International Journal of Social Welfare Promotion and Management
Vol.9, No.1 (2022), pp.53-70
http://dx.doi.org/10.21742/ijswpm.2022.9.1.04

Exploring Learning Needs for Active Aging among Community-Based Older Adults in Pakistan: A Qualitative Study

Rashida Bibi[1], Zhang Yan[2], Gao Yue[3], Fayaz Ahmad[4] and Adil Ahmad[5]

[1,2,3,5] *Zhengzhou University, Nursing and Health Sciences, Zhengzhou, Henan, China*
[4] *Zhengzhou University, Department of Biostatics and Epidemiology, School of Public Health, Zhengzhou, Henan, China*
[1]*aalleen.zeb@gmail.com,* [2]*zhangyan2010@zzu.edu.cn,* [3]*1484810065@qq.com,*
[4]*fayazstatistics11@gmail.com,* [5]*aryanyousufzai@gmail.com*

Abstract

Globally, older adults spend poor quality of life. However, educating older people as per their demands can help them for continued growth, and development. This study aims to explore the learning needs and perceived hurdles on the way to learning new skills and knowledge for active aging in Pakistani community-based older adults. A descriptive exploratory design was used to explore the perceived status of elders learning needs for Active Aging. Through the purposive sampling method, twenty-one seniors participated in this study, ranging in age from 60 to 80 years. Audio recordings and transcriptions of semi-structured interviews were made. To extract the themes and analyses the material, content analysis was performed. A one-to-one approach and one focus group discussion were followed for data collection. Our study results revealed two major themes; 1. Learning needs, 2.Barriers to learning. Under the teaching needs category, there are various sub-themes; 1. Learning of technological Skills, 2. Learning about disease prevention and self-management, 3. Upgradation of Religious Knowledge, 4. Leisure focus learning, 5.Technical skill acquisitions. Under the main category of learning barriers, the study result indicates four subthemes; 1) Physical barriers, 2) safety issues, 3) poor cognition and low confidence, and 4) environmental factors. Technology and technology-based learning for physical and psychosocial health were the most critical needs. The demands related to singing and learning musical instruments were the least important while learning technological devices (smartphones, computers, health information, religious information, skill acquisition, and safety was the most critical. Gender intention was different for learning needs as males were more oriented toward spiritual knowledge and female were more interested to learn about mobile phones. However, participants were generally confident and could successfully address their need for happy age education. Older adult has a perceived variety of learning needs depending on their life-long experience and interest. This study can open an eye of policymakers, social workers, and health departments to educate elders according to their own identified learning needs. Nurses must get more in-depth knowledge to better serve the learning demands of the aging population.

Keywords*: Elderly, Learning, Needs, Happy, Aging, Pakistan, Community*

1. Introduction

Article Info:
Received (July 25, 2022), Review Result (August 30, 2022), Accepted (October 5, 2022)

Aging is a significant public health problem around the world [1]. Increased longevity and global aging are often emerging issues, but little attention has been paid to preparing people for such a lengthy existence. Our society neglects diverse capabilities and their positive role in society[2]. Consequently, policymakers and social support system not holding positive attitude to deal with age-related problems which, truly hampers the functioning ability of older adults and make them a non-productive group in society [3]. World Health Organization stresses autonomy which is making a personal decision, knowing the things when one feels to learn, and decisions about how one lives daily [4]. In old age, quality of life depends on the ability of elders' independence and autonomy [5]. Active aging is an outcome of different elements. However, on an aging planet, people must be ready to live long lives with less dependency on other age groups. Subjective well-being and active aging in the elderly population are possible when researchers focus on the elder's empowerment that can be possible when elders involve in learning [6]. In the context of rapid transformation in typical family structures, we intend to understand the effects of changes in family composition on happiness, wellness, quality of life, and active aging [7]. WHO has made significant efforts to encourage all nations to boost older person's quality of life in light of the world's expanding elderly population [4]. The process of optimizing opportunities for health, participation, and security to improve quality of life as people age is known as "active aging," and the WHO recently launched a policy framework for it [4]. The foundation of the policy framework is the belief that older people participate actively in their learning to spend independent life and contribute to society [8].

The WHO argues that countries can afford to achieve a quality of life for the aging population through their participation, and providing security [9]. However, active aging is a broad and internally complex notion; however, countries need to utilize the WHO's active aging framework, health 2020, European framework, and strategy to conceptualize active aging and its components within the context of their own unique cultures and values[10]. In different countries (Taiwan, and China), singing, laughing, and dancing activities appeared as very relevant factors in the active aging process [11]. Chai woo, et al. [12] argued that lack of proper understanding regarding older adults' learning needs, policymakers, and researchers are not yet realizing the potential benefits they can gain from the large demographic group with spending power [13]. One study has been done in the United State to identify older adults' needs and expectations in the context of technology use [12]. However, it mainly looked at the detailed physical design, while the development processes, service structures, organizational settings, and cultural environments are also important.

The usual thoughts toward aging were that Active Aging was the most important factor tracked by the ability to handle one's life issues and social participation, which added positive effects. On the other hand, learning new things and working after 60 years was not considered by any society so old people were considered less important and useless in the previous studies [2].

Population aging can be considered a rich new opportunity for individuals and societies with the correct policies and services [14]. As a result, a paradigm shift from a problem-based to a strength-based approach is required, encouraging practice while focusing on individuals' potential and capacities rather than their limitations [15].

