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Primary Care As A Gateway To Mental Health: Strategies For Improving Well-Being In Older Adults.

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ABSTRACT : The mental health of the elderly has been brought to the fore as a pressing problem accompanying the ever-increasing demographic transition to an aging population in worldwide environments, and the sense of urgency is especially noticeable in the urban Indian environment where gaps in access to care and social support systems are still present. Primary care is potentially a gateway to mental health interventions due to the integrated, accessible and holistic nature of services provided at primary care. The aim of this study was to examine how three key determinants, namely the quality of primary care, the relationship between the patient and the provider, and the existence of barriers to mental health care, can affect the overall health of older adults living in the province of Mangalore. They were aimed at testing the individual and simultaneously combined effects of these variables as well as the dimensions of primary care that most significantly predict mental health outcomes. The methodology used was a quantitative survey where thirty elderly respondents were used to collect data with a structured questionnaire that included demographic questions and Likert-scale questions covering the four variables. Random sampling method was employed and the obtained data were analysed through descriptive statistics and regression analysis within the SPSS. The results presented that the quality of primary care proved to be the most powerful and statistically significant predictor of well-being and showed a positive impact clearly. The patient-provider relationship was also associated with an upward trend although not statistically significant whereas barriers to mental health care have no perceivable influence in this sample. However, the composite predictor model that entails all three predictors explained about ninety percent of the well-being variance, which supports the significant role of primary care in determining mental health outcomes. The research finds that the quality of primary care service should be promoted as the most effective approach to the psychological well-being of older adults, and the establishment of supportive relationships between the patient and the provider and the reduction of systemic obstacles are other aspects that should be prioritized in future research and practice.

KEYWORDS: Primary care, Mental health, Older adults, Patient provider relationship, Barriers to care, Well-being.

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INTRODUCTION

Mental health care of older adults has been a pressing public health issue in the context of the growing population of the aging world. Elderly people are faced with a complex of age-related physical illnesses and emotional difficulties, such as depression, anxiety, loneliness, and the deterioration of intellectual abilities. Mental health issues in later life are often not noticed, are stigmatized, or otherwise ignored particularly in the context of health systems that focus on physical illness (Reynolds et al., 2022) PMC. In this context, primary care services, because of their status as the first point of contact in the health system, have the potential to act as an access point to the realization, support, and treatment of the mental well-being of older adults.

Primary care physicians have a special resource; they have a sustained and extended contact with older adults through chronic disease management, preventive care, and regular check-ups, which places them in good position to detect mental health-related symptoms, counselling, referrals, and organization of social supports. It has been noted that the integrating of mental health into primary care has been linked to better health outcomes, the decrease of care fragmentation, and possible decrease in the stigma that accompanies the process of seeking mental health help (American Medical Association practice guide, 2023). Moreover, actively working with adult groups, the use of collaborative care models, including primary care teams, behavioural health workers, and psychiatric consultants, proved to be effective in reducing the effects of depression (CHCS).

However, such models are not easy to implement. Significant obstacles are scarce resources, lack of provider training in geriatric mental health, time, and cultural assumptions made about aging and mental illness, and patient reluctance to communicate with a physician about emotional distress. Elderly people might also experience emotional distress as a natural aging process and, therefore, they do not want to reveal it, which continues to make mental health issues invisible (Elshaikh et al., 2023) BioMed Central. On the other hand, elderly individuals can be motivated to seek assistance and comply with treatment plans with the help of positive patient-provider relationships, trust, strong social support systems, and mental health education. It can also be based on social engagement and community initiatives to buffer isolation and create resilience (Bar-Tur, 2021) Frontiers.

In the Indian city setting like Mangalore, older adults face other problems such as traffic jam, lack of mobility, economic problems, the fragmented health system, and mental health stigma. In this regard, exploring ways in which primary care can close access, quality, and integration gaps of mental health services is of special interest. This study aims to uncover the most significant factors that can be used to enhance the well-being of older adults by targeting the determinants of mental health quality, patient-provider relationship, barriers, and their influence. Knowledge of these relationships can underlie interventions based on provider training, outreach in communities, stigma reduction interventions and system-level interventions.

