

## Participatory Governance and Quality of Life in Older Adults: A Proposed Model

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### Abstract

This study analyzes the relationship between participatory governance and the quality of life of older adults in a district of Chiclayo and proposes a community-based governance model to strengthen active and healthy aging. A quantitative, nonexperimental, descriptive-explanatory and purposeful design was employed with a sample of 500 older adults selected through probabilistic sampling. Two validated instruments were applied: a participatory governance questionnaire (30 items,  $\alpha=0.81$ ) and the WHOQOLBREF (26 items,  $\alpha=0.895$ ). Data were analyzed using descriptive and inferential statistics in SPSS 26. Findings reveal a critical deficit in participatory governance: 97.8% scored at a low level, with the highest gaps in rights protection (100%), healthy aging (84.2%), and social participation (100%). Despite this, 60% reported a high quality of life and 33.2% a normal level, although key dimensions such as physical health (67.4% normal) and environment (72.2% normal) showed vulnerability. Alarmingly, 98% of participants were unaware of the Older Adult Law, reflecting deep institutional and communicative failures. The coexistence of acceptable quality of life with deficient governance is unsustainable in the long term, given the high prevalence of chronic illness and the accelerated demographic aging. Based on the findings, the "AgeFriendly Community of the Golden Age" model is proposed. It articulates local government, public-private institutions, and civil society through intersectoral alliances to promote rights protection, healthy aging, and meaningful participation. Strengthening participatory governance is necessary to ensure sustainable wellbeing and empower older adults as active community actors.

**Keywords:** *Participatory Governance, Quality of Life, Older Adults, Public Policies, Healthy Aging.*

### Introduction

Population aging has become one of the most pressing global demographic trends. By 2030, one in six people will be aged 60 or older, reaching 1.4 billion globally (OMS, 2021). In Latin America and the Caribbean, older adults will represent 16.5% of the regional population (CEPAL, 2022). Peru mirrors this trend, with older adults accounting for 13.9% of the total population, 4,747,803 people, and at least one older adult residing in 42.2% of households (INEI, 2024). This demographic transition demands strong public policies and local governance frameworks that promote healthy and active aging.

Despite advances, structural deficiencies persist. Many authorities lack a political vision to reduce risk factors, social protection systems offer insufficient pensions, and cultural beliefs continue to value only those older adults who are still economically productive. In this context, participatory governance appears as a strategy to bridge institutional gaps. It is understood as the active engagement of citizens, social actors, and authorities in cocreating and evaluating actions that strengthen collaborative structures between government and nongovernmental organizations.

Quality of life, according to the WHO, is shaped by the individual's perceived position in life within their cultural and social context (Varela Pinedo, 2016). It depends on physical condition, functional capacity, community interaction, and family support (DuranBadillo et al., 2022). Although Peru has public policies such as PLANPAM and Law 30490, their implementation is often weak at the local level. Up to 60% of older adults face social and economic vulnerability, and only 21.1% receive the Pensión 65 subsidy.

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Given these gaps, this study gains relevance by examining governance and quality of life jointly. It is grounded in Kooiman's Modern Governance Theory (1993), which highlights state–society interaction, and the Schalock and Verdugo Quality of Life Model (2007), emphasizing multidimensional wellbeing. Therefore, the study aims to propose a participatory governance model based on the perceptions and needs of older adults in a district of Chiclayo.

## Methodology

This applied research employed a quantitative, nonexperimental, descriptive explanatory and purposeful design conducted in a district of Chiclayo in 2024. The study population consisted of 1,558 older adults, from which a probabilistic sample of 309 was initially calculated; however, the sample was expanded to 500 participants to improve representativeness. Inclusion criteria required participants to be 60 years or older, provide voluntary consent, and present no severe neurological or cognitive impairment.

The independent variable, participatory governance, was defined as coordinated action between social actors and local government to enforce policies benefiting older adults. It was assessed using a 30item questionnaire with three dimensions, rights protection, healthy aging, and social, productive and political participation. The instrument demonstrated acceptable validity (expert judgment: 0.82) and reliability (Cronbach's  $\alpha = 0.81$ ; KR20 = 0.80).

