

Generational Differences in Health Perceptions and Wellness Practices: A Sociological Study from Kerala

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ABSTRACT

Health perceptions and wellness practices are socially constructed and are shaped by generational experiences, socio-cultural contexts, and ongoing technological transformations. These perceptions are not static; rather, they evolve over time as individuals interact with changing social environments and systems of knowledge. This study examines generational differences in health perceptions and wellness practices in Kerala, India, by comparing four distinct cohorts, namely Baby Boomers, Generation X, Millennials, and Generation Z. By focusing on these cohorts, the study aims to understand how historical context and lived experiences influence health-related attitudes and behaviors. Using a qualitative case study design, data were collected through semi-structured interviews with eight participants representing these cohorts within a family setting in Puramannur, Malappuram district, thereby allowing for an in-depth exploration of intergenerational dynamics within a shared socio-cultural context.

The findings reveal a clear generational transition in health orientations. Older generations rely predominantly on traditional medicine systems such as Ayurveda and home remedies, reflecting culturally embedded practices and long-standing belief systems. In contrast, younger generations increasingly adopt modern biomedical approaches and digital health technologies, influenced by scientific advancements and greater access to information. Significant differences are observed in areas such as digital health adoption, mental health awareness, lifestyle practices, and patterns of healthcare utilization. The study employs Generational Cohort Theory, Social Constructionism, the Social Determinants of Health framework, and Bourdieu's concept of habitus to interpret these variations. Overall, the research contributes to medical sociology by offering a localized intergenerational perspective and provides policy-relevant insights for designing inclusive, sustainable, and technologically adaptive healthcare systems.

Keywords: Health Perception, Generational Cohorts, Wellness Practices, Digital Health, Kerala, Medical Sociology, Social Determinants of Health

INTRODUCTION

Health is widely recognized as a multidimensional concept encompassing physical, mental, and social well-being. It extends beyond the mere absence of disease to include the overall quality of life experienced by individuals within their social environments. Sociological perspectives emphasize that health is not merely a biological condition but a socially constructed phenomenon shaped by cultural beliefs, institutional practices, and historical contexts (Berger & Luckmann, 1966). In other words, how individuals define, experience, and respond to health and illness is influenced by the social world in which they live. These meanings are not fixed but evolve over time, reflecting broader societal transformations. In societies undergoing rapid transformation, such as Kerala, these constructions of health vary significantly across generations, as each cohort is exposed to distinct social, cultural, and technological influences during their formative years.

Kerala presents a unique and compelling case within the Indian context due to its high literacy rates, progressive public health policies, and relatively advanced healthcare infrastructure. The state has long been recognized for its achievements in human development indicators, including life expectancy, infant mortality

rates, and access to healthcare services. These accomplishments are often attributed to a strong emphasis on education, social welfare, and community-based healthcare initiatives. However, despite these strengths, Kerala is currently experiencing significant demographic and epidemiological transitions. The population is aging rapidly, and there is a noticeable increase in lifestyle-related diseases such as diabetes, hypertension, and obesity. At the same time, rapid technological integration in healthcare systems, including the expansion of telemedicine, digital health platforms, and health-monitoring devices, is transforming how healthcare is accessed and delivered. These changes have contributed to evolving patterns of health perception and behavior among different age groups, making Kerala an important site for examining generational differences in health.

Older generations, particularly Baby Boomers, grew up in a socio-cultural context where traditional medicine systems such as Ayurveda and home remedies were central to healthcare practices. Their understanding of health was deeply rooted in holistic principles, where physical well-being was closely linked to mental balance, spiritual practices, and harmony with nature. Health practices were often embedded within family traditions and community life, with knowledge passed down through generations. Preventive care was emphasized through dietary habits, daily routines, and the use of natural remedies. Institutional healthcare, particularly in the form of modern hospitals and specialized medical services, was less accessible during their formative years, leading to a reliance on locally available resources and indigenous knowledge systems.

In contrast, younger generations, including Millennials and Generation Z, have been shaped by processes of globalization, urbanization, and digitalization. These cohorts have grown up in an environment characterized by increased access to formal education, exposure to global media, and rapid technological advancements. As a result, their understanding of health is more individualized, preventive, and technology-oriented. They are more likely to engage with modern biomedical systems, prioritize fitness and lifestyle management, and utilize digital tools such as health applications, wearable devices, and online consultations. Health, for these generations, is often associated with productivity, efficiency, and self-optimization, reflecting broader cultural shifts toward individual responsibility and performance-oriented lifestyles.