Thus, the main research question is as follows: how the differences in the quality of primary care, the quality of relationships between patients and providers, and the absence or presence of barriers are correlating with the reported well-being of older adults? To answer this question, through questionnaires, data will be gathered on these four variables and statistical analyses will be carried out to test the hypothesis that quality and relationships have a positive relationship with well-being and barriers

negatively with it. The expected outcomes of the findings should be used to design the intervention in primary care settings that can effectively serve as a gateway to improved mental health in late life.

REVIEW OF LITERATURE

Reynolds et al. (2022) observed that ageing in the world population has provided more mental illness among the older population, which makes treatment both labour-intensive to patients and caregivers. They cited ageism as a long-standing issue and argued in favour of the encouragement of resilience, wisdom and prosocial behaviours as potential counter to stigma and as a means of promoting mental health. Their work required a more comprehensive approach to geriatric psychiatry that focuses on health rather than illness, which focused on neurocognitive disorders, depression, schizophrenia and substance use disorders. They emphasized the need to have multidisciplinary team care, inter-service, research variability of treatment, caregiver welfare, pharmacological safety, and promotion of positive, normal cognitive ageing as a counter-to-ageism approach.

Lee et al. (2022) emphasised the increasing relevance of digital health approaches to be implemented in older adults in the context of global population ageing. The aim of their NIHR-funded study was to comprehend the use of technology among adults 50 years and above, and their caregivers, and the barriers and facilitators to the adoption of health information technologies (HITs). In the block of participatory design workshops involving 21 participants, the authors have discovered that the use of smartphones and computers were widely used, but the issue of data privacy and security was still a critical issue. Such aspects as the ability to make the tools personalized, having reliable sources of information, and the adoption of the tools in the context of the standard health-care practices were the facilitating factors that would help in the strengthening of the patient-provider relationships.

LaMonica et al. (2021) explored how co-design can be used to create digital interventions to support older adults with mental health. They claimed that HITs would enhance the access to cost-effective interventions on the scale, yet its adoption was reliant on the strategies that would guarantee the usability and acceptability of those interventions by this age group. Their results emphasized the importance of engaging older adults in co-design procedures, using digital navigators as a guide to the users, and providing training and learning materials to develop confidence in using technology. The measures were also found to be key in improving the engagement and in addressing the barriers that usually limit the benefits that digital health innovations can offer to older adults.

Ashley et al. (2021) reviewed the psychological health of healthcare nurse professionals working in primary healthcare settings during the COVID-19 pandemic through qualitative description. Using semi-structured interviews with 25 participants, the research showed that professional and public support, as well as, the acknowledgment of the roles of nurses enhanced the perceptions of value, but negative experiences increased stress and anxiety. The respondents said they practiced self-care measures such as keeping their homes and work environments clean of infection, exercising, and eating a nutritious diet. Despite the fact that the vast majority of nurses had a positive outlook concerning professional role, a smaller group stated that negative psychological effects initiated a reassessment of career paths. The authors emphasized that stressor awareness and coping strategies are a key to directing workplace support systems and recommended that additional research should be conducted on the long-term psychological consequences.

Kang and Kim (2022) reviewed a large number of quantitative studies that investigated the connection between ageism and psychological well-being in older adults. The inclusion criteria were met by thirteen studies, and all of them showed a negative correlation to ageism and well-being. The review established that older adults who had greater psychological well-being, which was measured in terms of optimism, pride in aging, self-confidence, and emotional resilience, had reduced negative effects of ageism. The authors concluded that these mediating forces may be used in informing interventions to reduce the deleterious effects of ageism and improving psychological well-being in later adulthood.

Witlox et al. (2021) assessed the efficacy of a short-term blended acceptance and commitment therapy (ACT) intervention compared to the current cognitive behavioral therapy (CBT) in anxious adults. The sample size was 314 adults aged between 55-75 years and recruited through general practices and cluster-randomised to either intervention group. The two groups showed a substantial decrease in the anxiety severity, which was maintained over a 12-month follow-up, and there were no statistically significant differences between the two approaches. However, blended ACT had stronger improvements in positive mental health and increased treatment satisfaction in the long term than CBT. The research therefore concluded blended ACT to be a feasible alternative to CBT in the treatment of anxiety in adulthood.

