

A Thematic Analysis of the Older Adults' Lived Experience in Healthy Ageing

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ABSTRACT

With the global rise in the older population, many countries are reassessing approaches to elder care. In Pakistan, family-based care remains culturally embedded, yet shifting social and economic conditions have begun to reshape caregiving structures. This study explores the lived experiences of adults aged 65 and above, focusing on how cultural norms, family dynamics, and personal resources shape perceptions of healthy ageing. A qualitative design was employed using semi-structured interviews with 50 participants, followed by in-depth interviews with 35 individuals selected through multistage sampling. Interviews were conducted in Urdu, transcribed, and analyzed using reflexive thematic analysis guided by Braun and Clarke. Five themes emerged: well-being, familial connectedness, financial stability, maintaining social roles, and resilience and positivity. The findings highlight how older adults emphasize independence, harmonious family relations, economic security, and continued social engagement as markers of ageing well. The study also sheds light on the emotional landscape of ageing in Pakistan, including expectations from adult children, the role of faith, and strategies older adults use to maintain dignity and autonomy. The results underscore the need for culturally sensitive policies that integrate family-centered care with emerging formal support structures. Supporting older adults through social connectivity, emotional reinforcement, and accessible health guidance may strengthen their overall quality of life.

Keywords: Care, Connectedness, Purpose, Reinforcement, Third Age, Healthy Ageing, Themes

INTRODUCTION

Pakistan's cultural norms place strong emphasis on familial obligation in the care of older adults. Caregiving is deeply rooted in social and religious traditions, where attending to elders is viewed as both a moral duty and an expression of respect. This long-standing family-centered model, however, is

increasingly strained by socioeconomic transitions such as urban migration, shrinking household size, and shifting work patterns (Ali, 2003). As a result, the country is witnessing a gradual reconfiguration of care arrangements for older adults. The ageing of the population is a significant demographic development both globally and within Pakistan. Worldwide, the number of individuals aged 65 and above is projected to exceed 830 million by 2025 (UN, 2023). Although high-income countries have a larger proportion of older adults, Pakistan's overall population size means it will host a substantial absolute number of elderly individuals. Life expectancy in Pakistan has nearly doubled over the past century, currently estimated at 66.7 years, contributing to the increasing proportion of older persons in the country (Assad Hafeez et al., 2019). Projections suggest that the older population in Pakistan will reach approximately 12 percent by 2025, further intensifying the need for structured health and social support (Ali, 2003).

Understanding healthy ageing in Pakistan therefore requires attention to both structural changes and longstanding cultural norms. Much of the international discourse on ageing has been shaped by Rowe and Kahn's biomedical model of "successful ageing," which prioritizes disease avoidance, physical and mental functioning, and active engagement with life (Crowther et al., 2002; Cooney et al., 2015; Cosco et al., 2014). While influential, this model has been criticized for underemphasizing older adults' subjective experiences and the socio-cultural context that shapes them (Calasanti & King, 2015; Berridge & Martinson, 2014). Research shows that self-rated successful ageing often differs substantially from biomedical criteria (Cernin et al., 2011; Kahn, 2002; Silverberg, 1994), suggesting that older adults prioritize meaning, purpose, relationships, autonomy, and coping strategies beyond purely physical functioning. Psychological and socio-emotional frameworks offer a broader perspective. Carstensen's model highlights the role of adaptive coping, meaningful goals, social connection, and efficient emotional regulation in ageing well (Carstensen et al., 1996). Similarly, Baltes and Baltes' theory of selection, optimization, and compensation emphasizes how older adults adjust to losses while maximizing remaining strengths (Baltes, 2003). Longitudinal studies further demonstrate that subjective aspects of ageing, such as attitudes, resilience, and social meaning, are often more strongly related to well-being than objective measures of health (Aartsen, 2013).

