While these devices could significantly improve their independence and reduce the risk of falls, many elderly individuals cannot afford them or do not know where to obtain them. Additionally, the absence of physical therapy services in rural areas like Neendoor means that elderly individuals with mobility issues are not receiving the rehabilitative care they need to maintain their strength and balance.

4.3.3.3 Sensory Impairments and Cognitive Decline

Most of the participants affected sensory problems and other participants affected memory problems

Case 1 : *“I have cataract but no one to help me when looking to get surgery. My hearing power is also decreasing. It makes my communication become difficult”.*

Case 3: *“As I get older, I tend to forget many things. I am afraid it will lead me to Alzheimer’s disease”.*

Sensory impairments, particularly vision and hearing loss, are common among the elderly and can have a profound impact on their quality of life. In NeendoorPanchayath, many elderly individuals suffer from untreated or poorly managed sensory impairments, which contribute to their sense of isolation and helplessness.

Vision impairment, often due to cataracts or age-related macular degeneration, is a significant issue among the elderly in Neendoor. Cataracts, a condition in which the lens of the eye becomes cloudy, are treatable through surgery, but many elderly individuals in rural areas do not have access to ophthalmological care. Even when surgery is available, the cost may be prohibitive, or elderly individuals may not seek treatment due to fear or lack of transportation. As their vision deteriorates, elderly individuals are less able to perform basic tasks such as reading, cooking, or even recognizing familiar faces, leading to increased dependence on others and a loss of independence.

Hearing loss is another sensory impairment that is often left untreated among the elderly in Neendoor. Age-related hearing loss, known as presbycusis, affects many elderly individuals, making it difficult for them to engage in conversations or participate in social activities. Hearing loss can lead to misunderstandings and frustration in communication, which can further isolate elderly individuals from their community and family. The use of hearing aids is rare among the elderly in Neendoor, either due to financial constraints or the belief that hearing loss is a natural and untreatable part of aging.

The impact of sensory impairments on the mental health of the elderly cannot be understated. Vision and hearing loss often lead to feelings of frustration, embarrassment, and inadequacy, as elderly individuals struggle to perform tasks they once managed with ease. These impairments also contribute to social withdrawal, as elderly individuals may avoid interactions where their disabilities could be exposed or lead to misunderstandings.

This withdrawal further exacerbates their sense of loneliness and isolation, creating a cycle of physical and psychological decline.

Cognitive decline, including conditions such as dementia and Alzheimer's disease, is one of the most challenging health problems faced by the elderly, particularly for those who are lonely and lack support. In NeendoorPanchayath, cognitive decline often goes unnoticed or is mistaken for normal aging, leading to delays in diagnosis and treatment.

Dementia, which involves a gradual decline in memory, thinking, and reasoning skills, can have devastating effects on the elderly and their families. In Neendoor, where elderly individuals often live alone or without close family nearby, the early signs of dementia may be overlooked. As their cognitive abilities decline, elderly individuals may struggle to manage their daily lives, forgetting to take medications, pay bills, or even feed themselves. Without regular supervision or assistance, they are at risk of neglecting their health and safety, leading to malnutrition, dehydration, or other serious health issues.

In many cases, elderly individuals with cognitive decline become increasingly confused and disoriented, which can lead to wandering or getting lost. This is particularly dangerous in rural areas like Neendoor, where elderly individuals may live far from neighbors or help. Cognitive decline also places a heavy emotional burden on elderly individuals, who may become frustrated or distressed by their inability to remember important details or recognize familiar faces.

The stigma surrounding cognitive decline in rural areas further complicates the situation. Families may be reluctant to seek help or discuss the issue, either out of fear of social judgment or due to a lack of understanding about the condition. This leads to a lack of early intervention, which could potentially slow the progression of cognitive decline and improve the quality of life for elderly individuals.

The absence of specialized care facilities for dementia patients in rural areas like Neendoor also leaves families without the support they need to care for their loved ones. As cognitive decline progresses, elderly individuals require more intensive care, which can place a significant burden on family members who may not have the resources or knowledge to provide proper care.

The combination of chronic diseases, mobility and balance issues, sensory impairments, and cognitive decline has a profound impact on the life experience of lonely elderly

individuals in NeendoorPanchayath. These health problems not only affect their physical well-being but also contribute to emotional distress, social isolation, and a diminished sense of purpose.

For elderly individuals living alone, the physical limitations caused by chronic diseases and mobility issues can make it difficult to maintain their homes, prepare meals, or even attend medical appointments. Without a support network, they may neglect their health and become increasingly isolated from their community. The sensory impairments of vision and hearing loss further exacerbate this isolation, as elderly individuals may find it difficult to engage in social activities or communicate effectively with others.

Cognitive decline compounds these issues by diminishing elderly individuals' ability to manage their daily lives and make informed decisions about their health. As they lose their independence and self-sufficiency, they become increasingly reliant on others for care and support, yet many do not have family members nearby to provide this assistance.

The psychological toll of these health problems is significant. Elderly individuals in Neendoor who are dealing with chronic diseases, mobility issues, sensory impairments, and cognitive decline often experience feelings of frustration, helplessness, and despair. This emotional distress can lead to depression and anxiety, further impacting their overall well-being and quality of life.

The health problems faced by lonely elderly individuals in NeendoorPanchayath, including chronic diseases, mobility and balance issues, sensory impairments, and cognitive decline, create a complex web of challenges that are difficult to navigate without adequate support. These health issues not only diminish their physical abilities but also contribute to emotional and psychological distress, leading to a decline in their overall quality of life. Addressing these health problems requires a comprehensive approach that includes improving access to healthcare, providing assistive devices and rehabilitative services, and creating support networks that help elderly individuals maintain their independence and well-being. As the population continues to age, it is essential to develop strategies that address the unique health needs of elderly individuals, particularly those living in rural areas like NeendoorPanchayath.

4.3.4 – Coping Mechanisms

Aging often brings significant physical, emotional, and social challenges, particularly for those living in isolation. In rural communities like NeendoorPanchayath, Kottayam District, the elderly frequently experience loneliness due to geographical isolation, the breakdown of traditional family structures, and limited access to social support systems. To address these challenges, it is essential to explore coping mechanisms that can improve their mental and emotional well-being. This essay examines the coping mechanisms of building a social network, practicing mindfulness, and engaging in relaxation techniques, with a focus on their effectiveness for the elderly population in NeendoorPanchayath. It is a natural tendency of the human person to adjust with the various situations of life and live in that. Disabilities that impaired daily living activities are common in the very old. They will be capable of overcoming the disabilities.

