Research Paper
Exploring Active Aging Experiences and Strategies in Retired Elderly Female Adults: A Qualitative Study

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ABSTRACT

Objective: Population aging creates various individual and public challenges, including physical and mental health, economic challenges, and care needs. Governments' response to population aging is active aging. Promoting successful, active aging is an international priority for addressing the challenges of increasing life expectancy. Active aging allows individuals to overcome the challenges of an increasingly aging population. Accordingly, the present study explores the perspective, challenges, and strategies of active aging in female elderly adults who retired from the education department.

Methods: The present study was conducted via a qualitative grounded theory using the data collected from semi-structured interviews with 21 retired women from the Ministry of Education aged over 65 years in Tehran City, Iran, in 2023. The collected data were analyzed using the Charmaz (2012) method.

Results: Data analysis revealed 49 open codes, 16 axial codes, and 4 selective codes. The four selective codes were old age challenges, achieving active aging, psycho-social retirement concern, and social neglect of older adults. The axial codes were public rejection, unavailability of facilities, interpersonal strategies, learning new skills, self-care, individual strategies, dilemmas and problems, old age concerns, unavailability of suitable urban space, and public view about old age.

Conclusion: Active aging involves challenges and problems over which older adults have no control, such as the unavailability of suitable urban space for transportation, the unavailability of facilities, and restricting older adults' activities. These problems lead to the belief in disability, inefficiency, and isolation, resulting in a vicious cycle.

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Highlights

• Active aging is usually understood as having proper well-being, social activity, and physical health after retirement.

• Active aging depends on the accessibility of opportunities for health, participation, and security for improving the quality of life among older adults.

• Active aging is hampered by individual reasons, such as depression, physical and social health problems, negative views and common stereotypes about aging, and a lack of proper access to social welfare and social security services.

• This research investigated the experiences and strategies of retired older women in education in Tehran City, Iran, in 2023.

• Achieving active aging depends on interpersonal strategies, learning new skills, self-care behaviors, and personal strategy.

Plain Language Summary

The main obstacles that female older adults face revolve around overcoming the challenges of active aging, negative view of aging in society, and ageism, such as a lack of respect for older adults, disregard for older adults, and restrictions for older adults. Among the challenges are activities, isolation, preference for the younger workforce, unavailability of tours and trips, transportation facilities, medical services, and inadequate income. The participants overcome these problems by learning new skills and promoting self-care.

Introduction

In 2018, the number of people over 65 years of age for the first time exceeded the number of children under 5 years of age (Ramia & Voicu, 2022). The population over 65 years of age worldwide is increasing faster than other age groups (The United Nations, 2019). According to demographic forecasts, the proportion of people aged 65 and over will increase from 9.3% of the world's population in 2020 to 15.9% in 2050, with the highest percentage of population aged 65 and over in 2050 in Europe (28.1%), followed by North America (22.6%), Latin America and the Caribbean (19.0%), Asia (18.0%), and Oceania (17.9%), while the lowest percentage are in Africa (5.7%) (Robbins et al., 2018). According to the World Health Organization (WHO), population aging is one of the biggest social and economic challenges (WHO, 2015). Aging is a biological and inevitable phenomenon and indicates the accumulation of changes in a person over time (Deger et al., 2020), including physical, psychological, and social alterations (Ghosh & Dinda, 2020). The elderly population represents public health but also the challenge of maintaining the quality of life, functional capacity, and social participation (Martina et al., 2018).

Active aging is usually understood as a complex combination of physical, social, and psychological factors expressed as keeping active or avoiding becoming passive (Stenner et al., 2011). The concept of active aging was adopted by the second international action program of the United Nations on aging, Madrid; policies to promote active aging were developed and executed worldwide through all regions of the United Nations (Caprara & Mendoza-Ruvalcaba, 2019). However, the operational definition of healthy aging is still debated, and no consensus has yet been reached. McLaughlin et al. 2012 analyzed the impact of different definitions of healthy aging and concluded that a functional definition of health, that is, freedom from disease and symptomatic disability, may be acceptable (Liotta et al., 2018).

WHO (2015) defined active aging as optimizing opportunities for health, participation, and security to improve the quality of life as people age and healthy aging as the process of developing and maintaining functional ability, making well-being possible at older ages (WHO, 2015). The aging of the world population is the most critical medical and social demographic problem worldwide (Rudnicka et al., 2020).