3.METHODOLOGY

Research Design

The research design used in this study was based on a quantitative survey research, where the research aimed at understanding how primary care can be used to improve the mental well-being of elderly people in Mangalore. The design was considered to be suitable because it allows a systematic gathering of numeric information and the use of statistical methods in testing the hypothesis. In particular, the analysis was centered on four key aspects that were determined using the literature and conceptualization: Quality of Primary Care (F2), Patient-Provider Relationship (F4), Barriers to Mental Health Care (F7), and Impact on Well-Being (F8). All these factors have been chosen as they are of critical importance in the context of the capability of primary care to be a gateway to mental health.

Population and Sampling

The target population consisted of older adults aged 60 years and over who lived in the city of Mangalore. Random sampling method was used to minimise bias and to provide representativeness. The sample size of 30 respondents was enough to analyse exploratory regression analysis, but the sample size was quite small, which could still give important answers to the research problem.

Data Collection

A structured questionnaire survey was used to collect the data. The instrument has two parts; the first one was devoted to the demographic variables (age group, gender, education level, living arrangement, and monthly income); the second part referred to the answers related to the four main factors of interest. The items used in measuring each of the factors were five items measured on 5-point Likert scale (1 Strongly Disagree, 5 Strongly Agree). The survey question was given to the survey participants personally, and some explanation was given to make sure that the aged respondents were comfortable and precise with the questions.

STATEMENT OF THE PROBLEM :

Older adults often experience mental health challenges such as loneliness,depression,and anxiety due to aging,declining physical health,and reduced social interaction. In many cases, these issues remain unrecognized or untreated because of limited awareness and inadequate access to mental health services. Primary care, being he first point of contact for most health concerns, can play a vital role in identifying and managing these problems. However, the quality of primary care services , the nature of the patient-provider relationship, and the presence of barriers to mental health care can greatly influence the well-being of the elderly. This study aims to examine how these factors affect the mental health of older adults in Mangalore , emphasizing the role of primary care as a gateway to improving their overall psychological well-being.

RESEARCH OBJECTIVES

1. To determine the influence of the quality of primary care on the well-being of older adults living in Mangalore.

2. To assess how the patient provider relationship affects the mental health of the older adults.

3. To assess how the accessibility of mental health care is impacted by obstacles to accessing mental healthcare, and the impact of this on the well-being of older adults.

4. To estimate the overall impact of the quality of primary care, quality of patient-provider relationship, and obstacles to mental health care on the health of older adults.

RESEARCH HYPOTHESES

- H01: There is no significant impact on the well-being of older adults by the quality of primary care.
- H1 1: There is a strong positive influence of quality of primary care on the wellbeing of older adults.
- H0 2: There is no significant influence of patient provider relationship on well being of older individuals.
- H1 2: There is a positive strong effect of the patient provider relationship on the wellbeing of older adults.
- H0 3 The well-being of older adults is not significantly related to barriers to mental health care.
- H1 3: The barriers to mental health care are highly negatively related to the well-being of older adults.
- H0 4: The combination of the following factors of quality of care, patient-provider relationship, and barriers are not significantly predictive of the well-being of older adults.
- H1 4: Quality of care, patient provider relationship, and barriers are a significant predictor of well being of older adults.

SIGNIFICANCE OF THE STUDY

The mental health of older adults has become one of the growing public health issues in the face of the rapid demographic transition to aging populations in the global population (Reynolds et al., 2022). In low- and middle-income nations, like India, the elderly and middle-aged population experiences an added risk due to the presence of chronic physical ailments and social isolation, as well as the lack of mental health care services (Kafczyk, 2023) PubMed. In spite of this urgency, the mental health care system is highly segregated in terms of specialist healthcare, geographically and institutionally remote, to the primary care system where many older adults initially seek care.

The research is important as it places the primary care as the gateway by which mental health support of older adults can be made more accessible, integrated, and preventive. Introduction of mental health screening, counselling and referral into mainstream primary care will decrease the fragmentation of care and the barriers to seeking help among older adults (Brown et al., 2021) ScienceDirect. Empirical research on integrated care trials has shown that older adults aged 65 and above who receive mental healthcare in a primary care environment have better clinical outcomes and fewer symptoms of depression than those who do not get specialist referrals (Bartels, 2017) PMC.