In Pakistan, the convergence of cultural expectations and evolving social realities creates unique challenges and opportunities for ageing. Older adults continue to rely heavily on family for emotional, financial, and daily support, while formal care structures remain limited and not consistently utilized. Recent governmental and NGO initiatives acknowledge the need to support both older adults and their family caregivers, yet such efforts remain in early developmental stages. The present study aims to explore the lived experiences of older adults in Pakistan to better understand how they perceive healthy ageing within their cultural and social context. By documenting their daily realities, coping strategies, family dynamics, and expectations, the study seeks to contribute nuanced insights to policy discussions and academic discourse on ageing. Through qualitative methods and thematic analysis, this research highlights the cultural values, personal resilience, and socio-economic factors that shape what it means to age well in Pakistan.

LITERATURE REVIEW

Population ageing has become a defining global demographic trend, with significant social, economic, and health implications. By 2025, the worldwide population aged 65 and older is projected to surpass 830 million (UN, 2023). Similar patterns are visible in Pakistan, where increases in life expectancy and improvements in healthcare have contributed to a rapidly growing older population (Ali, 2003; Assad Hafeez et al., 2019). These demographic changes place heightened pressure on traditional caregiving structures and reveal gaps in formal social support systems.

Global Models of Successful Ageing

A considerable portion of the international scholarship on ageing draws from Rowe and Kahn's biomedical model of "successful ageing." Their framework emphasizes three core components: low probability of disease, high physical and cognitive functioning, and active participation in life (Crowther et al., 2002; Cooney et al., 2015). While widely cited, this model has been critiqued for its limited attention to cultural variation, structural inequality, and the subjective interpretations of older adults themselves (Calasanti & King, 2015; Berridge & Martinson, 2014). Other researchers argue that successful ageing must be understood through personal meaning and psychological adaptation. Carstensen and colleagues (1996) highlight the significance of socioemotional selectivity, noting that older adults tend to prioritize emotionally meaningful goals and relationships. Likewise, Baltes and Baltes (2003) describe ageing as a dynamic process involving selection, optimization, and compensation, where individuals adjust to changes by maximizing their strengths and minimizing losses.

Empirical evidence consistently shows that subjective assessments of ageing often differ from biomedical criteria. Studies demonstrate that older adults may perceive themselves as ageing successfully even when managing chronic illness or functional limitations (Cernin et al., 2011; Silverberg, 1994; Kahn, 2002). Longitudinal work further indicates that changes in physical function are not always strong predictors of well-being, underscoring the importance of psychological and social dimensions (Aartsen, 2013).

Cultural Context and Ageing

Ageing is deeply embedded in cultural norms, and perceptions of what it means to age well vary across societies. Scholars emphasize that successful ageing frameworks developed in Western contexts may not align with expectations in collectivist cultures (Berridge & Martinson, 2014). In South Asian societies, including Pakistan, family structures, religious values, and communal ties shape experiences of later life. Familial connectedness is often regarded as essential to well-being. Older adults typically expect support from children, while caregiving is viewed as a moral and religious responsibility. However, rapid urbanization, economic pressures, and migration are reshaping family arrangements, sometimes weakening traditional care systems. As a result, researchers highlight the need to examine how older adults negotiate autonomy, dignity, and support within evolving social landscapes.

Ageing in Pakistan

Pakistan's ageing population poses emerging challenges for health and social policy. Approximately 12 percent of the population is expected to be 65 or older by 2025 (Ali, 2003). Despite the demographic shift, older persons' rights have received limited attention at the policy level, and support structures remain fragmented. Informal care remains the dominant mode of assistance, while institutional care continues to be culturally sensitive and often stigmatized. Recent initiatives by governmental and non-governmental organizations acknowledge the need to formalize caregiver support, provide training, and develop community-based resources. However, these efforts are still in early stages, and most older adults continue to rely heavily on family networks for emotional, financial, and daily support. This reliance highlights the importance of understanding ageing through both individual experiences and the broader cultural framework that shapes them.