96

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

Successful active aging is an international priority in addressing increased life expectancy challenges. Active aging allows people to overcome the challenges of an increasingly aging population (Robbins et al., 2018). Active aging and quality of life can be considered critical concepts in aging and health, both of which come from biomedical, psychological, and social perspectives (Rojo-Pérez et al, 2022). Identifying the factors promoting mental health in older adults affects their mental health, physical health, and quality of life (Zaheri Abdehvand et al., 2022). It supports the multidimensionality of four factors of successful aging (excluding age and gender), which accounts for 48% of the variance in health factors, cognitive and physical performance, positive affect and control, and social participation (Fernández-Ballesteros et al., 2010). Promoting active and healthy aging and understanding aging and old age are key to facilitating population sustainability and the ability to face the social and economic challenges of the 21st century (Rojo-Pérez & Fernández-Mayoralas, 2021). Thus, aging should be addressed from an interdisciplinary and multidisciplinary perspective and understood as a challenge with social, economic, and environmental consequences. In addition, it should be considered a field that offers opportunities for the development of the community as a whole (Dimitriadis, 2019). One of the solutions adopted in most countries of the world in recent years to reduce the adverse effects of demographic changes is to activate old age, and the term active aging has been widely addressed in the last 10 years in Europe due to the extensive activities of WHO. The phenomenon of aging has attracted the attention of researchers.

However, a large number of previous studies have addressed old age and active aging using quantitative methods. Thus, a few studies have addressed these phenomena qualitatively. Besides, most studies have addressed only the physical consequences of old age. This research is based on the Charmaz (2012) constructivist paradigm of qualitative research. In this research, the views and experiences of active aging, primarily independent of the participants' mindset, were given meaning, and a new mindset was provided. To this end, the present study examines active aging challenges using data from in-depth and semi-structured interviews and develops a training program for retired older female adults.

Materials and Methods

The present study adopted a qualitative and grounded-theory approach. Qualitative research allows researchers to identify overt and covert processes in the data, and grounded theory provides a useful framework for studying processes. This approach helps to produce new concepts in large research literature. These concepts may directly apply to policies and professional practices in psychology and beyond (Charmaz & Thornberg, 2021). This study used an exploratory method to identify factors promoting mental health. Thus, the ground theory is the most useful approach for this purpose. Perhaps the most critical difference between grounded theory and other methods is its ability to derive a theory from the data, and the researcher does not only address the participants' views (Charmaz, 2012). The participants in this study were 21 female older adults who retired from the Department of Education and were selected using purposive sampling. The data were collected through in-depth interviews. The interviews continued until the data were saturated and no new information was obtained. The participants were selected with maximum variation from among women retired from the Department of Education. The inclusion criteria were having 60 or higher years of age and having service records in the Department of Education. The data were collected through semi-structured individual interviews. The researchers developed the main interview questions by surveying two subject-matter experts using interview drafting protocols so that the developed questions have adequate content validity. After the validation of the questions, they were asked in the interviews. Given the age of some older adults and their cognitive problems, the questions were repeated several times, and the researcher ensured that the participants understood the meanings of the questions. Additionally, further questions were asked, if necessary, to clarify the participants' statements further. After conducting the interviews, their content was transcribed word by word for subsequent analysis. The researcher listened to the audio files of the interviews several times and then reviewed the extracted code repeatedly. The questions asked in the interviews were as follows:

1. What facts are reflected in the literature on active aging challenges in older women?

2. What are the implications of analyzing and identifying active aging challenges in older women?

3. What are the practical solutions to better use the analysis of the active aging challenges in women in Iran?

4. What strategies can be adopted based on analyzing active aging challenges?

5. What hopes are reflected by exploring the lived experience of active older women?

6. What concerns are reflected by exploring the lived experience of active older women?

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

97

After completing the interviews, their content was transcribed word by word and reviewed carefully several times.

The collected data were analyzed through open, axial, and selective coding based on the systematic ground theory approach (Charmaz, 2012). To do so, all interviews were transcribed, and the recurring codes were identified. In this study, triangulation was used to increase the credibility and internal consistency of the data. Triangulation refers to the search for stability and agreement between the findings from different observers, tools, and observation methods in other times, places, and situations. Meanwhile, the inter-rater agreement (between students, supervisors, and advisors) was established in this study. The participants were also selected with maximum variation in demographic characteristics to enhance the transferability of the data. The research provided a detailed and thorough description of the findings from the literature. To comply with the ethical protocols, some instructions were delivered to the participants about the study's objectives and the research procedures. They were also assured that their information would not be disclosed, their participation was voluntary, and they could withdraw from the study at any stage. The researchers were as diverse as possible in the selection of participants. Also, to transfer the data, the necessary accuracy and sensitivity were applied in selecting the participants, and a rich and detailed description of the fields and background of the study was tried. The research objectives were explained in the briefing session to comply with ethical considerations. In addition, they were assured that the research results were published in the form of general conclusions and that they had full authority not to participate or withdraw from the research at any stage.