Older Adult Education (OAE) is a concept that emerged from the 1970s to 1990, aiming to alleviate old age-related consequences, minimizing the problems caused by the aging population, for example, a burden on the economy, health care, and a decline in the labor force [16]. These policy frameworks stress the relationship between physical activity, health, independence, and healthy aging [17]. Self-reflection and individual rights (Autonomy) in

Knowles' theory are quite western. However, Hanson argued that self-reflection is not always important but people of different ages learn differently thus it can be effective if examining the learning demands of the different age groups of people in a different context. Moreover, the literature on adult learning has emphasized processes of motivation, boosting memory, and keeping a balance of body, mind, and spirit. Other educationists simply believe that adults differ from children because they know their learning needs and want their goals to be achieved [18]. However, the WHO report provides evidence that physical decline is not related to aging as it was previously believed [7]. A Chinese study claimed that older adults are diverse in their experiences. Some older people are similar to another age group based on functioning and learning [19].

Knowles' theory is based on critical self-reflection and individual autonomy [20]. As a result, rather than looking for differences in how people of different ages learn, it might be more helpful to look for differences in people's learning demands based on their age [21]. A study was conducted in the USA on 172 older adults to know about their learning preferences. Older adults aged over 65 years prefer to diverge style (feeling and watching) and assimilator style (thinking and watching) [13]. Therefore, it is suggested that not all older learners are active, hands-on learners as adult education literature suggests, but rather with age, there is a tendency to become more reflective and observational in the learning environment.

The father of gerontology and an honorary professor Mc Clusky discusses the educational needs of the elderly from five perspectives, including coping, expressive, contribution, influence, and self-transcendence needs [22]. Therefore, on the one hand, elderly learners pursue learning to meet essential life support. It encourages the elderly to learn and master specific skills and abilities through the course and can serve and influence society autonomously. Learning that occurs is appropriate for the stage of life marked by the loss of connections and paid employment, and this learning is crucial in assisting seniors in maintaining their independence and sense of social participation [6].

A central concept in adult learning is self-directed learning, as the point of initiation for learning lies within the adult learner [23]. Exploration of self-directed learning in old age people is important to make them independent. A study in the USA identified a strong between self-directed learning readiness and life satisfaction among people aged more than 65 years, such older adults who strive to learn self-identified issues tend to have an improved quality of life, improve life satisfaction, and were more active in societal participation [13].

As a concern with older adults' life, most of the previous research focused on a useless and lost view of aging instead of a productive one [5][16][24]. In terms of elderly learning, the major hindrance was perceived as degenerative changes, poor memory, and a useless group in society in the existing literature.

With effective planning and services in place, aging can be glance as a new opportunity for both individuals and societies. However, there is an urgent need to understand the impotent of self-identified learning needs and focus on older adults' interests, potentials, strengths, and capacities rather than imposing new information and skills without knowing their demands of learning, and skill requisitions [6][23]. Evidence from previous studies that older adults are holding divert lifelong experience, which diversified their learning demand. Therefore, focusing on individual older adults' interests, and capacities, and knowing the learning demand is important for effective interventions.

The goal of this research was to learn and examine more about older adults' thoughts, feelings, and perspectives regarding learning needs and readiness to learn new skills, and knowledge and practice the existing skills. The identification of hindrances and the efficacy

to achieve elderly learning was another aim of the study. Therefore, this study focusing older adults' readiness to learn.

The following were the particular questions to achieve our goal:

1. What are the concerns and challenges that the elderly have faced that have made their lives unhappy and inactive?

2. What factors and experiences contribute to older Pakistanis seeking learning needs?

3. How do these elderly people adjust and handle their day-to-day affairs?

2. Methodology

2.1. Study design

A qualitative technique with a descriptive exploratory design was chosen for the current study to explore the narrative descriptions of the learning needs of older persons who live independently and partially dependent in their houses. A qualitative approach using a descriptive exploratory design investigates people's perceived needs to gain a new viewpoint and understanding of the phenomenon[25]. Furthermore, because there is little pre-existing data on the subject in Pakistan, this technique was thought to help initiate a happy age education program for elders in Pakistan.

2.2. Study Setting and participants

This study was conducted from 20 April 2022 to 20 June 2022 in two residential areas of Khyber Pakhtunkhwa, Pakistan, Amin Colony, Peshawar, and Skander town this study. The residential area comprises 500 to 800 households with more than ten thousand population in each. The communities residing in these areas were multiethnic and diverse groups of people with different norms, religions, cultural values, and languages but all can speak the national language "Urdu."

Through the purposive sampling method, we selected participants who resided with diverse backgrounds and circumstances, twenty-one seniors who participated in this study, ranging in age from 60 to 72, were interviewed. The availability of rich, suitable, and well-saturated data can be achieved by at least 20 participants [26]. The people interviewed were women who participated in this study based on the inclusion criteria. Aged 60 and up, able to recall and explain events, speaking Urdu, currently residing in the Town area (both features of village and city present), and willing to engage in the study were the requirements to recruit. Small samples are typically picked using convenience or purposive procedures, which implies the sample was chosen purposefully to guarantee that the data acquired is 'information-rich [25]. The elderly with significant cognitive impairment (scoring 0 to 10 on the MMSE) and severe hearing loss were excluded from the study.

2.3. Ethical consideration

Permission was taken from the parent institution that is (ZZUIRB#202254) to conduct this study in the community. The participants received written and verbal information describing the purpose and implementation of the study, stating that participation in the survey was voluntary and that they could terminate the interview at any time without notice.

Furthermore, the participants were informed that the conversation would be recorded and that all data would be treated confidentially. The residential and participants' anonymity and

confidentiality were protected by using pseudonyms. Permission was obtained from participants to tape-record interviews for later transcription and photography. Responses were guaranteed to be kept private. After explaining the purpose of the study, participants were given informed consent forms duly filled out and signed. The semi-structured interviews were conducted using their identity numbers instead of their names to ensure the confidentiality of participants. Participants were identified with codes to ensure anonymity. All the verbatim-recorded information is kept in lockers to maintain confidentiality.