Rationale for the Study

Although international literature has increasingly incorporated subjective and cultural perspectives on ageing, there is limited research capturing the lived experiences of older adults in Pakistan. Existing studies often rely on quantitative indicators or demographic profiles, leaving a gap in understanding how older adults themselves define healthy or successful ageing within their socio-cultural environment. Given Pakistan's strong emphasis on family, religious values, and intergenerational roles, qualitative

inquiry is essential to unravel how these factors influence well-being in later life. This study addresses this gap by examining the daily realities, expectations, challenges, and coping strategies of older adults aged 65 and above. By focusing on the meanings, they attach to health, family, purpose, and resilience, the study provides insights that can inform culturally grounded policy and practice.

METHODS

Study Design

This study employed a qualitative research design to explore the lived experiences of older adults aged 65 to 89. The approach was selected to capture subjective perspectives, daily practices, emotional realities, and culturally grounded understandings of healthy ageing. Semi-structured interviews and in-depth interviews formed the core data collection methods, allowing participants to express their experiences openly and in their own words (Barriball & While, 1994). Reflexive thematic analysis guided by Braun and Clarke (2019) was used to analyze the data.

Sampling Strategy

A multistage sampling approach was used to identify and recruit participants. The process began with a pool of community-dwelling older adults accessed through personal networks, neighborhood contacts, and local community structures. The Self-Reporting Questionnaire-20 (SRQ-20) was administered to over 70 older adults to ensure that individuals with moderate to severe psychological distress (scores above 10) were excluded, following Scazufca et al. (2009). This screening allowed the study to focus on normative experiences of ageing rather than clinical conditions.

From those who met the inclusion criteria, 50 participants were selected for semi-structured interviews through cluster-based selection. In the third stage, 35 individuals were randomly chosen from this group for in-depth interviews. The sample intentionally included mostly retired men due to the lower availability of older women in the accessible clusters and the distinct socio-cultural circumstances of elderly women in Pakistan. Although this introduces gender imbalance, the sampling reflects real demographic accessibility within the study's field context.

Inclusion Criteria

Adults aged 65 to 89 years.

No diagnosed mental health disorders before or during the study period.

Not currently living with any life-long biomedical illnesses or chronic conditions as defined by the WHO, and not using recreational drugs.

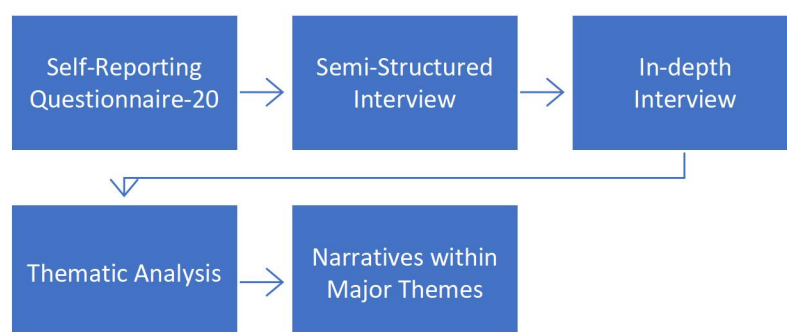
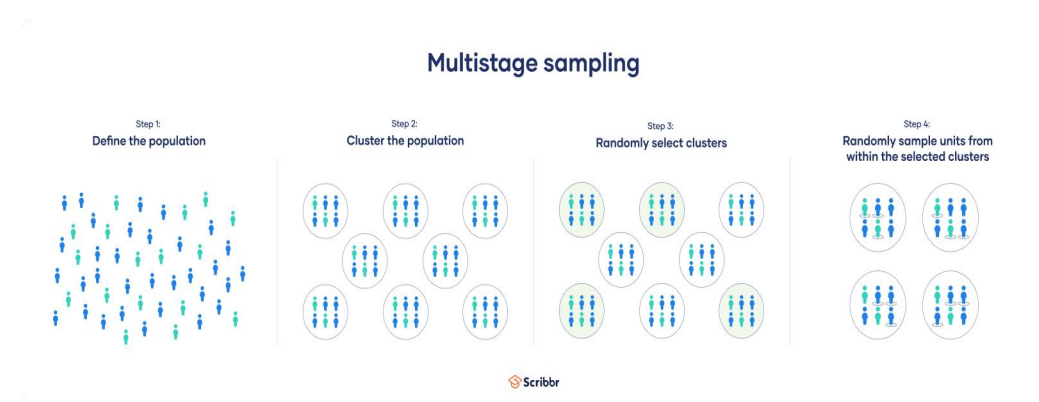
Ability to communicate verbally in Urdu and participate voluntarily.