4.3.4.1 Building a Social Network

Case 1: He is visiting the friends and relatives and spend time with them and eat with them. He communicates children's through telephone.

One of the most effective ways to combat loneliness in the elderly is by building a social network. Social connections provide emotional support, companionship, and a sense of belonging, all of which are critical for maintaining mental well-being. For elderly individuals in NeendoorPanchayath, creating and maintaining social networks is challenging due to the rural setting, where opportunities for social interaction are limited and family members are often physically distant.

a. Family and Community Bonds

Traditionally, the joint family system in rural Kerala provided a robust support network for the elderly. However, with increasing migration of younger generations to urban areas or abroad for work, many elderly individuals in Neendoor find themselves living alone or with minimal family contact. This lack of familial proximity has contributed significantly to feelings of abandonment and isolation.

To counteract this, elderly individuals have turned to their immediate community as a source of social interaction. In Neendoor, elderly people often form bonds with neighbors, fellow villagers, and members of local organizations. Religious institutions, such as churches and temples, play a vital role in facilitating these social connections. For

example, many elderly individuals in Neendoor attend religious services not only for spiritual solace but also for the opportunity to interact with others. Local festivals and events provide additional avenues for social engagement, although their frequency may not be sufficient to meet the daily social needs of the elderly.

b. Elderly Support Groups and Peer Networks

In recent years, there has been a growing recognition of the need for formal elderly support groups in rural areas like Neendoor. These groups, often organized by local non-governmental organizations (NGOs) or community leaders, provide a space for elderly individuals to meet regularly, share their experiences, and offer mutual support. Such groups can be particularly beneficial for elderly individuals who are socially isolated, as they create an opportunity to build friendships and strengthen emotional bonds.

For example, a local initiative in Neendoor called "Snehavedu" (House of Friendship) was established to address the growing problem of loneliness among the elderly. The initiative organizes regular meetings where elderly people can gather, share stories, and engage in recreational activities such as singing, reading, or playing traditional games. These gatherings have been successful in providing emotional support and reducing the feelings of isolation experienced by elderly individuals living alone.

Building a social network also helps elderly individuals access practical support when needed. In rural areas like Neendoor, where healthcare services and transportation options are limited, having a strong social network can be crucial for accessing medical care, receiving help with daily chores, and ensuring overall well-being.

4.3.4. 2.Mindfulness and Relaxation

Case 4: He feels satisfaction in prayer and meditation. It will free from stress.

Mindfulness, the practice of focusing on the present moment without judgment, has emerged as an effective coping mechanism for managing stress, anxiety, and emotional distress in elderly populations. For lonely elderly individuals in NeendoorPanchayath, practicing mindfulness offers a way to address the psychological challenges of isolation and the emotional burden of aging.

a. The Benefits of Mindfulness for the Elderly

Mindfulness is particularly valuable for elderly individuals who may struggle with negative emotions such as sadness, frustration, and fear. By practicing mindfulness, elderly people can learn to accept their current circumstances without being overwhelmed by their thoughts or emotions. This practice helps them cultivate a sense of inner peace and resilience, even in the face of difficult life situations.

One of the key benefits of mindfulness is its ability to reduce stress and anxiety. Many elderly individuals in Neendoor experience anxiety related to health concerns, financial instability, or the uncertainty of their future. By focusing on the present moment and practicing mindfulness techniques such as deep breathing, meditation, and body awareness, they can reduce the intensity of these anxious thoughts and find a greater sense of calm.

For example, mindfulness meditation sessions have been introduced in Neendoor through community programs aimed at the elderly. These sessions involve guided breathing exercises, gentle movement, and body awareness techniques designed to help participants relax and focus their attention. Elderly individuals who have participated in these sessions report feeling less anxious and more connected to their inner selves. This practice has become an important part of their daily routine, providing them with a way to cope with the stress of isolation and loneliness.

b. Mindfulness and Emotional Regulation

Another important aspect of mindfulness is its ability to improve emotional regulation. As elderly individuals in Neendoor experience losses—whether it be the loss of a spouse, a decline in physical health, or the estrangement from family members—mindfulness helps them process these emotions in a healthy and balanced way. By accepting their feelings without judgment, they can prevent themselves from becoming overwhelmed by grief, sadness, or frustration.

In particular, mindfulness helps elderly individuals recognize the impermanence of their emotions. Rather than clinging to negative thoughts or feelings, they learn to observe their emotions as passing experiences, which fosters a greater sense of emotional flexibility. This mindset shift is particularly helpful for elderly individuals dealing with

the complexities of aging, as it allows them to approach their emotional experiences with greater equanimity.

Relaxation techniques play a crucial role in helping elderly individuals manage the physical and emotional stressors associated with aging and loneliness. In NeendoorPanchayath, where elderly individuals often face a lack of social and medical support, relaxation techniques provide a simple and effective way to alleviate the mental and physical strain of their daily lives.

a. Physical Relaxation Techniques

One of the most common relaxation techniques practiced by the elderly in Neendoor is deep breathing. Deep breathing exercises, often incorporated into mindfulness practices, help calm the nervous system, reduce tension, and promote a sense of well-being. By focusing on slow, controlled breaths, elderly individuals can activate their body's natural relaxation response, which reduces the production of stress hormones like cortisol. This practice has proven particularly beneficial for elderly individuals dealing with anxiety or high blood pressure.

In addition to deep breathing, progressive muscle relaxation is another technique that elderly individuals in Neendoor use to reduce physical tension. This method involves tensing and then relaxing different muscle groups in the body, which helps elderly individuals become more aware of physical tension and actively release it. For elderly individuals who suffer from chronic pain, arthritis, or other physical ailments, progressive muscle relaxation can provide temporary relief and improve their overall comfort.

b. Mental Relaxation Techniques

In addition to physical relaxation methods, mental relaxation techniques such as visualization and guided imagery have become increasingly popular among elderly individuals in Neendoor. These techniques involve creating a mental image of a peaceful and calming environment, such as a serene beach or a quiet forest, and focusing on that image to induce relaxation. This practice helps elderly individuals take a mental break from their daily worries and transport themselves to a place of calm.

In Neendoor, community programs aimed at the elderly have introduced guided visualization sessions, where participants are led through calming visualizations to help them relax and reduce stress. These sessions are particularly helpful for elderly individuals who experience difficulty sleeping or have racing thoughts at night. By engaging in mental relaxation techniques before bed, they can improve their sleep quality and reduce nighttime anxiety.