2.4. Data collection procedure

A nurse researcher, a psychologist, two research assistants, and two experts in a qualitative study in nursing made up the research team. This diversity of backgrounds was seen as a strength for data collection. This paper is based on the data and preliminary inductive analysis gained from the learning needs of older adults (LNOA). Before data collection, we approach the community, and religious representatives, two Molvies, and one Mukhy from a religious place (Mosques+ Jamat khana), and the supervisor of Lady Health Workers (LHWs) of the selected areas and LHWs working with these communities. After getting permission from the LHWs supervisor at the health department of Khyber Pakhtunkhwa province, we randomly selected three LHWS in each area and wrote a request letter to facilitate selecting participants for our research. Participants were randomly chosen from family registration data by considering age >60 years with no severe conditions. Participants were questioned in their homes by a professional research assistant experienced in qualitative research, at least two publications of qualitative research papers, and the researcher herself**.** Data were collected through the interview guide mentioned in [Table 1].

2.5. Interview process

The data was gathered through formal one-on-one in-depth interviews and one focus group discussion with a semi-structured interview guide that included nine questions based on the previous studies on elders learning requirements and perceived challenges to satisfying those needs in a semi-structured interview.

Examples of main questions are: Do you want to remain active in your life? 2. Do you want to change your life through learning? 3. What things do you want to learn to remain happy and active in your life? Three older adults who were not participating in the study carried out a pilot test for the interview guide. This pilot test led to minor corrections of language. The one-to-one interviews were held in a room in the participants' homes. Each interview lasted 35 to 40 minutes and was conducted by four persons. S.N. and F.F. as moderators guided the discussion and the assistant moderator was present to operate an audio recorder and take comprehensive notes. During the interviews, the interaction between the participants was lively, with discussion and an exchange of experience and knowledge.

The authors, SN and FF, recorded and transcribed all the interviews.

[Table 1] contains the answers to the 10 questions.

1. Do you want to improve your existing quality of life?
2. What do you believe you still need to learn
3. What, if anything, is stopping you from learning this?

4. What situation do you want to change in the priority level to learn new skills or things?
5. What, if anything, could make learning this easier for you?
6. Consider a recent learning experience or one you'd like to have. What was it that made it so enjoyable?
7. What skills do you believe people over 60 should learn?
8. What do you believe the most significant barriers to learning for adults over the age of 60 are?
9. What are your suggestions for resolving these issues?

This data collection method was used to increase the dependability of the information obtained and to provide participants the opportunity to explain any issues.

The interview guide was translated into Urdu. Each interview lasted between 30 to 45 minutes and was audio recorded, and field notes transcription. A brief debriefing meeting with the individual informants was held to analyze the interview process and to emphasize the remarks mentioned by the participants in their comments that could be included in future interviews. Two study subjects, each from one residence, were approached to test the semi-structured interview guide and the MMSE instrument, which were not included in the study. This pilot test helped with minor corrections in the interview guide.

The researcher used several tactics such as field notes, observations, reflective journals, and tap recording during the process to ensure the validity of what was heard and observed during the interaction with the participants. Field notes are the investigator's observations and assumptions about what he or she hears and sees throughout the meeting with the participants. These notations were necessary during the data analysis because they provided a valid reason for interpreting data and highlighted key developing concepts. Reflective notebooks were kept to identify the researcher's perceptions and interpretations and to bracket pre-existing beliefs and attitudes so that the data could be confronted in its purest form. Field notes and reflective journals were written immediately following the interview and kept in a separate notebook. The in-depth interviews were started with broad, open-ended questions like "what are some things you'd like to learn how to do? What, if anything, is preventing you from acquiring this knowledge? What do you believe you still need to learn?" These were supplemented with further possible probing and leading questions to have a guided conversation with the residents. The interviews were transcribed into Urdu and then translated into English.

2.6. Data analyze

Working with qualitative data is rarely a step-by-step procedure. Instead, it's more of an iterative process in which you investigate, code, reflect, memo, code again, query, and so on. A deductive content analysis approach was employed, guided by an *a priori* list of principles developed from the original data analysis. We utilized the constant comparative approach of content analysis to identify patterns, variations, and similarities and to find themes in the interview data. This was an iterative process (repeated reading) that began with reading and rereading interview transcripts, taking down notes, noting repeating themes, and making familiarization myself with the data. Some data that did not fit the a priori codes were grouped by word and coded based on the hook. Nvivo 12 software was used to store and code data. Over fifty pre-ordinate codes were created to reflect the study's questions and principles

as the data analysis progressed. Based on similarities and differences, words and statements were classified and regrouped several times. Finally, based on these themes, we tagged all transcripts.

2.7. Trustworthiness

To achieve trustworthiness in this study, the following steps were taken: 1) Persistent observation, peer debriefing, member-checking, and reflective blogging, along with long-term engagement with participants, were carried out. To ensure credibility, analysis and then the formulation of codes, subcategories and categories were carried out by the first two researchers, including the first author (RM) and the fourth author (D.K), and then they were reviewed and assessed for relevance by the third author(C.Y), who was experienced in qualitative studies; 2) Furthermore, detailed descriptions of the research methodologies, as well as the findings, code, and recode process of data analysis, are among the measures that ensured the study reliability. In addition, the interview guide was tested on a small sample with a similar age group so that the questions could be readjusted. The researchers spent time getting to know elderly people to gain a mutual understanding of the themes that emerged from the interviews and data analysis. Throughout the data analysis process, the two researchers double-checked the codes allocated to different data segments and lastly checked by a third researcher. The researchers followed up with elderly people to see whether there were any common patterns to develop their viewpoints, which they all shared and confirmed that the themes accurately expressed their points of view. The final interrater verification was done by our sider independently coded four transcriptions.

