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Original Article

Aging Gracefully: A Qualitative Exploration of Hidden Determinants of Healthy Aging among the Elderly in Lucknow, India

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Abstract

Introduction: With increasing life expectancy, only a fraction of older adults manage to retain optimal health and functionality. Understanding the determinants of healthy aging among elderly individuals who remain free from chronic diseases is critical to promote independence and well-being in later life. To explore lifestyle practices, dietary habits, social behaviours, and personal perceptions of elderly individuals (≥60 years) who have successfully maintained good health without chronic illness. **Methods:** A qualitative study was conducted from 12 May 2023 to 31 December 2023 in rural and urban areas of Lucknow. Five purposively selected participants aged 60 years and above were interviewed in depth on their lifestyle, diet, social behaviour, and perceptions of health. All interviews were audio-recorded with informed consent, transcribed verbatim, translated into English, and analysed thematically using an inductive approach. Codes and categories were generated through iterative comparison of emerging patterns. Ethical approval and informed consent were obtained. **Results:** Thematic analysis revealed core themes for healthy ageing including engagement in regular physical activity, structured lifestyle routines, stress and mental health management, abstinence from harmful substances, community health and hygiene awareness, and culturally grounded dietary practices. Across diverse educational and socioeconomic backgrounds, participants reported sustained functional independence, emotional resilience, and a proactive health orientation. **Conclusion:** Participants perceived physical activity, healthy dietary habits, spiritual practices, avoidance of harmful behaviours, and social connections as important for healthy aging. These findings provide insights for designing community-based strategies and policy initiatives that support healthy aging in the Indian context.

Key Words: Dietary practices, Geriatric health, Healthy aging, Lifestyle modification, Qualitative research

Introduction

The global demographic landscape is undergoing a significant shift, with the population of older adults rising rapidly. According to the World Health Organization, by 2030, one in six people worldwide will be aged 60 years or above, with this number expected to double by 2050, reaching over 2.1 billion. The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million.[1,2] India too, is witnessing a similar transition.[3] Advances in healthcare, nutrition, and living conditions have contributed to increased life expectancy; however, this increase has not always been accompanied by a parallel rise in health expectancy. While many older adults live longer, only a subset of them do so with optimal health, functional independence, and a good quality of life.[2,4]

Most of the known determinants of healthy aging include genetic factors, lifestyle habits, dietary choices, regular physical activity, sleep hygiene, psychosocial well-being, and social support systems.[5,6] However, conventional epidemiological research often fails to capture nuanced experiences, beliefs and behaviours. Understanding these factors may inform preventive strategies and lifestyle interventions to promote healthy aging.[7,8]

This qualitative study was conducted in the rural and urban field-practice areas of a tertiary care teaching institute to explore the factors participants perceived as helping them maintain good health after age 60. It was undertaken to explore these lesser-known or hidden factors that may play a role in maintaining good health among the elderly based on their lived experiences and personal narratives. By identifying common themes and patterns related to lifestyle, psychosocial factors, healthcare-seeking behaviours, and personal beliefs,

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this research seeks to provide a deeper understanding of the determinants of healthy aging. The findings may offer valuable insights for developing holistic, person-centered strategies to promote well-being in aging populations.[9-11] Thus, the aim & objectives of the current study was to explore the lifestyle practices, dietary habits, social behaviours, and personal perceptions of healthy elderly individuals that they are practicing and also will focus to search out their experiences of those factors which helped them to live life in good health throughout.

Methods

Study Setting:

This study was conducted in both rural and urban community field practice areas of a tertiary care teaching institute in Lucknow, Uttar Pradesh, India, to explore older adults' lifestyle practices and perceptions of maintaining good health. These settings were selected to understand variations in lifestyle patterns and cultural practices among elderly individuals living in different social and environmental contexts.

Study Design and Duration:

An exploratory qualitative research design was adopted to understand the lived experiences and perceptions of healthy ageing among elderly individuals. The study was conducted from 12 May 2023 to 31 December 2023. In-depth interviews were conducted using a semi-structured interview guide to explore participants' experiences while allowing flexibility for additional insights to emerge during the discussions. An inductive approach was followed to identify patterns and themes grounded in participants' narratives rather than relying on predetermined analytical categories.

