ORIGINAL ARTICLE

CONTENTS

Adult perceptions and awareness of longevity in the elderly: Healthy aging from a public health perspective in Ajman, UAE

Simrah Iman[1], Walaa Abdelaziz Hassan Taha[1], Fatima Aziz Adenwala[1], Zahabiyah Aliasgar Saifee[1], Syeda Amreen Fatima[1], Shahnaz Mohamed Wazil[2], Tatjana Ille[3,4], Jayakumary Muttappallymyalil[5,4,]

[1]HDPCS STUDENTS, MD STUDENTS, COLLEGE OF MEDICINE, GULF MEDICAL UNIVERSITY, AJMAN, UNITED ARAB EMIRATES

[2]DOCTOR OF MEDICINE PROGRAM (MD) STUDENT, COLLEGE OF MEDICINE, GULF MEDICAL UNIVERSITY, AJMAN, UNITED ARAB EMIRATES

[3]COLLEGE OF MEDICINE, GULF MEDICAL UNIVERSITY, UNITED ARAB EMIRATES

[4]THUMBAY INSTITUTE OF POPULATION HEALTH, GULF MEDICAL UNIVERSITY, AJMAN, UNITED ARAB EMIRATES

[5]DEPARTMENT OF COMMUNITY MEDICINE, COLLEGE OF MEDICINE, GULF MEDICAL UNIVERSITY, AJMAN, UNITED ARAB EMIRATES

ABSTRACT

Aim: This study aimed to assess adult perceptions and awareness of factors influencing longevity and healthy ageing in the UAE.

Materials and Methods: A cross-sectional study was conducted among 446 adults in the UAE using a self-administered, structured online questionnaire comprised of different domains. Data was analyzed using SPSS version 29. Descriptive statistics summarized perception levels, and Chi-square tests assessed associations between sociodemographic, cultural, lifestyle, and healthcare-related factors and perceptions of longevity. A p-value <0.05 was considered statistically significant.

Results: Most participants demonstrated good overall longevity perception (87.9%). Lifestyle-related factors, including healthy diet (84.5%), regular physical activity (83.6%), stress management (84.8%), non-smoking (79.8%), and limited alcohol consumption (82.7%), were widely recognized as important contributors to longevity. Access to quality healthcare (83.6%) and financial security (79.4%) were also strongly endorsed. Significant associations were observed between longevity perception and nationality (p=0.011), education level (p=0.007), occupation (p=0.002), marital status (p=0.025), and age group (p<0.001). Preventive health beliefs, particularly stress management, healthy diet, and regular medical check-ups (p<0.001), showed strong associations with positive longevity perception.

Conclusions: Adults exhibit high awareness of modifiable lifestyle and healthcare determinants of longevity. Perceptions are shaped primarily by preventive health beliefs rather than cultural or caregiving exposure alone. Strengthening public health education and preventive healthcare initiatives is essential to support national healthy-ageing strategies.

KEY WORDS: public perception, lifestyle factors, preventive health, United Arab Emirates

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INTRODUCTION

Global demographic shifts have created an unprecedented rise in life expectancy, making longevity critical to public health priorities. According to the World Health Organization (WHO), one in six people worldwide will be aged 60 years or older by 2030, a figure expected to nearly double by 2050 [1]. While increased longevity represents the triumph of modern medicine, it necessitates a focus on "health span," the period of life spent in good health [2]. In the Gulf Cooperation Council (GCC) and the UAE, these trends are particularly relevant; despite a currently young population, the region is aging rapidly due to improved healthcare and reduced fertility rates [6, 8].

Longevity is no longer viewed simply as extending lifespan. Research indicates that approximately 25% of individual longevity is genetically determined, while the remaining variation is shaped by behavioral, environmental, and social factors [2]. Scientific literature emphasizes that longevity is determined more by modifiable lifestyle choices than by genetics [3]. Key domains such as a healthy diet, regular exercise, adequate sleep, and social connectedness are critical to maintaining good health [4].

Despite this evidence, a significant "perceptual gap" persists between scientific understanding and public belief. Many adults still associate aging with inevitability or fate rather than with modifiable risk factors [5].

These perceptions are vital because they act as social determinants; adults who perceive aging positively are more likely to engage in preventive behaviors, whereas negative perceptions are linked to poorer health outcomes [9]. Furthermore, the WHO identifies ageism and societal stereotypes as key barriers to healthy aging, as they shape how individuals view their own aging process [1].