4. Results

4.1. Demographic of the participants

Participants ranged in age from 60 to 75 years old. A total of 21 people were included in the study, with 29% being females and 71% being males. Most participants were married, and only 10% were single: one male and one female. 33% of the married participants had spouses who were no longer alive, and 61% had spouses who were still alive. Identification numbers such as R1-R21 were used for confidentiality and anonymity, with "R" denoting the respondent. A nuclear family accounted for two participants denotes only 9% of the total respondents, while a combined family accounted for 91%. The educational profile of the participants revealed that 38% had completed primary school, 9% had completed matriculation (Grade X), and 4% had completed graduation (B.A.) education. The MMSE scores are illustrated in Table 2; 19 participants out of 21 were within the normal cognitive score range of 27–30, while 9% of participants were under the category of mild cognitive impairment, with a score range of 21–26 on the MMSE instrument. The 9% of participants who fell under the category of mild cognitive impairment were having issues with thinking, finding words, concentrating, and reasoning. Participants use mobile for communication. The majority have a simple phone to call, and only 24% have smartphones, 67% have a simple phone and 9.5% do not have any kind of phone for communication in this study. As for diseases concern, the majority of the respondents have reported two illnesses that is hypertension and diabetic Mellitus make up 43%, and only 14% have no illness in this study [Table 1] depicts the demographic characteristics of the study participants.

Table 1. Demographic data of the study participants

Total female	29%	Mini-mental status	9%
Total Male	71%	Joint family	91%
Total Illiterate	24%	Live with spouse	4%
Total Graduation	4%	No of children <5	33%
Under matriculation	66%	No children 5-7	57%
One or two health issues	86%	No any children	4%
Total Married	90%	Spouse alive	61%
Unmarried	10%	Spouse death	29%

4.2. Findings

Two main categories, Learning needs, and learning barriers were explored. Each theme and subtheme is explained in detail below, along with explanatory statements for the subthemes' more commonly noted elements.

4.2.1. Learning needs

Community-dwelling older adults shared various experiences and viewpoints regarding their learning need to remain active, connected, and empowered in the North Frontier Region of Pakistan. The subthemes identified in this category concerned what the interviewees said they needed to learn about digital media, disease prevention and self-management, leisure and entertainment activities, religious knowledge, and managing life issues. The Major sub-themes are listed as under:

1: Learning needs of technological Skills

2: Learning about diseases prevention and self-management

3: Upgradation of Religious Knowledge

4: Leisure-focus learning

5: Technical skill acquisitions

4.3. Learning barriers

The respondents were anxious regarding obstacles in the way of their learning. The most frequently observed barriers were the physical, geographical, poor economic status, social, and cognitive ability to make a decision. There are various subthemes emerged as listed below.

1: Physiological

2: Fear of safety and security

3: Poor Cognition and low confident

2.4: Environmental

4.2.1. Learning regarding technological devices

The importance of learning about technological devices was returned frequently during the interview session. Older adults were aware of the overall benefits of knowing using technological devices in daily life. Older adults feel that life is challenging without knowing about technological devices. The willingness to learn about handling electronic devices was a strongly felt learning need among the respondents that can be achieved through repeated rehearsal and instruction provided. The most often reported demand regarding technical skills and knowledge was how to use a smartphone, television, and electronic domestic appliances.

I'd like to learn how to use the smartphone a little bit better for video calls, listening to music, and reciting the Holy Quran. I have a smartphone but cannot use it because I don't know how to use it. I have to be led there by my grandson. My daughter makes a video call from Karachi only when my grandson is available at home; otherwise, I do not understand how to attend video calls. You know at this age we cannot grasp information quickly it needs repeated practice otherwise learning new things is too difficult. Too much difficulty. (Participant #4).

Technology provides a rich source of information regarding health, skill acquisition, social, games, and so on. Younger generations depend entirely on smartphones, laptops, and other electronic devices to fulfill their education requirements and social affairs and use them as a source of recreation; on the other hand, senior citizens cannot use these things frequently but wish to use them.

"I'd love and wish to learn how to use a smartphone, computer, and I'd love to be able to….z..... always has interacted with her friends, remain busy with her phone, and told me different funny things on her smartphone so I'd like to learn how to use the phone, communicate with my relatives. I simply feel that, with how technology progresses, we have been left behind and have arrived at a point where everything we've ever done has been overlooked. I'd like to learn it, but I'm not sure if I'll be able to because I am illiterate, but I'm confident that I can pick up on some of these skills". (Participant# 6)

Older adults wish to learn digital media for social interaction and entertainment. Technological advancements make easy human life and become a primary source of skill, knowledge acquisition, information, communication, and human interaction in the form of globalization. Still, older adults are unfamiliar with most of the communication means used by other age groups. For example, older adults are unfamiliar with digital devices, such as smartphones, computers, and other instruments in most underdeveloped countries like Pakistan. For example, most of the elderly in Pakistan use simple mobile phones to make audio calls and messages, but the smartphone is more complex than the simple phone and isn't easily used due to its complexity.

Some subjects wish to learn technical skills and knowledge to operate a smartphone.

"I have a smartphone, but I don't know how to play some movies and songs from my smartphone… my nephew is only 5 years old; he plays and remains busy with it, and sometimes he helps me out to play some music and make calls to others". Respondent# 11

Understanding the operation of electronic devices, including household appliances, was a more demanding learning need. However, the respondent agreed that learning about all the technological devices is impossible, but some machines are more frequently used daily, compelling them to understand the essential operation of such devices.

How to operate domestic electronic devices: Operating the microwave and using an answering machine in a home without family members. Most of these technical skills concerned using equipment that participants had not used before but which they wanted to use to make life easier or to keep up with recent developments.

"How to operate and use a juicer, microwave, or Fridge cooling adjustment, I wish I had a better grasp of these technologies. For instance, you are supposed to be able to set the microwave ahead of time ... But, my God, I can't do that".

I wish I had a better understanding of how to change a television channel; for example, you should change the channel for your wish ahead of time... I'm sorry, but I'm incapable of doing that, and I request others to do that for me.