The practice of relaxation techniques not only benefits the mental well-being of the elderly but also has a positive impact on their physical health. Reducing stress through relaxation can lower blood pressure, improve heart health, and boost the immune system, all of which are critical for elderly individuals who are more susceptible to chronic illnesses.

While building a social network, practicing mindfulness, and engaging in relaxation techniques are effective coping mechanisms, their true benefit lies in how they are integrated into the daily lives of elderly individuals in NeendoorPanchayath. For these coping strategies to have a lasting impact, elderly individuals must be supported in maintaining regular social interactions, practicing mindfulness and relaxation techniques consistently, and accessing resources that promote their emotional and physical well-being.

a. Creating Supportive Environments

In NeendoorPanchayath, community leaders and local organizations play a crucial role in creating supportive environments where elderly individuals can engage in social activities and access resources for mindfulness and relaxation. The establishment of community centers, elderly support groups, and regular wellness programs provides elderly individuals with the structure and motivation needed to maintain these coping practices in their daily lives.

For example, community centers in Neendoor have begun offering weekly meditation sessions, social gatherings, and health check-up camps for elderly individuals. These initiatives create a supportive environment where elderly people can meet regularly, practice mindfulness, and relax in a stress-free setting. The availability of these resources within their own community reduces the barriers to participation and encourages elderly individuals to incorporate these practices into their routines.

b. Encouraging Family Involvement

Family involvement is also essential for helping elderly individuals integrate these coping mechanisms into their lives. Even when family members live far away, regular communication through phone calls or video chats can provide emotional support and encouragement. Family members can remind their elderly relatives to engage in mindfulness practices, participate in social activities, and prioritize relaxation.

In Neendoor, some families have started incorporating mindfulness and relaxation techniques into their interactions with elderly family members. For example, children and grandchildren living abroad may practice mindfulness meditation together over video calls, allowing the elderly individual to feel connected to their family while engaging in a calming activity.

Coping mechanisms such as building a social network, practicing mindfulness, and engaging in relaxation techniques are essential tools for helping lonely elderly individuals in NeendoorPanchayath navigate the challenges of aging and isolation. These strategies provide emotional support, reduce stress and anxiety, and promote mental and physical well-being. By fostering social connections, encouraging mindfulness practices, and teaching relaxation techniques, community leaders, families, and local organizations can help elderly individuals maintain a sense of purpose and resilience in their later years. As the elderly population in Neendoor continues to grow, the implementation of these coping mechanisms will play an increasingly important role in enhancing the quality of life for those facing the hardships of loneliness and isolation.

CHAPTER V

FINDINGS, SUGGESTIONS AND CONCLUSION

5.1. Findings

Loneliness among the elderly is a growing concern, particularly in rural areas where traditional social structures are breaking down. NeendoorPanchayath in Kottayam District, Kerala, provides a poignant example of how elderly individuals experience loneliness in the context of changing family dynamics, economic challenges, and limited social support. This essay presents the key findings from a research study that explored the life experiences of lonely elderly people in this rural community, offering insights into the social, economic, psychological, and cultural factors that shape their lives.

5.1.1 Social Isolation and Breakdown of Traditional Family Structures

One of the most striking findings of the research is the profound social isolation experienced by the elderly in NeendoorPanchayath. Traditionally, the joint family system in Kerala played a crucial role in supporting elderly members, providing them with companionship, care, and a sense of belonging. However, this system is rapidly disintegrating due to various factors, including urban migration, nuclear family trends, and changing social norms.

5.1.1.1 Urban Migration and Family Disintegration

The migration of younger family members to urban areas or abroad in search of better economic opportunities has led to a significant decrease in the size and cohesiveness of families in NeendoorPanchayath. Many elderly individuals are left behind to live alone, often with minimal or no support from their children. The physical distance from family members exacerbates their loneliness, as they are unable to participate in daily interactions or share in family activities. This detachment from their children and grandchildren leads to a deep sense of abandonment and a loss of purpose.

5.1.1.2 Limited Community Interaction

The study found that the elderly in NeendoorPanchayath have increasingly limited opportunities for social interaction within their community. With the decline of traditional

community gatherings, festivals, and religious events, the social fabric that once bound people together is weakening. The elderly, who once relied on these community events for social engagement, now find themselves isolated and disconnected from their peers. The lack of social spaces where the elderly can gather and interact further contributes to their sense of loneliness.

5.1.1.3 Challenges in Forming New Social Networks

The elderly in NeendoorPanchayath face significant challenges in forming new social networks as their existing ones diminish. Age-related factors such as mobility issues, health problems, and cognitive decline make it difficult for them to seek out new friendships or participate in social activities. Additionally, the cultural emphasis on self-reliance and dignity often discourages the elderly from reaching out for help or companionship, further entrenching their isolation.

5.1.2 Health and Mobility Issues

Health and mobility challenges are central to the life experiences of lonely elderly people in NeendoorPanchayath. The study revealed that these issues not only exacerbate their loneliness but also contribute to a declining quality of life.

5.1.2.1 Chronic Health Conditions

The research highlighted that many elderly individuals in NeendoorPanchayath suffer from chronic health conditions such as hypertension, diabetes, arthritis, and cardiovascular diseases. These conditions are often inadequately managed due to limited access to healthcare services. The rural setting of NeendoorPanchayath means that medical facilities are often located far from the homes of the elderly, and transportation options are scarce. As a result, many elderly individuals forgo regular medical check-ups and treatment, leading to a deterioration in their health and an increased sense of helplessness.

5.1.2.2 Mobility Constraints

Mobility constraints are a significant issue for the elderly in NeendoorPanchayath. The study found that many elderly individuals struggle with limited mobility due to age-related physical decline. This restricts their ability to leave their homes, participate in social activities, or even visit nearby friends and family. The lack of accessible infrastructure, such as well-maintained

roads and transportation services, further limits their movement. This physical confinement not only increases their feelings of loneliness but also limits their access to essential services, including healthcare, shopping, and social gatherings.

5.1.2.3 Impact on Mental Health

The combination of chronic health conditions and mobility constraints has a profound impact on the mental health of the elderly in NeendoorPanchayath. The study found high levels of anxiety, depression, and cognitive decline among the elderly, largely attributed to their health issues and the resulting social isolation. The lack of mental health services in the area exacerbates these problems, as the elderly have few outlets for seeking help or addressing their emotional and psychological needs.