These generational differences are not merely reflective of personal preferences but are shaped by broader socio-cultural, economic, and technological transformations. Changes in family structures, occupational patterns, and access to information have altered how individuals interact with healthcare systems and make decisions about their well-being. For instance, the shift from joint family systems to nuclear households has influenced caregiving practices, while increased participation in the workforce has affected lifestyle patterns and health behaviors. Similarly, the widespread availability of digital information has transformed how individuals acquire health knowledge, often reducing reliance on traditional sources of authority such as elders or community healers.

This study seeks to analyze these generational differences by addressing the following research questions:

1. How do different generations in Kerala perceive health and wellness?
2. What socio-cultural, economic, and technological factors influence these perceptions?
3. How do generational differences shape healthcare utilization and wellness practices?

By exploring these questions, the study aims to provide a comprehensive understanding of how health perceptions are constructed and transformed across generations within a shared socio-cultural context. The focus on multiple generational cohorts allows for a comparative analysis that highlights both continuity and change in health-related beliefs and practices.

By adopting an intergenerational perspective within a localized context, the study fills a critical gap in existing literature, which often tends to focus on specific age groups or broader national trends without adequately capturing intra-community variations. This research contributes to broader debates in medical sociology and public health by emphasizing the importance of understanding health as a socially embedded and historically situated phenomenon. Furthermore, the insights generated from this study have practical implications for designing healthcare policies and interventions that are inclusive, context-sensitive, and responsive to the diverse needs of different generational groups.

LITERATURE REVIEW

Generational Cohort Theory and Health Behavior

Generational Cohort Theory posits that individuals born within the same historical period share a set of formative experiences that shape their attitudes, values, and behavioral patterns throughout their lives (Mannheim, 1952). These shared experiences include exposure to similar socio-political events, technological advancements, educational opportunities, and cultural transformations. As a result, each generation develops a distinct worldview that influences how individuals interpret and respond to various aspects of life, including health and well-being.

In the context of health behavior, generational differences become particularly significant. Individuals from older generations, such as Baby Boomers, tend to rely on experiential knowledge and traditional health practices that were prevalent during their formative years. These practices are often rooted in cultural traditions, community-based knowledge systems, and long-standing beliefs about the body and healing. In contrast, younger generations, including Millennials and Generation Z, have grown up in an era characterized by rapid technological development, globalization, and increased access to scientific knowledge. This exposure has shaped their preference for modern healthcare systems, evidence-based medicine, and digital health solutions.

Studies indicate that these generational differences extend beyond mere preferences and influence risk perception, preventive health behavior, and healthcare utilization patterns (Bates et al., 2024). For instance, younger individuals are more likely to engage in proactive health monitoring and preventive care, while older individuals may adopt a more reactive approach, seeking treatment primarily when symptoms arise. Thus, Generational Cohort Theory provides a valuable framework for understanding how historical context and shared experiences shape health-related attitudes and practices across age groups.

Social Construction of Health

The social constructionist approach argues that health and illness are not purely objective or biological conditions but are shaped by cultural meanings, social interactions, and collective beliefs (Berger & Luckmann, 1966). According to this perspective, what is considered “healthy” or “unhealthy” varies across societies and is influenced by social norms, values, and institutional practices. Health, therefore, is not simply a matter of physiological functioning but also a reflection of how individuals interpret their bodily experiences within a cultural framework.

In the context of Kerala, traditional health practices are deeply embedded in cultural and social life. Systems such as Ayurveda, home remedies, and spiritual healing are not merely medical practices but are intertwined with cultural identity and community values. For older generations, health is often understood in holistic terms, encompassing physical, mental, and spiritual well-being. Practices such as dietary regulation, herbal treatments, and religious rituals play an integral role in maintaining health.