The majority of these technical skills involved people using equipment they had never used before but wanted to utilize to make life easier or keep up with recent advances

Health-related devices: The respondents wished to learn how to check blood pressure and sugar tests by glucometer.

We are illiterate; we do not learn anything because we are afraid to learn, but I wish to learn a sugar test by myself. You know it is not that difficult, as a man in our village who was in Karachi and knows to check his sugar in a machine….also illiterate.

Your question is surprising to ask about learning. Older people also wish the same as younger people, but no one thinks about it. My son-in-law gifted me a blood pressure set (break pressure set) that gives automatic results, but I don't know the correct method to tie it around the arm. Let me check. I will show you the set it has a watch and you may teach my daughter in law first she is quite active and will lean quickly and then she may teach me how to check the blood pressure of others. Mostly they and a few neighbors sit together to go to the clinic only to check blood pressure that is why I want to learn and help them out sometimes. Respondent# 11

The gestures of some elderly people as they do not need to master these abilities didn't seem to motivate them to put out the effort necessary to do so. Some respondents stated that learning about computer, smartphone, and other electronic devices are not required, and carrying them in their traditional way is comfortable and easy.

I don't need to bother with any smartphone or computer or television. I feel that these things we see for many decades but handle in our way as whenever I need to watch something on the television I ask my children to change the channel same whenever I wish to call someone I ask my grandchildren to make a call for me. You know these things are not easily understandable and without any teacher how we will learn. Such new things create tension and bother us. Respondent# 18.

Older adults lost their autonomy when age 70 and to take decisions when they become older old means > 70 years become dependent on all activities of family members even for grooming.

I don't have any particular learning requirements. Some people said…. they needed to gain these abilities simply if they didn't seem to be learning. I know that I can't learn like one educated at my age learn. I believe that at this age such a difficult skill can not be learned easily. Respondent # 17

4.2.2. Learning regarding health Issues, and disease prevention\

Most of the participants expressed willingness to learn about their poor health management by practicing some good lifestyle and getting knowledge of their disease treatment and the reason to become so ill.

How do I manage health problems? How to accept that I have sugar and that I just lost a finger? I try my very best to not eat sweets but how was then my sugar level raised without taking sweets? I was admitted to the Lady Reading hospital (General hospital). This is not only my problem you know my blood pressure is also high I am scared of what to eat and what not to eat. I have stopped eating anything except a small piece of bread with unsweetened tea. I want to know about my diet my family member observe me not eating anything but I know our life needs energy and I become very weak. Respondent# 16

The ratio of chronic illnesses is high among older adults such as diabetic Mellitus, cardiovascular diseases, respiratory problems, and joint problems. The quality of life depends on individual older adults' way of life they perceived and the way of life they spend. However, such problems are mostly due to degenerative changes in old age and different factors play mediating roles to keep older adults spending passive life.

I have a joint problem in my knees and it is very difficult to sit on the commode, oh my God how much painful it is. I need to know what to do and how to improve my joint to be able to sit easily. Do I move them repeatedly before attending to the toilet? do I rest them or massage them with any oil? I do not get the best doctor to treat and cure it permanently. Some of my relatives were told that some Hakeems and Molvies give written material from holy verses (Taweez) to joint problem people and become cured but I need help to choose the best way. The doctor specialist said need to take regular drugs. Sometimes people might get embarrassed if they do not understand something same like me I am really in tension. Respondent# 16

Degenerative changes are frequently observed in old age but due to low efficacy toward health management, older adults are not happy with their life. They were very anxious about their health specifically joint pain while doing any activity.

I don't know why I cannot walk on stairs I get tired and have some pain in my legs and knee joint here and it is like still …….. some exercises a doctor told my relative ……. For such pain but he did not practice. I suppose and wish I should learn to improve my walking quality by proper exercise to keep my body active but this is my wish only because there is no such setup to teach old people about such needs. I heard that exercise keep sugar level and blood pressure low without controlling any diet. Is it not like that? I tell you some families walk inside of colony but I can't walk like them. Isn't there any other exercise for older adults? Does walking exercises is good for old age people having joint problems? Oh my God, I cannot walk like them. Respondent#3

4.2.3. Upgradation of religious knowledge

Spirituality and religious aspects of human life have a great effect on human health and quality of life. Searching for ways for internal peace is a healthy phenomenon in human life that can be achieved through being more involved in religious activities. Contributions to religious affairs were seen mostly among the respondents.

People of my age and above go for (Tableegh) to find the right path and preach to others. I have a dream to go on this mission for three months but I don't have much Islamic Knowledge to preach to others. You know… one must have an idea of what to share with others. I want to learn these things from someone and then I wish to go for Tableegh if life will be sincere with me. Participant#21

4.2.4. Leisure and entertainment for socialization

Leisure or joyful activities are positively associated with different indicators of well-being including relationship satisfaction, and social interaction. Within the group, a wide range of learning needs for leisure and entertainment were mentioned, although each person usually mentioned one leisure-related learning need. Some were new interests but most were existing interests that people wanted to learn more about.

"I like to play Tash which needs a group and how to play cards (Tash) is the problem, and where I have to buy it but that is quite easy, I will ask my son to bring it but I need someone to be with me for practice all the steps and "peshik" (card distribution) so much enjoyable for me. Nowadays every one busy with mobile phones and especially the offspring so we old people may play our old games in a group is it not like that. Respondent#07

The participants were willing to perform their previous hobbies, for example, present poetry, Naat sharif, and other religion songs to refresh their memories of their young age life.

I was very fond of poetry, and reciting some religious songs in Church. My voice was so sweet everyone was praising me but now I am old and feel shay because my voice is not so good now. Do you have any idea to make my voice clear? This is only my wish otherwise, no tension you asked I told you my wish. Respondent #15

Older adults can enjoy leisure activities as other age groups. Planning family tours, attending a musical program, and a cultural show provides a good opportunity for older adults' mind relations and social connection.