Study Participants:

The study participants were elderly individuals aged 60 years and above residing in the selected study settings who perceived themselves to be in good health and reported no previously diagnosed chronic lifestyle-related diseases. A purposive sampling technique was used to identify information-rich participants who could provide meaningful insights into their experiences and perceptions of healthy aging.

Inclusion criteria:

Individuals were eligible if they were aged 60 years or above, reported good health, had no known history of diagnosed chronic conditions such as diabetes mellitus, hypertension, or cardiovascular diseases, musculoskeletal disorders and were willing to participate after providing informed consent. The absence of known chronic diseases was ascertained through participants' self-reports and was not independently verified through medical records or clinical examinations. Individuals who reported previously diagnosed chronic lifestyle-related diseases, cognitive impairment, or a known history of mental illness were excluded.

Sample Size:

The sample size was guided by the principle of data saturation, with particular emphasis on code saturation, which refers to the point at which no new codes or relevant issues emerge from subsequent interviews.[12] In the present study, the later interviews did not yield additional codes, suggesting preliminary code saturation within the scope of the study. However, complete saturation could not be assured given the small sample size. The adequacy of the sample was also considered in relation to information power, which emphasizes the relevance and richness of the data rather than sample size alone.[13] Given the exploratory nature of the study, the focus was on obtaining an in-depth understanding of participants' experiences and supporting the transferability of findings rather than achieving statistical generalizability. This approach is consistent with qualitative research standards, which prioritize depth of understanding over sample breadth.[14]

Data Collection Tool and Procedure:

A semi-structured interview guide was developed and pre-tested before initiating data collection to ensure the clarity and relevance of the questions. Participants involved in pre-testing were excluded from the final study sample of five elderly individuals. The guide covered key areas such as lifestyle routines, dietary habits, substance use, sleep patterns, social relationships, spiritual beliefs, social behaviour, and personal perceptions related to maintaining good health in older age. Interviews were conducted in comfortable and natural settings chosen by the participants, using the local language to ensure ease of communication and allow them to share their experiences freely. Each interview explored participants' lifestyle practices, dietary patterns, social and spiritual experiences, and personal reflections on factors contributing to sustained health and functionality. With prior permission from the participants, all interviews were audio-recorded.

Data Management and Analysis:

The audio-recorded interviews were transcribed verbatim and subsequently translated into English for analysis. An inductive thematic approach was used to identify patterns and meanings within participants' experiences. The transcripts were manually coded, and related codes were grouped into categories and broader themes. Constant comparison was used to examine similarities and differences across participants'

narratives and refine the emerging themes. Although the interview guide covered predefined areas of inquiry, the analytical themes were developed from the interview data rather than being imposed in advance.

Ethical Considerations:

Ethical clearance for the study was obtained from the Institutional Ethics Committee of the study institution (IEC No: 199/22). Written informed consent was obtained from each participant before data collection, including permission for audio recording. Participants were assured of confidentiality, voluntary participation, and their right to withdraw from the study at any stage without any consequence.

Results

Table 1 presents the socio-demographic and lifestyle profiles of five elderly participants, aged between 60 and 82 years, all of whom were married and living in either urban or rural areas of Uttar Pradesh. The group comprised predominantly males (4 out of 5), with varied educational backgrounds ranging from illiterate to graduate level. Participants were engaged in diverse occupations prior to retirement, including farming, teaching, driving, and community health work (ASHA), reflecting heterogeneity in their socio-economic contexts. Health-related lifestyle behaviours showed commonalities. All five participants engaged in regular physical activity, such as walking, agriculture, or cycling, and reported limited or no substance use, with only two having a past history of tobacco use. While the majority did not report using traditional remedies, one participant incorporated Ayurvedic and Panchagavya-based practices into his health routine.