5.1.3 Economic Dependency and Financial Insecurity

Economic dependency and financial insecurity are major factors that shape the life experiences of lonely elderly people in NeendoorPanchayath. The study uncovered several dimensions of this issue, highlighting how economic challenges contribute to their sense of vulnerability and isolation.

5.1.3.1 Dependence on Family Members

Many elderly individuals in NeendoorPanchayath are financially dependent on their children or relatives for their day-to-day needs. This dependence creates a power imbalance that can lead to feelings of inadequacy and loss of dignity. The research found that when financial support is irregular or insufficient, the elderly face difficulties in affording basic necessities such as food, medicine, and housing. This financial strain further isolates them, as they may feel embarrassed or ashamed to seek help from others in their community.

5.1.3.2 Inadequate Pensions and Government Support

The study also found that government pensions and support programs are often inadequate to meet the needs of the elderly in NeendoorPanchayath. The limited amount of financial assistance provided through these programs is insufficient to cover the rising costs of living, healthcare, and other essential services. Additionally, bureaucratic challenges and delays in the disbursement of pensions exacerbate the financial insecurity of the elderly, leaving them in a state of constant anxiety about their future.

5.1.3.3 Lack of Economic Opportunities

The lack of economic opportunities for the elderly in NeendoorPanchayath further compounds their financial insecurity. With limited options for earning an income, the elderly are unable to supplement their pensions or savings, leading to a decline in their standard of living. The study found that even those elderly individuals who wish to engage in small-scale economic activities, such as farming or handicrafts, face significant barriers due to their declining health, lack of resources, and the absence of supportive infrastructure.

5.1.4 Cultural and Spiritual Resilience

Despite the challenges of social isolation, health issues, and financial insecurity, the study found that many elderly individuals in NeendoorPanchayath exhibit remarkable cultural and spiritual resilience. These aspects of their life experiences provide them with strength and coping mechanisms that help them navigate the difficulties of aging and loneliness.

5.1.4.1 Cultural Identity and Continuity

The elderly in NeendoorPanchayath have a strong connection to their cultural identity, which serves as a source of resilience in the face of loneliness. The study found that many elderly individuals take pride in their role as custodians of traditional knowledge, customs, and values. This cultural continuity provides them with a sense of purpose and belonging, even as other aspects of their life may be deteriorating. The preservation and practice of traditional arts, crafts, and rituals help the elderly maintain a connection to their heritage and community, reinforcing their sense of identity.

5.1.4.2 Spiritual Practices as a Source of Solace

Spirituality plays a significant role in the lives of the elderly in NeendoorPanchayath. The study revealed that regular participation in religious rituals, prayers, and pilgrimages provides emotional and psychological support to the elderly. These spiritual practices offer them a sense of peace, hope, and acceptance, helping them cope with the loneliness and uncertainties of aging. The community's religious institutions also serve as important social spaces where the elderly can interact with others, participate in collective worship, and find a sense of solidarity.

5.1.4.3 Role of Festivals and Community Celebrations

Festivals and community celebrations are vital aspects of cultural life in NeendoorPanchayath, and they play a crucial role in alleviating loneliness among the elderly. The study found that these events provide opportunities for social interaction, cultural expression, and community bonding. For many elderly individuals, participating in these celebrations is a way to reconnect with their roots, engage with their peers, and feel part of something larger than themselves. These occasions serve as reminders of the enduring strength of their cultural heritage and offer moments of joy and connection in their otherwise isolated lives.

The life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, are shaped by a complex interplay of social, economic, health, and cultural factors. The findings of this research highlight the profound impact of social isolation, health challenges, and economic dependency on the well-being of the elderly in this rural community. However, the study also reveals the remarkable resilience that the elderly derive from their cultural and spiritual practices, which help them navigate the hardships of aging and loneliness.

Addressing the challenges identified in this research requires a multifaceted approach that includes strengthening community support structures, improving healthcare access, enhancing financial security, and preserving cultural and spiritual traditions. By doing so, we can create a more supportive environment for the elderly in NeendoorPanchayath and similar rural communities, ensuring that their later years are marked by dignity, connection, and well-being.

- Some of the common findings from the study are,
 - Some of the parents are enjoying this period.
 - Some old age people are engaged in social activities while others are limited to the boundaries of their dwellings.
 - People who have less social relation are lack in quality of life
 - There is a strong relationship between Education and Health in Active Ageing.

5.2. LIMITS AND STRENGTHS

Loneliness among the elderly is a growing concern globally, with profound implications for mental and physical health. In rural areas, like NeendoorPanchayath in Kottayam District, Kerala, the issue is particularly acute due to the traditional social structures that are rapidly eroding. This essay explores the limits and strengths of the life experiences of lonely elderly people in NeendoorPanchayath, offering insights into how these individuals navigate their later years amidst solitude.

5.2.1 Limits of Life Experience

5.2.1.1 Social Isolation and Its Consequences

One of the most significant limitations faced by elderly individuals in NeendoorPanchayath is social isolation. As children migrate to urban areas or abroad for better opportunities, the elderly are often left behind, leading to a breakdown of the traditional joint family system. This isolation can result in feelings of abandonment, depression, and a decline in cognitive functions. The lack of regular interaction with family members and the community exacerbates these issues, making it difficult for the elderly to maintain a sense of purpose and belonging.

5.2.1.2 Health and Mobility Challenges

Aging brings with it various health challenges, and for the elderly in NeendoorPanchayath, access to healthcare is often limited. The rural setting means that medical facilities are not always nearby, and the elderly may struggle to reach them due to mobility issues. Without adequate support, managing chronic conditions becomes a significant burden, further contributing to a sense of helplessness. The lack of physical activity due to restricted mobility also accelerates the deterioration of health, creating a vicious cycle that is hard to break.

5.2.1.3 Economic Dependency

Many elderly people in NeendoorPanchayath are financially dependent on their children or government pensions, which may not be sufficient to meet their needs. This economic dependency can lead to a sense of inadequacy and loss of dignity. In cases where financial

support is irregular or insufficient, the elderly may face difficulties in affording basic necessities, such as food, medicine, and housing. This financial strain adds to their sense of vulnerability and reduces their ability to enjoy a fulfilling life.

5.2.1.4 Lack of Emotional Support

The emotional toll of loneliness cannot be overstated. Elderly individuals in NeendoorPanchayath often lack emotional support, as their social circles shrink with age. The absence of a confidant or someone to share their worries with can lead to feelings of despair and anxiety. The traditional reliance on religious and community gatherings for emotional sustenance is diminishing, leaving many elderly people to cope with their emotional burdens alone.