A very joyful dancing like exercises, chair sitting and winning the prize, rope pulling competition was arranged by a project. I remember it was a very pleasant day and we all enjoyed it a lot. We went together to a park for lunch at last…mmmm (Kun Park), before lunch the boy who was leading us grouped us for exercises with music. I swear we laughed a lot and our eyes were teary. Dancing exercises in a group need to learn for entertainment and health. I want to learn such things, which keep you laughing and happy. Respndant#6

Cultural values are transforming rapidly but elderly people are having vast experiences and memories in their heads and they love to talk about their past, and their culture. The intergenerational gap and influx of technology in younger's life is one the challenging social issues that need to be focused on by the health care providers and public health concerns. Elders wish to share their talents, skills, and stories with the new generation.

When I was young I was very fond of Gattar. Gattar is a source of relaxation and becoming your best friend you know is a good thing. When I went to Saudi Arabia for work I forgot to play it like before. I wish to play it again. I plan to buy a Gattar so I can practice it again and will learn because its needs practice.

4.2.5. Learning regarding safety and security

The life issues raised most often were property division and the threat of not caring for in frail age. Some focused on keeping property records, managing affairs generally, Jewelry's bank account affairs, and understanding building safety. Some people referred to skills they needed to learn how to handle all documentation of properties because their circumstances had changed or worried about their partner's life or self-life.

When you become too old and reach 70 and above, it becomes challenging to readjust life because most of the time, my wife and I live alone at home. Exactly sometimes your partner becomes so dependent on you for all affairs of money management, and property documents. I have no son and my son-in-law is not so good with me so I don't want him to know my account etc. in my life otherwise he will not care for me. I have bought a 5merla plot but I don't know where to check its documents for correctness.

It is evident from previous studies that elderlies feel insecure from around if they remain confined to their home and even wish to get off from that environment but due to feelings of insecurity, they are reluctant to go out of their home. The respondents were scared to go out for outings and refreshments due to transport issues and mostly the risk of road crossing in heavy traffic.

One participant said that I wish to go to a park near sadder through Bilateral Rapid bus transport BRT) …its a need ticket or a card which I don't have even though I do not know how to use it. I feel shame to ask others you know what people think when I ask. If I go alone I may not get off at the actual place so I am scared a lot. You know everything has changed around a few years back this city was not that much changed and it is difficult to go out alone really difficult. Respondant#17

4.3. Learning barriers

Hindrance to learning included poor physical condition, social issues, sensory problems, and poor memory. These all were related to the aging process.

4.3.1. Physical problems

Most of the problem was related to physical issues mostly due to degenerative changes such as joint body ache, sight and hearing loss, and lack of energy for any activity.

I cannot walk on stairs I get tired and have some pain in my knee joint ……. It is not possible for me to go out for a walk even you know in old age, our body system is not in favor to remain active as when we were young.

Since you become too old like me our memory is not good to retain new things. I lost my hearing so many years back and used the hearing machine but it does not work properly time I missed important information due to poor hearing.

4.3.2. Fear of safety and security

Some older adults were not comfortable and scared to go out of their homes due to the risk of falls and injuries.

I wish to visit my daughter's home situated on the next street but I am scared to fall as my vision, is not so good. A few days back I was going to the near shop to buy something I fell in

street and my right arm hit the floor badly thank God it was not broken but very painful so I decided to remain at home is better at this age.

Another very important subtheme was anxiety about safety, limited opportunities lead to making them dependent on other family members in arranging transport, going to the bank for the transaction, and even attending any funeral of relatives.

Nowadays going alone outside from home is not safe in any way. Street robbers cut the pocket of people even though buses are not safe. For me, it is not possible to go alone because I remain absent mind and never think about such attacks.

4.3.3: Poor Cognition and low confident

Poor recognition and low self-capability were the other largest barrier on the way to learning. People talk about such situations, events, and problems that do not exist in the reality. Some issues seem to be illogical as not a problem. Poor concentration and unable to hold rationalized things in mind but observing so many situations even not memorizing the sequence of anything. Keep poor concentration. Telling things in their words in a repetitive manner may increase their learning.

Now a day's people even old people use a mixture of words to tell you something. It hurt me because I understand things when told in my language and simple manner. My memory is not too good to retain so many things at one time. My grandson sometimes tells me about computers believe me I never got one point of his saying. Fast speaking even not give time to hear.

A smartphone is a game item for children. They use it as a toy. We are afraid to touch it because of low confidence and the risk of doing some mistakes with a smartphone. I am surprised how little children use it without any education. I am really scared to use it but I like TikTok, games, and videos on my smartphone.

4.3.4. Environmental barriers

Lack of family support, economical condition, and infrastructure issue was the major highlighted barriers. For example loneliness, hot weather, poor electricity, and low income was expressed as harder for elderly people enjoyable life.

I heard that exercise keep sugar level and blood pressure low without controlling any diet but it is not possible to do exercises in such hot weather. I was very thirsty yesterday even though I did not find cold water to drink because of no electricity at home. We are not so much rich to manage everything.

Older people need all basic facilities to handle life uncertainties for that money is required. Most of the respondents were disappointed with the state policies. Aging with low income has direct effects on their education level, opportunities, and poor nutritional status.