In the UAE, perceptions of aging are strongly influenced by cultural expectations and familial proximity. Emirati culture emphasizes family as the central pillar of support, reflecting deep intergenerational obligations and moral duty [7]. However, local evidence suggests that while younger adults hold generally positive views, they may have limited awareness of the physical and financial realities of aging [7]. As the UAE population aged 65 and over is estimated to reach 18% by 2050, bridging the gap between traditional values and evidence-based health practices becomes essential [6, 10].

This study aims to assess the adult perceptions and awareness of the factors affecting longevity and healthy aging in Ajman, UAE. By exploring how individuals conceptualize healthy aging, whether through biological, lifestyle, or familial lenses, policymakers can better design culturally grounded interventions. Aligning public perception with scientific insight is crucial for supporting the UAE's Vision 2031 and ensuring a dignified aging process for the population.

MATERIALS AND METHODS

STUDY DESIGN, STUDY SETTING, AND STUDY POPULATION

This cross-sectional study was conducted in Ajman, UAE, among 446 adults aged 18 years and above. The study targeted members of the general adult population residing in Ajman. Individuals who were below the age of 18 years and those who declined to participate were excluded from the study. Participation was entirely voluntary, and only respondents who provided informed consent were included in the final analysis.

The sample size was calculated using the standard formula for estimating a proportion in a population: $n = Z^2 \times p \times (1 - p) / d^2$, where Z represents the standard normal deviation at a 95% confidence level (1.96), p represents the estimated prevalence, and d represents the margin of error. In the absence of prior local data on adult perceptions regarding longevity, the prevalence was assumed to be 50% to yield the maximum sample size, and the margin of error was set at 5%. The minimum calculated sample size was approximately 384 participants. To compensate for possible non-response and incomplete questionnaires, the sample size was increased by 15-20%, resulting in a final sample of 446 participants. Participants were recruited by a convenience sampling method.

STUDY INSTRUMENT AND VALIDATION

The instrument used in this study was a self-administered questionnaire developed from a comprehensive review of the available literature. The questionnaire was structured into four domains: socio-demographic characteristics (age, gender, nationality, education level, employment/occupation, marital status, and contact or living arrangements with elderly family members); connection to the elderly (frequency of contact with elderly individuals, caregiving history, and type of relationship with elderly persons such as family member, friend, or community member); perceptions on factors affecting longevity (participants' views on the importance of genetics, diet, physical activity, stress management, social relationships, financial stability, and access to healthcare in promoting long life); and personal perceptions and attitudes (beliefs about the most important determinants of healthy aging and their observations of elderly lifestyle patterns within their community). A draft of the questionnaire was submitted to three experts for content validation to ensure relevance, clarity, and comprehensiveness. Content and face validity were established, and revisions were made based on expert feedback. A pilot study among adults who met the inclusion criteria of the target population was conducted to assess clarity, feasibility, and comprehension, after which the questionnaire was finalized.

DATA COLLECTION PROCEDURE

Data was collected using a self-administered questionnaire distributed via Google Forms. An informed consent statement was presented on the first page of the questionnaire, and participants were required to provide consent before proceeding. Participants' privacy, anonymity, and confidentiality were strictly maintained throughout the study. The questionnaire included sections on sociodemographic details, connection and caregiving experience, cultural and social determinants, lifestyle and health determinants, attitudes, awareness, and preventive perspectives, as well as perceptions regarding factors affecting longevity. Perceptions on longevity were assessed using a validated questionnaire consisting of 11 components, which included genetics and family history, quality of diet and nutrition, regular physical activity, stress management and mental well-being, strong social connections and

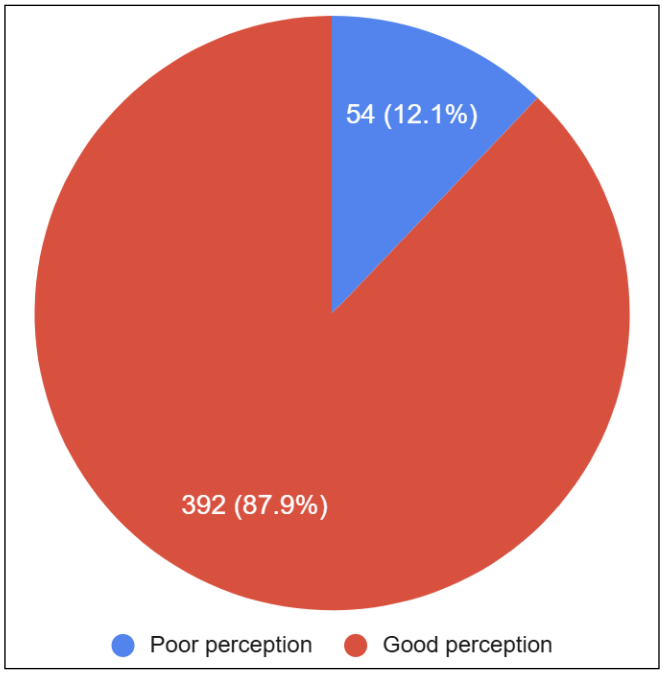

Fig. 1. Overall distribution of longevity perception among adults
Source: Own materials