Reliability criteria, including trustworthiness, reliability, adaptability, and transferability (Guba & Lincoln, 1994), were used to demonstrate the validity of the study. Categories were presented to the study participants to ensure reliability. Accordingly, they were asked to give their opinion for further clarification. Coding and analysis procedures were guided by peer review to ensure reliability of the data. Research contexts were well described to ensure transferability of results. In addition, the decisions made in the research process were recorded. Thus, others could use the current research findings in similar situations. Finally, the researchers used an audit trail to check the consistency of the results. All raw data, analyses, notes, and processes were submitted to and approved by reviewers.

Results

The participants in this study were 21 women retired from the Department of Education. Table 1 displays the participants' demographic data:

Data analysis revealed four main categories (old age challenges, achieving active aging, psycho-social retirement concern, and social neglect of older adults), 16 axial codes, and 49 open codes, as detailed in Table 2.

Old age challenges

Older adults face various challenges, including public rejection and the unavailability of amenities and facilities. These challenges are obstacles for older adults to become active community members.

Public rejection

One of the most critical and frequent challenges older adults face is public rejection, including a lack of respect for older adults, disregard for older adults, restriction of older adults' activities, social isolation, and preference for a younger workforce.

Lack of respect for older adults

One of the themes frequently reported by the participants was the lack of respect for older adults; "People no longer show respect for the elderly. Sometimes they treat us terribly, and there are many other misbehaviors that can be recounted" (Participant (P) 8).

Disregard for older adults

"What kind of support? There is occupational, economic, social, and emotional support. What do you mean by emotional support? Nobody cares for it" (P 7).

Restricting older adults' activities

"People show disrespect for retirees by not caring for them. Thus, they have nothing to do and become inactive. We have a colleague that says a retiree is like a sitting eagle (that cannot fly)" (P 7).

Isolation

"Older people do not want to become isolated. They have to do something. I know some people who actively adapt themselves to the community conditions" (P 2).

Preference for younger workforce

"Employers do not like hiring people in their fifties, even if they perform their jobs better than younger people" (P 2).

Unavailability of facilities

Another challenge for older adults is the inaccessibility of facilities, including tours, transportation facilities, medical services, and low-income levels, restricting older adults' social activities.

Lack of recreational tours

Most of the participants complained about the failure of the government or the pension organization to organize and hold recreational tours for older adults.

"The government should provide facilities to those who are getting old. Retirement associations can hold tours for their staff or older adults. These tours can help older people have fun and enjoy being together" (P 1).

Transportation

One of the participants said, "Transportation facilities and public vehicles should be easily accessible to older adults. In developed countries, older adults are taken care of. There are facilities for commuting on the streets, and even wheelchairs are available for them in hospitals" (P 11).

Healthcare services

"Many facilities should be provided for older adults. The only good service for me is healthcare services" (P 5).

Inadequate salary

Perhaps the most important and most frequent personality trait reported by the participants was the lack of internal self-satisfaction and low self-confidence. One of the participants said, "We have no culture. There is nothing left for us. We are only paid a low salary" (P 12).

Achieving active aging

The participants reported that interpersonal strategies, learning new skills, self-care, and individual strategy can contribute to achieving active aging.

Interpersonal strategies

The most critical interpersonal strategies reported by the participants were spending time with friends and colleagues, sharing concerns, asking for help from colleagues and friends, showing love to others, engaging in charitable activities, and spending time with younger people.

Being with the family

"Older adults can resolve any conflict between the children. The children and even relatives can ask older people in the family to resolve any issue or problem" (P 8).

Spending time with friends and colleagues

One of the participants reported, "Once a month, we have a tour; we go to museums, gardens, and other places. Then, we go to a reception hall, have lunch together, stay till the afternoon, and share our memories. We have a great time. We also attend cultural and literary events and courses organized by the organization on Sundays. Most of my colleagues are present. They talk about their issues, and others try to solve or fix them. These gatherings are very great" (P 8).