5.2.2 Strengths of Life Experience

5.2.2.1 Resilience and Adaptability

Despite the challenges, many elderly individuals in NeendoorPanchayath exhibit remarkable resilience. Having lived through various adversities, they develop a strong sense of adaptability. This resilience is often rooted in their deep connection to the land, culture, and traditions of Kerala. They draw strength from their life experiences, finding ways to cope with loneliness by engaging in activities such as gardening, small-scale farming, or participating in local religious practices. This resilience not only helps them survive but also allows them to find meaning and satisfaction in their daily lives.

5.2.2.2 Cultural and Spiritual Anchors

The elderly in NeendoorPanchayath are deeply connected to their cultural and spiritual heritage. This connection provides them with a sense of continuity and identity, which is crucial in combating the feelings of loss and disconnection that accompany loneliness. Regular participation in rituals, festivals, and religious gatherings offers them solace and a way to remain engaged with the community. Their spiritual beliefs often provide comfort and a framework for understanding and accepting the challenges of aging.

5.2.2.3 Wisdom and Experience as a Resource

The life experience of the elderly is a valuable resource for the community. In NeendoorPanchayath, the elderly often serve as custodians of traditional knowledge, passing down stories, skills, and wisdom to the younger generations. Even in the face of loneliness, they take pride in their role as educators and mentors, which can provide a sense of purpose and fulfillment. This transmission of knowledge not only benefits the community but also reinforces the elderly's sense of worth and belonging.

5.2.2.4 Support from Local Organizations

In recent years, there has been an increase in the involvement of local organizations and government initiatives aimed at supporting the elderly in rural areas like NeendoorPanchayath. These initiatives often focus on providing healthcare, social interaction opportunities, and financial assistance. While these programs may not completely alleviate the challenges of loneliness, they offer a safety net that helps the elderly manage their daily lives more effectively. The presence of such support systems can significantly enhance the quality of life for lonely elderly individuals.

The life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, are shaped by a complex interplay of limitations and strengths. While social isolation, health challenges, and economic dependency pose significant barriers to a fulfilling life, the resilience, cultural connections, and wisdom of these individuals offer them a means to navigate their solitude. By acknowledging both the limits and strengths of their experiences, communities and policymakers can develop more effective strategies to support the elderly, ensuring that their later years are marked by dignity, purpose, and a sense of belonging.

5.3 CONCLUSION

The phenomenon of loneliness among the elderly is a multifaceted issue that is gaining increasing attention in both academic and social policy circles. This research paper has delved into the life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, a rural area in Kerala, India. Through a detailed examination of their social, cultural, economic, and psychological contexts, this study has sought to uncover the unique challenges and strengths that characterize the lives of elderly individuals living in solitude.

One of the most significant findings of this study is the pervasive social isolation experienced by the elderly in NeendoorPanchayath. The traditional joint family system, which once provided a robust support network for older adults, is eroding due to factors such as urban migration, economic pressures, and changing family dynamics. This has led to a significant increase in loneliness among the elderly, who often find themselves living alone without regular interaction with family or community members. The weakening of community bonds and the decline in participation in social and religious activities have further exacerbated this isolation, leaving many elderly individuals without the social support they need to thrive.

The research has highlighted the severe health and mobility challenges faced by the elderly in NeendoorPanchayath. Limited access to healthcare facilities, coupled with physical mobility issues, has made it difficult for many elderly individuals to manage chronic conditions and maintain their health. The lack of transportation and the distance to medical centers mean that even basic healthcare needs are often unmet. This situation not only diminishes their quality of life but also increases their sense of vulnerability and dependence on others, which can intensify feelings of loneliness.

Economic dependency emerged as a critical issue in the life experiences of the elderly in NeendoorPanchayath. Many elderly individuals rely heavily on financial support from their children or government pensions, which are often insufficient to meet their needs. This dependency creates a sense of helplessness and diminishes their sense of autonomy and dignity. Additionally, the lack of opportunities for economic engagement or productive activities further isolates the elderly, depriving them of a sense of purpose and contributing to their loneliness.

Despite the challenges, the study found that many elderly individuals in NeendoorPanchayath draw significant strength from their cultural and spiritual practices. These traditions provide them with a sense of continuity, identity, and purpose, helping them cope with the hardships of aging and loneliness. Regular participation in religious rituals, community festivals, and other cultural activities offers emotional sustenance and a connection to the larger community, even as other aspects of their social life may be declining. This cultural resilience is a critical factor in mitigating the effects of loneliness and maintaining psychological well-being.

The findings of this research underscore the urgent need to strengthen community support structures for the elderly in NeendoorPanchayath. Local governments,

non-governmental organizations, and community groups should collaborate to revive and sustain social networks that can provide companionship and support to the elderly. This could involve creating social clubs, organizing regular community events, and fostering intergenerational interactions that help bridge the gap between the elderly and the younger population.

There is a pressing need to improve healthcare access for the elderly in rural areas like NeendoorPanchayath. Mobile health clinics, telemedicine services, and improved transportation options could help address the healthcare challenges identified in this study. Ensuring that elderly individuals have regular access to medical care is essential for managing chronic conditions and maintaining their overall well-being.

To address the issue of economic dependency, policymakers should consider expanding financial support for the elderly, such as increasing pension amounts or providing additional subsidies for essential goods and services. Additionally, creating opportunities for the elderly to engage in economic activities, whether through small-scale agriculture, handicrafts, or other community-based enterprises, could enhance their sense of purpose and reduce feelings of loneliness.

The study's findings suggest that cultural and religious engagement plays a crucial role in the well-being of the elderly. Efforts should be made to preserve and promote these practices, ensuring that the elderly continue to have access to the cultural and spiritual resources that sustain them. This could include organizing community festivals, supporting places of worship, and encouraging the participation of the elderly in cultural activities.

Empty nest period is the loneliest period in the life of elderly, as they are emotionally, physically, psychologically and financially weak. This period requires the most care and attention as they are vulnerable and is nearing the end stage of life. Studies showed that high social support system will increase the quality of life of the elderly as well. Providing good social support and care is important in the current scenario of India, as 7.4% of total population is in the elderly stage. Even if they are in the last stage of life they too have the right to live a dignified life. Special policies should be made for their development and wellbeing and make them more independent which will help them to live effectively to the maximum possible.

