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Holistic Well-being of Older Adults as a Multidimensional System Based on Life Experiences in the Context of Urban Indonesia

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ABSTRACT

Objective: The framework for healthy ageing is still largely normative and developed in the context of high-income countries, thus failing to capture the life experiences of older adults in middle and low-income countries. This study aims to explore the meaning of holistic well-being in Makassar City, shaped in accordance with the local urban context of Indonesia.

Method: This study used a qualitative approach with in-depth interviews of 45 participants consisting of older adults and older adult cadres selected using purposive sampling in 15 sub-districts in Makassar City. Data were analyzed using thematic analysis with MAXQDA 2024 software.

Results: This study identified eight interrelated dimensions of holistic well-being for the older adults: functional physical well-being, financial security, social participation, productive engagement, lifelong learning, spiritual life orientation, family-centered happiness, and social connectedness.

Conclusion: This study expands the healthy ageing paradigm by placing well-being as a multidimensional and contextual system within the Global South framework. The theoretical implications emphasize the importance of a relational and life experience-based approach in the development of elderly-friendly policies and interventions in middle-income urban environments.

Keywords: Holistic Well-being, Healthy Ageing, Multidimensional Well-being, Relational Ageing, Psychological Well-being, Global South Urban.

Introduction

Within the UN Decade of Healthy Ageing (2021–2030), the global population aged 60 years and over is projected to increase by 34%, rising from 1 billion in 2019 to 1.4 billion. By 2050, the global population of older individuals will more than double to 2.1 billion (WHO, 2020a). By 2025, the WHO states that 900 million people aged 60 or over will live in developing countries (L.-K. Chen, 2019; Lu et al., 2025). Population ageing is recognized as a complex and multifactorial issue that goes beyond individual health concerns and encompasses significant social, economic, and environmental dimensions(F. Chen & Tsang, 2025; Coll, 2019; S. Wu et al., 2025).

Traditional interventions for older adults well-being still predominantly emphasize biomedical indicators and only view well-being as freedom from disease, physical function, and clinical outcomes (Upasen et al., 2025; Waterworth et al., 2019). This study is in line with the global policy framework of the Decade of Healthy ageing (2021-2030), which emphasizes the importance of facilitating older people to maintain their functional abilities through supportive environments, integrated care, and increased community participation throughout the life cycle (Feng, 2019; Kwaitana et al., 2024; Torres & Cao, 2019).

Furthermore, well-being in old age is understood as a static state that must be achieved (Kondale Gurara et al., 2025). Although there are currently many healthy ageing frameworks, they are still normative, top-down, and mostly developed in high-income countries (Belachew et al., 2024; Horgan et al., 2024). The space to incorporate the lived experiences of older adults as they are felt is limited in existing frameworks because they focus only on policy standards (Cetin-Sahin et al., 2024; Yazdanpanahi & Hussein, 2021). As a result, empirical evidence capturing how older adults themselves interpret and give meaning to well-being in their daily lives is still scarce.

This gap is particularly evident in urban contexts in low and middle-income countries, such as Indonesia, which is strongly influenced by collective cultural values (Gunawan et al., 2025; Setiadi & Hidayah, 2021). This study aims to explore the meaning of holistic well-being as shaped by the local context of Makassar City.