With four main variables in the study, including quality of primary care, patient-provider relationship, barriers to mental health care, and effect on well-being, this study will seek to determine the most impactful levers that can change the primary care contact to meaningful improvement in mental health outcomes. These relationships are essential not only to development of theory but also to policy and

practice as, for example, they help clarify the importance of boosting provider training in geriatric mental health, community support system expansion, and limiting stigma.

Primary mental health care is facing several issues in the Indian environment, such as a lack of workforce, poor governance, poor awareness of stakeholders, and lack of funds (Kafczyk et al., 2024). The elderly are particularly disadvantaged, as they tend to refer to tertiary mental health facilities even when they have mild conditions due to the lack of capacity or confidence of primary care establishments to deal with mental health issues (Kaur, 2023). This research provides the basis to inform resource allocation and programme design in urban areas like Mangalore by empirically testing the predictions of well-being among older adults by the quality of services offered, dynamics of relationships, and perceived barriers.

DATA ANALYSIS

The answers were coded and were inputted into SPSS 25. The demographic traits and mean scores of the individual factors were summarized using preliminary descriptive statistics (frequencies, percentages, means, and standard deviations). Simple linear regression was then conducted: the independent predictors of well-being were individually tested by simple linear regression, and the predictive power of the three factors was tested by multiple linear regression. Such two-level analysis allowed conducting systematic analysis of the individual and collective contributions.

Demographic Summary of Older Adults in Mangalore

Category	Frequency	Percent
Location		
Mangalore	30	100
Age Group		
60–65 years	10	33.3
66–70 years	7	23.3
71–75 years	6	20
76–80 years	5	16.7
Above 80 years	2	6.7
Gender		
Female	14	46.7
Male	14	46.7
Other / Prefer not to say	2	6.7
Educational Level		
Graduate	10	33.3
No formal education	6	20
Postgraduate and above	3	10
Primary school	6	20
Secondary school	5	16.7
Living Arrangement		
Living alone	3	10
Living in an old age home	4	13.3
Living with children/family	15	50
Living with spouse	8	26.7
Monthly Income (INR)		
₹10,001 – ₹20,000	11	36.7
₹20,001 – ₹30,000	2	6.7
₹30,001 – ₹40,000	4	13.3
Above ₹40,000	3	10

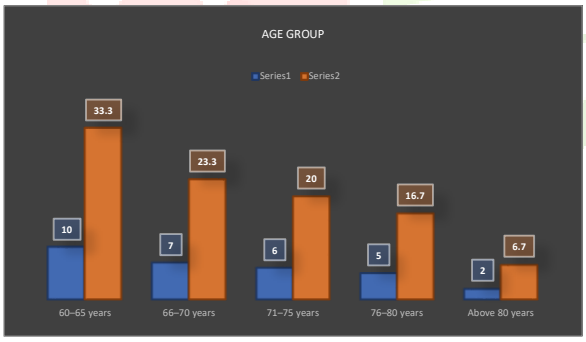
Less than ₹10,000	10	33.3

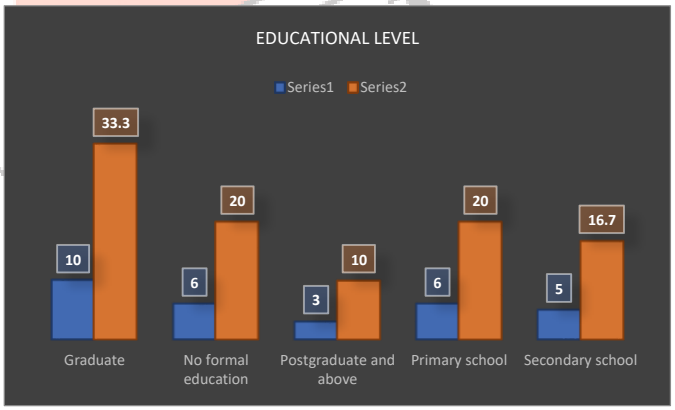
Demographic characteristic of the respondents showed that all of them were born in Mangalore which was 100 percent of the total sample (N30). In terms of age, most of the respondents were aged 6065years (33.3percent), then those aged 6670years (23.3percent), and lastly, 7175years (20percent). A smaller percentage were 76-80 years (16.7 percent), and the percentage aged over 80 years was only 6.7. This trend indicates that the majority of the respondents were found in the younger part of the ageing demographic.

