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Research Commentary: Evidence-based community model improving quality of life of an Ageing population in Pakistan.

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Abstract:
World Health Organization (WHO) promotes Age-friendly cities and communities to foster healthy and active ageing (2). The evidence-based community model will assist organisations in implementing the WHO agenda on a research-based model to improve the quality of life of the 50+ population in Pakistan. The research conducted by Surani (2023) assessed the quality of life of older adults in Karachi, Pakistan, using CASP (Control, Autonomy, Self-realization, and Pleasure) (7); the research findings show that people's well-being and quality of life in different cultures depend on the understanding and perception of autonomy and control (7). Also, the research findings suggest that gender differences in responses for each CASP domain showed males had a better quality of life than women as males had more dominance in controlling and having a compared to women. Besides that, various psychosocial factors were used to assess the quality of life of older adults.

*Based on the research findings (9), a community-based model has been developed to keep the ageing population healthy and active later in life. This model can be used in various countries with the same cultural and socioeconomic backgrounds. Initially, this model will solely be a community model used by civil society, non-government, and government organisations. The community-based model will capture some elements of community development defined by the WHO, where community members come together to take collective action and generate solutions to common problems. Based on the above synthesis of information, the authors are proposing the community-based model named the 'HEMSS'- **H**ealthy Life, **E**mpowerment, **M**ental and psychosocial comfort, **S**ocial Protection and **S**piritual Enrichment for Pakistan. However, other countries with similar socioeconomic and cultural backgrounds can also use this model.*
Key word: Community based Model, quality of life, Active and Healthy Ageing,

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I. Introduction

Population ageing is burdensome for most countries around the world. Looking at the data, one billion people were over 60 years old in 2019 (1). This number will increase to 1.4 billion by 2030 and 2.1 billion by 2050. It is accelerating at an unprecedented rate, particularly in developing countries, and will continue to do so in the coming decades (1). Therefore, it is essential to keep a close eye on the vulnerable group of society people live longer lives in disparity.

WHO promotes Age-friendly cities and communities to foster healthy and active ageing (2). This model will assist organisations in implementing the WHO agenda on a research-based model to improve the quality of life of the 50+ population in Pakistan.

Many studies have been conducted to understand the population's quality of life and active ageing in Eastern and Western cultures using different measures to assess (3,4) whether some of them were health-related (4). Some studies have used the tool CASP (Control, Autonomy, Self-realisation, Pleasure) to assess the quality

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of life of the ageing population (5). CASP is a theoretically driven measure from Maslow's theory of Need, Doyal and Gough's theory of Human need, and Laslett's theory of Third age being older (6)

The research conducted by Surani (2023) assessed the quality of life of older adults in Karachi, Pakistan, using CASP (7); the research findings show that people's well-being and quality of life in different cultures depend on the understanding and perception of autonomy and control (7). Also, the research findings suggest that gender differences in responses for each CASP domain showed males had a better quality of life than women as males had more dominance in controlling and having a compared to women (8). Furthermore, the study also suggests the psychosocial factors that decrease quality of life, such as social participation. On the other hand, social support and networking could change the effects of ageing and improve the quality of life. Moreover, depression decreases the quality of life (9).

Based on the research findings (9), a community-based model has been developed to keep the ageing population healthy and active later in life. This model can be used in various countries with the same cultural and socioeconomic backgrounds. Initially, this model will solely be a community model used by civil society, non-government, and government organisations.

The community-based model will capture some elements of community development defined by the WHO, where community members come together to take collective action and generate solutions to common problems. (10) Also, the model will be adapted to the WHO framework of active and healthy ageing (11), which highlights providing opportunities for health and participation to improve quality of life as people age. Also, the WHO framework has highlighted gender and culture in the first place due to cultural boundaries; people are not able to perform certain activities considering that quality of life is "an individual's perception of his or her position in life in the context of the culture and value system where they live, and about their goals, expectations, standards, and concerns' (12). Therefore, looking at both the WHO framework of Active and healthy ageing and the research findings of Surani (2023), this model will benefit older people living in communities to have a better quality of life. Also, the community-based model allows all the government and non-government organization to use the model and measure the effectiveness of model on the ageing population.

Discussion on development of community-based model.