However, younger generations are increasingly influenced by global health narratives that emphasize scientific rationality, physical fitness, productivity, and mental well-being. The rise of digital media, social networks, and global communication has exposed younger individuals to new definitions of health that prioritize body image, lifestyle management, and psychological wellness. This shift reflects a broader transformation in the cultural construction of health, where traditional meanings coexist with modern interpretations. As a result, generational differences in health perceptions can be understood as differences in the cultural frameworks through which health is defined and experienced.

Social Determinants of Health

The Social Determinants of Health (SDH) framework highlights the role of socio-economic factors in shaping health outcomes and health-related behaviors (Marmot, 2005). These determinants include education, income,

occupation, living conditions, and access to healthcare resources. Rather than viewing health as solely an individual responsibility, the SDH framework emphasizes that health is influenced by broader structural conditions that shape opportunities and constraints.

These determinants vary significantly across generations, influencing how individuals perceive and manage their health. Older generations in Kerala may have experienced limited access to formal education and healthcare infrastructure during their formative years. As a result, their health practices are often shaped by traditional knowledge systems and community-based care. In contrast, younger generations benefit from higher levels of education, improved healthcare access, and greater exposure to health information through digital platforms.

Economic factors also play a crucial role in shaping health behavior. Individuals with higher income levels are more likely to access private healthcare services, adopt preventive health practices, and utilize digital health technologies. Conversely, those with limited economic resources may rely on public healthcare systems or traditional remedies. Thus, generational differences in health perceptions cannot be understood in isolation but must be analyzed in relation to the socio-economic conditions that shape individuals' life experiences.

Digital Health and the Digital Divide

Digital health technologies, including telemedicine, mobile health applications, wearable devices, and online health platforms, have significantly transformed healthcare delivery and access. These technologies enable individuals to monitor their health, access medical information, and consult healthcare professionals remotely. As healthcare systems become increasingly digitized, digital literacy has emerged as a critical factor influencing health behavior.

However, the adoption of digital health technologies is uneven across generations. Younger cohorts, particularly Millennials and Generation Z, demonstrate higher levels of digital health literacy and are more comfortable using technology for health-related purposes. They frequently rely on mobile applications, online consultations, and digital platforms for health information and self-care (Ahmad et al., 2025). This reflects their familiarity with technology and their integration into digital environments from an early age.

In contrast, older populations often face barriers such as lack of technological skills, limited access to digital devices, and concerns about privacy and reliability (Patel et al., 2024). This disparity is commonly referred to as the "digital divide," which highlights inequalities in access to and use of digital technologies (Van Dijk, 2020). The digital divide not only affects healthcare access but also reinforces existing social inequalities, as individuals who are excluded from digital health systems may experience reduced access to timely and effective care. Understanding these generational differences is essential for developing inclusive digital health strategies.

Mental Health and Generational Change

Mental health awareness has undergone significant transformation in recent decades, particularly among younger generations. Increased public discourse, advocacy campaigns, and the influence of media have contributed to greater acceptance of mental health issues. Millennials and Generation Z are more likely to recognize mental health as an integral component of overall well-being and are more open to seeking professional help, such as counseling and therapy (Sharma & Gupta, 2024).

In contrast, older generations often perceive mental health through cultural and social lenses that associate psychological distress with stigma or personal weakness. Mental health issues may be interpreted as spiritual or moral concerns rather than medical conditions, leading individuals to rely on informal support systems such as family, community, or religious practices (WHO, 2023). This generational divide reflects broader changes in societal attitudes toward mental health and highlights the need for culturally sensitive and age-specific interventions.

Research Gap

Despite extensive research on health behavior and healthcare systems, there remains a limited focus on intergenerational analysis within localized contexts such as Kerala. Much of the existing literature examines health behavior within specific age groups or broader national contexts, without adequately capturing the nuanced differences that exist across generations within a particular socio-cultural setting.

This study addresses this gap by providing qualitative insights into generational health differences in Kerala. By examining how health perceptions and wellness practices vary across four generational cohorts within a shared social environment, the research offers a deeper understanding of the interplay between culture, technology, and social change. This localized, intergenerational approach contributes to both theoretical and empirical advancements in medical sociology and public health research.

Theoretical Framework

This study integrates four key theoretical perspectives to provide a comprehensive understanding of how health perceptions and wellness practices vary across generations. These frameworks collectively help explain the interplay between historical experiences, cultural meanings, structural conditions, and everyday practices in shaping health-related attitudes and behaviors.