relationships, access to quality healthcare, financial security and stability, having a sense of purpose in life, not smoking, limiting alcohol consumption, and a general statement-based perception component contributing to the overall score. Each component was measured through structured statements, and the Adult Perception Score was calculated by summing the scores of all 11 components. The total score ranged from 0 to 44, with scores from 0 to 22 categorized as poor perception of longevity and scores of 23 or higher categorized as good perception of longevity.

DATA ANALYSIS

Following data collection, the responses were downloaded into a Microsoft Excel spreadsheet and subsequently transferred to the Statistical Package for Social Sciences (SPSS) version 29 for analysis. Descriptive statistics were used to summarize sociodemographic characteristics and perception scores. The association between categorical variables and perception regarding longevity (poor vs. good perception) was assessed using the Chi-square test. A p-value of <0.05 was considered statistically significant.

ETHICAL CONSIDERATIONS

Approval for the research was obtained from the Institutional Review Board of the medical university in Ajman, United Arab Emirates (Ref. no. IRB-COM-STD-69-Nov-2025). The study was conducted in accordance with the Helsinki Ethical Guidelines. Participation was entirely voluntary, and informed consent was obtained from all participants before their involvement in the study. The confidentiality, privacy, and anonymity of the data were strictly maintained by restricting access to the research team and the Institutional Review Board with proper authorization. No identifying information was shared or included in any reports, presentations, or publications.

RESULTS

SOCIODEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS

A total of 446 respondents were included in the final analysis. The majority of participants were female (71.1%, n = 317), while males accounted for 28.9% (n = 129). Most respondents were from the South-East Asia Region (72.0%, n = 321), followed by those from other regions (16.1%, n = 72) and the Eastern Mediterranean Region (11.9%, n = 53). With regard to educational attainment, 39.7% (n = 177) held a bachelor's degree, and 24.9% (n = 111) possessed a master's degree. One-fifth of the participants (20.0%, n = 89) had completed secondary or high school education. Only a small proportion reported no formal education (0.7%, n = 3) or primary education (1.3%, n = 6). In terms of occupation, students (34.3%, n = 153) and full-time employees (32.3%, n = 144) represented the largest groups, followed by self-employed individuals (12.6%, n = 56) and part-time employees (10.3%, n = 46). Homemakers and retirees comprised 8.7% (n = 39) and 1.8% (n = 8) of the sample, respectively. Regarding marital status, more than half of the participants were single (50.7%, n = 226), while 41.9% (n = 187) were married. Divorced and widowed respondents accounted for 6.3% (n = 28) and 1.1% (n = 5), respectively.

Based on the overall longevity perception score, most participants were categorized as having good perception (87.9%, n = 392), while 12.1% (n = 54) demonstrated poor perception. This distribution suggests generally high awareness and positive attitudes toward factors influencing longevity and healthy ageing among the study population, as depicted in Figure 1.

Participants' perceptions of factors influencing longevity were assessed across multiple domains as described in Table 1. Overall, respondents demonstrated strong recognition of both biological and lifestyle-related determinants of healthy ageing. Genetics and family history were rated as very or extremely important by 68.2% (n = 304) of participants, while geographical location was similarly rated by 59.8% (n = 267). Life-