Empty nest period is a phenomenon in which parents experience feelings of sadness and loss when the last child leaves home. Parents might find it difficult to have no children at home

who need children's care and support. In empty nest period the elderly face many problems like health issues, financial problems, changing society and social norms, in home-trauma and isolation etc. But from my point of view it is vary from age to age, gender to gender and situation to situation. From the journals, articles and field experience social work trainee came to know that by increasing the social support can lead to the quality of life among the empty nest elderly to make them productive. Then the empty nest will not be lonely or isolated.

Old age is an important area to be more vigilant in coming years. I studied about the quality of life and social support of old age people at the Empty Nest period. I found the Empty Nest people enjoy this life in a moderate level not high or low. It clearly shows that they enjoy this period in a moderate level. And also this situation is mainly depended upon the social, economic, cultural and spiritual levels of the individual. In Active Ageing health and education became an important dimension to be give importance at the early life of the individual not the later age. My study can be act as a foundation for the future studies related to the Empty Nest area.

The life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, reflect a broader trend of aging populations facing isolation, health challenges, and economic insecurity in rural areas. However, this study also highlights the remarkable resilience and strength that the elderly derive from their cultural and spiritual roots. By addressing the social, health, and economic challenges identified in this research, and by reinforcing the cultural ties that sustain the elderly, communities can create a more supportive environment for their aging populations. Future research and policy initiatives should focus on developing holistic approaches that not only alleviate loneliness but also enhance the overall quality of life for the elderly, ensuring that their later years are lived with dignity, purpose, and connection.

5.4 SUGGESTIONS

The life experience of lonely elderly people in NeendoorPanchayath, Kottayam District, is marked by challenges related to social isolation, health issues, economic dependency, and the erosion of traditional family and community structures. As identified in the research, these factors contribute to a diminished quality of life for the elderly in this rural area. This

research presents a set of recommendations aimed at addressing these challenges, improving the well-being of the elderly, and fostering a more supportive community environment.

5.4.1 Strengthening Community and Social Support Networks

One of the most critical areas requiring intervention is the rebuilding of social and community support networks for the elderly in NeendoorPanchayath. Given the decline in traditional family structures and community bonds, there is a pressing need to create new avenues for social engagement and support.

5.4.1.1 Establishing Elderly Social Clubs and Centers

A practical step towards alleviating loneliness is the establishment of elderly social clubs and community centers. These centers can serve as safe spaces where elderly individuals can gather, socialize, and participate in group activities. Organizing regular events such as tea gatherings, cultural programs, and hobby classes can help reduce social isolation by providing opportunities for the elderly to connect with others. These centers can also offer recreational activities, exercise programs, and educational workshops that cater to the interests and needs of the elderly, fostering a sense of community and belonging.

5.4.1.2 Promoting Intergenerational Interaction

Encouraging intergenerational interaction is another effective way to reduce loneliness among the elderly. Initiatives such as “adopt-a-grandparent” programs, where young people regularly visit or spend time with elderly residents, can help bridge the generational gap. Schools and local youth organizations could be involved in such programs, promoting mutual learning and understanding between generations. Additionally, organizing community events that bring together people of all ages—such as festivals, storytelling sessions, and community service projects—can strengthen social bonds and create a more inclusive community.

5.4.1.3 Reviving and Supporting Traditional Community Practices

Reviving traditional community practices that emphasize collective responsibility and mutual support is crucial. In NeendoorPanchayath, re-establishing practices such as “koottukudumbam” (joint family gatherings) and “koottupallikoodam” (collective education sessions) can reinforce the social fabric and ensure that the elderly remain integrated within

the community. Local leaders, religious institutions, and cultural organizations can play a vital role in promoting these practices and encouraging the community to actively involve the elderly in such activities.

5.4.2 Improving Healthcare Access and Services

Healthcare is a critical component of the well-being of the elderly, especially in rural areas where access to medical services is limited. The findings of the research indicate that inadequate healthcare access significantly contributes to the vulnerability and isolation of the elderly in NeendoorPanchayath.

5.4.2.1 Enhancing Local Healthcare Infrastructure

Strengthening local healthcare infrastructure is essential to ensure that the elderly have timely access to medical care. This could involve setting up mobile health clinics that visit rural areas on a regular basis, providing basic medical services, screenings, and chronic disease management. Additionally, establishing a community health center staffed with trained healthcare workers can serve as a hub for primary care, offering services such as routine check-ups, medication management, and referrals to specialists. Ensuring that these facilities are easily accessible to the elderly, with transportation options if necessary, is crucial to their effectiveness.

5.4.2.2 Introducing Telemedicine Services

Telemedicine offers a viable solution to the healthcare access issues faced by the elderly in NeendoorPanchayath. By leveraging digital technology, elderly individuals can consult with doctors and specialists remotely, reducing the need for travel. Local community centers or healthcare workers could facilitate these telemedicine sessions, providing the elderly with the necessary equipment and support. This approach not only improves access to healthcare but also allows for more frequent monitoring of chronic conditions, which is critical for maintaining the health of the elderly.

5.4.2.3 Training Community Health Workers

Training and deploying community health workers who are specifically focused on the needs of the elderly can greatly improve healthcare outcomes. These workers can provide home-

based care, assist with medication management, and monitor the health status of the elderly on a regular basis. They can also serve as a crucial link between the elderly and healthcare providers, ensuring that any health issues are promptly addressed. Community health workers can be trained to offer mental health support as well, helping to address the psychological aspects of loneliness and isolation.

5.4.3 Addressing Economic Dependency and Financial Insecurity

Economic insecurity is a major contributor to the vulnerability of the elderly in NeendoorPanchayath. Addressing this issue requires targeted interventions that enhance the financial independence and security of the elderly.

5.4.3.1 Expanding Pension and Financial Assistance Programs

The research highlights the inadequacy of current pension schemes in meeting the needs of the elderly. One recommendation is to advocate for an increase in pension amounts and to ensure timely and hassle-free disbursement. Additionally, expanding eligibility criteria for financial assistance programs to include a broader range of elderly individuals, particularly those who are economically vulnerable, can provide much-needed support. Introducing supplementary programs that offer subsidies for essential goods and services, such as food, medicine, and utilities, would also help alleviate financial pressures on the elderly.

5.4.3.2 Promoting Economic Activities for the Elderly

Encouraging and supporting small-scale economic activities that are suitable for the elderly can enhance their financial independence and provide them with a sense of purpose. Initiatives such as community-based farming cooperatives, handicraft production, and local entrepreneurship programs can offer the elderly opportunities to engage in productive work. Providing training, resources, and market access for these activities would empower the elderly to contribute to their own well-being and reduce their dependency on family members or government support.