The thematic analysis presented in Table 2 reveals a comprehensive framework of interrelated factors that collectively contribute to healthy aging among elderly individuals. These findings, derived from in-depth interviews, highlight not just physical lifestyle habits but also deeper psychological, spiritual, and socio-cultural influences on health. 'Healthy lifestyle practices' emerged as a dominant theme, encompassing conscious dietary choices, daily routines, natural remedies, and physical activity. Dietary habits were consistently simple, locally rooted, and largely plant based. Participants expressed a lifelong preference for vegetarian diets and homemade meals, avoiding processed and market-sourced items. One participant shared, *"In food, we used to eat sprouted dal-rice, gram, soybean, moong"* (P4), while another recalled, *"Sir, in our childhood…wheat, barley, millet was used to make roti…milk was also frequently consumed"* (P1). Even items like paneer were made at home, as emphasized by a participant: *"I have always liked vegetarian food since childhood… even paneer, we make it at home, not from the market"* (P3).

A structured daily routine emerged as a foundational element of well-being. Participants described waking early and beginning the day with walking or household tasks. As noted by one, *"I wake up early then go for the walk…I usually wake up between 4:00 am and 5:00 am"* (P1). Another described their connection with nature: *"My daily routine is to get up at around 4:00 AM in the morning and walk barefoot on grass"* (P3). Such early morning activities were not just physical but also served as a time for reflection and grounding. Participants also reported using natural remedies for minor ailments, often passed down through generations. As shared by P1, *"I*

Table 1:
Socio-demographic Lifestyle Profile of Study Participants.

Particulars	P1	P2	P3	P4	P5
Age (years)	60	61	70	61	82
Gender	M	F	M	M	M
Residence	Urban	Rural	Rural	Urban	Rural
Marital Status	Married	Married	Married	Married	Married
Education	Senior Secondary	Middle School	Illiterate	Primary School	Graduate
Occupation (before retirement)	Driver	ASHA	Farmer	Farmer	Teacher
Family Type	Joint	Joint	Three-Generation	Joint	Joint
Source of Income	Private Job	N/A	Agriculture	Agriculture	Private Job
Substance use history	Occasional Pan Masala	No	Past H/o Tobacco use	No	Past H/o Tobacco use
Physical activity	Morning Walk	Morning Walk	Morning Walk & Agriculture	Exercise & Agriculture	Morning Walk & Cycling
Traditional remedies use	Yes	No	Panchagavya Ayurvedic	No	No
Technology use	Mobile	Mobile	Mobile	Mobile	Mobile
Caregiver status	None	None	None	None	None

Note. M=male, F=female, ASHA=Accredited Social Health Activist, Panchagavya Ayurvedic=Panchagavya-based Ayurvedic practices

Table 2:
Thematic analysis depicting factors supporting Healthy Aging in Geriatric Individuals.

Higher-Order Themes	Second-Order Themes	First-Order Themes
Healthy Lifestyle Practices	Dietary Habits	Preference for vegetarian diet
		Avoidance of commercially processed foods
		Preparation and consumption of homemade meals
		Use of traditional ingredients like rock salt
	Daily Routine Practices	Early rising and adherence to a structured routine
		Connection with nature and outdoor engagement
	Use of Natural Remedies	Regular use of medicinal plants (e.g., tulsi, neem, aloe vera)
		Consumption of raw honey
		Reliance on Ayurvedic or traditional herbal treatments
	Physical Activities	Engagement in farming and agricultural work
		Involvement in household and occupational activities
		Conscious reduction of sedentary behaviour
		Regular walking as a part of daily routine
Stress and Mental Health Management	Religious and Spiritual Practices	Daily prayers and devotional activities
		Practice of mindfulness rooted in spiritual traditions
	Stress Avoidance Techniques	Simple living with minimal materialistic aspirations
		Avoidance of ambition-related or financial stress
	Sleep Patterns	Maintenance of consistent sleep-wake cycles
		Focus on adequate sleep duration and quality
Avoidance of Harmful Substances	Substance Awareness	Conscious avoidance of processed foods
		Minimal or no use of intoxicants like tobacco and alcohol
Community Health and Hygiene Awareness	Cleanliness and Illness Beliefs	Emphasis on personal and environmental hygiene
		Belief that illness is a result of unclean surroundings
Advice for Future Generations	Healthy Routine Advocacy	Promotion of systematic daily routines
		Emphasis on personal hygiene, including daily bathing
		Encouragement of limited mobile phone usage
	Dietary Recommendations	Preference for light and easily digestible food
		Restriction of sugar intake

