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Successful Aging in the Republic of Kosovo

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Authors' Contribution: A: Study design, B: Data collection, C: Data analysis, D: Manuscript preparation, E: Discussion and conclusion

ABSTRACT

Study aim(s): This study aims to deepen the understanding of successful aging in the Republic of Kosovo by identifying the key factors affecting individuals' physical and mental health from their sixth decade of life onward. Data were collected using a comprehensive questionnaire that explored both the challenges and the facilitators influencing the aging population.

Methods: The study was conducted between June 30 to August 15, 2024, in Peja and Pristina. The participants consisted of elderly individuals aged 60 and over. A total of 101 people who met the inclusion criteria were selected. These criteria included being 60 years or older, having the ability to communicate, no significant hearing or vision impairment, no mental health problems, and willingness to participate in the study.

Results: Statistical analysis was conducted using SPSS software 24.0, using tests such as ANOVA and Mann-Whitney to assess relationships between variables. Factor analysis identified three key dimensions of successful aging (55% of the variance); Healthy Lifestyle, Adaptive Coping, and Engagement with Life. Participants showed a strong tendency to maintain independence, physical and mental health, and social relationships. However, additional support is needed in areas such as environmental control and challenge-coping. Descriptive statistics showed agreement rates of 66.92%, 62.37%, and 76.24% for the three dimensions, respectively.

Conclusion: The study emphasizes the importance of further research with diverse sample groups to better understand elderly perceptions of successful aging and life satisfaction, ultimately informing targeted health interventions.

Keywords: Elderly, Kosovo, Longevity, Gerotrauma

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INTRODUCTION

Successful aging is a multifaceted concept encompassing physical, mental, and social well-being, [1]. As global populations continue to age, understanding the factors that contribute to successful aging is increasingly important. This study explores current research on successful aging, focusing on physical health, mental resilience, social engagement, and economic stability, and explores how these factors interact to shape the aging process. Physical health is a crucial component of successful aging. Numerous studies highlight the importance of maintaining physical well-being through regular exercise, a balanced diet, and preventive healthcare measures [2]. Rowe and Kahn (1997) introduced the concept of "successful aging," emphasizing the avoidance of disease and disability, the maintenance of high levels of physical and cognitive function, and sustained engagement in social and productive activities [3]. Further research has reinforced these findings, showing that regular physical activity and a healthy diet significantly reduce the risk of chronic diseases and enhance the overall quality of life in older adults [4,5].

Economic stability is another key determinant of successful aging. Financial security influences access to healthcare, food, and living conditions ─ all essential for maintaining health and well-being in older age [6]. Studies indicate that older adults with sufficient financial resources are more likely to engage in health-promoting behaviors and have better overall health outcomes [7]. Conversely, economic hardship can lead to increased stress, poorer health, and limited access to essential services [8]. Policies designed to ensure financial security for the elderly, such as pension systems and social safety nets, are essential for supporting successful aging [9,10].

Research on aging in the Republic of Kosovo is limited, but existing studies suggest that older adults in the region face unique challenges. Factors such as post-conflict stress, economic instability, and limited healthcare infrastructure can significantly impact the aging process [11,4]. Understanding the specific needs and experiences of the aging population in Kosovo is essential for developing effective interventions and support systems. This study aims to address the gap in the literature by providing a comprehensive analysis of the factors that influence successful aging in Kosovo [12].

The purpose of this study was to enhance the understanding of successful aging in the Republic of Kosovo by identifying key factors that influence the physical and mental health of individuals aged 60 and older.

METHODS

Sample

The study was conducted from June 30 to August 15, 2024, in the city of Peja and Prishtina. The study population consisted of elderly people aged 60 and over. Of these, 101 people who met the inclusion criteria were selected. The criteria included being 60 years of age or older, having the ability to communicate, no hearing or vision impairments, no mental health issues, and willingness to participate in the study. Fifty-two percent of participants were male, and 49% were female. Additionally, 52% were from the Prishtina region, while 49% were from the Peja region.