5.4.3.3 Establishing Microfinance and Savings Programs

Establishing microfinance programs tailored to the needs of the elderly can help them manage their finances more effectively. These programs could offer small loans for income-

generating activities or emergency expenses, with flexible repayment terms. Additionally, promoting savings schemes that are specifically designed for the elderly, such as interest-bearing savings accounts with easy access, can help them build financial security over time. Community-based savings groups, where elderly individuals pool their resources and provide mutual financial support, can also be an effective way to enhance economic resilience.

5.4.4 Enhancing Cultural and Spiritual Engagement

Cultural and spiritual practices play a crucial role in the lives of the elderly in NeendoorPanchayath, providing them with emotional support and a sense of identity. Strengthening these aspects of their lives can help mitigate the effects of loneliness and improve their overall well-being.

5.4.4.1 Supporting Religious and Cultural Institutions

Religious and cultural institutions are central to the spiritual and social lives of the elderly. Providing support to these institutions, such as local temples, churches, and community centers, can ensure that they continue to offer services and activities that engage the elderly. This could include organizing regular religious ceremonies, festivals, and cultural events that bring the community together and provide the elderly with opportunities for participation and social interaction.

5.4.4.2 Encouraging Elderly Participation in Cultural Preservation

Involving the elderly in the preservation and promotion of local cultural heritage can provide them with a sense of purpose and pride. Programs that encourage elderly individuals to share their knowledge of traditional arts, crafts, folklore, and rituals with younger generations can help keep these cultural practices alive while also fostering intergenerational connections. Cultural preservation initiatives, such as documenting oral histories or organizing exhibitions of traditional crafts, can provide platforms for the elderly to contribute to their community's cultural legacy.

5.4.4.3 Creating Spiritual Support Networks

Spiritual support networks can be established to offer emotional and psychological support to the elderly. These networks could involve volunteers who regularly visit or call elderly

individuals, providing companionship and discussing spiritual or religious matters. Spiritual counseling services could also be made available through local religious institutions, offering the elderly guidance and support in times of difficulty. Such networks would help ensure that the elderly have access to spiritual resources that can help them cope with the challenges of aging and loneliness.

5.4.5 Promoting Awareness and Advocacy

Raising awareness about the challenges faced by lonely elderly people and advocating for their rights and needs are essential components of any long-term solution. Community leaders, policymakers, and civil society organizations all have roles to play in this regard.

5.4.5.1 Launching Awareness Campaigns

Awareness campaigns can help educate the community about the issues faced by the elderly, such as loneliness, health challenges, and economic insecurity. These campaigns could be conducted through local media, social networks, and community events, emphasizing the importance of supporting the elderly and fostering a culture of respect and care. Such campaigns can also highlight the contributions of the elderly to society, challenging stereotypes and promoting a more positive view of aging.

5.4.5.2 Advocating for Policy Changes

Advocacy efforts are needed to push for policy changes that address the needs of the elderly in NeendoorPanchayath and similar rural areas. This could involve lobbying for increased funding for elderly care programs, improved healthcare services, and enhanced financial support schemes. Collaborating with local governments, NGOs, and community organizations can amplify these advocacy efforts, ensuring that the voices of the elderly are heard and their needs are addressed in policy decisions.

5.4.5.3 Building Capacity of Local Organizations

Strengthening the capacity of local organizations that work with the elderly is crucial for sustaining long-term support. Providing training and resources to these organizations can enhance their ability to deliver effective services, such as social support, healthcare, and economic assistance. Encouraging collaboration among local organizations, government

agencies, and community groups can also lead to more coordinated and comprehensive support for the elderly.

The life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, reveal a complex interplay of social, economic, health, and cultural factors. The suggestions outlined in this essay offer a multifaceted approach to addressing these challenges, focusing on strengthening social networks, improving healthcare access, enhancing financial security, and promoting cultural and spiritual engagement. By implementing these recommendations, the community can create a more supportive and inclusive environment for the elderly, ensuring that their later years are marked by dignity, connection, and well-being.

The following suggestions can lead elderly into a better life:

- There should be association of elderly like E-SHG for helping the elderly people and in which they should have weekly meetings, recreation activities and counselling services
- Include geriatric care in the curriculum of schools and colleges so that the younger generation will learn and implement it in their family.
- There should be geriatric care managers in the nearby places which is easily Approachable for the elderly and the family members.
- Religious institutions can promote good messages and chance to work for the old age people.
- Create both public and private health care system more age friendly
- Financial Support on focused research on wide range of ageing issues

5.5 FUTURE RESEARCH IMPLICATIONS

The study of lonely elderly people, particularly in rural areas like NeendoorPanchayath in Kottayam District, Kerala, is crucial for understanding the broader implications of aging in an increasingly urbanized and globalized world. As traditional family structures and community bonds weaken, the elderly face unique challenges that warrant focused research. This essay explores the future research implications related to the life experiences of lonely elderly individuals in NeendoorPanchayath, emphasizing areas that require further investigation to inform policy, practice, and community support.

5.5.1 Understanding the Social Dynamics of Loneliness

One of the key areas for future research is the social dynamics that contribute to loneliness among the elderly in NeendoorPanchayath. Understanding the specific factors that lead to social isolation, such as migration of younger family members, changes in community interactions, and the impact of technology, can provide insights into the root causes of loneliness. Research could focus on how social networks are formed, maintained, or disintegrate in rural settings and what role local cultural practices play in either mitigating or exacerbating loneliness. Longitudinal studies could track changes over time, providing valuable data on how the social environment influences the well-being of the elderly.

5.5.2 Impact of Cultural and Religious Practices

NeendoorPanchayath, like many parts of Kerala, has a rich cultural and religious heritage that plays a significant role in the lives of its residents. Future research should explore how these cultural and religious practices influence the experience of loneliness among the elderly. Studies could examine the extent to which participation in religious activities, festivals, and rituals provides emotional and social support to the elderly. Additionally, research could investigate whether these practices are evolving and how such changes affect the elderly's sense of belonging and purpose. Understanding these dynamics could help in developing culturally sensitive interventions to reduce loneliness.