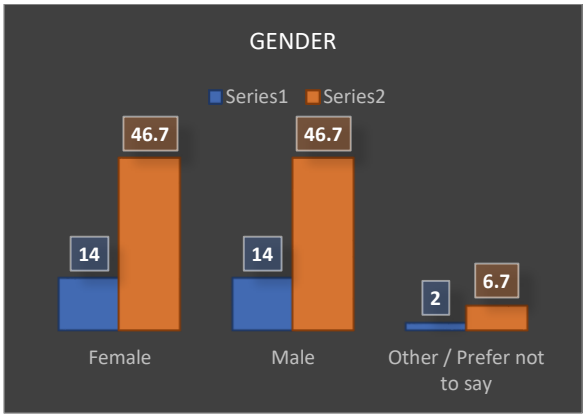
Regarding gender, it was balanced with males and females taking up 46.7 percent and 46.7 percent, respectively, and 6.7 percent were other or did not disclose their gender. In terms of educational attainment, a high percentage of the respondents had graduated (33.3 percent), and 20 percent had no formal education or primary school. The level of secondary education was approximately 16.7 percent and postgraduates or higher degrees was 10 percent. These results show that although a section of the aging population had access to higher education, a significant number were either able to have little or no formal education.

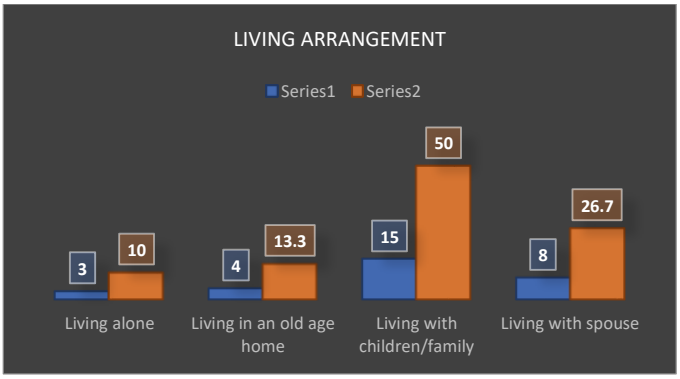
The living arrangements analysis showed that half of the respondents (50□iesz percent) lived with their children or other family members, which indicated the highly common joint or extended family system in the area. About 26.7 percent were living in a marriage, 13.3 out of 100 lived in old-age facilities, and 10 out of 100 lived alone, which shows different levels of social support that was offered to the elderly.

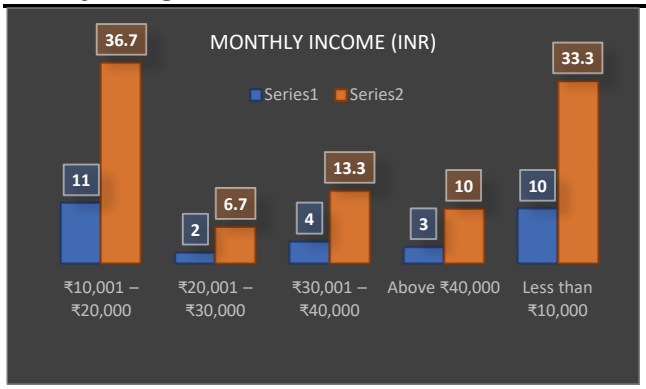
In terms of monthly income, the highest number of respondents (36.7 percent) indicated an earning of 10000-20000, and 33.3 percent earned less than 10000. Fewer percentages earned higher amounts with 13.3 percent earning 30,001-40000 and a percentage of 10 earning over 40000. They were only 6.7 percent in the 20,001-30,000 category. This distribution indicates that most of the elderly in Mangalore have modest financial resources and relatively few have greater income security.











