

Table 2. Men's exclusion and inactivity in the third and fourth life stages – project results

No.	Identified problems, obstacles and needs	Recommendations/suggestions
1	<p>BECOMING A NOBODY: solitude, (self)isolation and (self)marginalisation among older adults (particularly men).</p> <p>STATUS CHANGE; IDENTITY CHANGE; SUBSCRIBED IDENTITIES: 'With retirement I immediately became nobody' (interviewee from Slovenia)</p> <p>Consequences of solitude, etc., on health (risk of dementia, mental health etc.) and well-being among older adults</p>	<p>Stakeholders in active ageing, lifelong learning and civil society in general will have to develop the sensitivity to recognise the causes and processes that have 'driven' older men out of public life in the community. Opportunities have been mostly seen a) in already existing and diverse educational and training programmes; b) in informing and raising awareness about them for older men; and c) in considering alternative activities for older men in later life. In this regard the emphasis was also on the importance of raising older men's awareness of the advantage of finding new social environments already in the retirement process (see Gregorčič, 2017 and already addressed transitions to retirement in Table 1.C.2).</p> <p>Programmes on cognitive ageing, mental health promotion, etc., should be developed and broader public discussions should be organised on these persisting taboo themes, which concern all genders in the countries researched.</p>
2	<p>ACCESSIBILITY to quality services, adequate public infrastructure and mobility have become a major technical (and, above all, financial) obstacle for older adults with the degradation of welfare/social state, which has a significant impact on their health and quality of life. A number of necessary services have become payable, while access to institutions and mobility in general is often inadequate.</p> <p>Older men reported losing their independence and autonomy.</p>	<p>The research has shown that older men highly value the independence and autonomy that defined them in their working life. Specific obstacles that prevent older adults from adequate access and mobility (pavements, bicycle lanes, benches at bus stops and along walking routes, car parks near health centres, organised public transport, vicinity of a shop, pharmacy, post office, banks, etc., in the rural environment; unpaid social spaces as an alternative to bars, churches and schools, etc.) in local environments (village, neighbourhood, gentrification of urban centres, etc.) should be identified, as well as possibilities for cheaper or free services for older adults in the context of decentralisation of services should be enabled by the national government with the cooperation of civic society and local authorities.</p>
3	<p>HEALTH ISSUES and SERVICES (indicated by all partners in the project): significant health problems (chronic diseases, reduced mobility, increased morbidity); difficulties in accessing public health services and, for some medical specialities, long waiting periods and/or half-payable services; lack of answers to tackle mental health (and other) problems.</p>	<p>National governments need to start long-term measures to improve the healthcare system and services, in order to provide equal access to all people (as well as older adults).</p> <p>Civil society and NGOs dealing with active ageing, lifelong learning, etc., should connect to strong networks and became a serious pressure group to regulate current inappropriate situation for older adults in their countries/regions.</p> <p>Absence of adequate or sufficient health policies and practices should be addressed by the broader public and by different stakeholders</p>

	<p>Not enough resources – human, technical, etc. – to deal with the situation and help the families of older adults with mental issues...</p>	<p>(involving questions of privatisation, quality, accessibility, equality, etc.) with the innovative possibilities for older adults: beside simple assistance and institutionalisation that should be provided by the state, non-profitable innovations towards 'opening' institutions for older adults, community co-management should be developed, practicing de-institutionalisation and community work.</p>
4	<p>POVERTY AND FINANCIAL DISTRESS besides poorly managed home and social services (addressed by all partners, but with big differences between urban and rural areas).</p>	<p>In the framework of national strategies and preparing action plans by different ministries, local and national authorities should support implementation of legislation that tackles financial and material vulnerability of older people and those at high risk of poverty.</p> <p>Interesting recommendations can be found in good practices that still persist in some rural areas (identified in Slovenia and Estonia), if the community is still bonding and bridging their inhabitants (see Gregorčič, 2017).</p>
5	<p>Problems in ORGANISATION and NETWORKING</p> <p>Absence of adequate or sufficient social policies that allow the community to be the centre of the resolution of the problems of older adults.</p>	<p>Better cooperation is needed between all the institutions that worry about older adults.</p>
6	<p>POSITION CHANGED: Men have lost the position they used to have, and therefore often do not know how to participate in an informal/non-formal environment where activities are led by women.</p> <p>Discomfort with the spaces in which men are a minority, such as the DCA and the Third Age University in general, was expressed from various perspectives.</p> <p>Men rarely approach (new) activities without personal encouragement.</p>	<p>This expresses a very unequal form of looking at and participating in activities. While more structured/ formal educational activities attract mainly women, informal/ gaming activities attract men. To promote a variety of activities so that both men and women have opportunities seems crucial.</p> <p>It is important that they are addressed through various institutions and especially through NGOs and organisations focused on older adults.</p> <p>It's also important that they are addressed through 'activity', that they are "doing things": (intergenerational or any other) cooperation can be only developed through 'doing' (Krajnc, 2018; personal interaction).</p> <p>Personal approach has been shown as the most effective – men being encouraged to participate or brought to activities by their partners or important friends.</p>
7	<p>Need for POLITICAL PARTICIPATION and active citizenship</p>	<p>Local communities should develop more democratic and participatory processes for involvement of older adults in consultation and other practices that would enable them to contribute to the community.</p>

8	<p>DEPENDENCY on life partners and the phenomenon of “priceless women” (as came out in Slovenia).</p> <p>The research found a relatively high dependence of interviewees on women as companions and a strong emotional, social and informational reliance on them; if necessary, they can be the 'first caregivers' and often also the first confidants. In cases where the wives were younger and active in employment, it has been shown that these men assumed many prevailing women's roles or obligations (household, babysitting grandchildren, etc.).</p>	<p>For older men “priceless women” and family are the most important pillars on which to base acceptance of their own process of ageing: The research outlined the pricelessness and importance of a wife/partner for older men in this life stage (they ran the household, managed finances, took care of their husbands, children and grandchildren, planned how to 'survive' the month, planned ageing and the necessary age-related changes in a household, helped the wider family, and on top of that offered support, affinity, and information based on the women’s more numerous contacts and wider social networks). It has been shown that wives influenced the structuring of men's activities (they planned holidays, vacations, celebrations, everyday living, etc).</p> <p>That is why wives (or life partners) can probably be the most important target group for discussing transition to retirement as well as active ageing by older men; as well as those who can encourage their male partners to participate in community or learning activities (see also recommendation no. 6 in this Table).</p>
9	<p>EDUCATION MATTERS: in some countries (as revealed in the case of the Portuguese research) men with a very low educational background find themselves in a very tightened and vulnerable situation at old age compared to those with middle or higher level of educational background.</p>	<p>Educational background seems central to quality of life in adulthood and, more specifically, at old age. Lifelong learning programmes provided by educational institutions and (informal) learning programmes should tackle those complex problems not only with educational means, but also with community activities and programmes not necessary dealing with education, but with greater focus on socialising, mutuality and community (with intergenerational programmes and exchange, community work, creativity, etc.).</p>