Exclusion Criteria

SRQ-20 score above 10.

Cognitive impairment hindering consent or communication.

Serious ongoing medical conditions that could affect interview participation.



Description for Multi-Stage Sampling

Data Collection Method	Process	Reason
Self-Reporting Questionnaire-20	Response collected from 70+ participants to score above 10 out of 20 to be included in the research	A necessary step for exclusion criteria.
Semi-Structured Interview	50 participants with diverse social backgrounds were selected for the initial interview.	Qualitative research criteria fulfilled to gain open ended insight into responses.
In-depth Interview	Response collected from 35 out of 50 participants who had already gone through semi-structured interviews. Each session was 1.5-2 hours.	To acquire common narratives from a thematic analysis on the select sample size for to meet research objectives, sufficiently and to present data analysis completely.

Data Collection Procedures

Data were collected using a combination of semi-structured and in-depth interviews. The semi-structured interviews covered socio-economic background, family history, lifestyle patterns, health status, and socio-

religious attitudes. All interviews were conducted in Urdu at the participants' homes to ensure comfort and familiarity. Interview duration ranged from 50 to 60 minutes for the initial round and 1.5 to 2 hours for the in-depth interviews.

Building rapport required significant time, as some families were initially hesitant. Establishing trust, ensuring confidentiality, and explaining the academic purpose of the research were essential steps before proceeding with interviews.

A total of 35 in-depth interviews formed the primary dataset. Additionally:

- Fifteen participants were interviewed twice to ensure consistency.
- Field notes and diary entries were maintained to capture non-verbal cues, tone, pauses, body language, and contextual details.
- Audio recordings were transcribed using NVivo 14 Transcriber and checked manually for accuracy.

Informal conversations with family members, as well as observations of household environments and daily routines, enriched the contextual understanding of participants' lived realities.

Research Questions

The interviews were guided by flexible, culturally sensitive questions aimed at eliciting a detailed understanding of daily functioning, family relationships, challenges, coping strategies, and perceptions of health and ageing. Questions explored:

- Daily routines
- Difficulties and sources of comfort
- Family involvement and caregiving dynamics
- Social interactions, community spaces, and "bai-thak" culture
- Nutritional patterns and lifestyle practices
- Perceptions of health, resilience, and well-being
- Personal strategies for managing emotional or physical difficulties

These questions allowed the researcher to excavate subjective meanings and thematic patterns central to participants' lived experiences.

Data Analysis

Transcribed interviews were imported into NVivo 14 for systematic coding and analysis. Reflexive thematic analysis was conducted following Braun and Clarke's (2019) six-phase approach:

Familiarization: Reading and revisiting transcripts and field notes.

Generating Codes: Identifying concepts, phrases, and ideas.

Constructing Themes: Grouping codes into preliminary themes using NVivo's auto-coding and manual refinement.

Reviewing Themes: Ensuring thematic coherence and relevance.

Defining and Naming Themes: Creating clear definitions for core themes.

Producing the Report: Integrating interpretations, quotes, and contextual explanations.

The analysis was reflexive rather than mechanical. The researcher acknowledged their own assumptions and cultural familiarity with ageing in Pakistan, maintaining reflexivity throughout the process to reduce

interpretive bias (Byrne, 2022). Diaries documenting non-verbal communication were used to enrich interpretation and maintain the depth of participants' narratives.

Trustworthiness and Reflexivity

To ensure methodological rigor:

Credibility was supported through repeated interviews with 15 participants and careful cross-checking of transcripts.

Dependability was strengthened by documenting the step-by-step analytic process.

Confirmability was enhanced by reflexive journaling and maintaining separation between participant voices and researcher interpretations.