Generational Cohort Theory

Generational Cohort Theory explains how shared historical experiences shape generational attitudes toward health (Mannheim, 1952). According to this perspective, individuals born within the same time period are exposed to similar social, economic, and cultural conditions during their formative years, which significantly influence their worldview and behavioral patterns. These shared experiences contribute to the development of distinct generational identities, including differences in how health is perceived, valued, and practiced. For instance, older generations who grew up with limited access to modern healthcare systems may rely more on traditional knowledge and experiential practices, while younger generations, exposed to technological advancements and global health information, tend to adopt modern and preventive approaches to health. Thus, this theory provides a foundational lens for understanding intergenerational variation in health behavior.

Social Constructionism

Social Constructionism highlights the role of cultural meanings in defining health and illness (Berger & Luckmann, 1966). This perspective argues that health is not simply a biological condition but is shaped by social interactions, cultural beliefs, and shared understandings within a society. What is considered “healthy” or “unhealthy” varies across contexts and is influenced by norms, values, and institutional practices. In this study, Social Constructionism helps explain how different generations interpret health based on their cultural environments. Older generations may view health in holistic and spiritual terms, while younger generations may define it in relation to fitness, productivity, and mental well-being. This framework underscores the importance of cultural context in shaping health perceptions.

Social Determinants of Health

The Social Determinants of Health framework emphasizes structural factors influencing health outcomes (Marmot, 2005). It highlights how conditions such as education, income, occupation, and access to healthcare resources shape individuals’ health experiences and opportunities. These determinants are not evenly distributed across generations, as each cohort encounters different socio-economic realities. For example, younger generations may benefit from higher educational attainment and greater access to health information, while older generations may have experienced resource limitations. This framework helps situate generational differences within broader structural inequalities and social conditions.

Bourdieu's Concept of Habitus

Bourdieu's concept of habitus explains how social conditions shape health-related dispositions and practices (Bourdieu, 1984). Habitus refers to the internalized patterns of thought, behavior, and perception that individuals develop through their life experiences within specific social contexts. These dispositions influence everyday practices, including health behaviors, often operating unconsciously. In the context of this study, habitus helps explain why different generations adopt distinct health practices. Older individuals may develop dispositions aligned with traditional and community-based practices, while younger individuals may embody habits oriented toward modern, technology-driven lifestyles. This perspective highlights the continuity of social influence in shaping health behavior across generations.

METHODOLOGY

Research Design

A qualitative case study approach was adopted to capture lived experiences and subjective meanings associated with health perceptions and wellness practices. This design was chosen because the study aims to explore how individuals from different generational cohorts interpret and experience health within their everyday lives. Unlike quantitative methods, which focus on measurement and generalization, a qualitative approach allows for a deeper understanding of personal narratives, cultural contexts, and social meanings. The case study method, in particular, enables an in-depth examination of intergenerational dynamics within a specific social setting. By focusing on a single family unit, the study captures nuanced variations and shared experiences across generations, thereby providing rich, contextualized insights into health-related beliefs and practices.

Study Area

The study was conducted in Puramannur, a locality in the Malappuram district of Kerala. This area provides a relevant context for examining generational differences in health perceptions due to its socio-cultural diversity and accessibility to both traditional and modern healthcare systems. Kerala, as a state, is known for its strong public health infrastructure, high literacy levels, and coexistence of multiple medical systems, including Ayurveda, allopathy, and homeopathy. Within this broader context, Puramannur represents a semi-urban setting where traditional practices and modern influences intersect. This makes it an appropriate site for exploring how different generations negotiate and adopt various health practices in response to changing social and technological environments.

Sample

The study included eight participants representing four generational cohorts:

- Baby Boomers (2)
- Generation X (2)
- Millennials (2)
- Generation Z (2)

The selection of participants was purposive, ensuring that each generational group was represented within the same family unit. This approach allows for a controlled comparison of generational differences within a shared socio-cultural and familial context. Including both older and younger participants enables the study to capture a wide range of perspectives, from traditional to modern orientations toward health. The small sample size is consistent with qualitative research, where the emphasis is on depth rather than breadth. By focusing on a limited number of participants, the study is able to generate detailed insights into individual experiences and intergenerational interactions.