Methods

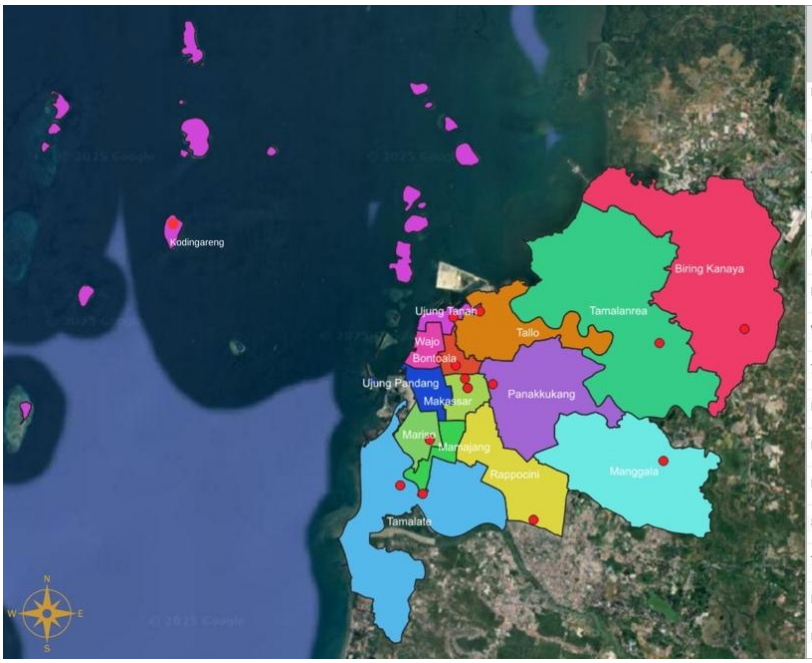
Study Design

A qualitative approach was used in this study. It then explored a deep understanding of the life experiences, perceptions, and meaning-making processes of older adults regarding the concept of well-being, older adults' participation in social communities, and the potential application of the social prescription model in Makassar City (Barbara Sena, 2024). To enhance methodological transparency and accuracy, this study follows contemporary qualitative reporting guidelines and best recommendations for thematic analysis (Braun & Clarke, 2025; Pearson et al., 2025). The qualitative approach in this study is the initial stage for developing interventions that are sensitive to the local context. This technique will enable the development of an intervention framework rooted in the narratives and interpretations of the older adults (Müller et al., 2025).

Study Setting

This research was conducted in Makassar, a coastal metropolitan city in Eastern Indonesia that serves as the economic, cultural, and transportation center of South Sulawesi province. The city is characterized by rapid urbanization, high population density, and strong spatial social heterogeneity, making it a relevant context for studying the welfare of older people in a complex urban environment. As shown in Figure 1, the city area covers

a dense urban core, a rapidly developing peri-urban zone, and small island communities in the Sangkarrang archipelago. We took the visualization results from the coordinates of the research locations in 15 sub-districts in Makassar City using Google Maps. These coordinate data were then processed and analyzed using Q-GIS software (Version 3.20), a geographic information system used to determine the research location (Longley et al., 1999).



Name of Subdistrict	Coordinate Point	
	Latitude	Longitude
Manggala Subdistrict	1.194.982.224	-51.668.609
Mamajang Subdistrict	1.194.100.571	-51.790.271
Tamalanrea Subdistrict	1.194.942.894	-51.238.527
Bontoala Subdistrict	1.194.197.121	-51.320.052
Ujung Tanah Subdistrict	1.194.214.478	-51.144.358
Panakukkang Subdistrict	1.194.331.932	-51.389.051
Wajo Subdistrict	1.194.159.833	-51.295.161
Tallo Subdistrict	1.194.290.085	-51.132.698
Biringkanaya Subdistrict	1.195.253.868	-51.187.321
Mariso Subdistrict	1.194.122.961	-51.587.411
Rappocini Subdistrict	1.194.506.217	-51.885.719
Sangkarrang Islands Subdistrict	1.193.752.398	-51.888.345
Tamalate Subdistrict	1.194.018.864	-51.760.132
Makassar Subdistrict	1.194.266.065	-51.403.604
Ujung Pandang Subdistrict	1.194.182.159	-51.444.495

Figure 1. Spatial Distribution of Study Setting Across the Subdistricts of Makassar

Inclusion and exclusion criteria

Prior to data collection, participants were selected based on predetermined inclusion and exclusion criteria to ensure that those recruited represented the target population and had experience relevant to the research objectives. The complete inclusion and exclusion criteria are presented in (Table 1)

Participant Recruitment

Purposive sampling was used to recruit older adults people and health cadres who could provide in-depth information relevant to the research objectives. This approach was chosen to ensure that participants had direct experience of the ageing process in the local context of Makassar City and were able to reflect on issues related to well-being, social participation, family life and community support. The recruitment process was carried out through direct contact with older adults health cadres in 15 sub-districts. They were then given a research information sheet explaining the study objectives, data collection procedures, ethical considerations and an explanation

Table 1 Inclusion and Exclusion Criteria for Participants

Category	Inclusion Criteria	Exclusion Criteria
Age	Aged ≥ 60 years	Aged < 60 years
Residence	Resided in Makassar City for at least the last 1 year	Did not reside in Makassar or resided there for < 1 year
Cognitive Status	Able to communicate verbally well and give informed consent	Experienced severe cognitive impairment that hindered the interview process
Social involvement	Has experience interacting within	Does not have social experience

Category	Inclusion Criteria	Exclusion Criteria
	the family and/or community	relevant to the research focus
Time availability	Willing to set aside time for interviews/FGD	Unwilling or withdraws from participation

Data Collection

Data collection was conducted through in-depth interviews to obtain more detailed information about the participants experiences, perceptions, and processes of interpreting the well-being of the older adults. The interview guide was compiled based on the research objectives and a review of literature related to holistic well-being, ageing, and community-based interventions. Data collection continued until thematic saturation was reached, defined as the point or code at which no further conceptual insights emerged. We conducted three interviews to ensure the accuracy of the content in various sub-district contexts. Data collection was carried out between July and August 2025. All interviews were conducted in Indonesian and recorded with the participants' consent, lasting approximately 15–30 minutes.