like to have decoction of ginger and black pepper… it cures my cough, cold and minor infections." Another participant explained, *"I used to rub the soles of my feet with aloe vera and used it in mustard oil"* (P3), while some practiced Ayurvedic traditions such as consuming Panchagavya: *"We use Panchagavya three to four times a year… mix cow dung, cow urine, curd, milk, ghee"* (P3). Physical activity was an integral part of daily life. While some engaged in formal exercise, others stayed active through routine labour and outdoor movement. For instance, one participant mentioned, *"I daily do exercises like Yoga, push-ups… I daily do one hour of exercise in the morning"* (P4). Another said, *"I used to do cycling daily for about 10–15 km"* (P5), indicating the incorporation of movement as part of their lifestyle rather than isolated fitness routines.

Participants shared practices that supported mental clarity and emotional resilience, grounded in both spiritual traditions and intentional stress-avoidance behaviours under theme **'**Stress and Mental Health Management'. Religious and spiritual practices were common across participants, providing a sense of purpose and calm. One participant reflected, *"I worship for one hour in the morning… it gives us energy and reduces stress"* (P2), while another stated, *"Although fasting is generally associated with religious practices, I observe one or two fasts each month in order to cleanse my body"* (P1). Participants also adopted conscious strategies to manage stress and avoid negativity. One participant said, *"I just stay away from people who give me tension… don't expect much from anyone"* (P5), while another emphasized, *"Don't take tension… don't be jealous… this is health"* (P1). A third added, *"I don't think negatively about anyone… and that's the key to our good health"* (P2), highlighting a shared belief in the psychosomatic link between thoughts and health. A regular and restorative sleep pattern was another commonly shared practice. Most participants went to bed early and woke up before sunrise. As expressed by one, *"I go to sleep by 7–8 and wake up at 4–5"* (P5), while another stated, *"Every day, I manage around 6 to 7 hours of sleep"* (P1). This rhythm supported physical vitality and aligned with their disciplined routine.

Under theme **'**Avoidance of Harmful Substances'**,** nearly

all participants reported a lifetime of abstinence from intoxicants such as tobacco and alcohol. As one participant shared, *"Till date, I have never use it… never smoked tobacco… never taken any intoxicant"* (P4). Another remarked, *"No, we do not do any addiction… don't like everything at all"* (P2), suggesting a strong cultural and personal belief in maintaining bodily purity.

Participants demonstrated an acute awareness of cleanliness and its role in disease prevention. Hygiene practices were part of their daily routines and community values. One participant reflected, *"Even during fever, I bathed daily… can't live without bathing… cleanliness is very important, regular cleaning and wearing clean clothes"* (P2). Another noted, *"A clean-living environment plays a key role in maintaining physical health"* (P3), underscoring the importance of surroundings in sustaining well-being.

Participants offered thoughtful health advice rooted in their own experiences. Emphasis was placed on structure, moderation, and discipline. As one shared, *"Routine should be systematic… bathe properly… eat digestible food… stay away from addiction"* (P3). Another highlighted the need for mindful eating and movement: *"Whatever you eat, you should take it with satisfaction… keep exercising"* (P5). The role of faith was also seen as central to overall health: *"Having full devotion towards God… eat simple food… exercise… God is the one who keeps you healthy"* (P5). In addition to general dietary practices, participants provided specific nutritional recommendations. For example, *"Mix 50g honey in water and take it in the evening… 1 liter in morning, afternoon… 2–3 glasses of water"* (P3), was suggested for cleansing and hydration. Others advised moderation and simple eating habits, as in *"Eat to your satisfaction… eat simple food… avoid sugar"* (P5).