Data Collection

Data were collected through semi-structured interviews conducted in Malayalam, the native language of the participants, to ensure clarity, comfort, and authenticity in responses. Semi-structured interviews were chosen because they provide a balance between consistency and flexibility. While a set of guiding questions ensures that key themes are covered, the format allows participants to elaborate on their experiences and introduce new perspectives. This approach is particularly useful for exploring complex and subjective topics such as health perceptions and wellness practices.

The interviews covered various dimensions, including definitions of health, daily health practices, healthcare preferences, mental health awareness, and the role of technology in managing health. After data collection, the responses were carefully translated into English for analysis. Attention was given to preserving the original meanings and cultural nuances during translation to maintain the integrity of the data.

Data Analysis

Thematic analysis was employed to identify patterns across generations. This method involves systematically organizing and interpreting qualitative data to uncover recurring themes and categories. The analysis process began with familiarization of the data through repeated reading of interview transcripts. Codes were then generated to categorize key ideas and concepts related to health perceptions, practices, and influences.

These codes were further grouped into broader themes that reflected generational differences and similarities. Thematic analysis allows for both inductive and deductive interpretation, enabling the researcher to identify emerging patterns while also relating them to existing theoretical frameworks. By comparing themes across generational cohorts, the study highlights how health perceptions and practices are shaped by age, experience, and social context.

Ethical Considerations

Ethical considerations were carefully addressed throughout the research process. Informed consent was obtained from all participants prior to data collection. Participants were clearly informed about the purpose of the study, the nature of their participation, and their right to withdraw at any stage without any consequences.

Confidentiality was maintained by ensuring that personal information was not disclosed and that data were used solely for academic purposes. Interviews were conducted in a respectful and sensitive manner, taking into account the cultural and generational backgrounds of the participants. The use of the native language further ensured that participants could express themselves freely and accurately. Overall, the study adhered to ethical standards for qualitative research, prioritizing the dignity, privacy, and well-being of all participants.

Limitations of the Study

The study is limited by its small sample size and focus on a single family unit, which may affect the transferability of findings. However, the research is positioned as an exploratory qualitative inquiry aimed at generating in-depth insights rather than broad generalizations.

RESULTS

Traditional vs Modern Healthcare Practices

The findings of the study reveal a clear generational distinction in the preference for traditional and modern healthcare practices. Baby Boomers rely heavily on traditional medicine systems such as Ayurveda and home remedies, reflecting the socio-cultural environment in which they were raised. For this cohort, health practices are deeply rooted in long-standing traditions, familial knowledge, and community-based healing methods. These practices are not only seen as effective but also as safer and more natural, often associated with fewer side effects and a holistic approach to well-being. The reliance on traditional medicine is also linked to their

limited exposure to modern healthcare systems during their formative years, which reinforced trust in indigenous knowledge systems.

Generation X represents a transitional group that adopts a hybrid approach to healthcare. While they continue to value traditional practices, they are also more open to modern biomedical systems compared to older generations. This cohort demonstrates a pragmatic approach, choosing between traditional and modern treatments depending on the nature and severity of the illness. Their exposure to expanding healthcare infrastructure and increased awareness of medical advancements has influenced their willingness to engage with allopathic medicine, while still maintaining cultural ties to traditional practices.

In contrast, Millennials and Generation Z show a strong preference for modern biomedical systems. Their healthcare choices are largely influenced by scientific knowledge, accessibility, and the perceived efficiency of modern medicine. These generations are more likely to seek professional medical advice, undergo diagnostic tests, and rely on pharmaceutical treatments. The shift toward modern healthcare reflects broader processes of globalization, increased education, and greater exposure to institutional healthcare systems. Traditional practices, while not entirely absent, tend to play a supplementary role rather than being the primary mode of treatment.

Digital Health Adoption

The study highlights significant generational differences in the adoption of digital health technologies. Younger cohorts actively use digital health tools, including mobile health applications, telemedicine services, online consultations, and wearable devices. These technologies enable them to monitor their health, access medical information, and seek professional advice with greater convenience and efficiency. The familiarity of Millennials and Generation Z with digital platforms, coupled with their integration into technology-driven lifestyles, has made digital health an essential component of their healthcare practices.