Data Analysis

Qualitative data was analyzed using a thematic analysis approach to explore patterns of meaning in depth while considering the context. The interview recordings were transcribed verbatim. The transcripts were read repeatedly to gain a comprehensive understanding of the data. Initial coding was then carried out inductively, based on the participants' narratives without using predetermined theoretical categories. The initial codes were then compared, refined, and grouped into broader categories. These categories were then developed into initial themes. Data analysis was performed using MAXQDA 2024. Eight dimensions were identified (Figure 2) following repeated and reflective thematic analysis. Open coding produced 124 substantive codes that were inductively induced by the participants' narratives. The process then produced 26 codes in conceptual categories through constant comparison between interviews. Based on repeated team discussions and pattern identification, these were then abstracted into eight high-level themes representing the dimensions of holistic well-being in older adults.

Researcher Reflexivity and Trustworthiness

To enhance credibility, triangulation was employed. The principal investigator focused on healthy ageing, supported by the diverse expertise of several other researchers (psychology, biostatistics, healthy cities, behavioural science). Debriefing sessions were held among research team members to review coding consistency and theme development. We also conducted member checking with both participants and relevant stakeholders.

Result

Participant Characteristics

This study involved 45 participants consisting of Older Adults and community-based older adults cadres. This combination of informants allowed for the exploration of first-hand experiences of the ageing process as well as the community's perspective on supporting the well-being of the older adults. The older adult participants (n = 30) ranged in age from 60 to 80 years, with a mean age of 67.8 years (SD ≈ 5.9). The minimum age for inclusion as an older adult participant was 60 years, consistent with the WHO definition of older adults. The community health cadres (n = 15) ranged in age from 25 to 57 years. Across all 45 participants, the overall age ranged from 25 to 80 years, with a mean age of 60.7 years. Participants ranged in age and included both men and women. To maintain confidentiality, each informant was given an anonymous code. A

summary of the participants' characteristics is presented in Table 2.

Overview of Holistic Well-being Among Older Adults

The Fingdings indicate that The well-being of older adults is not a single condition. Rather, it is a multidimensional condition with interrelated aspects. Thus, we found eight dimensions in Figure 2, namely Spiritual Life Orientation of Older Adults, Social Embeddedness of Older Adults, Family-Centered Happiness, Functional Physical Well-Being of Older Adults, Productive Engagement of Older Adults, Lifelong Learning Engagement of Older Adults, Psychological Serenity and Emotional Regulation of Older Adults, and Financial Security of Older Adults.

In these dimensions, we found that older adults are active subjects in holistic well-being. Specifically, these dimensions are formed from several indicators based on empirical data. The indicators in Figure 3 are the results of thematic analysis that reflect the life experiences, meanings, and daily activities of older adults.

In tandem with this, we then grouped these indicators into a conceptual structure that reflects their functional role in the life experiences of older adults. We grouped them into supporting conditions, engagement pathways, mediating core dimensions, and subjective outcomes.

Enabling Conditions

a. Functional Physical Well-Being of Older Adults

Physical well-being is a functional dimension that forms the basis of holistic well-being. This dimension is not only seen as freedom from illness but also reflects the ability of older people to remain active, independent, and involved in daily life.

> "I am happy when I have my health check-ups… everyone comes to the health center because it is considered enjoyable and beneficial" (I2, F/69). "I am happy because I am always healthy" (I9, F/51).

shows that bodily function is the foundation upon which emotional and social well-being can be built. These findings suggest that physical health is a driver for other dimensions.

b. Financial Security of Older Adults

Financial security is the second key condition in the framework of holistic well-being, creating a sense of stability, peace of mind, and the ability of older people to participate meaningfully in daily life. Our findings state that financial security is a form of emotional security characterized by freedom from worry, certainty, and assurance that basic needs will be met. We identified three indicators: Family-Provided Financial Protection, Debt-Free Financial Peace, and Intergenerational Financial Support. One informant stated that

> *"...it is forbidden to work with children because later the children will give their income" (I20, F/67).*
>
> *"Happy because there are no worries about debts..." (I44, KL/33).*

Some older adults described their children as providing financial assistance on a regular basis, which was supported by statements

> *"Yes, happy, because the child always gives money, but it is forbidden to work with the child because the child will provide the income" (I20, L/67)*.

These findings indicate that financial security operates as a crucial facilitating condition that underpins other dimensions of holistic wellbeing.

Pathways of Engagement

a. Social participation of Older Adults

Social participation is the active role of older adults in shaping their own well-being. There are three indicators that we found in this study, namely Community Participation, Perceived Social Safety and Comfort, and Meaningful Social Interaction.