Transferability was supported through detailed contextual descriptions of participants, settings, and cultural norms.

This approach ensured that participants' perspectives remained central, while the researcher accounted for personal positionality and cultural embeddedness.

RESULTS

Five major themes emerged from the reflexive thematic analysis: well-being, familial connectedness, financial stability, maintaining social roles, and resilience and positivity. These themes reflect the multidimensional ways older adults in Pakistan make sense of healthy ageing, drawing on personal histories, cultural expectations, and daily lived realities.

Pseudonyms (P1 onward) were assigned to preserve anonymity.

Well-Being

Participants consistently emphasized health as the foundation of ageing well. Physical well-being was described not only as freedom from illness but also as the ability to remain independent, active, and minimally burdensome to family members. Many associated health with life satisfaction, routine, and a sense of continuity. One participant explained,

"My life satisfaction is to remain healthy, which allows me to tour places and enjoy my food without any restrictions and dependence."

Lifestyle adjustments, such as changes in diet, increasing physical activity, and maintaining mobility, were described as key strategies. A 78-year-old participant shared:

"Health is of the utmost importance to me; I would prefer to depart this world in a peaceful manner, free of illness, so as not to burden my children. So far, I have no issues of blood pressure or breathing because I gave up dairy products and meat. I nurture baby lion cubs with my grand-child as a hobby and earning. I believe meat is for wild animals... Daily walk in the morning is what keeps me going in life."

Many feared becoming dependent on their children, especially during illness. Several participants described prayer as both spiritual practice and physical movement that supported health. One participant noted, *"I maintain health benefits and improve my quality of life by exercising and eating healthier."*

Overall, well-being was closely tied to independence, control, and the desire not to burden family members.

Familial Connectedness

Strong family bonds, interdependence, and emotional reciprocity were described as central foundations of ageing well. Participants spoke about harmony, loyalty, and filial piety as deeply rooted cultural values. Being surrounded by caring children and grandchildren created a sense of security and identity. Participants frequently expressed a desire for unity among their children. One explained, *"I have no expectations, I simply desire harmony within my family, even though I am ill with worsened eye-sight but my children and grandchildren instantly alleviated condition and took me to the eye-specialist."*

A 70-year-old widow shared the importance of emotional closeness:

"I will be content with a family that is peaceful and I prefer a family (nuclear) among my sons who are emotionally closer so I am shifting to Australia for six months to be happy... just to meet them and avoid this summer heat."

Others described loneliness and sadness when children migrated abroad for work. A 74-year-old participant noted:

"I experienced a profound sense of melancholy when my children left home for better earning opportunities... Although my sons call me daily to ensure I am well."

Across accounts, familial connectedness functioned as emotional support, identity reinforcement, and a marker of "successful" ageing within a collectivist cultural setting.

Financial Stability

Almost all participants highlighted financial stability as essential for maintaining dignity and reducing dependence. Pension income, small earnings, and savings were described as enabling autonomy, access to healthcare, and daily comfort.

One participant stated, *"I am content as long as I have sufficient funds to purchase the essential items I require."*

Another emphasized the moral dimension of independence:

"My aspirations in life are to avoid relying on others financially and to the best of my ability to not burden others as a result of my ageing."

Participants with consistent pensions or small businesses described greater life satisfaction, noting that financial autonomy protected them from feeling like a burden to their adult children.

Maintaining Social Roles

Maintaining social roles was seen as crucial to psychological well-being. Participants described themselves as "social beings" who require companionship, shared routines, and communal activities to protect against loneliness.

One participant noted, *"The path to improving my health and reducing the risk of developing several diseases is to maintain and surround myself with the company of good friends."*

Another explained,

"I typically engage in social activities with my friends which allows me to experience greater happiness and reduce feelings of isolation... I find that being alone causes me to ponder excessively."

Many continued social contributions through volunteering, community participation, or informal caregiving. A retired medical practitioner expressed satisfaction in providing palliative care:

"I am more content with my life because I am able to assist others by participating in palliative care as I am still physically healthy."