For younger individuals, digital health tools are not merely supplementary but often serve as primary sources of health management. They rely on mobile applications for tracking fitness, diet, sleep patterns, and mental well-being. Online platforms are frequently used to gather health-related information, book appointments, and consult healthcare professionals. This reflects a broader shift toward self-monitoring and preventive healthcare, where individuals take an active role in managing their well-being.

In contrast, older generations show limited adoption of digital health technologies due to various technological barriers. These barriers include lack of familiarity with digital devices, limited digital literacy, and concerns regarding the reliability and privacy of online platforms. Baby Boomers, in particular, tend to prefer face-to-face consultations and traditional methods of healthcare delivery. Generation X, while somewhat more adaptable, still demonstrates a cautious approach toward digital health, often using these technologies only when necessary. The digital divide between generations underscores the need for inclusive strategies that address technological accessibility and literacy.

Mental Health Awareness

Mental health awareness emerges as another area where generational differences are clearly evident. Younger generations demonstrate greater openness toward mental health, recognizing it as an integral aspect of overall well-being. Millennials and Generation Z are more likely to discuss mental health issues openly, seek professional help, and engage in practices such as counseling, therapy, and mindfulness. This openness is influenced by increased awareness campaigns, social media discourse, and changing societal attitudes that promote mental health as a legitimate and important concern.

Younger individuals also tend to view mental health in a holistic manner, acknowledging the connection between emotional, psychological, and physical well-being. They are more receptive to seeking help for issues such as stress, anxiety, and depression, and are more likely to utilize both formal and informal support systems. This shift reflects a broader cultural transformation where mental health is increasingly normalized and integrated into everyday discussions about health.

In contrast, older cohorts exhibit stigma toward mental health issues, often viewing them through cultural and social lenses that associate psychological distress with weakness or personal failure. For Baby Boomers, mental health is frequently not recognized as a separate domain of health, and discussions around it are often avoided. Instead, individuals may rely on informal coping mechanisms such as family support, religious practices, or personal resilience. Generation X occupies a middle position, showing some awareness of mental health issues but still influenced by traditional attitudes that limit open discussion. These generational differences highlight the need for targeted awareness and intervention strategies.

Lifestyle and Wellness Practices

The study also reveals distinct generational patterns in lifestyle and wellness practices. Younger generations prioritize fitness and preventive care, reflecting a proactive approach to health management. Millennials and Generation Z actively engage in activities such as gym workouts, yoga, dietary planning, and mental wellness practices. They are more conscious of maintaining a balanced lifestyle, often incorporating structured routines and goal-oriented practices to enhance their well-being. The emphasis on preventive care indicates a shift from reactive to proactive health behavior, where individuals aim to maintain health rather than merely treat illness.

The influence of digital media, fitness culture, and global wellness trends is evident in the lifestyle choices of younger cohorts. They are more likely to follow diet plans, track their physical activity, and participate in organized fitness programs. This reflects a growing awareness of lifestyle-related diseases and the importance of maintaining long-term health.

In contrast, older generations follow simpler routines that are less structured but still contribute to their well-being. Activities such as walking, household work, gardening, and adherence to traditional diets form the core of their lifestyle practices. These routines are often integrated into daily life rather than being consciously designed as fitness activities. While older individuals may not actively engage in modern fitness trends, their lifestyle reflects a form of natural physical activity and balance.

Overall, these findings demonstrate that generational differences in lifestyle and wellness practices are shaped by varying levels of awareness, exposure, and access to resources, as well as broader socio-cultural transformations.

DISCUSSION

The findings reveal that generational differences in health perceptions are shaped by historical experiences, cultural contexts, and structural conditions. These differences are not incidental but are deeply rooted in the socio-historical environments in which each generation was socialized. Individuals from different cohorts have been exposed to varying levels of access to healthcare, education, and technology, all of which influence how they understand and manage their health. For instance, older generations, who grew up in a context where traditional knowledge systems were dominant, tend to interpret health through holistic and culturally embedded frameworks. In contrast, younger generations, shaped by rapid social change and technological advancement, adopt more individualized and preventive approaches to health.