Table 2 Participant Characteristics

No	Initials	Subdistrict	Position/As	Gender	Age	Code
1	HA	Manggala	Older Adult	M	72	(I1, L/72)
2	JS	Manggala	Older Adult	F	69	(I2, L/69)
3	WI	Manggala	Community Health Cadre	F	43	(I3, KL/43)
4	NS	Mamajang	Older Adult	F	75	(I4, L/75)
5	AS	Mamajang	Older Adult	M	79	(I5, L/79)
6	FI	Mamajang	Community Health Cadre	F	35	(I6, KL/35)
7	AS	Tamalanrea	Older Adult	M	62	(I7, L/62)
8	NA	Tamalanrea	Older Adult	F	70	(I8, L/70
9	S	Tamalanrea	Community Health Cadre	F	51	(I9, KL/51)
10	H	Bontoala	Older Adult	M	67	(I10, L/67)
11	R	Bontoala	Community Health Cadre	F	47	(I11, KL/47)
12	SD	Bontoala	Older Adult	F	65	(I12, L/65)
13	HU	Ujung Tanah	Older Adult	F	61	(I13, L/61)
14	BA	Ujung Tanah	Older Adult	M	68	(I14, L/68)
15	NA	Ujung Tanah	Community Health Cadre	F	57	(I15, KL/57)
16	HR	Panakukkang	Older Adult	F	74	(I16, L/74
17	KM	Panakukkang	Older Adult	M	63	(I17, L/63)
18	AR	Panakukkang	Community Health Cadre	F	55	(I18, KL/55)
19	HB	Wajo	Older Adult	M	74	(I19, L/74)
20	HS	Wajo	Older Adult	F	67	(I20, L/67)
21	JA	Wajo	Community Health Cadre	F	57	(I21, KL/57)
22	RI	Tallo	Community Health Cadre	F	50	(I22, KL/50)
23	AR	Tallo	Older Adult	M	80	(I23, L/80)
24	HI	Tallo	Older Adult	F	64	(I24, L/64)
25	AS	Biringkanaya	Older Adult	F	63	(I25, L/63)
26	AA	Biringkanaya	Older Adult	M	63	(I26, L/63)
27	FA	Biringkanaya	Community Health Cadre	F	50	(I27, KL/50)
28	IA	Mariso	Older Adult	M	68	(I28, L/68)
29	JH	Mariso	Older Adult	F	60	(I29, L/60)
30	DN	Mariso	Community Health Cadre	F	25	(I30, KL/25)
31	HE	Rappocini	Older Adult	M	63	(I31, L/63)
32	AA	Rappocini	Community Health Cadre	F	50	(I32, KL/50)
33	PI	Rappocini	Older Adult	F	61	(I33, L/61)
34	MK	Sangkarrang	Older Adult	F	71	(I34, L/71)
35	MM	Sangkarrang	Older Adult	M	68	(I35,L/68)
36	HM	Sangkarrang	Community Health Cadre	F	55	(I36, KL/55)
37	MJ	Tamalate	Older Adult	F	65	(I37, L/65)
38	SP	Tamalate	Older Adult	M	72	(I38, L/72)
39	MS	Tamalate	Community Health Cadre	F	44	(I39, KL/44)
40	JJ	Makassar	Older Adult	M	66	(I40, L/66)
41	IM	Makassar	Older Adult	F	67	(I41, L/67)
42	RD	Makassar	Community Health Cadre	F	43	(I42, KL/43)
43	MJ	Ujung Pandang	Older Adult	M	68	(I43, L/68)
44	WU	Ujung Pandang	Community Health Cadre	F	33	(I44, KL/33)
45	NH	Ujung Pandang	Older Adult	F	70	(I45, L/70)

Several informants stated:
“…..besides that, we gather with friends and neighbors, joke around with friends. If you ask me, we each have our own happiness” (I10, M/67) and “Gathering with friends and I have many friends here” (I28, M/68)

