Original Article

Iranian Older Adults' Experiences of the Age-friendliness of Kashan City: A Qualitative Content Analysis Study

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Abstract

Background: The global aging population has intensified the urgency to design age-friendly cities that ensure equitable access to services and foster active participation among older adults. Despite extensive research on age-friendly initiatives, there remains a notable gap in studies exploring older adults' experiences of such environments. This study aimed to explore older adults' experiences of age-friendliness of Kashan City.

Methods: This qualitative conventional content analysis was conducted from January to August 2024 in Kashan, Iran. Twenty in-depth semi-structured interviews with 18 older adults living in Kashan were performed using a purposive sampling method. Data collection was continued up to data saturation. Data collection and analysis were performed simultaneously, using MAXQDA version 2020. Interviews were analyzed using Graneheim and Lundman's method, with trustworthiness ensured by Lincoln and Guba's criteria.

Results: The central theme "a city with forgotten older people" emerged, along with 18 subcategories and 5 main categories: inadequate open and closed public spaces, transportation and safety concerns, challenges in social participation, and difficulties with technology.

Conclusions: Kashan faces challenges in becoming an age-friendly city, as older adults are often excluded from urban planning. A community-based approach emphasizing participation, social ties, and local capacity can improve their quality of life. Beyond infrastructure, policy reforms, caregiver training, and support networks are needed. It is suggested that further studies should explore vulnerable seniors' experiences and Iran's diverse regional and cultural contexts.

Keywords: Aged; City Planning; Qualitative Research; Urban Health

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Introduction

Age-friendly cities are urban environments designed to support the health, security, and active participation of older adults, enabling them to maintain independence and quality of life.[1] Older adults, often experience age-related changes including musculoskeletal and sensory impairments, balance difficulties, and increased vulnerability to injuries, particularly falls.[2] Urban infrastructure that is inaccessible or poorly designed can exacerbate these risks, while safe and accessible environments facilitate active aging and social engagement.[3,4] The global older adult population is projected to rise from 9.3% in 2020 to 16% by 2050.[5] In Iran, older adults make up 10% of the population, expected to reach 30% by 2031.[6] This demographic shift necessitates adaptation of urban infrastructure to meet the needs of older adults, ensuring safety, social participation, and well-being.[4]

The World Health Organization (WHO) framework for age-friendly cities identifies eight essential domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication, and health services.[7] Implementing these domains varies across regions; for example, age-friendly infrastructure in Ohio remains insufficient,[8] and Romanian cities show uneven distribution of resources.[9] In Iran, the situation is heterogeneous: Sari falls short on most indicators,[10] Kashan reports low satisfaction in social and cultural domains,[11] Tabriz performs well in outdoor spaces but poorly in communication,[12] and Mashhad generally meets WHO standards.[13]

Most prior research relies on surveys and expert evaluations, which may overlook the experiences of older adults.[1, 12] Quantitative methods capture objective indicators but often miss subjective realities, whereas qualitative approaches allow for in-depth understanding of older adults' experiences.[14] However, few qualitative studies address the full WHO framework; most focus on specific elements, such as sanitation or recreational activities.[15, 16] Cultural factors also shape experiences of age-friendliness. In Iran, traditions emphasizing respect, inclusion, and strong family ties positively influence attitudes toward older adults.[17] Nevertheless, gaps remain in the practical implementation of age-friendly policies, particularly in civic participation and social respect.[18] Family support may compensate for infrastructural deficiencies, but urbanization and changing family structures can limit access and social engagement.[17]

Despite growing attention to age-friendly cities, comprehensive qualitative studies covering all WHO domains in mid-sized Iranian cities such as Kashan remain scarce. Understanding older adults' experiences in these culturally unique contexts is essential for bridging the gap between policy planning and lived realities. Therefore, this study aimed to examine older adults' experiences of age-friendliness of Kashan City.

Materials and Methods

This study was conducted based on the naturalistic research paradigm, with a qualitative design and conventional content analysis approach, following Graneheim and Lundman.[14] Qualitative content analysis is a systematic method for examining textual data, allowing for the extraction of meanings, themes, and patterns, and for the organized analysis of the participants' experiences.[19] The research was conducted in Kashan from January to August 2024. Kashan city is situated in the center of Iran, within Isfahan Province.

