Perceptions of Ageing Among Older Adults Living in Male', Maldives and Implications for Provision of Support

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Abstract

The research presented in this paper aims to (1) provide insights into how older people living in Male' perceive ageing and (2) how families and the wider community meet the care needs of older people. Eight people who are in the age group of 65 to 70 year olds, living in Male', were interviewed for the present study. The results indicated that the participants preferred to live with their children and appreciated the level of care given by their children. Lack of modified homes, adapted built environments and suitable housing for families living with elderly parents means that healthy older adults' level of physical activities, social interaction and independence are limited. Unavailability of environmental, social and health support services that are dedicated towards elders negatively influenced their perspective of ageing. While some of the participants showed resilience and adapted to the circumstances, others perceived the physical and social barriers to ageing with fear and restricted their physical activities and social interactions.

Important aspects of ageing and the availability of support are discussed with implications for self, family, community and for policy makers.

Keywords: healthy ageing, older adults, urban living

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1. Background

Maldives has a resident population of approximately 344, 000 of which 158,000 people live in Male', the capital city. Population density of Male' is 65, 200 per square kilometer. Presently, there are approximately 17,000 older adults, aged 65 and above, living in the Maldives, which comprises 5 percent of the total population (National Bureau of Statistics, 2014). 4500 people aged 65 and above, live in Male'. Older adult population of 65 years and above is expected to more than double by 2030 (National Bureau of Statistics, 2014). While life expectancy of Maldivians has increased from 70 to 79 years in the past 15 years, healthy life span is 70 years (World Health Organization [WHO], 2017).

Universal Health Insurance Scheme – Aasandha, introduced in January 2012, has benefitted the older age group immensely by mitigating health care related financial burden on families and health care related impoverishment of older adults (Nagpal & Redaelli, 2013). State funded old age basic pension scheme which has been in operation since February 2010, covers all the citizens who are 65 and above. Currently, the state pension is MRf 5,000 (approximately US$300) per month (Maldives Pension Office, personal communication, June, 2018).

Most families in Male' live in two to three bedroom apartments with small rooms. Older adults frequently have to share rooms with grandchildren. Taking the responsibility to support and care for elderly parents becomes an added burden whilst young couples work full time. Old people are left at home to be taken care of by a house-maid or left alone at home during day time. Some older women look after grandchildren while their children are at work, and prepare meals for the whole family which prevents them from having time to socialize with friends and visit family members.

Traditionally, elderly family members are looked after in an extended family setting but now it is not possible for all families due to inadequacy of the home space to accommodate elderly parents. In some cases, parents are left in remote islands to live their life alone. Some are sent to live in a center for vulnerable adults in K. Guraidhoo, due to negligence or absence of children.

Maldives doesn't have any specific facilities for geriatric care. Age related minor illnesses are treated at tertiary-multipurpose hospitals which is burdensome on the already heavy workloads of staff as well as on infrastructure. There are very few nongovernmental organizations in Male' for older adults that aim to develop awareness of ageing or for prevention and delay of age related illnesses. Only two were identified by the researcher, Manfa and Maldives Senior Citizens.

As people age, they become frail, suffer from pain, develop long term chronic illnesses such as pulmonary and cardiac conditions, type II diabetes, and can have hearing and or vision problems. Loss of mobility, reduced dexterity, mental health issues and unhappiness due to ageing can be a huge burden on the emerging health system of the Maldives. Since longer life spans don't always correlate with good health and wellbeing, the number of people entering older ages will continue to be a challenge to national infrastructure (WHO, 2016). Provision of health care, social support for long-term care, social protection and social participation of older people in society will become priority areas for development as people age (Moosa, 2016). Hence, understanding the material conditions and social factors which hinder or support active, healthy, happy ageing is critically needed. This can enable for strategies recommended by WHO for healthy ageing, "optimising opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). The purpose of the research reported in this paper is to identify the needs and preferences of older adults in receiving care and support, and to gain an insight of their perspective in relation to healthy ageing and wellbeing.

2. Understanding Healthy Ageing

Healthy ageing depends on genetic factors, early life experiences and present socio economic and environmental context. Kuh, Karunananthan, Bergman and Cooper (2014), define healthy biological ageing as maintaining optimal physical and cognitive functioning for as long as possible, delaying the onset and rate of chronic diseases and extending the length of life for as long as possible (p. 237). Challenges to healthy ageing include infections, injuries, chronic illnesses, poor nutrition, tobacco use, sedentary lifestyle, and exposure to environmental pollutants across the life span as well as genetics (Lu, Pikhart & Sacker, 2018). Healthy ageing requires understanding the slowing down of physical ability yet resiliently accepting and adapting to optimally function and self-manage with the existing level of one's health (Reichstadt et al., 2010). A range of actions can be taken at individual, communal and national level working together to achieve a successful outcome for each individual to stay longer in work, contribute to society through civic participation, remain independent and enjoy life for as long as possible (Age Platform Europe, 2011, Rowe & Kahn, 2015).