Discussion

The present study explored the lived experiences and perceptions of elderly individuals who reported maintaining good health without major chronic lifestyle-related diseases. The findings suggest that participants associated healthy aging with several aspects of their everyday lives, including dietary habits, physical activity, regular routines, spiritual beliefs, stress management, and personal hygiene. These practices were often followed for many years and were closely linked to their cultural beliefs and personal experiences. Rather than identifying any single factor, the study highlights how participants perceived a combination of these practices as important for maintaining their health and well-being.

Dietary habits were an important part of participants' experiences, particularly their preference for simple, home-cooked, and traditionally prepared foods. One participant recalled, "In our childhood…wheat, barley, millet was used to make roti…milk was also frequently consumed" (P1), while another shared, "I have always liked vegetarian food since childhood… even paneer, we make it at home, not from the market" (P3). These experiences reflect the importance participants placed on traditional food habits and their preference for homemade meals over commercially prepared foods. Similar findings have been discussed by Eckstrom et al.[15] and Paddon-Jones et al.,[16] who emphasized the importance of adequate protein intake for maintaining health in older age. Similarly, Yeung et al.[17] advocate for traditional dietary patterns, including Asian and Mediterranean diets, for their contribution to metabolic stability and psychological resilience.

Regular physical activity and a structured daily routine were also commonly reported. Participants described walking, farming, cycling, and exercising as part of their everyday lives. One participant stated, "I daily do exercises like Yoga, push-ups… I daily do one hour of exercise in the morning" (P4), while another mentioned, "I used to do cycling daily for about 10–15 km" (P5). These accounts suggest that physical activity was not always viewed as a separate health-related activity but was often integrated into daily routines. Eckstrom et al.[15] emphasized the importance of regular physical activity in maintaining physical functioning and independence among older adults. Similarly, Bryant et al.[8] highlighted the role of meaningful daily activities in shaping older adults' perceptions of healthy aging. Our findings support these observations and further illustrate how routine activities, particularly walking and agricultural work, were perceived by participants as important for maintaining an active lifestyle.

Some participants also described using traditional remedies, including herbal preparations, honey, and Ayurvedic practices, as part of their health-related routines. One participant shared, "I like to have decoction of ginger and black pepper… it cures my cough, cold and minor infections" (P1). Another participant described the use of Panchagavya and other traditional preparations (P3). These practices reflect the influence of cultural traditions and knowledge passed down through generations on participants' health-related behaviours. Peel et al.[18] discussed the importance of health behaviours in healthy aging, while Gianfredi et al.[19] highlighted the broader role of preventive and public health approaches. Although the effectiveness and safety of the traditional remedies reported by participants were not assessed in this study, their accounts provide insight into how cultural beliefs influence personal health practices among elderly.

Spiritual beliefs and religious practices were another important part of participants' understanding of healthy aging. Several participants described prayer, devotion, and religious activities as ways of maintaining peace of mind and managing everyday stress. One participant stated, "I worship for one hour in the morning... it gives us energy and reduces stress" (P2). This suggests that spiritual practices were valued not only for religious reasons but also for their perceived contribution to emotional well-being. Michel et al.[20] discussed healthy aging as a broader concept that extends beyond the absence of disease, while Kusumastuti et al. [21]examined different perspectives on successful aging. In the present study, spiritual practices appeared to form an important part of participants' personal understanding of health and well-being, reflecting the influence of cultural and religious beliefs on their experiences of aging.

Along with spirituality, participants emphasized the importance of avoiding stress, maintaining a positive outlook, and living a simple life. One participant explained, "I just stay away from people who give me tension... don't expect much from anyone" (P5), while another advised, "Don't take tension... don't be jealous... this is health" (P1). These statements reflect how participants tried to manage emotional stress by avoiding conflict, limiting expectations, and maintaining positive relationships. Westendorp et al.[22] discussed healthy aging beyond the traditional focus on disease, while the broader literature on successful aging recognizes the importance of psychological and social well-being. Our findings add to this understanding by showing how participants associated emotional balance and the avoidance of unnecessary stress with maintaining good health in later life.

