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Exploring perception of healthy aging: a qualitative study

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ABSTRACT

Background: Healthy aging is an emerging and vital topic in India due to the country's significant demographic shift. According to the United Nations, India had over 93.3 million persons in the 60+ age group by the end of the first decade of this century. Healthy aging involves more than just the absence of disease. To better understand the complexities of healthy aging in India, a qualitative exploration of the topic is necessary so this study explores perceptions related to healthy aging in the elderly.

Methods: People aged 60 years and over, living in the community in the city of central India were selected conveniently and data was collected in various municipal corporation gardens after explaining the purpose of the study and if they were willing, to participate in the study were enrolled, 24 participants out which 66.6% and 33.3% male and female respectively and the mean age of participant were 64 year were enrolled in the study and divided into 3 focus groups, each focus group contained 8 people and each focus group discussion lasted for approximately 1 hour with probing questions until saturation, The focus groups were audio-recorded. The participants were asked to share their opinions regarding healthy aging.

Results: The 5 main themes arise consisting of free from illness, social engagement, healthy lifestyle, financial stability, and self-sufficiency.

Conclusions: In this study the elderly participant defined healthy aging as reaching a state of well-being that includes Free from illness, social engagement, healthy lifestyle, financial stability, and self-sufficiency.

Keywords: Healthy aging, Focus group, Gardens, Qualitative study

INTRODUCTION

Healthy aging is an emerging and vital topic in India due to the country's significant demographic shift. The elderly population in India is growing at an unprecedented rate. According to the United Nations, India had over 93. 3 million persons in the 60+ age group by the end of the first decade of this century, making it the country with the largest population of older adults in the world after China. This trend is expected to accelerate in the coming decades, with the elderly

population projected to increase from 71 million in 2001 to 179 million in 2031 and further to 301 million in 2051.² The rising number and proportion of elderly individuals will have a direct impact on the demand for health services, pension, and social security payments, making it crucial to understand the challenges and opportunities associated with healthy aging in India This demographic transition presents both opportunities and The challenges of healthy aging in India are multifaceted, as the country grapples with a rapidly changing sociodemographic landscape, shifting family structures,

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and a healthcare system that is often ill-equipped to address the specific needs of the elderly population.³ One of the key challenges is the growing prevalence of noncommunicable diseases (NCDs) among the elderly, such as cardiovascular disease, diabetes, and cancer, which require long-term management and access to specialized healthcare services.¹⁻³ Additionally, the elderly in India often face social isolation, financial insecurity, and a lack of access to essential services, all of which can have a significant impact such as an economic impact, social structure, quality of life on their overall well-being for the nation

Healthy ageing involves more than just the absence of disease. It encompasses the overall well-being of older adults, including physical, mental, and social health. The World Health Organization (WHO) defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. To better understand the complexities of healthy ageing in India, a qualitative exploration of the topic is necessary. Such an approach can provide valuable insights into the lived experiences of the elderly, their perceptions of health and well-being, and the barriers they face in accessing the necessary support and services. By capturing older adults lived experiences, perspectives, and narratives, such a study can provide a deeper understanding of the factors influencing healthy ageing in the Indian context.

METHODS

This qualitative study was conducted from 26th June 2024 to 31st August 2024 and data was collected in various municipal corporation gardens in the city of central India

People aged 60 years and over, living in the community in city of central India were selected conveniently, after explaining the purpose of the study and if they were willing to participate in the study were enrolled in the study till the saturation.

Semi-structured interviews were conducted in focus groups. Probing questions were asked to obtain more details and increase the depth of information provided by the participants. Each focus group discussion lasted approximately 30 minutes to 1 hour, until saturation. The focus groups were audio-recorded. The first author led the focus groups, as the moderator and the two assistant researchers served as note-takers. The participants were asked to share their opinions regarding healthy aging, as well as the factors that influence healthy aging. The initial prompts for the semi-structured interviews were the following questions: For you, what does "healthy ageing" mean? What makes ageing healthy? What effects does ageing have on one's own and other people's health?

The discussions in the focus group and individual interviews were transcribed into verbatim. Content analysis was used in the qualitative data analysis. The enormous amount of data collected was managed by coding and sorting into categories and themes. Codes were then grouped into categories. The subcategories that emerged were also woven together to explain each category.

RESULTS

The study included a total of 24 participants, comprising 16 males (66.6%) and 8 females (33.3%) (Figure 1). The mean age of the participants was 64 years. In terms of occupation, 58.3% were retired government employees, 24.2% were self-employed or running their own businesses, 11.3% were housewives, and 6.2% were contractors.

Regarding health conditions, 13 participants were known cases of both type-2 diabetes and hypertension, 8 had type-2 diabetes alone, and 3 were hypertensive. Marital status data showed that 15 participants were living with their spouses, 8 were widowed, and 1 participant was separated. According to modified Kuppuswamy socioeconomic classification revealed that 16 participants belonged to the upper class, 5 to the upper middle class, and 3 to the lower middle class. From the interview transcripts, five major themes along with several subthemes were identified, providing deep insights into the participants' perceptions of healthy ageing (Table 1).