The research assessing the quality of life of the 50+ population in Karachi, Pakistan using CASP with other influencing factors, including health, depression, social support, social participation, neighbourhood, social coherence, and optimism, has an impact on the quality of life on 50+ older adults. The data was collected from Karachi, Pakistan's low-, middle-, and high-income areas (7). In line with other psychometric studies of CASP, this study in Karachi also showed different results in both exploratory and confirmatory factor analysis (15). Karachi, Pakistan's population differed from where the scale CASP was initially developed. It was also able to find common characteristics of growing older; however, when using such a measure in a different culture, the meanings and perceptions of these domains may change because of their cultural values and beliefs. This happened with these CASP domains when used in Karachi (7). For example, the item asked from the self-realisation domain, 'I feel satisfied with the way my life has turned out', and some of the participants referred to Allah as one of the participants said, *'It is Allah's will nothing is in our hand'*. But a few of the participants also said, "*One wrong decision in life can change the life, and one is responsible for their own decisions, so we cannot blame anyone or Allah"*, so there were distinct viewpoints of the participants. Furthermore, for the item, "I feel that what happens to me is out of my control, " most participants stated, *'Nothing is in our hands. God has control over our lives"* (7).

Another important domain of CASP is Autonomy which is also a part of the WHO active ageing framework, Autonomy has been discussed for the last thirty years by researchers, but in the recent year, some cross-cultural theorists have suggested that Autonomy is only a 'Western cultural ideal, and not a universal need' (7). So therefore, people who give more preferences to family, values, traditions, and norms can never develop Autonomy and seem more satisfied when living their will to their group's will. However, Autonomy is relevant to 'well-being (WB) in cultures that emphasise individualism and independence, but less relevant to WB in cultures that emphasise collectivism or interdependence' (14). Therefore, it is right to say that people's well-being in different cultures depends on the understanding and perception of Autonomy.

The domain pleasure in CASP was contextualised differently in Pakistani Culture; for example, interviewing items from a pleasure domain like 'I feel that my life has a meaning,' most of the people commented that *'if Allah has sent us into this world so; there must be some meaning and a reason, and so far, we do not have any regrets'*. When asked another item; 'I look forward to each day; some of the participants said, *'inshallah yes'* means 'if God's will, yes'. Therefore, we wait for Allah to do well the next day and are happy with whatever we have in our life. Therefore, many concepts of religiosity or spirituality have been identified in the research.

Furthermore, CASP also aimed to show that in old age, people are engaged in a reflexive process of self-realisation through those activities that make them happy (15). Nevertheless, this could be interpreted

differently in a different culture based on their socio economic-status, Culture, and religious ideology. Initially, Maslow's interpretation of self-realisation was that whatever people know and the things that make them happy, they should perform to their ability (16). However, in Eastern religions, self-realisation signifies a state in which an individual knows who they are, what lasts they must achieve, and how to fulfil it. Therefore, to some cultures, self-realisation could be apparent and understand that "they are at one with the omnipresence of God, or that the Divine is within them". And for others, it is a "fulfilment of all the possibilities of an individual's personality and character".

Consequently, the accomplishment of self-realisation may be a scientific and/or spiritual process (17). Though spirituality has been seen differently by different scholars and people, for some, spirituality is to feel confident that life is meaningful, and a spiritual person believes that life has a "meaning and one's existence has a purpose" (18). In a culture like Pakistan, some people understand self-realisation as having a restful life after struggling throughout the life course and getting pleasure in life. Some perceive it as a spiritual accomplishment. When asked about the following items, the participants in CASP said,' I feel satisfied with how my life has turned out and 'I feel that life is full of opportunities'. Many participants from the study replied, *'jo Allah Karta hay wo acha kay liyee hi Karta hay'*. This means that whatever Allah does for us is good for us. When asked the statement, "I feel satisfied with the way my life has turned out", the participant replied that *"I am happy the way we are now. This is the time to remember Allah as I have raised my kids; they all are married and happy in their life"*. The subjective finding suggested that some people perceived self-realisation differently.

The positive psychology in Islamic spirituality is mainly based on; the optimistic view of the human, believing in Divine kindness, gratitude, and universal man. In the Islamic ideology, positive thinking is a crucial determinant for an individual; to think about past events, interpretations of current events and future expectations (19).