Regression analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.945[a]	.894	.882	.46159
a. Predictors: (Constant), Patient–Provider Relationship,Barriers to Mental Health Care, Quality of Primary Care				

The regression model summary showed that there was a strong correlation between the independent variables that included Quality of Primary Care, Patient-Provider Relationship, and Barriers to Mental Health Care and the dependent variable. The model produced a very high correlation value of R of .945, whereas the value of R2 of.894 showed that about 89.4 percent of the variance in the dependent variable was explained by the three predictors. The adjusted R2 (.882) ensured the strength of the model, including the size of the sample and the quantity of predictors, and the standard error of the estimate (.46159) entailed a fairly narrow margin of error. On the whole, the model was characterized by a powerful predictive ability that implied that these factors played an important role in explaining the differences in outcome variable.

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	46.627	3	15.542	72.948	.000[b]
	Residual	5.540	26	.213		
	Total	52.167	29			
a. Dependent Variable: Factor 8: Impact on Well-being						
b. Predictors: (Constant), Patient–Provider Relationship, Barriers to Mental Health Care, Quality of Primary Care						

The test outcomes of the ANOVA indicated that the regression model was statistically significant to predict the dependent variable, Impact on Well -being (Factor 8). The analysis showed that the regression sum of squares was 46.627 and the residual sum of squares was 5.540 in total as 52.167. The overall model was

highly significant because the F value of 72.948 and 3 and 26 degrees of freedom showed that the overall model was significant. The p-value (.000) revealed that the predictors, i.e. Quality of Primary Care, Patient-Provider Relationship, and Barriers to Mental Health Care, had a statistically significant combination of effects to explain variations in well being among older adults, which confirmed the strength and validity of the regression model.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.095	.836		-1.311	.201
	Barriers to Mental Health Care	.128	.127	.074	1.005	.324
	Quality of Primary Care	.532	.141	.642	3.787	.001
	Patient–Provider Relationship	.478	.283	.280	1.688	.103

a. Dependent Variable: Factor 8: Impact on Well-being

The coefficients table provides an in-depth explanation of the contribution of the individual independent variables to the dependent variable, Impact on Well-Being (Factor 8) to the regression model. The intercept of the relationship is -1.095, which has a standard error of 0.836 and is not statistically significant (t = -1.311, p = 0.201) which means that without the predictors, the model does not give statistically significant explanation of the outcome variable. This implies that the Mental Health Care Barriers predictor has an unstandardised coefficient (B) of 0.128, standard error of 0.127 and standardised beta of 0.074, not significantly affecting well-being in this model is not statistically significant (t= 1.005, p= 0.324). Conversely, Quality of Primary Care becomes the most impactful factor, the unstandardised coefficient of 0.532, the standard error of 0.141, the standardised beta of 0.642 was highly significant (t = -3.787, p =0.001) which means that the quality of primary care improvement is a strong and positive predictor of the well-being of older adults. This observation highlights the importance of quality of service in improving mental health outcomes in general. Patient-Provider Relationship is the third predictor that exhibits a positive unstandardised coefficient of 0.478, a standard error of 0.283 and a standardised beta of 0.280. Even though this correlation is not statistically significant to the traditional 0.05 mark (t 1.688, p 0.103), the coefficient shows a positive trend, which indicates that the stronger the patient-provider relationships, the better the well-being, although this is not conclusive in the current sample. Combined, the findings suggest that Quality of Primary Care is the most important and powerful predictor of well-being, and Patient-Provider Relationship may be potentially important and Barriers have limited effect. This further supports the notion that improvement of the quality of services offered in primary care facilities is a crucial tool in helping older adults to improve their mental health and overall well-being, and it also indicates the necessity of following up research with bigger sample sizes to elucidate the functions of relational and barrier-related variables.

MAJOR FINDINGS

The regression analysis gives strong evidence on the proposed hypotheses in the influence of the selected factors on the well-being of older adults. The model summary shows a very high correlation (R=0.945), and explanatory power (R 2 =0.894) which means that the proportion of the variance explained by the predictors is approximately 89.4%. The result of the ANOVA also supports the overall importance of the model (F = 72.948, p = 0.001) and shows that such a combination of factors significantly predicts the well-being of older adults.