Spirituality, gratitude, self-reflection and self-acceptance provide strength and resilience to manage stresses over the life course and is a predictor of self-perception of good health and subjective wellbeing (Foley, 2000; Cicirelli, 2004; Harvey, 2006). Attachment to god or faith in a higher power contributes to overcome adversities such as loss of loved ones, loss of physical capabilities and can give meaning to life. Religiousness and faith can promote compassion towards self, self-acceptance and humility. Prayer alleviates stresses, allows for coping in

difficult situations and can cause happiness and a general sense of wellbeing (Zimmer et al., 2016).

Physical activity reduces the risk of several diseases associated with ageing including cardiovascular disease, metabolic disease, and osteoarthritis. American College of Sports Medicine guidelines recommend at least 150 minutes of moderate weekly physical activity (30 minutes, 5 days/week) to obtain health benefits including improved cardiovascular fitness, improvement in spatial memory, increase in hippocampus volume, and an increase in brain-derived neurotrophic factor (Erickson et al, 2011). Physical activity and sedentary behaviour have opposing effects on telomere length which is an indicator of slowing down or accelerating the process of ageing (Cherkas et al., 2008). Physical activity is protective against prevalent and incident depression (Strawbridge, Deleger, Roberts, & Kaplan, 2002). Availability of an exercise companion can increase motivation and doing physical activities in groups can reduce fear of falling which prevents older people from engaging in physical activities (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014).

As people age, with limited access to public transport and care services, physical access to natural landscapes and built environments become constrained. Fear of crime and feelings of insecurity can cause people to feel unsafe to move around in urban neighbourhoods (Scharf, Phillipson, Kingston, & Smith, 2001). To compensate for this, imagination plays a bigger role reliving past places and past life in these places. Thus, comfortable ageing requires people to grow old in a familiar environment and a built space utilized for a long time (Smith, 2009).

Living in own home can promote independence, autonomy, opportunities for social connection and support of family and friends. Where living in own home is not feasible, an alternative solution can be one bedroom flats which are easily accessible for the elderly, their families and home care visitors within familiar locations. These flats need to be adapted for independent daily living by people with specific cognitive, emotional and functional impairments (Anderson, 2011). Co-residences with families can provide the care, and emotional support cost effectively, based on familial and communal obligation to care and support for older generations (Hayes, 2009).

Functional autonomy to carry out routine personal tasks independently is a key component of good health among older adults (Marroquin, & Nolen-Hoeksema, 2015). Activities such as driving, making personal health decisions and managing own medication may significantly change an older adult's perception of own health status and well-being (Hertz, & Anschutz, 2002). The resources available in the environment such as adapted housing, and adapted social environments, opportunities for employment, volunteering, intergenerational interactions, specialized health care and information, adult learning, transportation and adapted access to

public places and green spaces can contribute to a sense of autonomy, improved morale and wellbeing (Baltes, Lindengerger & Staudinger, 2006, Age platform Europe, 2011).

Baltes, Lindengerger & Staudinger, (2006) state that as people age, they seem to possess high levels of self-satisfaction as they begin to draw examples from life experiences to either utilize in daily activities or pass them down to their following generations. People optimize their remaining functions to achieve their life goals. Older adults compensate for age related losses by taking advantage of adaptive devices and other resources available to them.

Coping with the psychological aspects of ageing and managing social and external resources enable older adults to minimize the impact physical diseases may have on ageing (Kahana & Kahana, 1996). Idler and Benyamini (1997) stated that the individual opinion of the older adults on their perceived health is far more important to successful aging irrespective of their actual status of health as it is a matter of morality than a matter of clinical status of health.

Strong attachments and connection to family, siblings, same age and gender friends, neighbours, health care practitioners and carers who are attentive and responsive to the needs of older adults enable for development of trusting relationships and a sense of security during times of despair and times of need (Aminzadeh & Dalziel, 2002; Manning, 2013; Milberg & Friedrichsen, 2017). Since they have at one point provided social support to others, older adults expect to receive the same when they are unable to provide anymore (Feeny & Collins, 2014). Providing information, task oriented support such as assisting during a doctor's appointment, taking them out for leisure activities such as walks and shopping, are ways in which society, community and family provide emotional support to older adults (Aminzadeh & Dalziel, 2002).

Long lasting close relationships with a loved pet can also give older adults deep joy and an inner sense of calm and security. Symbolic proximity through telephone contact and presence of photos of loved ones can act as a solace for the loneliness experienced by older adults. Appreciation of nature too can give a sense of belonging, pleasure and enjoyment in later life (Milberg & Friedrichson, 2017; Orr, Wagstaffe, Briscoe, & Garside, 2016).

Sound health, high perceived health status, positive adherence to lifestyles and less feelings of rejection are outcomes of high levels of social support (Brown, Nesse, Vinokur, Smith, 2003; Magrin et al., 2015). Kindness to parents is a religious obligation for followers of Islam (Bensaid & Grin, 2014). Family support can play an important role in elderly people's ageing with dignity. Families can support older members to maintain a healthy lifestyle and improve their emotional and mental health and well-being by valuing them as interdependent, wise and experienced family members (Thanakwang, 2008).