Table 1. Perceived importance of longevity-related components

Longevity Components	Groups	Frequency [n]	Percentage [%]
Genetics & family history	Not important	21	4.7
	Slightly important	42	9.4
	Moderately important	79	17.7
	Very important	131	29.4
	Extremely important	173	38.8
Geographical location	Not important	17	3.8
	Slightly important	62	13.9
	Moderately important	100	22.4
	Very important	130	29.1
	Extremely important	137	30.7
Quality of diet & nutrition	Not important	3	0.7
	Slightly important	23	5.2
	Moderately important	43	9.6
	Very important	121	27.1
	Extremely important	256	57.4
Regular physical activity	Not important	6	1.3
	Slightly important	24	5.4
	Moderately important	43	9.6
	Very important	154	34.5
	Extremely important	219	49.1
Stress management & mental well-being	Not important	6	1.3
	Slightly important	26	5.8
	Moderately important	36	8.1
	Very important	132	29.6
	Extremely important	246	55.2
Strong social relationships	Not important	6	1.3
	Slightly important	36	8.1
	Moderately important	63	14.1
	Very important	147	33.0
	Extremely important	194	43.5
Access to quality healthcare	Not important	5	1.1
	Slightly important	17	3.8
	Moderately important	51	11.4
	Very important	130	29.1
	Extremely important	243	54.5
Financial security	Not important	5	1.1
	Slightly important	22	4.9
	Moderately important	65	14.6
	Very important	144	32.3
	Extremely important	210	47.1
Sense of purpose in life	Not important	7	1.6
	Slightly important	26	5.8
	Moderately important	65	14.6
	Very important	136	30.5
	Extremely important	212	47.5
Not smoking	Not important	7	1.6
	Slightly important	26	5.8
	Moderately important	57	12.8
	Very important	105	23.5
	Extremely important	251	56.3
Limiting alcohol consumption	Not important	9	2.0
	Slightly important	23	5.2
	Moderately important	45	10.1
	Very important	116	26.0
	Extremely important	253	56.7

Source: Own materials

Table 2. Association between sociodemographic factors and longevity perception

Sociodemographic characteristics	Groups	Overall Longevity Perception Score				p-value
		Good Perception		Poor Perception		
		No.	[%]	No.	[%]	
Gender	Male	18	14.0	111	86.0	0.446
	Female	36	11.4	281	88.6	
Nationality	SEAR	35	10.9	286	89.1	0.011
	EMR	13	24.5	40	75.5	
	Others	6	8.3	66	91.7	
Level of education	Secondary/High school	21	23.6	68	76.4	0.007
	Bachelor's degree	19	10.7	158	89.3	
	Master's degree	7	6.3	104	93.7	
	Diploma	7	14.3	42	85.7	
	Doctorate or higher	0	0.0	11	100.0	
Occupation	Student	30	19.6	123	80.4	0.002
	Employed (full-time)	8	5.6	136	94.4	
	Employed (part-time)	7	15.2	39	84.8	
	Self-employed	6	10.7	50	89.3	
	Homemaker	1	2.6	38	97.4	
	Retired	2	25.0	6	75.0	
Marital status	Single	36	15.9	190	84.1	0.025
	Married	13	7.0	174	93.0	
	Divorced	5	17.9	23	82.1	
	Widow	0	0.0	5	100.0	
Age group	18–29 years	39	18.9	167	81.1	<0.001
	30–59 years	11	5.1	205	94.9	
	≥60 years	4	16.7	20	83.3	

Source: Own materials

style-related factors were particularly emphasized. Quality of diet and nutrition was considered very or extremely important by 84.5% (n = 377) of respondents, and regular physical activity by 83.6% (n = 373). Stress management and mental well-being were rated as highly important by 84.8% (n = 378).

Social and healthcare-related factors were also strongly endorsed. Strong social relationships were perceived as highly important by 76.5% (n = 341) of participants, while access to quality healthcare was rated as very or extremely important by 83.6% (n = 373). Financial security was similarly valued, with 79.4% (n = 354) rating it as highly important. A sense of purpose in life was considered very or extremely important by 78.0% (n = 348). Health-promoting behaviors were also widely recognized, as 79.8% (n = 356) and 82.7% (n = 369) of respondents rated not smoking and limiting alcohol consumption, respectively, as highly important. These findings indicate a comprehensive understanding among participants of the multifactorial nature of longevity.

Associations between sociodemographic variables and longevity perception were examined using chi-square tests, provided in Table 1. Gender was not significantly associated with perception grouping (p = 0.446). Both male and female participants exhibited comparable levels of good perception. In contrast, nationality was significantly associated with longevity perception (p = 0.011). Participants from the Eastern Mediterranean Region exhibited a higher proportion of poor perception (24.5%) compared with those from the South-East Asia Region (10.9%) and other regions (8.3%).