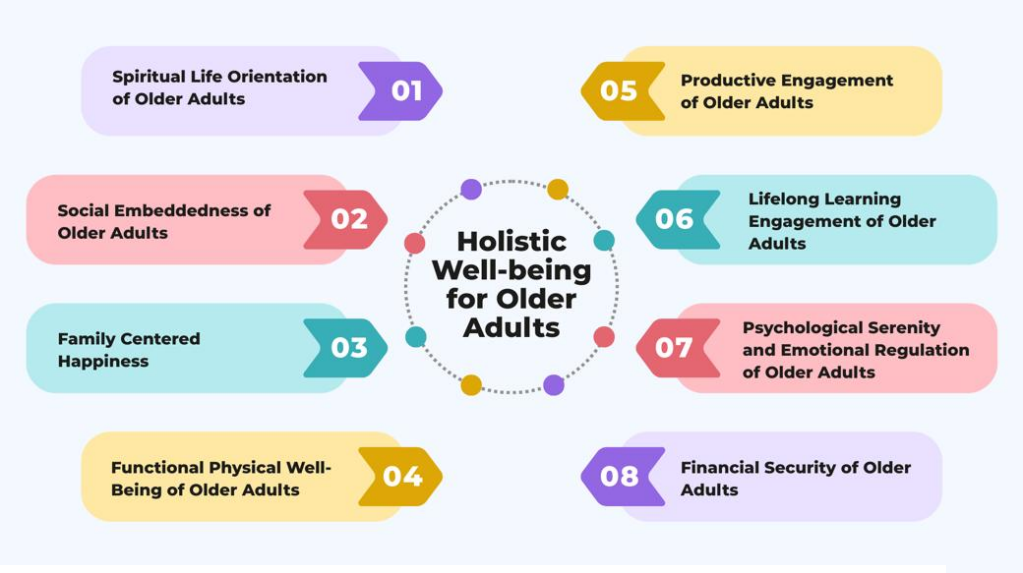


Figure 2. Overview of Holistic Well-being Framework

Our findings illustrate how social gatherings serve as a daily source of emotional support. Social participation serves as confirmation that older adults want to be recognised and involved in community life, which has deep meaning for them.

b. Productive Engagement of Older Adults

Productive engagement is the ability of older adults to remain useful and engage in meaningful activities. When they participate in productive activities, these become sources of enjoyment, identity, and emotional satisfaction. We identified three interrelated indicators: meaningful recreational engagement, everyday productive activity engagement, and skill-based productive activities. Informants stated that participating in recreational activities, such as travel, brought them happiness and stress relief.

"It really lets me unwind' and makes me feel happier (I3, F/43).

In addition, productive household activities such as tending to plants and doing chores are a source of personal satisfaction for the older adults. "I like working, walking alone" (I23, M/80), while others described tending to plants as a personally meaningful activity (I43, M/68).

c. Lifelong Learning Engagement of Older Adults

The ability of older adults to maintain curiosity, adaptability, and a sense of relevance in their lives in old age. According to informants, learning is not viewed as a formal activity limited to a certain age but rather as a continuous process that can be implemented in everyday life. We found four main indicators, namely participatory health education activities, caregiver-focused health education, faith-based learning communities, and senior learning programs for empowerment. One of the informants in our study stated that

"…happy when their health is checked. Especially when they are told that there will be a health check, everyone brings them to the health center, which is well attended because it is considered enjoyable and beneficial" (I21, KL/57).

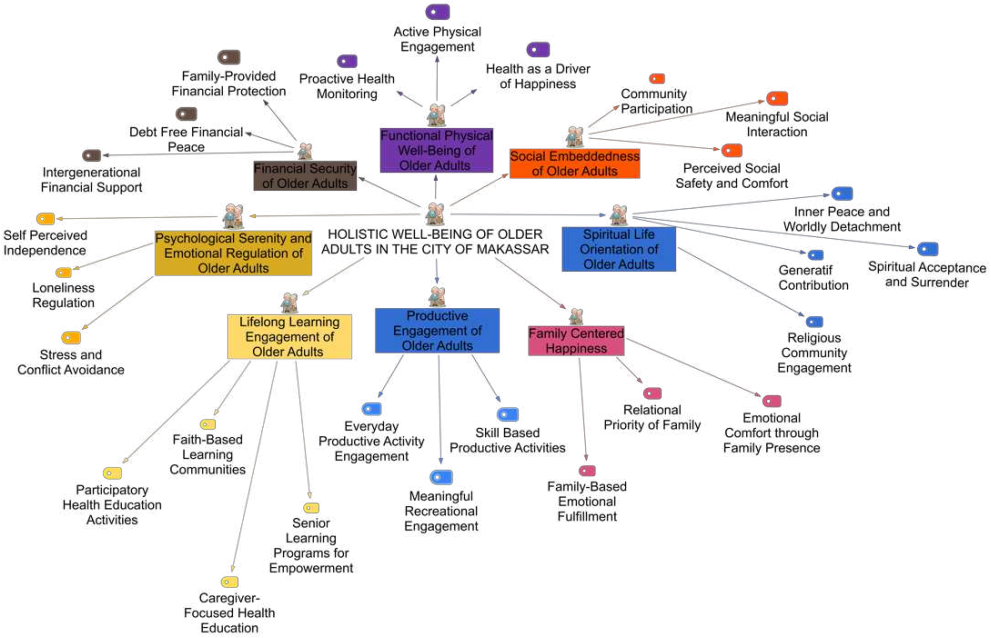


Figure 3. Dimensions and Indicators Holistic well-being

However, on the other hand, some informants are still accompanied by their families in their daily lives, so they feel that their families need education on caring for the older adults.

Mediating Core

a. Spiritual Life Orientation of Older Adults

This dimension is a central mediating dimension interpreted through their living conditions, regulating emotions and building a sense of meaning in later life. In this dimension, we found acceptance, gratitude, inner peace, and continuous contribution to others. We found Generative Contribution, Religious Community Engagement, Inner Peace and Worldly Detachment, and Spiritual Acceptance and Surrender. Informants The importance of being useful to others is being emphasized.