The participants were informed of the voluntary nature of their participation and that they could withdraw at any time. Participant data privacy was protected throughout the study data collection process. The study was conducted following the Declaration of Helsinki.

Data collections tools

The SAS was developed to achieve the study's objectives. The Successful Aging Scale (SAS) was developed based on Rowe and Kahn's (1997) model. The questionnaire used to interview participants

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consisted of 14 carefully prepared questions, administered to ensure that all participants could complete it effectively. All 14 items meet the minimum criterion for retention (r > .40), with item-total correlations ranging from .46 (item 6) to .74 (item 10). The 14-item SAS was subjected to principal components factor analysis with varimax rotation to achieve a simple structure. The minimum criterion for item-factor loading was set at .45 or greater. The reliability of the survey was assessed using Alpha coefficients, which were calculated for each of the three factors as well as for the overall scale. The internal consistency reliabilities were as follows: Healthy Lifestyle (4 items) .72; Adaptive Coping (4 items) .73; Engagement with Life (5 items) .75; and the overall SAS (13 items) .84 [13].

The survey was conducted in Albanian, the official language of Kosovo. The translation of the survey was performed by a licensed translator in collaboration with sports scientists.

The Likert scale was reduced to a 3-point scale to simplify the data analysis and improve interpretability. This adjustment was made to consolidate similar response categories, as the original scale exhibited clustering of responses and limited variability in intermediate points. The reduction prevents the essence of the data while aligning with the study's objectives to focus on broader trends.

Data analysis

The study data were analyzed using SPSS (Version 26.0). Descriptive Statistics were used to calculate frequencies and percentages, summarizing participant responses. Additionally, inferential statistics, including the Mann-Whitney U Test, were used to compare differences based on gender and region. Analysis of Variance (ANOVA) was performed for subgroup comparisons. Factorial structure: The fourteen items/questions were required to meet the minimum retention criterion for each question (r 40), with item-total correlations ranging from 0.46 (question 6) to 0.74 (question 10), ensuring that each time contributed to the total results. The 14 items were subjected to component and factorial analysis with varimax rotation to achieve a simple structure. The minimum criterion for factor loading was set at 0.45 or higher, resulting in the extraction of three factors: Factor I: Healthy Lifestyle, Factor II: Adaptive Coping, and Factor III: Engagement with Life. The eleventh item did not load onto any factor. The negative phrasing of this article may have influenced inconsistent responses from participants, so it was excluded from all subsequent analyses.

FINDINGS

Table 1. Mann-Whitney test of the regional differences

Questions	Region	N	Mean Rank	Mann-Whitney U	Sig.
Q1	Prishtina	52	51.16	1265.50	,949
	Peja	49	50.83		
Q2	Prishtina	52	49.30	1185.50	,437
	Peja	49	52.81		
Q3	Prishtina	52	51.89	1227.50	,683
	Peja	49	50.05		
Q4	Prishtina	52	49.35	1188.00	,315
	Peja	49	52.76		
Q5	Prishtina	52	48.58	1148.00	,225
	Peja	49	53.57		
Q6	Prishtina	52	49.53	1197.50	,508
	Peja	49	52.56		
Q7	Prishtina	52	51.75	1235.00	,690

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	Peja	49	50.20		
Q8	Prishtina	52	52.81	1180.00	,172
	Peja	49	49.08		
Q9	Prishtina	52	52.02	1221.00	,683
	Peja	49	49.92		
Q10	Prishtina	52	52.85	1178.00	,304
	Peja	49	49.04		
Q11	Prishtina	52	50.92	1270.00	,977
	Peja	49	51.08		
Q12	Prishtina	52	49.66	1204.50	,598
	Peja	49	52.42		
Q13	Prishtina	52	50.28	1236.50	,719
	Peja	49	51.77		
Q14	Prishtina	52	50.74	1260.50	,912
	Peja	49	51.28		

Table 1 shows that for questions Q1-Q14, the p-values (Sig.) are all greater than 0.05. This implies no significant differences between participants from Prishtina and Peja in their responses to any of the questions. For example, in Q1, the mean ranks are 51.16 (Prishtina) and 50.83 (Peja), with a p-value of 0.949, suggesting that responses from both regions were similar.