I want to learn so many things ..... see this is not possible to achieve because everything is possible with money and facilities. I have blood pressure and the tablets oh too much expensive I cannot purchase them. Respondant#13

I have sugar and rice, bread is not allowed to me. My son's salary is not sufficient to bear all the expenses of my medicines. I was scared that if I go out from home I fell and injured so

it would be an extra burden on my son to treat. You know nowadays young children drive their bikes very roughly I may get injured if I went out in street. Respondant#18

5. Discussion

For those who are not typically thought of as prospects for learning pursuits, our study's findings offer fresh perspectives on learning. Learning is crucial to productive aging, so we need to understand more about the phenomenon of learning among old people. Most of our participants in the previous studies were eager to adopt new technology-based health-related learning and willing to learn using a tablet. However, they voiced apprehension about lack of, or lack of clarity in, instructions and support. Understanding older adults' perceptions of technology are essential to assist in introducing it to this population and maximizing the potential of technology to facilitate independent learning [14]. This is especially true when we consider the increasing population of people 65 and older that has happened in developed nations during the 20th century. This expansion affects how senior citizens are lived, especially in terms of housing and healthcare. The provision of services to senior citizens has traditionally been based on a "loss" perspective on aging, in which a decline in health, physical abilities, and cognitive processes (particularly in attention, memory, and language skills) are seen as significant barriers to successful or productive aging [9].

On the other hand, a "gains" perspective on aging contends that active aging is a realistic objective that can be attained with the right learning opportunities. Therefore, we looked at how older people perceive their learning needs and how confident they are in their capacity to complete learning-related tasks in our study. It is not unexpected that research participants listed their top learning needs as technology-based activities, health-related learning and safety-related learning, and safety difficulties. The most minor needed were leisure-focused activities perceived by participants in this study. The leisure-based learning was mainly to be more social, make friends, and share emotions with others in this study.

Additionally, concerns about recent developments in dealing with one's health and deteriorating physical capabilities extend beyond only the elderly folks. For instance, the importance of some sort of exercise for physical activity among older adults has been recognized. Moreover, most male subjects were concerned with seeking ways to perform Islamic tasks to preach to others to ensure their internal peace and happiness. Finally, many elderly individuals are very concerned about finding ways to guarantee their safety and the safety of their possessions. Many people feel more insecure about their close relatives or theft acts as they age and lose physical and perceptive ability [27], so they are hesitant to leave the relative access to their documents and the actual amount of money in their accounts [28]. Although we were not shocked that learning needs related to technology, health, religious knowledge, and safety were identified as necessary, we were surprised that the need to learn about leisure-based learning was low on the list of priorities for old people, as indicated in the survey data. However, the survey data showed that when compared with technology (e.g., using smartphones, television, and a computer), health and religious knowledge were high learning needs, and safety and transportation learning needs were low on the list of priorities. This result does not support findings from other studies suggesting older adults are less likely to find Information and Communication Technology (ICT) relevant or helpful. There are perhaps several reasons for this finding. In Pakistan, the availability of technology-based devices like smartphones, television, and computers is standard in every home and every young adult; children remain busy with such devices in terms of learning, leisure, or social connection, thus become a part of life due to being cheap and a basic need for daily life.

Moreover, it was no surprise for us that due to some cultural values, leisure-based activities are not encouraged in old age people females in particular. Nevertheless, older persons have notably high efficacy for learning about and completing technology-related tasks, perhaps the most significant among our findings. The elderly have deeply ingrained behavioral patterns. Thus, it makes sense that they would not look for alternative methods unless there were evident benefits. On the other hand, it is crucial to find ways to encourage senior people to use electronic devices as much as possible, so they have access to tools for preserving or reactivating citizenship as well as excellent resources for knowledge on money, health, travel, and other things that are relevant to them.

Learning needs among older adults are mostly individualized, but the majority have a deep concern regarding digital and technological literacy and self-health management literacy to be independent more in life. Exploring the actual demands of older for learning is depend on the culture, economic status, gender, and education status of the participants. This study can open the eyes of policymakers, researchers, and sociologists to plan strategies by considering the elders learning needs and factors impediments on the way of elders' learning to remain active and connected with society. Geriatric nursing researchers must adopt such an interventional model that focuses on older adults' learning demands for successful aging in any setting around the world, so it is well acknowledged that this offers broader health and social benefits.

6. Study limitations

There were several limitations of the study; that future studies should address.

First, the participants were primarily homogenous; the needs of elderly adults in another region of Pakistan may be different. Additionally, two of them did not fluently speak Urdu trained, and the qualitative data-collection researcher was not good at understanding their local language, so another family member mediated during the interview may create an information gap. Data were collected from 22 elder adults along with one focus group discussion. The data saturation was poorly achieved due to the individualized need of the subjects.

Thus, in designing programs to meet the learning needs of old people, we must recognize the diversity of groups' demand for learning in terms of personal background, life experience, current geographic location, and resources available.

7. Acknowledgement

We would like to extend our gratitude to Zhengzhou University students affairs and a nursing section for their entire administrative support to full fil this study.

References

[1] Laila Akber Cassum, Keith Cash, Waris Qidwai and Samina Vertejee, “Exploring the experiences of the older adults who are brought to live in shelter homes in Karachi, Pakistan: A qualitative study,” BMC Geriatrics, vol.20, no.8, (2020), DOI: org/10.1186/s12877-019-1376-8

[2] Y. Dong and H. Dong, “Design empowerment for older adults," in Human Aspects of IT for the Aged Population. Acceptance, Communication, and Participation, vol.10926, J. Zhou and G. Salvendy, Eds. Cham: Springer International Publishing, pp.465–477, (2018), DOI:10.1007/978-3-319-92034-4_35

[3] Y.-C. Chi and C.-L. Wu, "Effect of a multi-disciplinary active aging intervention among community elders," vol.59, no.100, Dec. (2021), Dec 23; 100(51): e28314. Published online 2021 Dec 23. DOI:10.1097/MD.0000000000028314 PMCID: PMC8701881PMID: 34941126

[4] WHO. WHO, "Active Ageing: A policy framework," Act. Ageing Policy Fram. vol.5, **(2002)**