"...we can be useful, bring happiness, and impart knowledge, especially to family, neighbors, and the surrounding community. In addition, we will be happy if we can be useful and beneficial and impart knowledge to the entire community..." (I1, L/72)

Learning in religious activities is also often followed by parents as a form of spiritual well-being, such as reading the Qur'an or attending majelis taklim (religious gatherings). One informant explained that

"...They also participate in other activities such as religious gatherings and reciting the Quran, where they feel happy because they are still active and able to do things. But if you look at it, the most dominant activity is indeed the religious gatherings..." (I3, KL/43)

Ultimately, spiritual acceptance and surrender are forms of emotional resilience.

"...enjoy facing it. I mean, we accept everything with sincerity" (I18, KL/55).

b. Family-Centered Happiness of Older Adults

Family relationships are central to the emotional well-being of older adults. We identified three indicators: emotional comfort through family presence, family-

based emotional fulfillment, and relational priority of family. Some older adults stated that the physical and emotional presence of their children and grandchildren was a major source of happiness and peace of mind. One older adults described how regular visits from children and grandchildren create a sense of joy in their daily lives.

> *"…and then I always have children and grandchildren coming to my house, because I have four children, three of whom are married so they no longer live with me, but my grandchildren often come to visit me too…" (I44, KL/33).*

Family-based emotional fulfillment was expressed by the older adults in our study as playing with and caring for their grandchildren.

> *"Of course, what makes the older adults happy is gathering with their children, in-laws, and grandchildren…" (I32, KL/50).*
> *"I'm happy because I'm healthy, I have no complaints, and I live with my children and take care of my grandchildren, such as their school uniforms." (I41, F/67).*

The priority of family relationships is strongly emphasized because older adults often place family above other sources of happiness. One older adults stated,

> 'Being with family is the most important thing' (I10, F/67).

c. Social Embeddedness of Older Adults

A sense of belonging is built not by the number of social contacts and frequency of interactions, but rather by the quality of interpersonal relationships, feelings of acceptance, and the perception of being part of a meaningful social world. There are three interrelated sub-themes: perceived social security and comfort, meaningful social interaction, and relational continuity. Many participants stressed that feeling recognized and emotionally secure in their environment is vital to their well-being. Meaningful social interaction further strengthens this sense of belonging. Participants often described casual conversations, shared laughter, and spontaneous gatherings as emotionally healthy experiences. Participants described feeling more comfortable when surrounded by people who knew their personal history, values, and life stories. This continuity reduced the need to constantly explain themselves and allowed them to be socially 'understood' without effort.

Subjective Outcome

Psychological Serenity and Emotional Regulation of Older Adults

We found that the tranquillity experienced by older adults is supported by emotional security, spiritual grounding, and social appreciation. Older adults often emphasize that tranquillity arises when they feel emotionally supported, spiritually grounded, and socially appreciated. For example, expressions of tranquility are often embedded in stories about being listened to by family members, participating in community activities, or engaging in religious reflection.

Above all, serenity is also linked to a redefinition of success in old age. Participants no longer define success in terms of economic achievement or social status but in terms of emotional stability, meaningful relationships, and inner peace.

This shift reflects a qualitative transformation in how well-being is evaluated throughout the life cycle. From a functional perspective, psychological serenity serves as an internal stabilizer within the broader well-being system. When participants experience peace of mind, they are better able to cope with health limitations, financial worries, and interpersonal conflicts.

The informants' narratives clearly show that psychological calmness does not stem from a single dimension of holistic well-being, even though psychological calmness is considered the subjective pinnacle of holistic well-being. Physical capacity, financial stability, active

involvement, spiritual orientation, family relationships and social involvement lead to calmness. Consequently, the next section will discuss how these dimensions are interrelated and how they form the overall structure of holistic well-being, as illustrated in Fig.4.