Older adults who possess high levels of self-satisfaction, stable social engagements, social networks and low levels of stress happen to face less risks in terms of their health and are often seen taking preventive actions for their health situation through care services which often leads to lesser expenditure on medication (Braveman, Egerter, Williams, 2011; Kubzansky, Boehm and Sergerstrom, 2015). Older adults who have demonstrated high levels of resilience during personal losses, untimely deaths of loved ones, illnesses, and loss of wealth have indicated high levels of good health and stable and strong social support from friends and family. Additionally, resilience is also a trait that is associated with better coping skills, positivity and spirituality (Mancini & Bonanno, 2009; MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016).

A recent study found that social engagement was a strong protective factor for healthy ageing among Maldivians (Moosa, 2016). Increased age can be considered a risk factor for social withdrawal, as a result of physical and or cognitive decline and disengagement. Some social ties can be coercive or straining and can have a negative influence on healthy ageing (Uchino et al., 2012).

3. Conceptual Framework Used for the Study

Ecological theory of perception by James Gibson (1979) was used to guide this study. In this theory, the person and the broader social and physical structures are inter-related. It is not possible to understand older adults' perceptions of ageing without considering the environment in which the ageing occurs. The theory provides a specific perspective of person in the environment as a dynamic system where the perception of the immediate environment by the individual affords the individual certain adaptive actions and behaviours. These environmental factors may be the physical setting, the human characteristics of the individual, and the family, the social climate and characteristics of the surrounding community. An ecological approach to studying ageing is based on the assumption that health and wellbeing are affected by a dynamic interplay among biological, behavioural and environmental factors which unfold throughout the life course of individuals, families and communities (Smedley & Syme, 2000). Healthy ageing is socially determined by multiple influences at multiple levels (e.g., public policy, community, institutional, interpersonal, and intrapersonal factors) (McLeroy, Bibeau, Steckler & Glanz, 1988). The ecological approach model given in figure 1 was used to design the present research process and the data analysis.

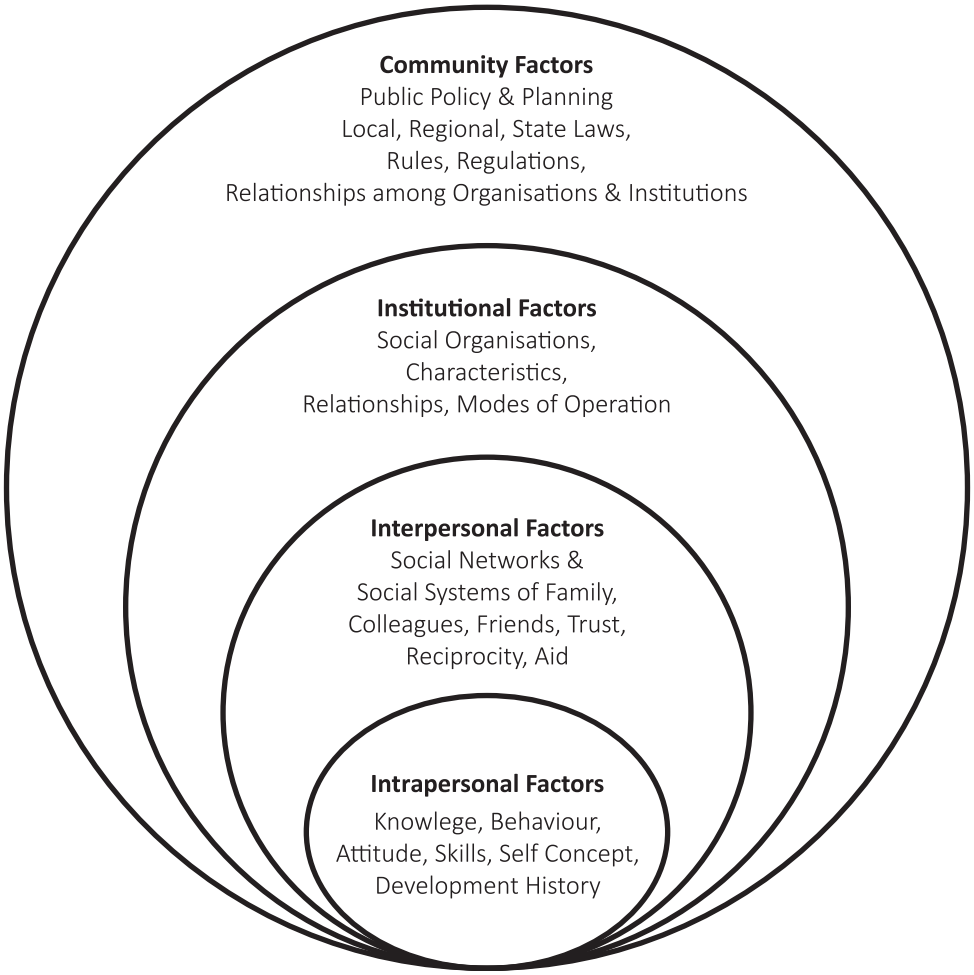

Figure 1: An ecological approach model adapted from McLeroy, Bibeau, Steckler & Glanz (1988).