Participants were residents aged 65 or older who had lived in Kashan for at least three years, could communicate their views, were willing to participate, had sufficient mobility for interviews, and showed no cognitive impairment based on Abbreviated Mental Test (AMT≥8) or depression using 15-item version of the Geriatric Depression Scale (GDS-15≤4).[20, 21] Exclusion criteria included withdrawal, new cognitive impairment, or inability to complete interviews.

Data were gathered via in-depth, semi-structured face-to-face interviews with older adults in Kashan. Interviews, conducted in Persian by the second author (female, PhD in Gerontology, experienced in qualitative research), were done at the participants' chosen locations mainly their homes and three in public spaces (2 parks, 1 mosque). Each session lasted 35–55 minutes. The participants were purposively selected for sampling. Participants were selected with maximum variation, including diverse educational, socioeconomic, marital, and health backgrounds, to ensure the inclusion of different viewpoints in the study. To minimize bias, the interviewer emphasized impartial responses and used open-ended, non-leading questions. Before each interview, the study objectives were explained, confidentiality was assured, and anonymous codes were assigned. All interviews were audio-recorded with consent and transcribed verbatim, including non-verbal cues.

The interview began with a general question: Describe your experiences of living in the city of Kashan in terms of its suitability for older adults? Probing questions (e.g., How, Why) were employed to deepen the data. Additional clarifications for the participants 3 and 7 were obtained through three 15-minute phone calls. In total, 20 interviews were conducted with 18 participants (18 in-person, 2 by phone). Field notes on settings, emotions, and non-verbal behaviors supplemented the data. Sampling and data collection were continued up to data saturation.

Data analysis was conducted simultaneously with data collection, using Graneheim and Lundman's approach[14] and managed in MAXQDA version 2020 (VERBI Software, Berlin, Germany). Interviews were transcribed verbatim immediately after each session and read multiple times to achieve an in-depth understanding. Meaning units were extracted by breaking down the text into small units that described the participants' perceptions. These units were condensed and converted into codes, with labels assigned to represent the core meaning. Codes were then categorized through continuous comparison for similarities and differences. Categories were reviewed, clustered into primary categories, and organized into larger categories with subcategories. Each category was named based on its content. By examining the categories, the participants' quotes and descriptions were summarized to identify and extract the main abstract concepts.[14]

Lincoln and Guba's criteria were applied to ensure trustworthiness.[22] The second author conducted initial coding, which was reviewed by two researchers; disagreements were resolved through discussion or, if needed, a third expert. Diverse sampling enhanced credibility. The research team, along with four participants, reviewed interview transcripts and codes; the transcripts were also read aloud for illiterate participants. Dependability was supported by expert review and input from two faculty members. All research steps were documented for confirmability. Consistent with reflexivity, the second author, a gerontology expert, recognized that her background and biases might affect questioning and interpretation. The second author conducted interviews using open-ended, neutral questions and maintained a reflective diary to monitor her influence. Initial coding was performed by the researcher and reviewed by team members to enhance credibility and reduce bias. These steps increased the study trustworthiness by openly addressing her positionality. Transferability was strengthened by maximum variation sampling and detailed reporting of sampling, data collection, and analysis, and by obtaining feedback on final categories from four older adults outside the study.

Ethical approval was obtained from the Ethics Committee of Kashan University of Medical Sciences (IR.KAUMS.NUHEPM.REC.1402.050). All participants received the study information and gave written informed consent. The study followed the Declaration of Helsinki, ensured confidentiality, and offered participants a summary of the findings.

Results

After 20 interviews with 18 participants, 451 primary codes, 18 sub-categories, and 5 main categories were extracted. Demographic details are presented in Table 1.

Despite the focus of the study on age-friendliness, the participants consistently highlighted the shortcomings of the city and obstacles to their well-being. They experienced systemic neglect of older adults and their specific needs in urban design and facilities. This led to the central theme of a city with forgotten older people. The five main categories reflecting these experiences were inadequate open public spaces, insufficiently close public spaces, transportation and safe traffic concerns, challenges of social participation, and rough path to using technology (Table 2).

1. Inadequate Open Public Spaces

This category encompasses various deficiencies older adults face in outdoor environments such as streets, sidewalks, pathways, and parks. The participants' experiences consistently revealed that these spaces, which should support mobility, leisure, and safety, instead posed numerous challenges. The condensed subcategories reflect how environmental design neglects accessibility, comfort, and safety for older people.