Personal hygiene and environmental cleanliness were also considered important for maintaining health. Participants emphasized regular bathing, wearing clean clothes, and keeping their surroundings clean. One participant shared, "Even during fever, I bathed daily... can't live without bathing... cleanliness is very important, regular cleaning and wearing clean clothes" (P2). Another participant stated, "A clean-living environment plays a key role in maintaining physical health" (P3). These accounts show that cleanliness was viewed as an essential part of everyday health practices. The broader social determinants of health literature emphasize the importance of living conditions and environmental factors in shaping health outcomes. Similarly, Michel et al.[20] and Sadana et al.[23] highlighted the need to address wider determinants of health to promote healthy aging and reduce inequalities. The present findings reflect how older adults connect personal hygiene and their immediate living environment with their perceptions of health and disease prevention.

An interesting finding was that participants not only followed certain health practices themselves but also expressed a desire to share their experiences with younger generations. Their advice mainly focused on maintaining regular routines, eating simple food, exercising, avoiding harmful substances, and maintaining spiritual well-being. One participant advised, "Routine should be systematic... bathe properly... eat digestible food... stay away from addiction" (P3). Another emphasized, "Whatever you eat, you should take it with satisfaction... keep exercising" (P5). These narratives suggest that older adults viewed their lifelong experiences as a source of practical knowledge that could benefit younger generations. This finding is relevant to the broader perspective of healthy aging discussed by Sadana et al,[23] which recognizes the importance of supportive social environments and opportunities for older adults to remain engaged in society. The participants' willingness to share their experiences also highlights their potential role in community-based health promotion activities.

Overall, the findings suggest that participants understood healthy aging as a combination of physical, psychological, social, and culturally influenced practices developed over their lifetime. This broader understanding is consistent with the public health perspective of healthy aging discussed by Gianfredi et al.[19] and the geroscience approach described by Kaeberlein et al,[24] which emphasizes improving health during aging rather than focusing only on individual diseases. Michel et al.[20] and Sadana et al.[23] further highlighted the importance of addressing health inequalities and creating supportive conditions for healthy aging. In the present study, participants from different educational and socioeconomic backgrounds described relatively simple and locally accessible practices that they believed helped maintain their well-being. Although these experiences cannot establish a causal relationship between particular behaviours and healthy aging, they provide useful insights into the beliefs and everyday practices of older adults. These findings may help inform culturally appropriate community-based health promotion strategies, while recognizing the need for further research involving larger and more diverse groups of older adults.

Strengths and Limitations

This qualitative study provided an in-depth understanding of the lived experiences, lifestyle practices, dietary habits, spiritual beliefs, and social

behaviours contributing to healthy aging. The inclusion of both rural and urban participants and the use of semi-structured interviews helped capture culturally rooted and practical determinants of healthy aging. The main limitation of this study was the small sample size, as findings were based on five healthy elderly participants from selected rural and urban areas of one district. The study included only one female participant, which may have limited our understanding of women's experiences and perspectives on healthy aging. Since the information was self-reported, recall bias and social desirability bias may also be present.

Conclusion

This study explored the lived experiences of elderly individuals who perceived themselves to be in good health and reported no previously diagnosed chronic diseases. The findings suggest that participants viewed healthy aging as involving lifestyle practices, mental outlook, social behaviour, and cultural traditions. Commonly reported practices included a vegetarian and home-based diet, early rising, physical activity, use of natural remedies, spiritual practices, and an emphasis on hygiene. Participants described psychological resilience, functional independence, and a proactive approach to health, despite varying educational and socioeconomic backgrounds. Their insights offer valuable, culturally grounded perspectives that may inform community-level strategies and health promotion policies aimed at supporting healthy aging in similar resource-constrained settings. These findings also highlight the relevance of integrative, low-cost, and person-centred approaches to aging that value functional ability, intergenerational knowledge, and contextual relevance.

Declarations

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