Self-perceptions of ageing, also referred to as ageing perceptions or attitudes towards ageing, describe individuals' experiences with the ageing process and expectations about the outcome and process of getting older (Wolff et al., 2015), and play an important role in older adults' ageing process (Levy, Slade & Kasl, 2002). It has been postulated that throughout the course of a person's life, beliefs about ageing are formed and shaped by personal experiences and broader societal attitudes, and these beliefs are speculated to influence outcomes via behavioral, physiological, and psychological pathways, which may in turn affect health outcomes (Levy, 2003). Negative stereotypes and misconceptions about ageing could restrict their participation in social, political, commercial activities and interfere with their successful and dignified ageing.

Family income, education, and social status are associated with health, functioning and longevity (Seeman & Crimmins, 2001). Cultural traditions can influence how the communities and individuals view and treat older adults, the roles older adults play in the society and the resources they access. At policy and planning level, laws and regulations on health insurance, pensions, type of housing, location of goods and services, quality of pedestrian paths, traffic flow and rights to pedestrians and those with assistive mobility devices, locations of parks and walking trails, and neighbourhood safety can influence healthy ageing (Salvo, Lashewicz, Doyle-Baker, & McCormack, 2018).

4. Research Design

A descriptive qualitative study design was adopted, with face to face in depth interviews using an interview guide. The primary areas that were covered in the interviews were participants' thoughts on what active ageing means, the resources required to age well and their attitudes towards ageing. Interview questions were designed to explore the participants' views of their present life, current lifestyle, level of physical activity, engagement in outdoor activities, if inactive, reasons for avoidance of activities, level of social connection, isolation, feelings of being valued by family and society, government support, health advice, and access to programmes which promote healthy ageing. A hermeneutic phenomenological analysis of interview data provided insights into the lived experience of people entering old age stage of their lives. This approach allows for considering how the phenomenon is experienced by the person and what it means to the person within their lived context (Moustakas, 1994; Van Manen, 1990).

The eight participants of this study were five men and three women aged between 65 and 70 years. All three women were previously home makers and three men were in leadership positions in civil service, and armed forces while the other two men ran their own small businesses. All the participants were retired and living with their children.

5. Results

From the participants' responses, three significant differences in their healthy ageing profiles were identified.

The first profile were healthy and robust respondents who perceived their health as unfavourable and often expressed negative views on ageing and the factors they considered mainly were the gradual deterioration of their health status, high levels of dependency on family and friends, and loss of control over aspects that were within their control previously such as driving or walking to the washroom alone.

The second profile was that of respondents whose health situation was negative, frail and complicated and who seemed to practically struggle with the consequences of ageing due to deteriorating health, lack of social interaction and loss of control but perceived their health situation as controlled, well and positive.

The third profile of respondents were those who accept their current and actual status of their health and have given up worrying about their deteriorating health but carrying on with their lives and daily activities in the way they could in their capacity.

The results of the study are presented below tabulated as raw data for each profile with an interpretation of the data in the adjacent column. Thematic analysis of the data identified six themes: (1) the disconnection between objective and subjective standing of their health, (2) level of perceived autonomy and independence (3) perceptions of dependency on adaptive devices, (4) level of social wellbeing, (5) limitations on active ageing, and (6) support systems that impact the current and future status of health. Thus the results are subdivided into these categories.

5.1 Perception of General Status of Health

Self-rating of health

Individuals who perceived their health negatively although their health situation was relatively positive described their health as "I don't feel as good as I felt the day before" or "poor and I feel I am at the lowest point in my life". The respondents whose health was complex but viewed their health positively responded saying either, "I know I am physically unwell, but that cannot stop me from being cheerful and positive about life" or "I am unable to do certain daily activities such as cooking or driving, but who cares, as long as I feel fit". Those who had been identified as respondents who accepted their health situation realistically stated, "What God has planned for me will happen. I am not trying to over think about it while I am alive and happy".

Some participants also discussed about death. Whilst one healthy respondent stated, "It is Allah who created us and it is to Allah that we should return", another stated, "I know I have to die someday but my wish is to live until at least my grandchildren are old enough to remember me and play with me". Respondents with complex health situations while accepting the inevitability of death had different attitudes towards death. One respondent stated, "I am not ready to die yet," while another respondent had given up, "I am ready to die because living is a torture for me sometimes."

Perception of Ageing

Profile One

Data	Interpretation
My children often tell me how I should live, how I should change my eating habits or how I should be careful when walking or stop me from smoking. They say it's not good for my health as I grow old. But what I see is that they don't have the experience I go through and what it is like to grow old, to have your body aches all the time or to have depressing thoughts throughout the day. Therefore, I think no advice could help me to go through a successful ageing.	Desire for autonomy in managing own life and in decision making. More than advice, empathy and being listened to could support with psychological needs of older adults.
Education to small children up to university education should inculcate the value of looking after elders without any hesitation as I feel the support my relatives and children offer are more a sympathetic way towards me and out of compulsion	If children are taught to value older adults, and what can be done to support, this can promote healthy ageing.