Educational level showed a significant association with longevity perception (p = 0.007). Respondents with secondary or high school education demonstrated the highest proportion of poor perception (23.6%), whereas those with higher academic qualifications, particularly master's and doctoral degrees, exhibited more favorable perception. Occupational status was also significantly related to perception grouping (p = 0.002). Students and retired participants showed rel-

Table 3. Influence of elderly exposure, cultural, lifestyle, and healthcare factors on longevity perception

Factors	Categories	Groups	Overall Longevity Perception Score				p-value
			Good Perception		Poor Perception		
			No	%	No	%	
Elderly exposure	Presence of elderly family members (≥65 years)	Yes	40	11.0	325	89.0	0.114
		No	14	17.3	67	82.7	
	Relationship to elderly family member	First-degree relative	29	9.4	278	90.6	0.064
		Second-degree relative	10	20.4	39	79.6	
		Third-degree relative	1	11.1	8	88.9	
	Frequency of contact with an elderly person	Daily	14	7.2	180	92.8	0.009
		Several times/week	17	23.3	56	76.7	
		Once/week	7	11.1	56	88.9	
		Few times/month	11	15.1	62	84.9	
		Rarely/Never	5	11.6	38	88.4	
Caregiving experience	Primary caregiver experience	Yes, currently	16	8.8	166	91.2	0.059
		Yes, in the past	21	17.9	96	82.1	
		No	17	11.6	130	88.4	
Cultural beliefs	Cultural beliefs influence longevity	Yes	45	12.7	308	87.3	0.419
		No	9	9.7	84	90.3	
	Respecting elders improves emotional well-being	Yes	45	11.0	365	89.0	0.013
		No	9	25.0	27	75.0	
Lifestyle–Healthcare Factors	Stress management contributes to longevity	Yes	45	10.6	378	89.4	<0.001
		No	9	39.1	14	60.9	
	Access to affordable healthcare promotes healthy ageing	Yes	45	10.8	373	89.2	0.001
		No	9	32.1	19	67.9	
	Healthy eating supports healthy ageing	Yes	44	10.3	383	89.7	<0.001
		No	10	52.6	9	47.4	
	Regular medical check-ups support healthy ageing	Yes	40	9.6	376	90.4	<0.001
		No	14	46.7	16	53.3	

Source: Own materials

atively higher proportions of poor perception (19.6% and 25.0%, respectively), while full-time employees demonstrated the lowest proportion (5.6%).

Marital status was significantly associated with longevity perception (p = 0.025). Single and divorced participants reported higher levels of poor perception compared with married respondents. Age group demonstrated a strong association with longevity perception (p < 0.001). Participants aged 18–29 years exhibited the highest proportion of poor perception (18.9%), whereas those aged 30–59 years showed the most favorable perception profile, with 94.9% classified as having good perception.

The relationship between exposure to elderly individuals, cultural beliefs, lifestyle practices, and healthcare-related factors and longevity perception was further examined. The presence of elderly family members was not significantly associated with perception grouping (p = 0.114), and no statistically significant association was observed for the degree of relationship to elderly individuals (p = 0.064). Similarly, primary caregiver experience was not significantly related to longevity perception (p = 0.059). Although the frequency of contact with elderly individuals demonstrated a statistically significant association (p = 0.009), with daily contact associated with lower proportions of poor perception, this finding was interpreted cautiously due to sparse cell counts across multiple categories, which limited the robustness of the analysis.

Cultural beliefs influencing longevity were not significantly associated with perception grouping (p = 0.419). While respect for elders was significantly asso-

ciated with perception of longevity ($p = 0.013$), more than 25% of the contingency table cells had small, expected counts, resulting in violations of chi-square test assumptions. Consequently, this association was considered statistically unreliable. In contrast, lifestyle and healthcare-related beliefs demonstrated strong statistical associations with longevity perception. Belief in the role of stress management in promoting longevity was significantly associated with good perception ($p < 0.001$). Likewise, participants who perceived access to affordable healthcare as supportive of healthy ageing were significantly more likely to demonstrate a favorable perception ($p = 0.001$). Healthy eating and regular medical check-ups were also strongly associated with positive longevity perception (both $p < 0.001$).

Despite these statistically significant findings, interpretation was approached with caution. The "No" response categories for several lifestyle and healthcare variables contained very small subgroup sizes, resulting in violations of chi-square assumptions. As a result, although these factors reached statistical significance, they could not be regarded as definitive predictors of longevity perception. Overall, while several elderly exposures, cultural, lifestyle, and healthcare-related factors appeared to be associated with longevity perception, none simultaneously satisfied both statistical significance and adequate cell distribution criteria, underscoring the need for cautious interpretation and further investigation using larger and more balanced samples.