Sharing concerns

"When you share your concerns with your friends, you are bolding them for yourself. Then, these concerns will fade over time. This is a good experience and makes you feel relaxed" (P 18).

Seeking help from colleagues and friends

"We should never get disappointed. Of course, we end up with failure sometimes, but we try to fix the problems with our efforts or help from friends" (P 19).

Loving others

"I believe that if we give love to all people, we will receive love in return. When we receive love, we will be full of peace and comfort. We must learn to give love in our social relationships. When you give love, you will receive love" (P 19).

Engaging in charitable activities

"No, but I give charity to my children as much as possible" (P 9).

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

99

Table 1. The participants' demographic characteristics

Participant Code	Number of Children	Education	Retirement Period (y)	Age (y)	Housing
1	Two daughters			63	Personal house
2	One son	Bachelor's degree	22	70	Tenant
3	One son and one daughter	Bachelor's degree	13	70	Landlord
4	Three children	Bachelor's degree	10	70	Landlord
5	Two daughters	Associate's degree		70	Landlord
6	Two sons	Associate's degree		70	Landlord
7	Three daughters	Bachelor's degree		70	Landlord
8	One son and one daughter	Bachelor's degree		65	Landlord
9	Three children	Associate's degree		69	Landlord
10	Two children	Bachelor's degree		65	Landlord
11	One daughter	Bachelor's degree		65	Landlord
12	Two sons	Associate's degree		73	Landlord
13	Two daughters	Associate's degree		65	Landlord
14	Two sons	Associate's degree		70	Landlord
15	Four children	Diploma		65	Landlord
16	Two daughters	Bachelor's degree		71	Landlord
17	Two sons	Bachelor's degree		66	Landlord
18	Two daughters	Master's degree		68	Landlord
19	Two children	Bachelor's degree		66	Landlord
20	One daughter	Bachelor's degree		66	Landlord
21	One son and one daughter	Bachelor's degree		75	Landlord

Spending time with younger people

"To me, an active retiree serves his family and can communicate with the family members and young people" (P 20).

Learning new skills

Another strategy reported by the participants in this study was learning new skills, including music and a new language, career development, continuing post-graduate studies, and learning arts.

Learning music

"How much do you feel you can pursue these goals? Now, I am going to learn to play Setar[1] and Daf[2]" (P 3).

Learning a new language

"Because I have always loved English, I always try to memorize new English words, and I spend one hour per week learning English" (P 9).

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1. A stringed instrument.
2. A Middle Eastern frame drum musical instrument.

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

Table 2. Themes, categories, and subcategories extracted from the data

Open Codes (Themes)	Axial Codes (Subcategories)	Selective Codes (Categories)
Lack of respect for older adults		
Disregard for older adults		
Restricting older adults' activities	Public rejection	
Isolation		
Preference for younger workforce		Old age challenges
Unavailability of tours and trips		
Transportation facilities		
Medical services	Unavailability of amenities and facilities	
Inadequate income		
Being with family		
Spending time with friends and colleagues		
Sharing concerns		
Seeking help from colleagues and friends	Interpersonal strategies	
Loving others		
Engaging in charitable activities		
Spending time with younger people		
Learning music		
Learning a new language		
Professional development	Learning new skills	
Pursuing postgraduate studies		
Learning art		Achieving active aging
Regular medical check-ups		
Regular daily exercise		
Having a healthy diet	Self-care	
Doing outdoor activities		
Taking required supplements		
Sharing professional experiences with others		
Relying on one's abilities		
Trust in and appeal to God		
Pursuing personal interests	Personal strategies	
Saving money		
Financial satisfaction		

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

101

Open Codes (Themes)	Axial Codes (Subcategories)	Selective Codes (Categories)
Decreased physical ability		
Housing supply challenges	Economic problems	
Financial insecurity		
High living costs		Psycho-social retirement concern
Concerns about children's living conditions		
Concerns about one's physical condition	Old age concerns	
Fear of loneliness		
Lack of transportation facilities adapted to older adults		
Lack of suitable study spaces	Lack of urban spaces adaptable to older adults	
Lack of adequate recreational spaces		
Unavailability of suitable sidewalks		Social neglect of older adults
Belief in older adults' low abilities		
Excessive care	Public view about old age	
Strict dress codes		

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Career development

"I have always focused on work and social activities related to my career. I try to help my family members and other people under any circumstances. I want to state all my goals in my books" (P 19).