Generational Cohort Theory explains how shared experiences influence health behavior by highlighting the importance of formative years in shaping attitudes and practices. Each cohort develops distinct orientations toward health based on the social, economic, and technological conditions prevalent during their upbringing. This theoretical perspective helps explain why older individuals continue to rely on traditional medicine, while younger individuals are more inclined toward modern and digital healthcare solutions. At the same time, Social Constructionism highlights cultural interpretations of health, emphasizing that definitions of health and illness are socially produced rather than universally fixed. This perspective underscores how cultural meanings, norms, and values shape generational differences in health perceptions, particularly in a culturally rich context like Kerala.

Bourdieu's concept of habitus provides further insight into how health practices are internalized and reproduced across generations. Habitus refers to the deeply ingrained dispositions that guide individuals'

behaviors and perceptions, shaped by their social environment and life experiences. In the context of this study, older generations have developed a habitus that aligns with traditional and community-based practices, while younger generations embody dispositions that favor modern, technology-driven health practices. These dispositions are not consciously chosen but are embedded within everyday routines and social practices, leading to the continuity of generational patterns in health behavior.

The Social Determinants of Health framework emphasizes the role of structural inequalities in shaping health outcomes and access to healthcare resources. Differences in education, income, and technological access across generations influence how individuals engage with healthcare systems and adopt wellness practices. Younger generations, benefiting from greater educational opportunities and digital access, are better positioned to utilize modern healthcare services, while older generations may face structural barriers that limit their engagement with these systems.

Overall, the study demonstrates that the shift from traditional to digital health reflects broader processes of modernization and globalization. These processes have transformed not only healthcare systems but also the ways in which individuals perceive and practice health, resulting in distinct generational patterns that reflect ongoing social change.

Implications

Policy Implications

Healthcare policies should be tailored to address generational differences, as a uniform approach may not effectively meet the diverse needs of different age groups. Policymakers need to recognize that each generation has distinct health perceptions, preferences, and patterns of healthcare utilization shaped by their socio-cultural and technological experiences. Designing age-sensitive interventions can improve accessibility, acceptability, and effectiveness of healthcare services. This includes developing targeted awareness programs, preventive health strategies, and service delivery models that align with the expectations and capabilities of each generational cohort.

Digital Inclusion

Programs should enhance digital literacy among older populations to ensure that they are not excluded from the benefits of digital health technologies. As healthcare systems increasingly rely on digital platforms such as telemedicine and mobile applications, it becomes essential to bridge the digital divide. Training initiatives, user-friendly technologies, and community-based support systems can help older individuals develop confidence and competence in using digital tools, thereby improving their access to healthcare services.

Mental Health Integration

Mental health services should be integrated into primary care to ensure comprehensive and accessible healthcare for all generations. Given the generational differences in mental health awareness and stigma, integrating mental health into routine healthcare can normalize its importance and encourage early intervention. This approach can also facilitate culturally sensitive care that addresses the specific needs of different age groups.

Sustainable Healthcare

A hybrid model integrating traditional and modern medicine is recommended to create a more inclusive and sustainable healthcare system. By combining the strengths of both systems, healthcare services can cater to diverse preferences while promoting holistic well-being.

CONCLUSION

This study highlights the importance of understanding generational differences in health perceptions and wellness practices, particularly within a rapidly changing socio-cultural context such as Kerala. The findings

demonstrate that health is not a uniform concept but is interpreted differently across generations based on their unique historical experiences, cultural backgrounds, and levels of exposure to technological advancements. These variations influence how individuals approach healthcare, adopt wellness practices, and engage with both traditional and modern medical systems.

Recognizing these generational differences is essential for developing healthcare strategies that are inclusive, effective, and responsive to the diverse needs of the population. By integrating traditional knowledge with modern healthcare systems, policymakers can create a balanced approach that respects cultural heritage while embracing innovation. Such integration not only enhances accessibility but also ensures that healthcare delivery remains relevant across different age groups.

Furthermore, this study underscores the need for adaptive and flexible health policies that accommodate changing societal dynamics. By acknowledging the coexistence of multiple health paradigms, policymakers can design sustainable health strategies that promote overall well-being and equity. Ultimately, a nuanced understanding of generational differences can contribute to building a more inclusive and resilient healthcare system.

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