DISCUSSION

Adult perceptions and awareness of longevity and healthy ageing have gained increasing attention over the past decade, with contemporary scientific literature conceptualizing longevity as a multidimensional outcome shaped by biological resilience, behavioral patterns, psychosocial factors, and healthcare environments rather than an inevitable biological decline [11].

In the present study conducted among 446 adults in the UAE, exposure to elderly individuals showed limited influence on perceptions of longevity, as the presence of elderly family members ($p = 0.114$) and the degree of relationship to elderly individuals ($p = 0.064$) were not significantly associated with perception grouping. These findings align with cross-cultural evidence demonstrating that perceptions of ageing are shaped more by societal values and the quality of intergenerational engagement than by household proximity alone (12). Although the frequency of contact with elderly individuals demonstrated a statistically significant association with perception of longevity ($p = 0.009$), this finding was interpreted cautiously due to sparse subgroup sizes, suggesting that contact frequency alone may be insufficient to produce stable shifts in ageing perceptions. This interpretation is consistent with behavioural and psychosocial literature emphasising that attitudes toward ageing are influenced by broader psychological and social contexts rather than contact alone [13].

Furthermore, primary caregiver experience was not significantly associated with perceptions of longevity ($p = 0.059$) in the present study, despite professional guidance highlighting that caregiving roles may enhance ageing awareness when embedded within structured psychological and healthcare frameworks (14). Notably, cultural beliefs regarding longevity did not demonstrate a statistically significant association with perception grouping ($p = 0.419$); however, participants who believed that respecting elders improves emotional well-being were significantly more likely to report favourable perceptions of longevity ($p = 0.013$), although this association was limited by small cell counts and therefore interpreted cautiously. These findings partially align with literature emphasising emotional well-being, respect, and social connectedness as contributors to healthy ageing, while also illustrating the difficulty of quantitatively capturing cultural constructs [15, 16]. In contrast, strong and statistically significant associations were observed between perceptions of longevity and key lifestyle and healthcare-related beliefs, including stress management, access to affordable healthcare, healthy eating, and regular medical check-ups, all demonstrating p-values ≤ 0.001. Participants endorsing these factors showed substantially higher proportions of good perception, reflecting global public-health frameworks that prioritise preventive healthcare and lifestyle modification as core components of healthy ageing [17]. These findings are consistent with regional strategies such as the Gulf Region Longevity Initiative, which emphasise healthcare accessibility, prevention, and system-level planning to extend healthspan alongside lifespan [18].

Contemporary public discourse further reinforces the view of longevity as influenced by behaviour, healthcare engagement, and quality of life rather than genetic determinism alone [19]. Evidence from lifespan neuroscience supports this perspective, demonstrating that brain health and cognitive resilience are strongly influenced by cumulative lifestyle exposures, stress regulation, and healthcare utilisation across adulthood [20]. Moreover, studies examining social determinants of cognitive health consistently report that access to healthcare and health-promoting behaviours are key predictors of favourable ageing outcomes [21, 22]. UAE-specific research has documented evolving public

perceptions of ageing and aged care, highlighting a gradual shift from reliance on traditional caregiving models toward greater acceptance of formal healthcare systems [23, 24], consistent with the present study's finding that caregiver experience alone did not significantly influence longevity perception. Evidence-based cognitive health guidance further emphasises the importance of lifelong engagement in preventive behaviours [25], while psychological research indicates that individuals with positive perceptions of ageing demonstrate better cognitive performance and mental wellbeing [26].

At a regional level, demographic and policy analyses highlight the rapid ageing of GCC populations and the growing importance of healthcare system preparedness [27], reinforcing the public health relevance of participants' strong emphasis on healthcare access. Recent public-health scholarship integrates these dimensions into a comprehensive healthy-ageing framework that situates individual beliefs within broader healthcare and policy environments [28]. Comparative studies across GCC countries further demonstrate that healthcare infrastructure and preventive service utilisation are critical determinants of longevity outcomes [29]. Finally, national strategies implemented by the UAE Ministry of Health and Prevention prioritise preventive care and healthy-ageing promotion [30], and the alignment between these policies and the perceptions identified in the present study suggests convergence between public attitudes and national public health priorities. Overall, by explicitly reporting numerical findings and comparing them with international, regional, and national evidence, this study demonstrates that adult perceptions of longevity in the UAE are more strongly shaped by lifestyle and healthcare beliefs than by exposure or cultural factors alone, while also highlighting the need for cautious interpretation due to statistical limitations.