On the individual factor level, quality of primary care becomes the most dominant predictor, with a positive and very significant impact on well-being (B = 0.532, 0.642, t =3.787, p=0.001). This finding makes H 0 1 rejected and H 1 1 accepted, which means that the well-being of older adults significantly increases with an increase in the quality of primary care services. It has a positive influence on the relationship between the patient and the provider as well (B = 0.478, B 0.280) but fails to reach the statistical significance (t = 1.688, p 0.103). This means that H 0 2 cannot be rejected and therefore despite the positive trend, there is not enough evidence to prove significant impact at the 0.05 level. Conversely, mental health care barriers had an insignificant, non-significant effect (B = 0.128, = 0.074, t = 1.005, p = 0.324), which supports H0 3 and shows that barriers did not have a significant effect on well-being in this sample study.

Lastly, the model has a high predictive power when the predictors are taken collectively as the ANOVA results (p-value insignificant below 0.001) reveal, and the high R 2 reflects. This warrants the rejection of H 0 4 and the acceptance of H 1 4 in support of the hypothesis that the combined effects of the quality of care, patient-provider relationship and barriers jointly and significantly determine the well-being of older adults.

RESULTS AND DISCUSSION

It was a study that aimed to explain the impact of the quality of primary care, the relationship between the patient and the provider, and the existence of barriers on the well-being of older adults in Mangalore. The results show that the general model is strong, meaning that these three variables in combination can be used to explain a large portion of the variance in the perceived well-being of older adults. This confirms the primary role of primary care in determining the mental and emotional health in later life.

Analysing each of the factors separately, the most significant one is that of quality of primary care. The well-being of elderly individuals who describe their experience with primary care services as reliable, effective, and responsive to physical and mental health is much higher. It implies that enhancing the quality of care, i.e., increasing the length of consultations, improving follow-up, and holistic care, has the best chance of improving the quality of life of older adults.

Patient-provider relationship also has a positive correlation with well-being, however, it is not statistically significant in the sample under examination. However, the reported trend suggests that trust, respect, and open communication could help with mental and emotional health, and a bigger sample could probably clarify this process. On the other hand, the stigma, mobility issues or cultural beliefs do not show a significant impact on well-being in this research. This can be explained by the availability of supportive family or trusted community resources to individuals, and these resources might be able to counteract the effects of these obstacles.

CONCLUSION

The aim of the study was to discuss the role of primary care as a gateway to mental health and the role of particular variables in shaping the well-being of elderly people in Mangalore. It has focused on four key variables; the quality of primary care, the patient-provider relationship, barriers to mental health care, and the influence on well-being. The study presented helpful information on the interaction between these

factors to form a mental health outcome in adulthood through the application of a questionnaire survey of 30 older adults.

The evidence points at the key role of quality of primary care. The well-being of older adults who had received services that were trustworthy, efficient, and responsive to both physical and mental conditions was also much more improved. This finding supports the fact that the enhancement of the quality of care is not only a matter of curing disease but also the creation of confidence, stress reduction, and the feeling of security among the elderly. In comparison, the patient provider relationship though positively correlated with well-being did not have a statistically significant impact. Still, the trend implied that trust, respect and free communication with the healthcare providers are still the crucial factors which can positively influence the care experiences, although they were not so significant in this narrow sample.

It was also found that barriers to mental health care, including stigma or lack of awareness or mobility, did not play a significant role in this well-being. A probable reason is that the impact of these barriers was alleviated by the fact that there was a high level of family support and community connectedness in Mangalore. Yet, this does not mean that barriers are insignificant in other environments or among larger populations these might have a more significant role.

The combination of the three predictors, quality of care, patient-provider relationships, and barriers, was demonstrated to have a significant predictive power in overall well-being, with almost 90 percent of the variance in the answers explained. This highlights the fact that, mental health outcomes at older age are not independent but rather determined by a system of interactions between healthcare quality, relational support, and systemic issues.

On the whole, the research finds that the most effective approach to the mental well-being of the older population is the reinforcement of the quality of primary care. Simultaneously attempts to improve the relationships between the patient and the provider and overcome barriers should be pursued even when the impact of such factors was not so pronounced in this sample. The findings also suggest that future research should be conducted in varied settings to reestablish these findings and be used to direct policy and interventions to ensure healthy and dignified aging..

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