Furthermore, the WHO framework of active ageing has identified Culture and gender as cross-cutting determinants for understanding active ageing. (21), which is an essential factor affecting the ageing population's quality of life. Hence, Surani and Khalfan (2023) have identified in their research that gender inequality is highly present in Pakistani society. In Pakistani, cultural discrimination starts when a child is born. In most families, a boy is given priority over the girls. Where girls have been restricted from living their lives with choices, they mostly do not have the freedom to make decisions in their own lives (22). Gender inequality is evident in Surani and Khalfan (2023) research; when item 3 from the CASP-19 was posed to the participants, 'I feel free to plan for my future' and asked both the male and female participants. Men were confident that they could plan their future as their wish, but women were more dependent on their husbands or the head of the family to plan for their future. It was observed that in a Pakistani cultural context, gender plays an important role, where males are dominant over women.

Moreover, item 6 of CASP 19: 'Family responsibilities prevent me from doing what I want to do', was susceptible to gender differences. Responses from women were different from responses from men. The male disagreed that family responsibility stops them from doing anything they want to do. However, most women participants very much agreed because of family responsibilities; they never do what they want.

Moreover, Surani (2023) study has also found that there is an effect of gender on the quality of life influenced by socio-economic groups in later lives. Pakistan also exhibits considerable gender inequality in education. Surani (2023) study found that male members of the family are given better education opportunities than women, and the primary influence of gender was significantly related to educational level. It is right to say that there are substantial gender disparities in educational attainment (19). Pakistan's women also face a disproportionate disease burden, with a high maternal mortality rate', and the high mortality is due to low social status and inequities in access to primary health care, nutrition, and education (20). Though Surani and Khalfan (2023) research did not find any significant effect of gender on general health; however, the descriptive finding shows that males (22%) had better health than females (14%).

Moreover, social support, directly and indirectly, affects well-being (21). Surani and Khalfan (2023) also found that the effect of gender (male/female) on quality of life was significantly influenced by the social support system. There is also an effect of gender on social participation when women lack social participation due to their cultural and religious restrictions (22). Furthermore, Surani and Khalfan (2023) identified gender had a non-significant relationship with depression. However, a previous study reported that women in Pakistan are vulnerable to poor mental health due to 'marriage-related issues, domestic violence, verbal or physical abuse by in-laws, stressful life and poor social conditions' (23).

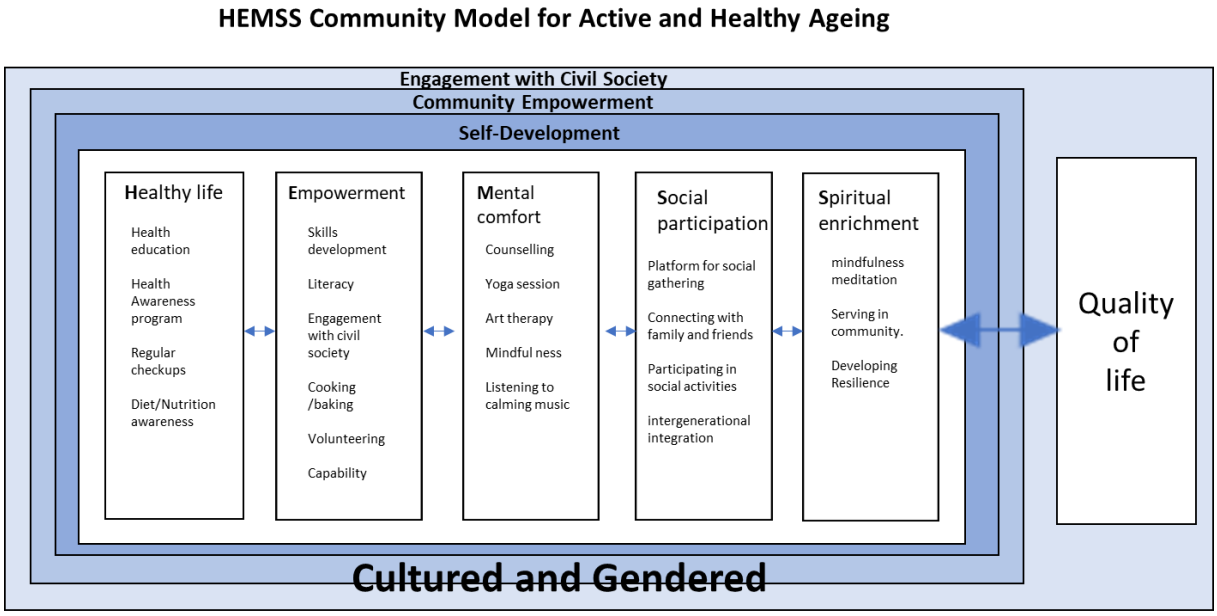
Another important factor of having a low quality of life In Pakistani society is family structures and living arrangements for older adults, which have changed over the past few decades (24). Many older adults are not supported by their families to meet their basic needs and face hardships regarding respect, care, isolation, poor health, and physical abuse (24). Despite the availability of social networks, such as having family members, in Pakistan, many older adults do not get support from their families and close ones. So that indicates the quality of life of older people in Pakistan is possibly worse than in previous years and increases the 'demand for social protection networks for older people in the coming years (24).