The dependent variable, quality of life, referred to perceived physical and psychosocial wellbeing linked to health conditions and sociocultural factors. It was measured using the WHOQOLBREF (26 items) structured into four dimensions: physical health, psychological health, social relationships, and environment. Reliability reached  $\alpha = 0.895$  overall.

Data were processed using Excel 2023 and analyzed with SPSS 26 through descriptive statistics (frequencies, percentages) and inferential procedures. Ethical guidelines were followed by obtaining informed consent and ensuring confidentiality, supported by authorization from the local government.

## Results

**Table 1. Sociodemographic Characteristics (n = 500)**

Variable	%
<b>Age 60–79</b>	81%
<b>Female</b>	67%
<b>Chronic illness</b>	64%
<b>Illiteracy</b>	30%
<b>Primary incomplete</b>	34%
<b>Married/Cohabiting</b>	58%
<b>Currently working</b>	54%
<b>Receives Pensión 65</b>	24%
<b>MINSA health care users</b>	67%
<b>Receives family support</b>	81%
<b>Unaware of Older Adult Law</b>	98%

**Table 2. Level of Participatory Governance**

Level	%
<b>Low</b>	97.8%
<b>Medium</b>	2.0%
<b>High</b>	0.2%

**Table 3. Governance Dimensions**

Dimension	Bajo	Medio	Alto
<b>Rights protection</b>	88%	11.4%	0.6%
<b>Healthy aging</b>	9.8%	86.8%	3.4%
<b>Social participation</b>	95.8%	4%	0.2%

**Table 4. Implementation Gaps**

Component	% Deficit
<b>Rights protection</b>	100%
<b>Healthy aging</b>	84.2%
<b>Social participation</b>	100%

**Table 5. Quality of Life Levels**

Level	%
<b>Very high</b>	6.4%
<b>High</b>	60%
<b>Normal</b>	33.2%
<b>Low</b>	0.4%

**Table 6. Quality of Life Dimensions**

Dimension	Normal	High	Low
<b>Physical health</b>	67.4%	27%	4.8%
<b>Psychological health</b>	54%	44%	0.6%
<b>Social relationships</b>	41.2%	55.2%	2.4%
<b>Environment</b>	72.2%	19.2%	8.2%

## Discussion

Results reveal a striking paradox: although most older adults report high or normal quality of life, participatory governance remains critically weak. This gap is problematic given the presence of chronic illness in 64% of participants and the rapid demographic aging occurring nationally. The 97.8% deficit in governance aligns with international findings showing that local governments often prioritize infrastructure over social services, neglecting the needs of older adults (Hernantes et al., 2020).

The fact that 98% of participants are unaware of the Older Adult Law is particularly severe, exposing them to rights violations. Similar patterns are reported by José et al. (2023) and BaracaldoCampo et al. (2023). The WHO calls for cities to adopt the agefriendly framework precisely to prevent such gaps (Rodrigo Yáñez, 2022).

Healthy aging also showed a substantial deficit (84.2%). Although health centers carry out promotional activities, their lack of multisectoral articulation weakens their impact. As Cárdenas et al. (2021) suggest, family caregiver training is essential to support natural aging processes.

The complete absence of social participation (100% deficit) reflects environmental limitations, persistent myths about older adults' capabilities, and restrictive programs such as Saberes Productivos. Environmental barriers are similarly highlighted by García et al. (2024).

Although quality of life appears relatively high, its sustainability is uncertain. National studies (PérezAgüero et al., 2023; Serna, 2022) emphasize that normal levels represent populations at risk. The environment dimension, which scored the lowest, reinforces the need to adapt public spaces to facilitate mobility and autonomy.

## Conclusions

1. Participatory governance is critically deficient (97.8% low level), with major gaps in rights protection, healthy aging, and social participation. The 98% lack of awareness of rights further exacerbates vulnerability and reflects weak institutional communication.
2. Although most older adults show high or normal quality of life, this wellbeing is fragile and dependent on family support, continued employment, and functional capacity, factors that will decline with age without preventive intervention.
3. The coexistence of acceptable quality of life with poor governance is unsustainable. Implementing the AgeFriendly Community of the Golden Age, model is essential to articulate

government, institutions, and civil society, strengthening rights protection, promoting healthy aging, and integrating older adults as active social actors.

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