Such engagements helped participants retain purpose, relevance, and identity beyond formal retirement.

Resilience and Positivity

Resilience and optimism emerged as essential psychological strategies that buffered participants from the emotional challenges of ageing. Many expressed acceptances of life's unpredictability and emphasized the importance of maintaining a positive attitude to support both themselves and their caregivers.

One participant used a metaphor:

"The boat will proceed directly to the bridge if you are dissatisfied."

Others described intentionally shifting their mindset:

"I simply tell myself to accept whatever comes my way and do what brings me joy in order to achieve happiness."

Religion played a central role in cultivating resilience. Participants described faith as providing structure, purpose, hope, and emotional grounding. One noted, *"My faith enables me to have trust in God therefore this is the course of my life."*

Another participant, living alone while her children resided abroad, said:

"I pray to God to maintain my health as I am currently living alone and my children are in another country."

Across narratives, resilience was cultivated through faith, acceptance, emotional regulation, and cognitive reframing.

Summary of Themes

The five themes collectively illustrate how older adults in Pakistan define healthy ageing through a combination of independence, family cohesion, financial steadiness, social participation, and inner resilience. Their experiences reflect the interplay of cultural norms, personal histories, spiritual beliefs, and evolving social structures.

DISCUSSION

This study explored the lived experiences of older adults in Pakistan and examined how they understand and navigate the process of healthy ageing within their cultural and social environment. The five themes identified in the analysis reflect a multidimensional interpretation of ageing that extends beyond biomedical perspectives, emphasizing subjective meaning, family cohesion, social connection, and psychological adaptation. These findings resonate with international scholarship while highlighting distinct cultural features that shape the ageing experience in Pakistan.

Healthy Ageing as Independence and Self-Sufficiency:

Participants consistently framed well-being in terms of independence, self-management, and the desire to avoid burdening their children. This mirrors critiques of Rowe and Kahn's biomedical model, which has been criticized for limiting successful ageing to physical functioning and disease avoidance (Berridge &

Martinson, 2014; Calasanti & King, 2015). The current findings support broader conceptualizations that emphasize subjective experiences, coping strategies, and autonomy as central to ageing well (Baltes, 2003; Cernin et al., 2011). In Pakistan, where expectations of intergenerational care remain strong, the desire not to “burden” children demonstrate a nuanced negotiation between cultural norms and personal dignity. Though embedded in a collectivist context, participants still expressed a strong wish for personal autonomy, aligning with findings from other Asian settings where older adults balance interdependence with the pursuit of independence.

Centrality of Family in Emotional and Social Well-Being

The theme of familial connectedness underscores the cultural importance of family cohesion, filial responsibility, and emotional reciprocity in Pakistani society. Participants emphasized harmony, emotional closeness, and support from children and grandchildren as integral components of life satisfaction. These findings align with existing literature highlighting the role of family in shaping perceptions of successful ageing in collectivist cultures (Ali, 2003; UN, 2023). At the same time, accounts of sadness and loneliness when children migrate abroad reflect changing family structures due to economic pressures and global mobility. As noted in prior research, these transitions challenge traditional care arrangements and increase the need for flexible and culturally sensitive social support systems (Aartsen, 2013). The study suggests that policy efforts must consider both the enduring value of family and the new challenges posed by geographic dispersion.

Financial Stability as a Foundation for Dignity

Financial independence emerged as a critical determinant of psychological well-being and autonomy. Participants linked economic security with reduced dependency, greater control over daily choices, and the ability to manage health needs. These findings echo prior work showing that financial resources significantly shape ageing experiences by enabling older adults to maintain autonomy and avoid social stigma associated with dependence.

In a context where pensions and social protection systems remain limited, financial security becomes both a practical and symbolic marker of ageing well. This highlights the urgent need for expanded social support programs and more consistent pension structures in Pakistan.

Social Roles as Markers of Relevance and Identity

Maintaining social roles—through friendships, volunteering, religious gatherings, neighbourhood interactions, and community involvement—was central to participants’ understanding of well-being. Consistent with socioemotional selectivity theory (Carstensen et al., 1996), participants described meaningful relationships as buffers against loneliness, worry, and isolation.