Continuing postgraduate studies

"I am going to continue my PhD studies that have been left unfinished. Then, I want to study the Turkish language and literature, God willing" (P 5).

Learning arts

"In the last few years, I have studied and attended artistic events and public charitable activities" (P 7).

Self-care

Self-care was another strategy used by older adults to achieve active aging. Self-care activities reported by the participants were regular checkups, daily exercise, following a healthy diet, outdoor activities, and taking required supplements.

Regular checkups

"I care about my health as much as possible. For example, I have a medical checkup and sugar and fat tests every six months" (P 1).

Daily exercise

"I exercise every morning. I go to the pool and walk in the water. I know swimming a bit" (P 21).

Following a healthy diet

"At night, I eat very light food, and my lunch is mostly foods with a piece of bread and sometimes rice" (P 1). Another participant said, "I'm a vegetarian. I do not use any dairy products, and I do not eat sugar, chocolate, and such things, and it has been a year and a half since I became a vegetarian" (P 20).

Outdoor activities

One of the effective strategies adopted by older adults is doing outdoor activities. One of the participants reported, "doing outdoor activities helps the family's economic position. I often go outdoors so that I do not get depressed because our children have got married and I am alone and I fear getting depressed" (P 12).
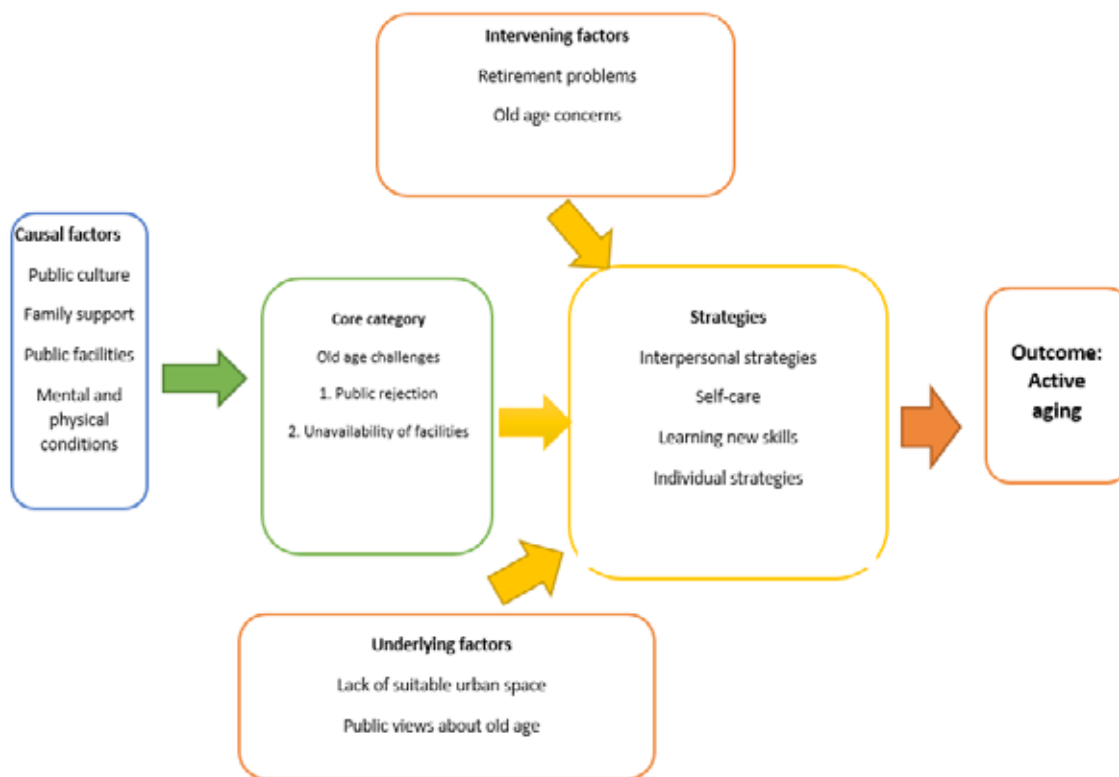
Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

Figure 1. Active aging model

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Taking required supplements

One of the effective health-promoting strategies reported by the older women in this study was taking required supplements. "Well, I try to read a little about supplements that we should take and our physical conditions or symptoms. When you are over 50, you should be careful not to eat any food" (P 18).