Profile Two

Data	Interpretation
My son got me to attend a counseling session with a psychiatrist and I told him off saying he has no idea of what I go through as he is like a person standing outside the cage whereas I am like the monkey inside the cage and I am the only one who knows what I am going through.	Mental health issues can be challenging for healthy ageing.
My son does not let me eat sweets and burgers. But I love to eat them. He says they are not good for my health. He wants me to age healthily but I cannot understand how I will have a life if I am not allowed to indulge in the food I like to eat.	Guidance to adopt positive habits has to be across life span and from professionals rather than from own children in some cases.
My daughter says I have to have a positive attitude about growing old. But recently I heard of so many of my school mates passing away due to old age and I do not understand how I could stay positive hearing all these and knowing that my time is soon yet to come.	Loss of same age friends can be challenging for older adults to stay positive about ageing.
Although I receive advice about how to grow old successfully these most often come from people younger than me. And at those times I feel I am being valued and they want me to be around them for a long time.	Intergenerational support can make older adults feel valued as they age.
I think when I am been asked whether I took medicines on time or whether they could help me in cleaning my room, I feel very happy and I think support is one of the major elements one needs to grow old successfully	When children give time and attention, older adults feel valued.

Profile Three

Data	Interpretation
My caregiver is a friendly woman. She does not look down upon me. She talks in the same dialect I talk and I am able to understand her well. My husband and I both agree that without her we would have felt lonely and have a negative approach to getting old.	Establishment of trusting relationships support to alleviate loneliness and staying positive.
People advise me on how to maintain my health and grow old successfully and I ask them back, who is older here, you or me? Who has more experiences about life, you or me? And they stop the conversation then and there.	Having autonomy for decision making and feeling valued for their experience and accumulated knowledge can support healthy ageing.

5.2 Level of Perceived Autonomy and Independence

Profile One

Data	Interpretation
I have the fear of seeing someone perhaps tomorrow at my house to wash me, feed me, clean my mess as if I am a small child again and I hate that feeling.	Social engagement with same age people can develop camaraderie and an understanding that everyone goes through the same feelings about physical decline.
I am not a person who depended on anyone while I was going to work. But after my retirement two years ago I got this fear of depending on my daughter who has her own in-laws, husband and four children to take care of since my health is deteriorating.	While the respondent is healthy and mobile, instead of having to worry about becoming a burden on their children, their energy can be utilized by the community for society's benefit.
Forms that I receive for my pension and for other benefits are filled out by my daughter because I cannot do it myself. But depending on her is surely not alleviating my loneliness but putting me in the negative form of being even lonelier as I used to do these simple tasks myself before I retired.	When older adults are not empowered to retain their independence they can become less self-efficacious and this can interfere with healthy ageing.
I am not being treated like the children in the house. They are cared for all the time although they do wrong things sometimes. But when I do something wrong, I am being yelled at by my caregiver and equality is not an aspect that will stay stable when one is ageing.	When older adults are not treated with dignity, this can lead to unhealthy ageing.

Profile Two

Data	Interpretation
I try to help my daughter in her household by keeping my reading glasses in place or my water glass on the table close to my bed as I am unable to get off the bed because that is the least way in which I could contribute to the household while I am being looked after by them.	Respondents desire to maintain independence and to continue to support the family, despite not been able to do much physically.
I really want to go out and help my son as he attends to my grandchildren all by himself, but I feel really angry with myself about not being able to do anything of that sort.	Respondents feel anger and frustration when they are unable to continue to support their families.
I am confided to my bed most of the time because I have been asked to bed rest until my legs are healed. And I feel that although I am a burden to my children, they take good care of me because I have a positive attitude towards life and do not make any extra demands on them. Therefore, I think if I am to have a positive and a healthy ageing I have to collaborate positively with those around me.	Respondents do not wish to be a burden on their children and do everything in their power to demonstrate collaboration and positivity.
I love living with my family when most I know of my age have been sent to other islands where they live alone. I know I am a burden to my daughter-in-law and I know they complain but I would rather live with my known devils than live with unknown angels.	Fear of abandonment causes them to adjust to feelings of been a burden on children while living with them.

Profile Three

Data	Interpretation
I currently need assistance to get off the bed up to the washroom although I could use the toilet on my own, yet I understand that my son will need to hire a fulltime caregiver to attend to my toilet needs in the future.	These respondents have accepted their dependency on children and paid care givers.
I feel really sorry for the caregiver appointed to look after me as I am helpless about taking care of my own self but what is to be done, I have to live until my time and my caregiver needs a job that pays.	Older adults use humour and compassion to come to terms with the increasing dependency.
My daughter-in-law is my best friend because she is there for me always. It is only when she goes to pick the children from school that I feel lonely, but the confidence that she gives me to walk, do my own chores are invaluable. But I miss the same thing coming from my son. He is my own child and without him being the person to give me confidence, I feel depressed sooner or later no matter how much my daughter-in-law tries to cheer me up.	Older adults value it when family supports them to be independent and perform activities without help. They can become more confident when sons provide emotional support.

5.3 Perceptions of Dependency on Assistive Devices

Assistive devices such as walkers, wheelchairs, and impairment improving things such as hearing aids made respondents "feel older". They were concerned that once they get used to them it will not let them come back to normal and they avoided using assistive devices.

Profile One

Data	Interpretation
The only reason I hate about growing old is to feel disabled with all the assistive devices I may have to use in the future. I recently felt I was very old as I had to use a hearing aid for my right ear, this is perhaps the most depressing time of my life.	Support to seeing hearing aids as similar to using spectacles for vision and how to manage the device for individual preference can ease access.