CONCLUSIONS

In conclusion, this study explored adult perceptions regarding the determinants of longevity among the elderly population. According to the research findings, it highlights that most adults recognize healthy lifestyle behaviors as essential factors in promoting longer life, such as balanced nutrition, regular physical activity, and strong social connections. Participants also emphasized the importance of early prevention, regular medical check-ups, stress management, and maintaining an active and meaningful daily routine. These perceptions reflect an increasing awareness of the role that modifiable risk factors play in healthy aging. The study further suggests that education level, personal experiences with older family members, and exposure to health information may influence how adults understand aging. Although genetics is acknowledged as an important factor, respondents generally believe that lifestyle choices significantly shape health outcomes in later life. Overall, the results underline the need for community-based health promotion programs that encourage preventive behaviors from early adulthood. By strengthening public awareness and providing accessible resources, healthcare systems can better support healthy aging. Promoting informed perceptions today may contribute to improved longevity in future generations.

REFERENCES

1. World Health Organization. Ageing and health. 2024. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health (Access: December 2025).
2. Gianfredi V, Nucci D, Pennisi F, Maggi S, Veronese N, Soysal P. Aging, longevity, and healthy aging: the public health approach. Aging Clin Exp Res. 2025 Apr 17;37(1):125. doi: 10.1007/s40520-025-03021-8. DOI
3. National Institute on Aging. Cognitive Health and Older Adults. National Institutes of Health; 2024. https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults (Access: December 2025).
4. Harvard Health Publishing. Six steps to cognitive health. 2021. https://www.health.harvard.edu/mind-and-mood/six-steps-to-cognitive-health (Access: 2025).
5. American Psychological Association. Older adults' health and age-related changes. 2021 Sep. https://www.apa.org/pi/aging/resources/guides/older (Access: 2025).
6. PwC Middle East. Longevity and Ageing Populations in the GCC. 2024. https://www.pwc.com/m1/en/publications/documents/2024/longevity-and-ageing-populations-in-gcc-countries-.pdf (Access: December 2025).
7. Sheikh Saud bin Saqr Al Qasimi Foundation for Policy Research. Emirati Perceptions of Aging and Aged Care in the United Arab Emirates. 2023. https://publications.alqasimifoundation.com/en/emirati-perceptions-of-aging-and-agedcare-in-the-united-arab-emirates (Access: December 2-25).
8. Wirayuda AAB, Al-Mahrezi A, Al-Azri M, Chan MF. Comparison of life expectancy determinants among Gulf Cooperation Council members. BMC Public Health. 2025 Jan 15;25(1):161. doi: 10.1186/s12889-025-21296-4. DOI