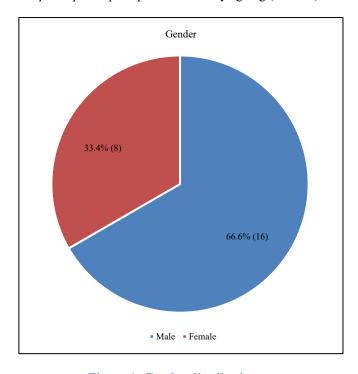


Figure 1: Gender distribution.

Table 1: Participants' perceptions of healthy ageing based on various themes and subthemes.

Themes	Subthemes	Verbatim
Disease free state	Good sleep	"Good sleep keeps me healthy and helps prevent illness by giving my body time to rest and feel better." (P13)
		"Keeping my immune system strong makes me feel safe from sickness. Eating well, staying active and getting good sleep, help my body fight off illness and keep me healthy." (P2)
	Experiencing happiness	"The sweetest and most special thing for me is playing with my grandsons.it makes me happy and brings us closer together." (P23)
Social engagement	Collective peace	"I like to visit the temple in the morning and evening with my friends, it feels good and provides me with peace." (P8)
	Pursuing hobbies	"I have always had an interest in politics but due to my government job, I couldn't actively participate. However, since my retirement, I have been actively involved which makes me feel active and healthy." (P17)
	Charitable work	"Working involuntarily for a charitable trust makes me happy." (P1)
Mental wellness	The sense of personal importance	"Helping others makes me feel proud and gives me energy.it reminds me that, I still have something valuable to offer and keeps me going every day." (P6)
	Positivity	"I always try to stay positive in my life and never think negatively. Recently, I went through an accident and had leg surgery but because of my positive mindset, I recovered quickly and can now jog nicely. I always hope for the best." (P15)
Healthy lifestyle	Physical exercise	"Regular physical exercise, pranayama, yoga and eating healthy foods like fruits are all beneficial for maintaining a healthy body." (P3)
	Routine health assessments	"Every few months, I visit the doctor who gives me some tests to do. I go to the government hospital for the tests so that, I can find any health problems early and take care of them." (P9)
	Staying engaged	"I love gardening! I spend about two hours caring for my plants.my garden looks nice and tidy and it keeps me active and energetic." (P20)
Financial stability	Financial independence	"I handle my own expenses, so I don't need to depend on my children for this it makes me independent." (P19)
	Support from children	"Our children often give us money for monthly medical expenses and other things. They say, 'You did a lot for us, and now it's our turn to do something for you." (P12)

DISCUSSION

This research provides valuable insights into how older adults perceive healthy ageing. According to the participants, healthy ageing is not just about living longer, but living well. They believe it includes five key areas: being free from serious illnesses, staying socially connected, following a healthy lifestyle, having financial independence, and maintaining mental and emotional well-being.

A disease-free state was considered the foundation of healthy ageing. Many older adults felt that avoiding major illnesses like diabetes, heart disease, or cancer allowed them to live more freely and independently. This view is consistent with the study by Saki, which also emphasized that being physically healthy and free from chronic diseases is a major part of healthy ageing.⁴

Participants also stressed the importance of staying socially engaged. They said that regular interaction with family, friends, and the community gave them a sense of belonging and purpose. Support from children and loved

ones made them feel appreciated and emotionally secure. This matches with the findings of Vaz et al, who also found that older adults value emotional support and social bonding. ¹⁶

Mental well-being was another major concern. Older adults felt that staying positive, managing stress, and being mentally active helped them feel younger and more capable. Several mentioned that hobbies, prayer, spiritual activities, and talking to others helped keep their minds sharp. This emotional and psychological outlook aligns with the study done by Thanakwang et al, which emphasized the importance of mental health, independence, and contributing to society.⁹

A healthy lifestyle was also a strong theme. Participants shared that they tried to stay active through regular walking, yoga, household chores, and sometimes even farming or gardening. They also went for regular health check-ups and tried to eat a balanced diet. These findings are consistent with those of Halaweh et al, who showed that staying physically and mentally active supports both health and quality of life in older adults. ¹⁷

Lastly, financial independence was seen as a crucial part of healthy ageing. Many felt that having control over their own money gave them confidence and reduced stress. They didn't want to depend entirely on their children, as they understood that the younger generation had their own responsibilities. This view strongly reflects the findings of Shiraz, who also highlighted the role of economic stability in ensuring dignity and independence in older age.⁵

CONCLUSION

This study highlights that older adults perceive healthy ageing as a combination of being free from major illness, staying socially connected, following a healthy lifestyle, having financial independence, and maintaining mental well-being. Their views reflect a holistic understanding of ageing, which goes beyond just physical health. Based on these findings, there is a need for health education, community engagement programs, mental health support, and financial guidance tailored for the elderly. Policies should be shaped by the real experiences and needs of older adults. However, the study is limited by a small, region-specific sample and relies on self-reported data, which may not represent the wider elderly population. Despite this, the study offers meaningful insights that can guide supportive measures for healthy ageing.

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Institutional Ethics Committee

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