Profile Two

Data	Interpretation
The housing facility in which I live does not really support old people. We live on the 7th floor. Most of the time the elevator doesn't work. My knees hurt whenever I climb the stairs, and I need assistance whenever I need to use the stairs.	When housing is not suitable for older adults with mobility needs, they become over reliant on others and have to restrict physical mobility.

Profile Three

Data	Interpretation
My doctor said I have to be careful of any cardiac arrests that could affect the nervous system that will limit my walking and that's the reason I avoid carrying out activities because I have the fear of using a wheelchair to move about if I do get ill and I will never be able to walk again without the walker or go anywhere without the wheelchair.	Respondent did not see assistive device as something which supports mobility and has a negative attitude as this is indicative of ageing and ill health.

5.4 Social Wellbeing

All the respondents stressed on the importance of having positive and enriching social contact to alleviate loneliness and isolation. One respondent highlighted the significance of social interaction, "We have to have some sort of social interaction from either our family or caregiver as we are unable to cope without them". All the respondents in this study were loved and cared for by their children and spouses. This gave them self-esteem, confidence, companionship and a sense of wellbeing. Whilst the male respondents saw their wives as a source of emotional support, the female respondents also viewed their offspring as sources of emotional support more than the male respondents did. Some respondents also viewed their personal physicians if they have been intact for a long time as great sources of emotional support. Although for most respondents, "just being there for me to see" was a way of providing emotional support.

All of the respondents indicated that the society had an approach of neglecting older people in society. However, factors such as one's previous occupation, ties with family and level of social interaction influenced how much they felt valued.

Profile One

Data	Interpretation
Today's generation has drastically changed as I feel people look down upon you. But the situation wasn't this when I was young and when we had great respect for our elders.	Respondent felt the society did not value older people, thus resented growing old.
I had many colleagues who respected me when I was in service, but now I don't even receive a single call from them. Even if I do, it is mostly embarrassing as they ask about my health situation and how I am coping as years pass by.	Being valued for experience, knowledge and accumulated wisdom can alleviate feelings of rejection and resentment towards ageing.

Profile Two

Data	Interpretation
I do not care about what outsiders think about me growing old. I am being loved by my children and family and after all that's what matters. I am not old. It is only that I am physically unable to do things. And I don't see this as a reason to be neglected by others in society. In fact, I feel I am valued by my own family and that is enough for me.	Strong relationship with family have compensated for the loss of status and feelings of rejection by society.
When I hear death notices I pray that it's not one of my companions or colleagues. If it's one of them it hits me very hard and I have to learn to cope with it because after all when one of my companions has gone this means I will be feeling more isolated and lonelier.	Prayer can help to cope with death of friends and colleagues and associated feeling of isolation and loneliness.

Profile Three

Data	Interpretation
I have cut down most of my social contacts and I feel that I am being neglected because I do not have the power and the money like I used to have.	When older people lose status due to unemployment they feel angry and rejected.
I still get invitations for professional gatherings to share my experiences I've had in the field of teaching and therefore my students have not lost the values I have instilled in them. But I do not see this with most of my other friends who had been in the fields of business or fisheries.	When their knowledge and experience is valued by society, older people feel valued and important to society.

5.5 Lifestyle and Active Ageing

All of the participants lived in rented mid rise buildings. So, it becomes a burden for older adults to climb stairs since either there is no lift or it is broken. Because of this, they are unable to go out or avoid going out, thus limiting their ability to interact with friends and family.

Profile One

Data	Interpretation
Although I feel I have the potential to become active, I feel it will all stop as I gradually get old	While they have physical capacity, older adults are not very active and see them becoming immobile in the future.
I do not want to be seen as old to the outside world although I know it personally	Having to depend on others to accompany them while they are outside due to safety reasons makes them feel old and avoid going outdoors accompanied by a care giver. Avoidance of ageism by others.
I have never been seen as someone deserving sympathy but always a respectable figure and I want to maintain it although I am getting old	Having to depend on assistive devices and appearing old prevented some older adults from going outside.

Profile Two

Data	Interpretation
I am quite active myself; although I can hardly get off my bed, I try to read or play with my grandchildren in the house.	Physical activities such as playing with grandchildren can be a source of joy and feeling active.
Age is only a number that limits every one of us from being active and being active does not necessarily mean being active physically	This respondent has adjusted the understanding of physical activity to meet the existing situation.
Sometimes the only outdoor activity I am engaged in is looking out of the room window and watching children play. The only disadvantage I see in growing old is the limits I have in physically going outdoors.	Characteristics of the built environment at street level and environmental design for access to public spaces influences physical activity and functioning.

Profile Three

Data	Interpretation
The only thing I hate about ageing is that whenever I am diagnosed with health issues I have to limit being active and I have to start being active all over again once I have regained better health.	Illnesses can be a major stressor on personal feelings of competence and healthy behaviour is increasingly affected by personal health situation and characteristics of the environment.
We (married couple) do everything together but we still wish our children will take us out sometime soon.	Even if they have a spouse to accompany them, older adults depend on children to take them outdoors.
We don't want someone to be with us 24x7, as physical support. But someone who will assist us in our doctor's appointments or taking us for a stroll in the park.	Inability to go out alone, even as an older couple, reduced the respondent's independence.
I usually go for a stroll in the park when I am with my daughter and it gives me great pleasure to see people I knew earlier coming and having a chat with me.	This respondent though had a social network she enjoyed and had great pleasure from been outdoors, had to depend on her daughter to take her out.
I know I am being neglected sometimes especially when there is a wedding to attend and I cannot go. But I try to cheer up my mood by at least reading or watching television because I am my own savior of loneliness and although having some social interaction could alleviate my position of being lonely I cannot always depend on them.	Inaccessibility of physical spaces can prevent older adults from participating in family gatherings and enjoying intergenerational interactions.