Individual strategies

Individual strategies were the last strategies reported by the participants. These strategies differed according to the taste and personality of each older adult but had commonalities among all participants. Individual strategies used by the participants were sharing specialized experiences with others, relying on the individual's abilities, trusting and appealing to God, following personal interests, and financial satisfaction.

Sharing special experiences with others

"An important issue is to preserve the dignity of older adults who want to do a job. She should have the physical ability required for that job. Older people have many professional and social experiences and can successfully

perform many tasks. But they should be physically prepared to do the task in question" (P 17).

Relying on one's abilities

"I have not yet received help from anyone, not from my children, my siblings, not anyone. I have tried to help them If I could, but I handle all my personal affairs by myself" (P 21).

Trusting and appealing to God

"I do not let myself get disappointed at all. I trust in God" (P 7). Another participant said, "I trust in God, and thanks God, I have not been disappointed so far" (P 19).

Pursuing personal interests

"I often watch movies and TV series at home. I do many things I had not had the chance to do, like sewing and embroidery. You can do these things at home or in other places. You only need a quiet and peaceful place" (P 19).

Financial satisfaction

"Some people are satisfied with their low income and can manage their living costs. But sometimes they spend

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103

less money but still have many financial problems, which is a tragedy" (P 21).

Psycho-social retirement concern

Economic problems

One of the intervening factors is post-retirement problems and challenges, including decreased physical ability, housing problems, financial insecurity, and high living expenses.

Reduced physical ability

"The only problem I have is reduced physical ability. I don't have the strength and energy I had ten years ago or when I was 25 years old" (P 18).

Housing problems

One of the participants said, "My only goal is to find a shelter of my own so that I do not need to rent a house at this old age" (P 2).

Financial insecurity

"What is your concern? It is financial insecurity because I cannot make a good living for my children" (P 15).

High living expenses

"Old people who are the heads of the family cannot manage family expenses and do not have enough money to pay for all expenses. They do not know what they should buy" (P 6).

Old age concerns

The participants in this study reported some concerns, including concerns about children's lives, physical condition, and fear of loneliness.

Concerns about children's life

One of the most critical concerns reported by the older adults in this study was the concern about the living conditions of their children. "Having unemployed children is a challenge from an economic perspective. For instance, a person may have two unemployed children with a bachelor's degree. They always worry about their children and future, but they cannot do anything useful" (P 21).

Concerns about physical condition

One of the participants stated, "old people are always afraid of getting ill" (P 2).

Fear of loneliness

"My only fear is loneliness. I do not have any other worries" (P 4). Another participant said, "the most difficult problem for older adults is loneliness" (P 14).

Social neglect of older adults

Lack of suitable urban space

One of the most critical factors of social neglect of older adults is the unavailability of suitable urban space adapted for older adults, as highlighted many times by the participants. They reported the lack of transportation facilities adapted to older adults, lack of suitable study spaces, lack of adequate recreational spaces, and unavailability of suitable sidewalks.

Lack of transportation facilities adapted for older adults

One of the participants said, "old people cannot use the subway because some stations have stairs and some have escalators or elevators. So stations, escalators, or elevators. For example, 15 Khordad Subway Station has no escalator, and we have to go up and down 40 stairs" (P 1).

Unavailability of suitable study spaces

"They could have constructed a study hall for all the people sitting here. So, I could bring some equipment not to sit idle here" (P 5).

Lack of suitable recreational spaces

"There should be some special places and facilities for older adults, even in the park, so they can do more things, such as playing games" (P 8).

Unavailability of suitable sidewalks

"There are no smooth sidewalks. They are full of potholes. Your foot will break if it falls into a half-meter pothole" (P 21).

Public view about old age

Belief in older adults' inability

"People consider retirees as inactive people who can't do anything. We have a colleague who says a retiree is like a sitting eagle (that cannot fly)" (P 8).

Extreme care

"Children's care for their old parents should be unnoticeable. If the children call daily, they will disrupt our peace of mind. The care should be provided indirectly and out of friendship. They should not disturb our peace of mind by calling too much, especially me, who was very limited during the COVID-19 pandemic" (P 4).

Strict dress codes

One of the participants said, "I liked to do many things when I was young, such as applying nail polish, makeup, and wearing stylish clothes, but I could not do them as a teacher, and now people say it is too late and such things do not suit your age. People in public places and stores call me mother, making me upset" (P 15).