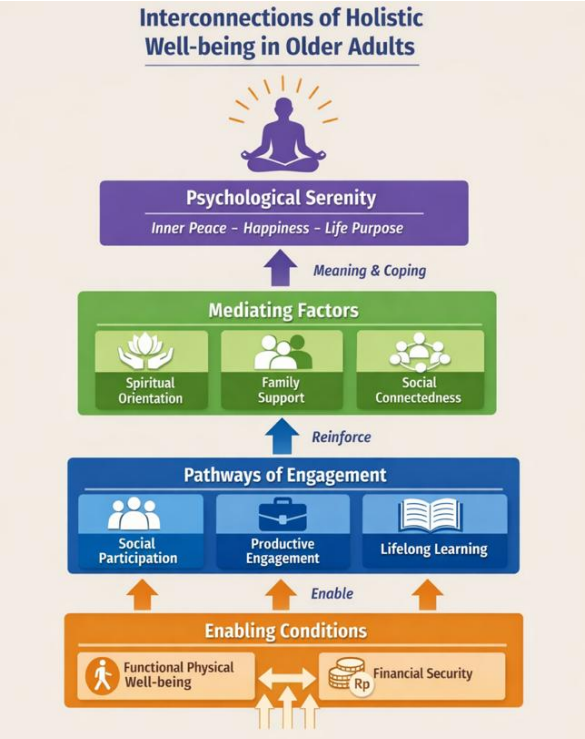


Figure 4. Interconnectedness of Dimensions

Discussion

The findings indicate that the well-being of older adults is not only understood as a single condition, i.e., being sick or not sick, but as a multidimensional system that is interconnected and formed from interactions between individuals, the environment, and social relations (Xinwei et al., 2026). This hypothesis extends existing theories on healthy ageing from the WHO, which places the well-being of older persons solely on functional abilities such as meeting basic needs, staying active, building relationships, learning, and continuing to contribute, all of which are greatly influenced by the environmental context and social support (Varol et al., 2026; WHO, 2026). Despite this, agenda UN Decade of Healthy Ageing 2021-2030. Despite this, the UN Decade of Healthy Ageing 2021-2030 agenda also places older adults at the center of change, focusing on age-friendly environments, integrated services, and community support to maintain functional abilities (WHO, 2020b).

Taken Together, the eight dimensions found in this study show that older adults are active actors who consciously manage their social needs, such as social participation, meaningful productivity, lifelong learning, and meaning-making to achieve psychological well-being (Derakhshanrad & Zeynalzadeh Ghoochani, 2026). The perspective of older adults as actors here is consistent with the strengthening of the contemporary older adult health paradigm, which views well-being as the result of a relational and cross-contextual process that has outputs that are not only clinical, especially in the framework of the Decade of Healthy Ageing research, which places the social and community environment as core components (Beard et al., 2016; Keating, 2022; M. Wu et al., 2025). In the context of middle- to low-income urban countries, these findings are increasingly important because social conditions and access inequalities (services, public spaces, support networks) can strengthen or weaken certain dimensions of well-being. This approach is in line with the WHO's social determinants of health framework, which emphasizes the role of social structures and inequalities in shaping health and well-being experiences (WHO, 2020a).

Enabling Conditions as a Structural Foundation

a. Functional Physical Well-Being of Older Adults

In the functional physical well-being dimension in the older adults in this study,

informants stated that health is a source of happiness. The older adults understand that physical health is a way to maintain organ function so that they can avoid various diseases. These findings are in line with studies conducted by (Azimkhani et al., 2026; Li et al., 2024) in China, which stated that physical activity in the older adults is positively related to the quality of life of the older adults, especially in terms of mental health. Research (Niu et al., 2025; Yu et al., 2023) shows that walking interventions in older adults communities can reduce frailty and improve cognitive function and quality of life in the older adults, while research conducted (Schwartz et al., 2025) shows that most older adults programs related to physical activities such as aerobics and traditional sports significantly improve the quality of life and mental health of the older adults.

b. Financial Security of Older Adults

This study also found that financial security for older adults includes not having to work as a form of care from their children, not having debt or economic problems, and receiving financial support from their children. This study is in line with research conducted in Turkey (Çakın et al., 2025) that poverty and economic limitations are associated with increased symptoms of depression and decreased quality of life in older adults. This information is confirmed by research conducted in France, which found that various forms of financial pressure (debt, difficulty meeting basic needs, money worries) are consistently associated with depression in the older adults (Alaghi et al., 2025; Dumontet & Henchoz, 2023; Rivera, 2024).

Pathways of Engagement

a. Social participation of Older Adults

Our findings show that social participation among older adults is not only viewed as a formal activity but also as a daily relational practice that maintains emotional balance (Liu et al., 2026). Informal interactions such as interacting with neighbors, attending religious gatherings, or participating in community routines (Gao et al., 2025; Huang et al., 2025; Qiu et al., 2026) Older adults describe involvement in social life as dependent on their ability to remain present and accepted in social spaces (Almeida-Meza et al., 2025; Varol et al., 2026; Yang & Kang, 2025)

b. Productive Engagement of Older Adults

This study also found a dimension of participation in productive activities. This finding is in line with research conducted by (Xie, 2024) which found productive patterns among older adults, namely working, caring, and contributing to the community, as well as finding several patterns related to the well-being of older adults. Another study (Akhter-khan et al., 2023) shows that productive activities carried out by older adults, such as helping their families or communities in their neighborhood, play an active role in eliminating loneliness or feelings of isolation among older adults.

c. Lifelong Learning Engagement of Older Adults

The dimension of lifelong learning in this study is illustrated by the participation of older adults in Makassar City in activities such as seminars, counseling, other educational activities, health education for families and caregivers, religious gatherings and recitations as places of learning, and schools for older adults as a means of learning and empowerment, which are forums for learning to maintain cognitive function. Mapping of the *lifelong learner* program among the older adults was also conducted in the study (Manuel et al., 2021) and showed its benefits for cognitive function, emotional support, and social inclusion. These findings are in line with research showing that seniors who participate in lifelong learning programs at the Osher Lifelong Learning Institute have

higher cognitive reserves and more successful ageing compared to seniors who do not participate. Meanwhile, research conducted by (Wang et al., 2025) shows that senior participation in non-formal education can improve quality of life, senior welfare, and cognitive function.