5.6 Reasons for Avoiding Daily Activities in Old Age

The main reasons that were identified that kept the respondents away from performing routine daily activities as they aged were the loss of control over their physical balance and mental freedom, fears they faced as they aged and lack of support from family members and care givers.

Loss of control

The respondents showed that when they were cared for by different caregivers, it affected them in a way that they avoided carrying out their daily activities.

> "I have seen so many caretakers at many instances and every time there is a new carer, I had to give up my usual habits as their way of doing things were different from mine. The impact does change a lot of things."

Most of the respondents also stated that injuries also limited them from carrying out activities.

> "After I had a knee fracture I cannot carry out many activities I used to do when I was younger and now I feel there is no way I could possibly walk again as usual and do things like a normal person ever again."

Fear

All the participants expressed anxiety about future health situation such as losing mobility due to chronic diseases, fear of life-threatening conditions and fear of abandonment by family. The respondents stated, "I feel my whole life is about feeling anxious about how my health would negatively impact me," and "I do not want to be left alone without my children when once I get bed-ridden or paralyzed especially due to the predicted strokes my doctor told me to be careful of".

Fear of falling prevented respondents from being active. "The main problem I have in carrying out activities I used to perform such as climbing stairs is the fear of falling because if I fall I will have more complications".

The respondents also feared annoying their children by choosing what they liked, so they avoided going shopping where they might buy things they enjoyed.

> "I have the fear of being a burden to my children as they have to take me to the store every weekend to buy the stuff I need but more than this being a reason, I keep away from doing my usual activities because I am afraid of losing control over the purchases. And I have to avoid things such as cakes and biscuits. As they say, it's not good for my diabetes."

Another significant fear the respondents faced was the fear of being sent to their birth island away from their children's homes as they feared the situation of living alone more than living without control over their lives when living with their children. One respondent stated, "I fear the fact of being sent to my island to live alone if I don't do as my children say, as I am unable to attend to my things by myself".

Participants showed anxiety and adapted their behaviours to child-like behaviours because of fear of abandonment.

> "When my caregiver tells me "Don't do that again," it makes me scared and nervous as I know I have to be obedient just like a child and if I continue to be arrogant I will be left with no one to look after me."

5.7 Government and Other Support Systems

All of the respondents favoured the idea of the Maldivian government providing the state funded health insurance coverage irrespective of the prior occupations of the older adults. The health insurance scheme gave them assurance and relief that as their health deteriorated they will have financial support to pay for health costs.

Though the insurance scheme was helpful in paying medical bills, thus reducing the burden on their families, more needs to be done to support to live an independent life for as long as possible through schemes such as adapted housing and home nursing support.

> "The insurance scheme has been very helpful in paying my medical bills but it has not succeeded in making me feel independent as I am fully dependent on my children since my partner passed away few years ago."

The state pension was valued by older adults who did not have an additional income to maintain financial independence, and to have dignity through providing for other family members.

None of the respondents mentioned any support from health services or community groups which promote healthy ageing, nor did they have any awareness of such programmes been available to them or to anyone else. They agreed that programmes which provided them with information on ageing and age related illnesses would reduce their stress and anxiety about ageing. An informed, active and engaged older population will benefit the community reciprocally. Older people can be active in community planning for older adults as architects of their own lives. They can also contribute to the society through sharing their expertise and wisdom as employees, volunteers, consultants, advisors, elders and community leaders. Active engagement promotes independence, autonomy and dignity as valued individuals in the community. Healthy ageing requires support at institutional level, community level and national level, working together to bring about the desired changes (Black, Dobbs & Young, 2015).

6. Conclusions

The present qualitative study examined how older adults aged 65 to 70, living in the capital city of Maldives, Male' perceive (1) their general status of health, (2) availability of social support, and (3) ageing. Individual perceptions of ageing depended on the level of adoption of healthy habits and behaviours, feelings of optimism and happiness, faith in god, and level of reciprocity in social support. Lack of capacity to live autonomously and independently in the urban congested environment in which the older residents of Male' live led to complex adjustments to their perceptions of ageing and the support they received.

6.1 Perceptions of Health Status

All of the respondents realized that their health situation was deteriorating as they aged. In order to remain positive about their health, some of the respondents overestimated their health situation. Although they were frail and some were facing mobility issues, the fact that they were able to even sit on the bed and look outside was considered a positive sign of health. These respondents portrayed high levels of resilience and self-acceptance.

Some of the respondents had a negative approach to their health, and underestimated their real health condition. Although they had physical mobility and independence, they were angry at themselves for the limitations imposed on them because they were old. Although they have coped with difficult times during their whole lifetime, ageing was seen as a major challenge that rather reduced their level of resilience.