Moreover, Surani, Khalfan and Danish (2023) found that a lack of social participation was related to a lower quality of life. Hence, social networking is likely to increase the quality of life. The study in Pakistan also shows that people in old age who experience social isolation have adverse effects on their quality of life, and this could be referred to as the disengagement theory; (26) that, which highlights that older adults get disengaged from their social lives in their later lives (26). The same study has also revealed that depression decreases the quality of life of older adults (26).

Community Based model on healthy ageing in ageing friendly communities

Based on the above synthesis of information, the authors are proposing the community-based model named the 'HEMSS'- **H**ealthy Life, **E**mpowerment, **M**ental and psychosocial comfort, **S**ocial Protection and **S**piritual Enrichment. for Pakistan, as shown in Figure 1. However, other countries with similar socio-economic and cultural backgrounds can also use this model. The model's outer line represents that quality of life is cultured and gendered. The model will target all three aspects of life, including self-development, community empowerment and engagement with civil society.

Figure1: HEMSS Community model for active and healthy ageing in ageing friendly communities



As this model is for the community, we propose the model to be utilized by organizations working for active and healthy ageing. The model has five areas to intervene which have been discussed now.

Healthy life: Ageing is a process which starts from the womb to the grave and needs a lens of a life-course approach, including behavioural changes such as dietary changes, increased physical activity, smoking cessation etc. To reach the following:

- Productive ageing
  - ability to contribute directly and indirectly in older age.
  - Healthy ageing
  - ability to remain physically and mentally fit.

- Active ageing

  - continuing participation in social, economic, cultural, spiritual, and civic affairs, not just being physically and economically active
  - shifts away from a needs-based approach (viewing older persons as passive recipients) to a rights-based approach of equality and opportunity.

The HEMSS model focuses on healthy and active ageing, which ensures our population remains physically and mentally fit. This could be possible through various promotive, preventive, curative and rehabilitative interventions. Some potential interventions under this domain are not limited to Preventive programmes: Free medical camps, screening for the 50+ population, and screening for mental health issues.

Promotive: Awareness programs on non-communicable diseases and Nutrition

- Indoor and outdoor sports promote active ageing.

- Curative and rehabilitative: Access to quality of community and health facilities-based services.

Empowerment: With various activities, older people will be empowered to learn and live independently with dignity. Some of the potential interventions under this domain are not limited to:

- Life skills development (stress management, problem-solving).
- Literacy programs, including computer skills, social media.
- Vocational training, small businesses

Mental and psychosocial comfort: In old age, it is essential to build a sense of belonging, providing emotional and mental support to enhance their mental well-being and reduce the number of depression and anxiety in the community (27). Some of the potential activities but not limited to:

- Organizing counselling sessions
- Art therapy and relaxation activities
- Engaging in voluntary work

Social participation: Culturally appropriate social activities should be performed. Giving a platform for older adults to gather, meet, and talk. They can socialize with families and friends at the community level; for people living in isolation. Some of the potential interventions under this domain but not limited to Gardening, knitting, cooking anything skills which they would like to share with others.

- Celebrating different days, such as (religious events, Birthdays) is culturally appropriate.
- Provision of various forums to share their achievements, life lessons etc.

Spiritual enrichment: The last component of this model is connected to the personal meaning of spirituality to one individual. Some of the potential interventions under this domain but not limited to:

- Meditation,
- Yoga
- Voluntary service
- Spending time with nature
- Prayers

The above-discussed interventions are based on the findings of Surani's work. Research. However, this could be changed per the community's needs and the organizations working for active and healthy ageing.

II. Conclusion

Quality of life and healthy ageing is an essential part to address for any country. It has also become a part of a sustainable development goal by WHO. Ageing well and keeping people healthy is not part of any individual. It's part of the government, civil society, and community. However, the community-based organization can play a crucial role; therefore, based on the research, the community-based model HEMSS has

been developed. Research-based execution of the model will tell us the effectiveness of the model. As earlier, it has been discussed that this model can be used by any other country besides Pakistan, which shares the same socioeconomic and cultural characteristics.

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