Figure 1 displays the active aging training program developed based on the analysis of the challenges of older adults and its effectiveness on older adults' hopes and concerns.

Discussion

The most important challenges older adults face when trying to achieve active aging are public rejection and the unavailability of facilities. A majority of the participants reported that the unavailability of facilities causes them to become isolated and depressed and suffer from physical diseases. More importantly, public rejection restricts older adults' activities, and younger people are preferred over older people in workplaces. In line with this finding, Ilmarinen (2012) showed that a good work-life is an important program to promote active aging. Thus, occupational health and safety are important in ensuring active aging through a better and longer working life. Another challenge of old age is isolation, as frequently reported by the participants in this study. For example, losing independence and interest can represent a downward spiral into an apathetic despair trap or passive surrender. Mental, physical, and social strengths decrease with independence and interest, and the resulting negative effects are associated with dependence and isolation (Stenner et al., 2011). Nevertheless, social support, respect, economic

well-being, and physical health tremendously improve older adults' mental health (Khodabakhshi-Koolaee & Forozan, 2023; Peyvakht et al., 2020). Another important challenge is the lack of urban spaces adapted to older adults. Accordingly, Chodzko-Zajko et al. (2009) showed that research on the possible relationship between physical activity and environmental effects on healthy and active aging and environmental conditions has attracted the most attention from researchers. Environmental characteristics can represent many barriers to active interaction with life, which may ultimately affect health. These characteristics include understanding local safety and security, traffic conditions, pollution, environmental hazards, noise and lighting levels, access to natural areas and public green spaces, neighborhood stability, social capital or vicinity, local climate, etc. (Annear et al., 2014). The participants in this study reported that the lack of tours, insufficient salaries, and unavailability of medical services are challenges that many older adults in Iran are struggling with. One of the factors affecting active aging is related to health and social service systems, which focus on health promotion, disease prevention, and equitable access to quality primary health care and long-term care (WHO, 2002). The study participants reported using different strategies, including individual strategies, interpersonal strategies, and learning new skills when trying to achieve active aging. One of the most important individual strategies is participating in gatherings and social events and establishing social relations. Gerino et al. (2017) also showed that the active participation of older people in social activities in their communities can be increased through specific initiatives aimed at the older adult population. Older people can age successfully if they are socially active and psychologically well-adjusted, even if they face a decline in physical and cognitive functioning (Kim & Park, 2016). Good social functioning is often identified as an important factor in successful aging, especially by older adults (Jopp et al., 2014). This indicates a desire to maintain a role in the community and engage with people (Jopp et al., 2014). Another interpersonal strategy many participants reported was participating in charitable activities and associations because these activities give them a sense of usefulness and efficiency. Social functioning involves indicators of loneliness, social activity, and emotional and instrumental support others provide. For example, participants could be actively involved if they reported doing volunteer work or participating in sports, social, or other clubs (Jopp et al., 2014). Having a supportive social environment increases survival among older adults in general, but primarily, social support enhances the ability of people with multiple illnesses to adapt and

Bandehpour., et al. (2024). Active Aging Experiences in Retired Elderly Female Adults. *JPCP, 12*(2), 95-108.

105

cope with their chronic conditions (Fortin et al., 2006). Learning new skills is one of the other strategies used by older adults because it improves their cognitive ability and delays cognitive disabilities, such as the Alzheimer disease. One of the most frequently reported skills by the participants was learning a new language, which can also increase social networks. Learning means following up, strengthening, and supporting participation. From an individual perspective, lifelong learning can be defined as a continuous and self-motivated pursuit of personal and or professional development and a successful aging lifestyle to improve brain fine-tuning and cognitive reserve to compensate for some physical or cognitive deficits (Rojo-Pérez & Fernández-Mayoralas, 2021) as well as for seeking social relationships and participation or simply for self-enjoyment (Fernández-Ballesteros & Molina, 2016). Education acts as a predictor of healthy aging (Khodabakhshi-Kolaee, 2016).