Table 2. Mann-Whitney test of the gender differences

Questions	Gender	N	Mean Rank	Mann-Whitney U	Sig.
Q1	Male	52	49.49	1195.50	.556
	Female	49	52.60		
Q2	Male	52	48.77	1158.00	.309
	Female	49	53.37		
Q3	Male	52	48.30	1133.50	.217
	Female	49	53.87		
Q4	Male	52	49.22	1181.50	.280
	Female	49	52.89		
Q5	Male	52	52.21	1211.00	.544
	Female	49	49.71		
Q6	Male	52	50.33	1239.00	.762
	Female	49	51.71		
Q7	Male	52	50.74	1260.50	.890
	Female	49	51.28		
Q8	Male	52	52.81	1180.00	.172
	Female	49	49.08		
Q9	Male	52	49.38	1190.00	.518
	Female	49	52.71		
Q10	Male	52	50.69	1258.00	.864
	Female	49	51.33		
Q11	Male	52	55.54	1038.00	.084
	Female	49	46.18		
Q12	Male	52	50.29	1237.00	.779
	Female	49	51.76		
Q13	Male	52	49.44	1193.00	.436
	Female	49	52.65		

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Q14	Male	52	49.56	1199.00	.537
	Female	49	52.53		

In Table 2, for questions Q1-Q14, the p-values are all greater than 0.05, except Q11, which shows a borderline value of 0.084. This indicates no significant differences in responses between male and female participants for most questions. However, Q11 may suggest a slight trend worth investigating. Specifically, for Q11, males have a mean rank of 55.54, while females have a mean rank of 46.18, indicating that males tend to score higher. Nevertheless, the p-value (0.084) is not low enough to confirm significance.

Table 3. Descriptive analysis of questionnaire results

Factors	Questions	Agree		Undecided		I do not agree	
		f	%	f	%	f	%
Healthy Lifestyle	When things don't work out, I keep trying other ways until I get the same result	74	73.3	8	7.9	19	18.8
	In difficult times, I develop mental toughness in dealing with the situation	74	73.3	6	5.9	21	20.8
	I maintain warm and trusting relationships with others	88	87.1	5	5	8	7.9
	I am actively engaged with life through productive activities	80	79.2	4	4	17	16.8
	I am actively engaged with life through regular social contact	59	58.4	15	14.9	27	26.7
	I try to stay independent as long as possible	73	72.3	10	9.9	18	17.8
Adaptive Coping	I strive to maintain good physical and mental functioning as I age	93	92.1	5	5	3	3
	I can deal with anything that comes my way	36	35.6	11	10.9	54	53.5
	I am unable to make choices about things that affect my age, such as my diet, exercise, and smoking	40	39.6	12	11.9	49	48.5
	I make an effort to stay relatively free of illness and disability	83	82.2	4	4	14	13,9
Engagement with Life	I make an effort to engage in healthy lifestyle habits	80	79.2	7	6.9	14	13.9
	I am comfortable accepting my good and bad qualities	68	67.3	10	9.9	23	22.8
	I make every effort to achieve the goals that are important to me	85	84.2	11	10.9	5	5

F: frequency, %-percentage

Table 3 presents the results of the responses as percentages for three factors. For the first factor, Healthy Lifestyle, the highest percentage is 92.1%, while the lowest is 3%. In the second factor, Adaptive Coping, the highest percentage is 73.3%, and the lowest is 6%. For the third factor, Engagement with Life, the highest percentage is 87.1%, and the lowest is 4%.

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Table 4. The relative distribution of respondents' answers regarding the factors of successful aging

Answers	Healthy Lifestyle	Adaptive Coping	Engagement with Life
Agree	66.92%	62.37%	76.24%
Undecided	6.94%	8.65%	8.94%
Disagree	14.68%	28.97%	14.84%

Table 4 presents the percentage distribution of responses across three factors. For the Healthy Lifestyle factor, 66.92% of respondents gave affirmative answers, approximately 7% were undecided, and 14.68% disagreed with a healthy lifestyle. For the Adaptive Coping factor, 62.37% of respondents declared positively, 8.65% declared as undecided, and 28.97% disagreed with adaptive coping.