Mediating Core

a. Spiritual Life Orientation of Older Adults

In the first aspect, namely spiritual needs and inner peace, it appears that older adults in Makassar City are active in participating in spiritual activities such as recitation of the Quran, religious gatherings, and improving the quality of worship as a way to calm their hearts and accept their condition in old age. The results of this study are supported by research showing that spirituality in the older adults is associated with lower symptoms of depression and anxiety and can improve the quality of life of the older adults (Lima et al., 2020). Religion- and spirituality-based practices can also strengthen mental and psychosocial health, especially when facilitated in the form of community-based programs (Shabani et al., 2023).

b. Family-Centered Happiness of Older Adults

Another dimension found in this study is family-centered happiness among the older adults. Research conducted in China states that families play an important role in the mental well-being support system for the older adults (Cai et al., 2023). The results of the study show that family support is a source of peace when children and grandchildren visit often, and emotional support from family is the main source of happiness for the older adults in Makassar City.

c. Social Embeddedness of Older Adults

This study also found a dimension of social connectedness for older adults, as demonstrated by participation in community activities, a safe and comfortable social environment, and interacting and gathering with friends. The results of this study are in line with (Das et al., 2025) states that seniors who do not participate socially are 2.07 times more likely to experience depression than seniors who do participate socially. Other studies show that seniors who participate in social communities have a direct relationship with their life satisfaction, as well as reduced depression and improved cognitive function (Lv et al., 2024). Older adults who live in communities with good security and high social trust are less affected by negative emotions and tend to have good mental health (Lin et al., 2024).

Subjective Outcome

Psychological Serenity and Emotional Regulation of Older Adults

The dimension of psychological well-being in this study includes the ability of older adults to control feelings of loneliness, avoid stress and conflict, feel calm and free of worries, and not be a burden to others. This is in line with the concept of psychological well-being in older adults, which emphasizes self-acceptance. A study conducted by (Mikuličiūtė et al., 2025) shows that high psychological well-being in older adults is associated with a reduction in symptoms of depression. Other findings reinforce these research results (Molinero et al., 2021) describes good physical condition as being associated with higher psychological well-being and lower levels of depression.

Theoretical Contributions to Healthy Ageing Scholarship

This study provides a relational system model related to healthy ageing based on the life experiences of older adults in urban contexts in the Global South. These findings differ from the WHO healthy ageing framework, which prioritizes functional status. Our findings place

psychological well-being as the end result that emerges from structurally supported and relationally mediated well-being. This research focuses on spirituality, family dependence, and social engagement, rather than biomedical optimization. It challenges the dominant paradigm and provides a contextual understanding of ageing outside the context of high-income Western countries.

Conclusion

This study shows that the well-being of older adults in the context of Indonesian cities is a multidimensional, relational, and dynamic system. The findings of this study are eight interconnected dimensions of holistic well-being for older adults: functional physical well-being, financial security, social participation, productive engagement, engagement in lifelong learning, spiritual orientation, family-centered happiness, and social connectedness, which culminates in psychological well-being as a subjective outcome. This study has limitations, namely the need for further research conducted in accordance with the local context of the region. This study captures diverse experiences but has not specifically analyzed variations in well-being based on specific sociodemographic characteristics such as age group, living patterns, socioeconomic status, health conditions, or functional dependency levels. This study relies on self-reported narratives that reflect subjective interpretations influenced by cultural norms and social desires.

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Consent to Participate

Informed consent was obtained from all individual participants included in this study. All participants were informed about the purpose of the study, their right to withdraw at any time, and the confidentiality of their data before providing written informed consent.

Clinical Trial Number

Clinical Trial Number: Not Applicable

Consent for Publication

This manuscript does not contain any identifying images, personal photographs, or personal clinical details of individual participants that could compromise participant anonymity. All participants were assigned anonymous codes to protect their identity.

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Disclosure statement

The authors declare that there are no financial or non-financial conflicts of interest related to this research. All authors contributed to the research design, data analysis, and manuscript preparation to ensure an objective evaluation of the validation results.

Ethics Approval and Consent to Participate

This study was conducted in accordance with the Declaration of Helsinki and all relevant national and institutional guidelines and regulations governing research involving human participants. Ethical approval was obtained from the Health Research Ethics Committee of the Faculty of Public Health, Hasanuddin University. Written informed consent was obtained from all research participants prior to data collection. All participants were informed about the purpose of the study, data collection procedures, their right to withdraw at any time without consequence, and the confidentiality of their personal information.

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Data availability statement

Data is provided within the manuscript or supplementary information files.

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