5.5.3 Role of Healthcare and Accessibility

Healthcare access and quality are critical concerns for the elderly, particularly in rural areas. Future research should investigate the availability, accessibility, and adequacy of healthcare services for the elderly in NeendoorPanchayath. This includes examining how the elderly manage chronic conditions, the role of traditional medicine, and the impact of healthcare infrastructure on their quality of life. Research could also explore how mobility issues affect the elderly's ability to access healthcare and how this, in turn, influences their experience of loneliness. By identifying gaps in healthcare provision, research can inform policy decisions aimed at improving the health and well-being of the elderly in rural areas.

5.5.4 Economic Stability and Independence

Economic factors play a crucial role in the life experiences of the elderly. Future research should delve into the economic stability and independence of the elderly in NeendoorPanchayath. Studies could explore how financial dependency on children, pensions,

or government aid affects their sense of dignity and self-worth. Research could also investigate the economic activities that the elderly engage in, such as small-scale farming or crafts, and how these contribute to their overall well-being. Understanding the economic challenges faced by the elderly can lead to the development of targeted financial support programs that enhance their quality of life.

5.5.5 Psychological and Emotional Well-being

The psychological and emotional aspects of loneliness are critical areas for future research. Studies could examine the prevalence of mental health issues such as depression, anxiety, and cognitive decline among the elderly in NeendoorPanchayath. Research could also explore the coping mechanisms used by the elderly to deal with loneliness, including the role of social support, hobbies, and spiritual practices. Furthermore, investigating the impact of widowhood, loss of friends, and changes in family dynamics on the psychological well-being of the elderly could provide a deeper understanding of the emotional challenges they face. This knowledge is essential for developing effective mental health interventions tailored to the needs of the elderly in rural settings.

5.5.6 The Role of Technology

As technology becomes increasingly pervasive, its impact on the lives of the elderly cannot be overlooked. Future research should explore how technology can be used to alleviate loneliness among the elderly in NeendoorPanchayath. This could include studying the use of communication technologies, such as mobile phones and social media, in maintaining social connections and providing access to information and services. Research could also investigate the barriers to technology adoption among the elderly, such as digital literacy and accessibility issues, and how these can be overcome. By understanding the role of technology in the lives of the elderly, researchers can identify ways to harness its potential to improve their quality of life.

5.5.7 Community-Based Interventions

Finally, future research should focus on the development and evaluation of community-based interventions designed to reduce loneliness among the elderly. This could involve studying the effectiveness of various programs, such as social clubs, group activities, and volunteer services, in enhancing the social and emotional well-being of the elderly. Research could also explore the role of local government and non-governmental organizations in supporting the

elderly and the impact of these interventions on their overall quality of life. Understanding what works in a rural context like NeendoorPanchayath can provide valuable insights for scaling up successful interventions to other regions.

The life experiences of lonely elderly people in NeendoorPanchayath, Kottayam District, present a complex interplay of social, cultural, economic, and psychological factors. Future research must address these areas to develop a comprehensive understanding of the challenges faced by the elderly and to inform the creation of effective interventions. By focusing on the social dynamics of loneliness, the impact of cultural practices, healthcare accessibility, economic stability, and psychological well-being, the role of technology, and community-based interventions, researchers can contribute to improving the quality of life for lonely elderly individuals in rural areas. This research will not only benefit the elderly in NeendoorPanchayath but also provide valuable lessons for addressing loneliness among the elderly in similar contexts worldwide.

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APPENDIX

INTERVIEW GUIDE

LIFE EXPERIENCE OF LONELY ELDERLY PEOPLE; A CASE STUDY OF NEENDOOR PANCHAYAT, KOTTAYAM DISTRICT KERALA

PERSONAL PROFILE

1. Name:
2. Age:
3. Marital Status:
4. Education:
5. Profession:
6. Nature of Place you live (Rural, Urban, City, Town, Other
7. Number of members living in the family
8. Do you have children? If yes, how many? Which class they are studying or are they working?
- 9 How often do you see your children or other family members?
10. Do you have any grandchildren? If yes, how often do you see them?
11. Religion (Hindu, Muslim, Christian, Others)
12. Category (General, EWS, OBC, SC/ST)
13. Income class (Very poor, poor, lower middle class, Middle class, Upper middle class, wealthy)
14. Type of ration card (yellow, pink, blue, white)
15. Annual income of the family (less than 1 lakh, 1-2 lakh, 2-5 lakh, 10 above etc)
16. Type of house (concrete roof, tiled roof, shed/hut, sheet roof)
17. Ownership of the house (owned, rent) If rent, what is the monthly rent (specify

Living Situation

18. Do you live alone or with someone else?
19. How long have you been living alone?
20. Do you feel safe in your current living situation?
21. Do you have access to transportation?

Daily Activities

22. How do you spend your day?
23. Do you have any hobbies or activities that you enjoy?
24. Are there any activities you wish you could do but cannot?
25. How often do you leave your home?
26. Do you have any pets? If yes, how do they impact your daily life?

Health and Well-being

27. How would you describe your current health?
28. Do you have any chronic illnesses or disabilities?
29. How often do you visit a doctor or healthcare provider?
30. Do you have access to adequate healthcare?
31. Are you able to manage your medications and health needs on your own?

Social Connections

32. How often do you communicate with friends or family?
33. Do you feel lonely?
34. Are there social activities or groups you participate in?
35. How often do you interact with your neighbours?
36. Do you have someone you can rely on in case of an emergency?

Financial Situation

37. How do you manage your finances?
38. Do you feel financially secure?
39. Are there any financial challenges you face?
40. Do you receive any financial support from family or social services?
41. How do you handle unexpected expenses?

Emotional Well-being

42. How do you feel emotionally on a daily basis?
43. Do you experience feelings of depression or anxiety?
44. How do you cope with stress or difficult emotions?
45. Do you have someone to talk to about your feelings?

46. Have you ever sought professional help for emotional or mental health issues?

Support Systems

47. Do you receive any assistance from family members?

48. Are you aware of any community resources or support programs for elderly people?

49. Have you used any community or government support services? If yes, which ones?

50. What kind of support would make your life easier?

51. Do you feel your family provides enough support for you?

Safety and Accessibility

52. Are there any physical challenges you face at home (e.g., stairs, lack of ramps)?

53. Do you have any concerns about falling or other accidents at home?

54. Is your home equipped with safety features (e.g., grab bars, emergency alarms)?

55. Do you have access to home maintenance or repair services?

56. How do you handle tasks that require physical strength or mobility?

General Reflections

57. What do you think is the biggest challenge you face living alone?

58. How has living alone impacted your relationship with your family?

59. What do you enjoy most about living alone?

60. Is there anything else you would like to share about your experience living alone?