The accounts of ongoing community participation also align with international findings showing that social roles support life satisfaction, cognitive health, and emotional resilience (Cooney et al., 2015). In Pakistan, such roles serve additional cultural functions by allowing older adults to retain respect, relevance, and authority within their social circles.

Resilience, Acceptance, and Faith as Psychological Resources

Participants’ emphasis on resilience and positivity reflects the psychological dimensions of healthy ageing. Acceptance of life’s unpredictability, cognitive reframing, and emotional regulation were commonly described strategies. These findings support research suggesting that subjective coping is often more predictive of well-being than physical health changes (Aartsen, 2013). Religion emerged as a central tool for maintaining equilibrium, offering structure, hope, purpose, and a framework for interpreting illness or adversity. This aligns with findings from Crowther et al. (2002), who highlight spirituality as a powerful

but often overlooked dimension of ageing well. In Pakistan's religiously grounded culture, faith also reinforces social routines and community engagement.

Cultural Distinctiveness and Policy Implications

Taken together, these themes demonstrate that healthy ageing in Pakistan is shaped by the confluence of cultural values, socio-economic realities, and personal coping strategies. While international models provide useful frameworks, ageing in Pakistan must be understood through concepts of familial harmony, moral interdependence, faith, and community belonging—elements not fully captured by Western ageing models.

The results point to several policy implications:

- **The need to strengthen community-based social spaces** for older adults to reduce isolation, especially for those whose children migrate.
- **Support for family caregivers**, including training, respite care, and emotional support, recognizing their central role in eldercare.
- **Expansion of financial protection** through pensions, subsidies, and affordable healthcare.
- **Promotion of healthy lifestyle programs** that align with cultural practices, such as walk-friendly environments and accessible community activities.
- **Integration of spiritual and psychosocial well-being** into public health ageing programs.

Contribution to Scholarship

By centering participants' voices, this study contributes to the growing body of research advocating for culturally grounded interpretations of ageing. The findings reaffirm that successful ageing cannot be measured solely by biomedical indicators but must account for subjective meaning, relational ties, and the socio-cultural environment. This study adds important insight into how older adults in Pakistan negotiate ageing within a rapidly changing society.

CONCLUSION

This study examined how older adults in Pakistan understand and experience healthy ageing within the context of their daily lives, cultural expectations, and social realities. The findings show that healthy ageing is defined through a combination of robust physical health, strong family relationships, financial stability, social participation, and a resilient, positive outlook. These elements shaped how participants interpreted dignity, autonomy, and fulfilment in later life. Family support emerged as both an emotional anchor and a cultural expectation, while independence and financial stability were viewed as essential for maintaining dignity and reducing the perceived burden on younger generations. Equally important were the social roles that helped older adults remain connected, purposeful, and engaged. Resilience and faith provided psychological grounding, helping participants navigate uncertainty, loss, and the challenges associated with ageing.

Collectively, these insights demonstrate that successful ageing in Pakistan is not solely a biomedical process but a social and emotional one shaped by cultural norms and personal meaning. The findings underscore the need for policies that support older adults holistically, through strengthened family caregiving resources, improved pension and health systems, and community-based spaces that promote social connectivity and emotional well-being. Incorporating culturally grounded understandings of ageing into public health strategies will contribute to more inclusive and effective support for the growing population of older adults in Pakistan.

ETHICS STATEMENT

This study received ethical approval from the Institute of Social and Cultural Studies, Department of Public Health, University of the Punjab. All participants were informed about the purpose of the study, its academic use, and the voluntary nature of participation. Verbal informed consent was obtained before each interview, and participants were assured that all information would remain confidential. Pseudonyms were assigned to protect identities. Only the principal investigator had access to the raw data. Given the involvement of older adults, particular attention was paid to ensuring comfort, respect, and open communication throughout the research process. Trust-building, sensitivity to emotional and physical needs, and avoidance of ageist assumptions were central to the ethical approach.

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