A recent qualitative study (Molina & Schettini, 2021) reported that older adults do not recognize lifelong learning as one of the determining factors in improving their aging process despite being placed as an essential element in a social environment. That is why the challenge for professionals is to achieve a wider recognition of the importance of lifelong learning in all sectors of society, both at the individual and societal levels. Another strategy reported by the participants in this study is self-care. Given frequent diseases during old age, adopting a healthy diet and caring for physical health are essential. WHO (2022) has reported behavioral determinants of active aging, including adopting healthy lifestyles (such as regular exercise, a Mediterranean diet, not smoking, and drinking in moderation) and active participation in personal care to prevent diseases and deterioration of performance, increase life expectancy, and increase one's strength. Regular physical activity across the lifespan is a strong predictor of healthy aging (Anton et al., 2015). Reduction of muscle mass and muscle strength is related to aging processes, chronic diseases, and lifestyle (nutrition and inactivity) (Strandberg, 2019). Other important strategies reported by older adults are individual strategies. Older adults feel uncomfortable with the extreme support and care of others, and it induces a feeling of incapacity, old age, and weariness. Similarly, Stenner et al. (2011) showed that conceptually, being active (as opposed to passive) is more associated with having a pleasurable sense of one's powers and determining one's norms. Another example of having a pleasant feeling is sharing one's specialized experiences with others, especially the younger ones. In line with the findings, Berk (2022) also suggested that the withdrawal of older adults does not indicate their preference but shows the

inability of the social world to provide opportunities for their occupation. The more older adults have social opportunities, the more firmly they believe they can create valuable experiences. The social neglect of older adults reported by the participants in this study was related to retirement problems and old age concerns. Decreasing physical ability, housing problems, financial insecurity, and high living expenses are some of the problems that people struggle with in their old age in Iran. One of the most critical obstacles to active aging is reducing physical ability. In line with this finding, Kim and Park (2016) showed that avoiding illness and disability is a common criterion in studies of successful aging. However, recent studies have shown that the absence of disease and disability is not the most crucial element in successful aging, and people with chronic diseases can also age successfully (Nosraty et al., 2015). Extensive research has pointed to chronic conditions and disability as the main determinants of the perception of physical and mental health in old age (Kojima et al., 2016). The severity and the simultaneous presence of chronic conditions are among the factors that most affect the assessment of older adults. Older adults with multiple diseases usually score significantly less on various well-being indicators, from health-related quality-of-life indicators to more general well-being measures, such as life satisfaction, social and emotional connection, and happiness (Galenkamp et al., 2011). Other concerns of older adults are financial insecurity and social and economic policies in the community. An effective active aging strategy should be adopted based on citizen and community participation. According to EU policies, promoting active aging involves linking independent policy areas: Employment, health, social protection, pensions, social inclusion, technology, and economic policy (Walker & Foster, 2013). One social neglect of older adults is the non-adaptation of the urban environment to the public's view of aging. Due to the physical disability and loneliness of most older adults, the adaptation of the urban space for recreation and transportation becomes especially important because most of the participants reported that they do not want to ask for help from others for transportation and daily tasks and activities. Both rural and urban environments have been reported to be deficient in aging, indicating risks in old age (Rojo-Pérez & Fernández-Mayoralas, 2021). Another social neglect of older adults reported by the participants was the public view of older adults. People typically believe that older adults do not have the necessary ability to perform activities and take care of themselves. The support and care of the people around them cause the perception of disability in older adults. In this sense, social support plays an important

role in forming older adults' perceptions about the impact of physical and mental conditions on their health status (Rojo-Pérez & Fernández-Mayoralas, 2021).

The results of this research showed that many problems are faced by the older adults for active aging. Concerns and economic problems after retirement, lack of attention to the personal and social problems of the elderly by the society and neglecting and social rejection of them due to old age. To have an active aging, the older adults need social support, economic well-being, self-care behavior training and new skills for life.

Conclusion

The data from the interviews conducted with the participants showed that inactivity and isolation in old age are very unpleasant phenomena for older adults. On the other hand, there are other challenges and problems in the process of achieving active aging that older adults have no control over, such as the unavailability of suitable urban space for transportation, the lack of amenities and facilities, and restricting older adults' activities. These problems lead to the belief in disability, inefficiency, and isolation, leading to a vicious cycle.

Ethical Considerations

Compliance with ethical guidelines

The study was registered in the Iran National Ethics Committee of in Biomedical Research (Code: IR.IAU.ARAK.REC.1402.007).

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Authors' contributions

Researching: Akram Bandehpour; Supervision, conceptualization, study design, and drafting of the initial version: Anahita Khodabakhshi-Koolaee; Data gathering: Akram Bandehpour, Davood Taghvaei and Ghoudsi Ahghar; Data analysis: Akram Bandehpour and Anahita Khodabakhshi-Koolaee; Final approval: All authors.

Conflict of interest

The authors declared no conflict of interest.

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107

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108

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