9. Wu X, Tang Y, He Y, Wang Q, Wang Y, Qin X. Prevalence of cognitive impairment and its related factors among Chinese older adults: an analysis based on the 2018 CHARLS data. Front Public Health. 2024 Dec 24:12:1500172. doi: 10.3389/fpubh.2024.1500172. DOI
10. Ministry of Health and Prevention - UAE. MoHAP launches Comprehensive National Plan to promote health of Elderly People. 2021. https://mohap.gov.ae/en/w/mohap-launches-comprehensive-national-plan-to-promote-health-of-elderly-people (Access: December 2025).
11. Kordowitzki P, Ying K. The pursuit of understanding human longevity. NPJ Aging. 2026 Feb 5;12(1):25. doi: 10.1038/s41514-026-00339-z. DOI
12. Karasawa M, Curhan KB, Markus HR, Kitayama SS, Love GD, Radler BT, et al. Cultural Perspectives on Aging and Well-Being: A Comparison of Japan and the United States. The International Journal of Aging and Human Development. Int J Aging Hum Dev. 2011;73(1):73-98. doi: 10.2190/AG.73.1.d. DOI
13. American Psychological Association. Older adults' health and age-related changes. American Psychological Association. 2021 Sep; https://www.apa.org/pi/aging/resources/guides/older (Access: December 2025).
14. American Psychological Association. Guidelines for Psychological Practice with Older Adults. Apa.org. 2021. https://www.apa.org/practice/guidelines/older-adults (Access: December 2025).
15. Publishing HH. Six steps to cognitive health. Harvard Health. 2021. https://www.health.harvard.edu/mind-and-mood/six-steps-to-cognitive-health (Access: December 2025).
16. Almarabta S, Ridge N. What the UAE Population Thinks of Aging and Aged Care. Al Qasimi Foundation. 2021 Oct 26; https://publications.alqasimifoundation.com/en/what-the-uae-population-thinks-of-aging-and-aged-care (Access: December 2025).
17. World Health Organization. Decade of healthy ageing (2020-2030). www.who.int. 2022. https://www.who.int/initiatives/decade-of-healthy-ageing (Access: December 2025).
18. Deep Knowledge Group Deep Knowledge Group Gulf Region Longevity Initiative Concept. 2022. https://analytics.dkv.global/Gulf-Region/gulf-longevity-initiative.pdf (Access: December 2025).
19. Abedi R. What is Longevity and How Can You Live Beyond Your Life Expectancy by 10+ Years? www.healthylongevity.clinic. 2023. https://www.healthylongevity.clinic/blog/what-is-longevity-definition (Access: December 2025).
20. García-García I, Donica O, Cohen AA, Gonseth Nusslé S, Heini A, Nusslé S, et al. Maintaining brain health across the lifespan. Neurosci Biobehav Rev. 2023 Oct:153:105365. doi: 10.1016/j.neubiorev.2023.105365. DOI
21. Zhang L, Zhang Y. Social determinants of cognitive health: a scoping review. Innov Aging. 2023 Dec 1;7(Suppl.1):186–7. doi: 10.1093/geroni/igad104.0615. DOI
22. Corney KB, Pasco JA, Stuart AL, Kavanagh BE, Mohebbi M, Sui SX, et al. Social determinants of health and cognitive function: A cross-sectional study among men without dementia. Brain Behav. 2023 Nov;13(11):e3235. doi: 10.1002/brb3.3235. DOI
23. Emirati Perceptions of Aging and Aged Care in the United Arab Emirates. Alqasimifoundation.com. 2023. https://publications.alqasimifoundation.com/en/emirati-perceptions-of-aging-and-agedcare-in-the-united-arab-emirates (Access: December 2025).
24. Al Marabta S, Smith T, Ridge N. Emirati Perceptions of Aging and Aged Care in the United Arab Emirates. 2023 May 29. https://publications.alqasimifoundation.com/en/emirati-perceptions-of-aging-and-agedcare-in-the-united-arab-emirates (Access: Dcecember 2025).
25. National Institute on Aging. Cognitive Health and Older Adults. National Institute on Aging. National Institutes of Health; 2024. https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults (Access: Dcecember 2025).
26. Can a positive outlook on aging lead to better cognitive performance? Penn State University. Psu.edu. 2024. https://www.psu.edu/news/research/story/can-positive-outlook-aging-lead-better-cognitive-performance (Access: Dcecember 2025).
27. Longevity and Ageing Populations in the GCC. https://www.pwc.com/m1/en/publications/documents/2024/longevity-and-ageing-populations-in-gcc-countries-.pdf (Access: Dcecember 2025).
28. Gianfredi V, Nucci D, Pennisi F, Maggi S, Veronese N, Soysal P. Aging, longevity, and healthy aging: the public health approach. Aging Clin Exp Res. 2025 Apr 17;37(1):125. doi: 10.1007/s40520-025-03021-8. DOI
29. Wirayuda AAB, Al-Mahrezi A, Al-Azri M, Chan MF. Comparison of life expectancy determinants among Gulf Cooperation Council members. BMC Public Health. 2025 Jan 15;25(1):161. doi: 10.1186/s12889-025-21296-4. DOI
30. MoHAP launches Comprehensive National Plan to promote the health of Elderly People. Ministry of Health and Prevention - UAE. 2023. https://mohap.gov.ae/en/w/mohap-launches-comprehensive-national-plan-to-promote-health-of-elderly-people (Access: December 2025).

CORRESPONDING AUTHOR
Jayakumary Muttappallymyalil
Faculty, Department of Community Medicine,
College of Medicine,
Gulf Medical University,
Ajman, United Arab Emirates
e-mail: dr.jayakumary@gmu.ac.ae

ORCID AND CONTRIBUTIONSHIP
Simrah Iman: 0009-0009-5295-8564 A B C D E F
Walaa Abdelaziz Hassan Taha: 0009-0008-7376-0162 B D E F
Fatima Aziz Adenwala: 0009-0004-9902-9379 B D E F
Zahabiyah Aliasgar Saifee: 0009-0003-1176-038X B D E F
Syeda Amreen Fatima: 0009-0003-8399-7992 B D E F
Shahnaz Mohamed Wazil: 0009-0004-0087-0855 A B C D E F
Tatjana Ille: 0000-0001-7028-4529 A B C D E F
Jayakumary Muttappallymyalil: 0000-0003-3679-8811 A B C D E F

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