For the third factor, Engagement with Life, 72.24% of respondents provided affirmative answers, 8.94% declared undecided, and 14.84% disagreed with engaging with life.

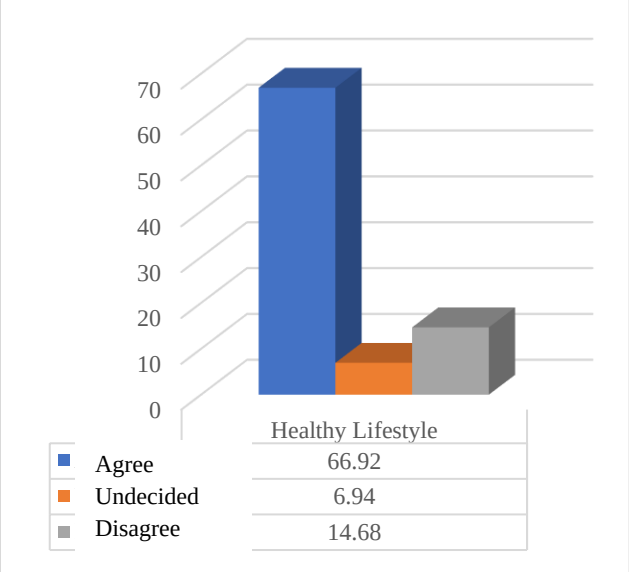

Figure 1. The relative distribution of respondents' answers regarding lifestyle

In the Healthy Lifestyle factor (Figure 1), 66.92% of respondents gave affirmative answers, approximately 7% were undecided, and 14.68% disagreed with adopting a healthy lifestyle.

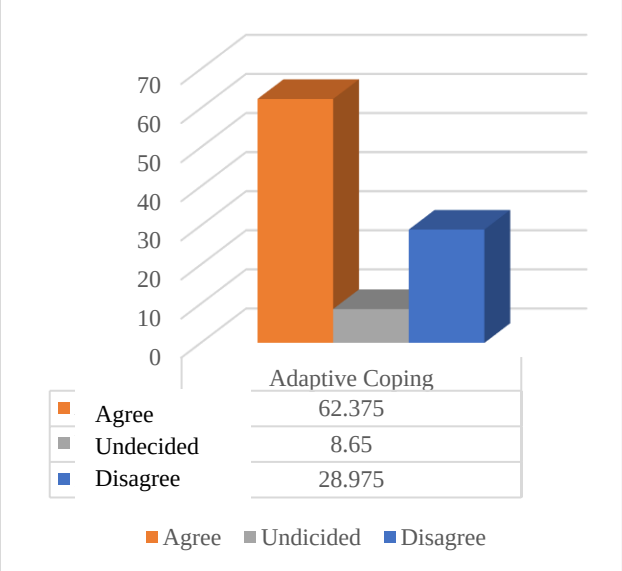

Figure 2. The relative distribution of respondents' answers regarding adaptive coping

In the Adaptive Coping factor (Figure 2), 62.37% of respondents declared positively, 8.65% were undecided, and 28.97% declared that they disagreed with adaptive coping.

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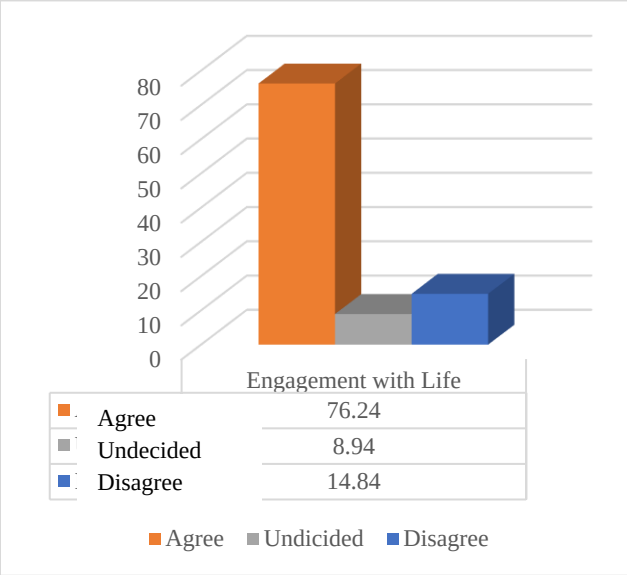