[5] H. H. Kyu et al., "Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017," The Lancet, vol.392, no.10159, pp.1859–1922, Nov. (2018) DOI:10.1016/S0140-6736(18)32335-3

[6] N. Purdie and G. Boulton-Lewis, "The learning needs of older adults," Educ. Gerontol., vol.29, no.2, pp.129–149, Feb., (2003) DOI:10.1080/713844281

[7] G. Bernardelli, C. Roncaglione, S. Damanti, D. Mari, M. Cesari, and M. Marcucci, "Adapted physical activity to promote active and healthy aging: The PoliFIT pilot randomized waiting list-controlled trial," Aging Clin. Exp. Res., vol.31, no.4, pp.511–518, Apr., (2019) DOI:10.1007/s40520-018-1002-1

[8] M. Belgrave, "The effect of a music therapy intergenerational program on children and older adults' intergenerational interactions, cross-age attitudes, and older adults' psychosocial well-being," J. Music Ther., vol.48, no.4, pp.486–508, Dec., (2011) DOI:10.1093/jmt/48.4.486

[9] G. Agarwal and M. Brydges, "Effects of a community health promotion program on social factors in a vulnerable older adult population residing in social housing," BMC Geriatr., vol.18, no.1, pp.95, Dec., (2018) DOI:10.1186/s12877-018-0764-9

[10] C. Paúl, O. Ribeiro, and L. Teixeira, "Active aging: An empirical approach to the WHO model," Curr. Gerontol. Geriatr. Res., vol.2012, pp.1–10, (2012) DOI:10.1155/2012/382972

[11] C. G. Bennett and M. E. Hackney, "Effects of line dancing on physical function and perceived limitation in older adults with self-reported mobility limitations," Disabil. Rehabil., vol.40, no.11, pp.1259–1265, May, (2018 DOI:10.1080/09638288.2017.1294207

[12] C. Lee and J. F. Coughlin, "PERSPECTIVE: Older adults' adoption of technology: An integrated approach to identifying determinants and barriers," J Prod Innov Manag, (2014) DOI:10.1111/jpim.12176

[13] I. –C. Kao, "Empirical study on elderly learners' needs and obstacles in network learning by '3C products," MATEC Web of Conferences, vol.169, no.1028, pp.169, (2048) DOI:10.1051/matec conf/201816901028

[14] A. Astell, "Technology and fun for a happy old age," in Technologies for Active Aging, A. Sixsmith and G. Gutman, Eds. Boston, MA: Springer US, pp.169–187, (2013) DOI:10.1007/978-1-4419-8348-0_10

[15] M. Ardelt, "Wisdom and life satisfaction in old age," J. Gerontol. B. Psychol. Sci. Soc. Sci., vol.52B, no.1, pp.15–P27, Jan. (1997) DOI:10.1093/geronb/52B.1.P15

[16] W. V. Quinn, E. O'Brien, and G. Springan, "Using Telehealth to Improve home-based care for older adults and family caregivers," pp.12, **(2018)**

[17] H. -C. Hsu, "A cross-disciplinary successful aging intervention and evaluation: Comparison of person-to-person and digital-assisted approaches," Int. J. Environ. Res. Public. Health, vol.15, no.5, pp.913, May (2018), DOI:10.3390/ijerph15050913

[18] L. L. Bryant, M. Altpeter, and N. A. Whitelaw, "Evaluation of health promotion programs for older adults: An introduction," J. Appl. Gerontol., vol.25, no.3, pp.197–213, Jun. (2006), DOI:10.1177/0733464806288562

[19] Y. Liu, J. Zheng, G. J. van Schalkwyk, and Y. Gao, "National identity of rural Chinese older adults: A hermeneutic phenomenological study," (2020), DOI:10.1080/03601277.2020.1785674

[20] An Wangguo and Cai Shumei, "Domestic elderly education research and visualization Analysis," Adult Education, no.6, pp.49-56, **(2018)**

[21] M. A. Buzdar, A. Ali, and R. U. H. Tariq, "Emotional intelligence as a determinant of readiness for online learning," Int. Rev. Res. Open Distrib. Learn., vol.17, no.1, Feb. (2016) DOI:10.19173/irrodl.v17i1.2149

[22] T. Rantanen, “The effect of individualized, theory-based counseling intervention on active aging and quality of life among older people (the AGNES intervention study),” Aging Clin. Exp. Res., vol.32, no.10, pp.2081–2090, Oct. (2020) DOI:10.1007/s40520-020-01535-x

[23] D. Morrison and J. McCutheon, “Empowering older adults’ informal, self-directed learning: Harnessing the potential of online personal learning networks,” Res. Pract. Technol. Enhanc. Learn., vol.14, no.1, pp.10, Dec. (2019) DOI:10.1186/s41039-019-0104-5

[24] M. Ajdukovic, J. Ogresta, and S. Rusac, “Family violence and health among elderly in Croatia,” J. Aggress. Maltreatment Trauma, vol.18, no.3, pp. 261–279, Apr. (2009) DOI:10.1080/10926770902835873

[25] R. Bogdan and S. K. Biklen, Qualitative research for education: an introduction to theory and methods, 3rd ed. Boston: Allyn and Bacon, **(1998)**

[26] J. Latimer, Ed., "Advanced qualitative research for nursing. Osney Mead, Oxford, OX ; Malden, MA: Blackwell Science, 2003. [Online]. Available: https://www.researchgate.net/publication/235920847

[27] R. Calhoun, “Older adults’ perceptions of clinical fall prevention programs: A qualitative study,” J. Aging Res., vol. 2011, pp.1–7, (2011), DOI:10.4061/2011/867341

[28] D. Castilla, “Teaching digital literacy skills to the elderly using a social network with linear navigation: A case study in a rural area,” Int. J. Hum.-Comput. Stud., vol.118, pp.24–37, Oct. (2018) DOI:10.1016/j.ijhcs.2018.05.009