Other respondents took a realistic view of their health and took necessary measures to protect their better health situation while they could, sometimes taking actions which affected their health negatively such as avoiding use of assistive devices or going outdoors.

6.2 Availability and Acceptance of Support

The participants' responses demonstrated that they have well-established and strong family support. Those who lived dependently previously adjusted better to support than those who had enjoyed more independence before retirement. Statements proved they were happy to be living with their children as long as they received support physically and emotionally.

Respondents' statements showed that they did not want to be a burden to others. They disliked depending on others and felt frustration and anger when ill health prevented them from supporting their family, especially when they were unable to look after the grandchildren. Respondents did not indicate that the society valued their experience, knowledge and wisdom once they have retired and this negatively impacted their attitudes toward growing old.
The participants' responses indicated that they had high levels of confidence when they were better informed and better monitored by those who supported them. However, they did not accept advice from children easily.

None of the participants mentioned support from health care professionals in enabling them to adopt healthy behaviours and reduce fear of ageing, fear of using assistive devices and fear of age related ill health. This may be due to scarcity of health services that focus on geriatric health and wellbeing. Health services which are supportive of older adults need for information on nutrition and strategies for healthy ageing as well as provision of health monitoring and care is urgently needed.

The participants were not aware of any institutional, community or national support for ageing with dignity, other than the old age pension scheme and the universal health insurance coverage.

6.3 Perception and Acceptance of Ageing

The three profiles of respondents had different ideas about ageing. Those who had physical mobility and had enjoyed a greater degree of independence previously took loss of control of decision making and loss of a wide range of social interaction more negatively. Those who were frail and had complicated health situations had adapted and accepted the situation seeing things positively to the extent of seeing the outside from the window as been active. While being grateful for the support they received, inability to perform routine activities, to support and contribute to family life led to frustration and anger and feelings of helplessness.

Others were afraid of ageing due to potential loss of physical mobility, loss of autonomy and overall deterioration of health. Fear of falling and fractures, and knee damage from climbing stairs as well as fear of road safety to venture alone prevents older people from going out. Lack of facilities led to fear of ageing and negative strategies to prevent illness, such as limiting their physical activities and social contact.

Most of the participants showed resilience and adapted to the circumstances, optimizing the facilities available to them which were faith in god, close relationships with family and friends, strolls on the beach for those who dared to venture out with friends and gazing out of the window when they couldn't go out.

6.4 Implications for Supporting Healthy Ageing

The findings of the present study allude to lack of awareness and information about healthy ageing among urban old age residents of Male'. Respondents limited their physical activities due to not having a sense of security and safety. None of the participants mentioned any employment outside their homes or volunteering opportunities outside their homes. They did not engage in any social or outdoor activities unless they were informally organized by themselves or by their families. There is an urgent need to develop alliances between government, nongovernmental organizations and private sector to develop suitable housing for ageing in place close to their offspring; transportation and access to goods and services; awareness and training for health and wellbeing; meaningful involvement in society through employment, volunteering, and knowledge sharing; respect and social inclusion in intergenerational activities and social networks; and information and communication which can develop independence, autonomy, empathy, understanding, respect and reciprocity (Black, Dobbs & Young, 2015).

Street safety for older adults to venture alone is a necessity. As longevity increases, creation of age-friendly neighbourhoods, accessible green spaces, care intensive forms of housing and accessible community health services must be a priority for policy makers engaged with

expansion of urban residential areas in the city of Male'. Footpaths need to be accessible for users with assistive mobility devices. Laws and regulations can be used to provide the safety and security required to be physically active and to access goods, services and public spaces with confidence. Older citizens do not need to struggle with daily fears of becoming a burden on their children or fear of abandonment by their children.

None of the participants were able to identify any programmes which promoted active ageing, though they believed that such programmes can make old age "interesting and not depressing". Families and non-governmental organizations can arrange for half day outings, visits to gardens, bicycle rides, beach walks, fishing trips and longer trips to other islands and nearby countries, thus encouraging and supporting an active, happy, healthy ageing process while strengthening and extending social connectedness with families and others. Volunteering to visit the frailer community members as well as helping younger people with their skills can improve morale, self-esteem and psychosocial wellbeing of older physically fit adults.

The present research highlighted the frustration experienced by older adults when grown up children took away control of activities which they could do themselves and advised them on how to live their lives. Functional autonomy is positively correlated with subjective and objective health, muscle strength, memory functions and psychological well-being (Perrig-Chiello, Perrig, Uebelbacher, & Stähelin, 2007). Hence, care givers and grown up children need to move away from types of care and support which cause unnecessary dependence and loss of control of their own lives by older people.

While this study did not look at gender differences, the data showed gender differences in types of social support which was sought and given, similar to findings by Moosa (2016). Thus, future research needs to explore this area further. Since some older adults are living in remote rural homes of their own, while children are absent to provide support and care, healthy ageing needs of rural older adults need to be explored.

A limitation of this research is that Dhivehi was used as the language of communication in the interview process. Fine connotations of meaning may have been lost in translating from Dhivehi to English though caution was taken to ensure socio-linguistic accuracy in the translation process.

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