Figure 3. The relative distribution of respondents' answers regarding commitment to living

For the third factor, Engagement with Livelihood, 72.24% of respondents provided an affirmative answer, 8.94% declared undecided, and 14.84% declared that they do not agree with engaging in livelihood activities

The 14-question SAS underwent principal components factor analysis with varimax rotation in a simple structure. The minimum criterion for item-factor loading was set at 0.45 or higher. The results presented in Table 3, identified three factors that collectively account for 55% of the variance: Factor I: Healthy lifestyle; Factor II: Adaptive Coping; and Factor III: Engagement with Life. Items with outstanding loading for each factor are underlined. Item 11 did not load onto any of the three factors. The negative wording of this item may lead to inconsistent responses from participants. Consequently, item 11 was not excluded from subsequent analyses. It is recommended that this article be reworded in a positive direction for future applications of the SAS. Alpha coefficients were calculated for each of the three factors as well as for the overall scale. The internal consistency reliabilities are as follows: Healthy Lifestyle (6 items); Adaptive Coping (4 items); Engagement with Life (3 items).

DISCUSSION

This study aimed to enhance the understanding of successful aging in the Republic of Kosovo by identifying the key factors that affect the physical and mental health of individuals aged 60 and older.

The findings of the study reveal a positive trend among the elderly in various aspects of their lives, with a strong focus on maintaining independence, preserving physical and mental health, and fostering warm, friendly, and reliable relationships. However, the study also highlights areas where older individuals feel limited, particularly in coping with challenges and exerting control over their environment, which may require additional support and interventions. Social isolation among older people has emerged as a major concern, posing critical implications for health and social policy. Although the social and health outcomes of social isolation are well documented, evidence regarding the prevention of isolation in later life remains limited. Prolonged social isolation has harmful economic, health, and social impacts. A cultural shift from focusing on the 'cure' of social isolation to its 'prevention' is required [14]. Efforts and focus must be on the well-being of individuals without imposing additional overload, as this can negatively impact their quality of life. Consequently, it is important to adopt resilience as a public health concept. Interventions should incorporate techniques to enhance adaptability while simultaneously increasing resources to support the aging population [15].

Older individuals should not be a burden to society. Strong evidence supports the management of

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many chronic diseases that persist or emerge in later life. General practices must adapt to the demographic challenges of an aging population by targeting conditions that contribute to both family and societal life [16]. It can be said that a higher perception of successful aging in older individuals is closely associated with greater life satisfaction. This result is important, as it shows that efforts aimed at improving successful aging not only improve overall well-being but also contribute to increased life satisfaction among the elderly. The literature indicates that successful aging and a positive self-perception are related to functional status, a strong will to live, and life satisfaction [17,18].

Some researchers have reported that older adults can have a higher perception of successful aging even when living with a disease [19-20]. Similarly, other studies have found that older adults perceived their aging as successful despite having chronic physical illnesses or disabilities [21,22].

In the current study, older participants perceived their aging as highly successful, despite acknowledging certain limitations, particularly in coping with challenges and controlling their environment. These areas highlight the need for further support and targeted interventions to address these specific challenges. This finding aligns with the results of the study in which the elderly participants also perceived that they had successful aging [23,24]. Therefore, perceptions may vary from one person to another and across cultures [25,26]. The literature states that the perception of successful aging varies from culture to culture [27].

CONCLUSION

Based on the results of this study, it is recommended that future research explore this topic using diverse sample groups. Understanding the perceptions of older people regarding successful aging and life satisfaction is essential for designing interventions that enhance these perceptions, ultimately to improved health and well-being among the elderly.

CONFLICT OF INTERESTS

No potential conflict of interest was reported by the authors.

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