1.a. Unsafe and Inaccessible Sidewalks and Pathways

Obstacles, uneven surfaces, and narrow sidewalks hindered mobility and safety, especially for those using mobility aids. A participant said: *"Ramps built along the streets have dangerously steep slopes, increasing the risk of falls." (P5)*

Narrow sidewalks, due to the historic design of the city, made navigation difficult, especially for those using walkers. Another participant said: *"The narrow sidewalks force me to change my route frequently." (P2)*

1.b. Lack of Supportive Urban Furniture and Facilities

The participants emphasized that safe urban furniture and accessible facilities were essential for their comfort. An elderly expressed: *"Older adults require frequent rest stops; therefore, benches should be placed at short intervals along streets." (P12)*

Table 1: Demographic characteristics of the participants

Participant code	Sex	Age (year)	Occupation	Level of education	Marital status	Residency History in Kashan (year)
1	Man	65	Retired	Bachelor's degree	Married	From birth to now
2	Woman	67	Housewife	Diploma	Widow	From birth to now
3	Man	82	Retired	Uneducated	Married	10
4	Man	68	Self-employed	Primary school	Widower	15
5	Woman	71	Housewife	Uneducated	Married	From birth to now
6	Man	65	Self-employed	Bachelor's degree	Married	5
7	Man	67	Retired	Uneducated	Married	From birth to now
8	Woman	68	Housewife	Uneducated	Married	20
9	Woman	78	Self-employed	Primary school	Widow	From birth to now
10	Man	75	Retired	Bachelor's degree	Widower	From birth to now
11	Man	69	Self-employed	Bachelor's degree	Married	18
12	Man	66	Retired	Associate degree	Married	From birth to now
13	Woman	67	Retired	Bachelor's degree	Married	From birth to now
14	Woman	72	Housewife	Uneducated	Married	22
15	Man	72	Retired	Bachelor's degree	Married	From birth to now
16	Man	85	Retired	Diploma	Widower	35
17	Woman	81	Housewife	Uneducated	Widow	50
18	Woman	80	Retired	Diploma	Married	From birth to now

Table 2: Extracted sub-categories and categories from data

Subcategory	Category	Theme
Unsafe and inaccessible sidewalks and pathways Lack of supportive urban furniture and facilities Poor safety features in open spaces Limited green spaces	Inadequate open public spaces	A city with forgotten older people
Inadequate seating and waiting arrangements Architectural and structural barriers Poor environmental conditions Lack of accessible sanitary facilities	Inadequate close public space	
Inaccessible and uncomfortable public transport Irregular schedules and poorly maintained vehicles Limited infrastructure for safe mobility High transportation costs	Transportation and safe traffic concerns	
Insufficient communication skills of service delivery systems Lack of free sports facilities in parks Limited government support for older adults' leisure and tourism	Challenges of social participation	
Deficiencies in electronic infrastructure Lack of technology training for older adults Negative attitude towards using technology in older adults	Rough path to using technology	

However, insufficient benches and the absence of suitable footbridges, especially on busy roads, limited their safe use of public spaces. A participant said: *"A footbridge with an escalator is essential for our safety, but despite requests, nothing has been done." (P14)*

1.c. Poor Safety Features in Open Spaces

Insufficient lighting and lack of clear signage in parks and pathways were highlighted as barriers, particularly for those with vision impairments. Two participants maintained: *"The poorly lit park near our house is hazardous at night." (P6)*

"I often get lost in the park due to unclear signage." (P3)

1.d. Limited Green Spaces

The participants appreciated the positive effect of well-maintained green areas but noted that such spaces were limited. *"The park is well-maintained with beautiful trees. I feel refreshed when I visit. I wish there were more green spaces in the city." (P18)*

2. Inadequately Close Public Spaces

Close public spaces including government offices, banks, health centers, and malls were also reported as being poorly adapted to the needs of older adults. While these environments are essential for daily life, their design and facilities often created discomfort, safety risks, or barriers to access. The condensed subcategories illustrate how shortcomings in infrastructure and services undermine the dignity and independence of older adults.

2.a. Inadequate Seating and Waiting Arrangements

Older adults frequently struggled with the limited number of chairs in offices and the absence of designated waiting lines. These shortcomings caused fatigue and physical discomfort. An elderly person implied: *"Many times, when I come to the office, there is no place to sit, and I have to stand for a long time. My legs hurt and I am very annoyed." (P16)*

2.b. Architectural and Structural Barriers

The design of public buildings often failed to consider older adults' needs. High counters with glass barriers and the absence

of elevators in multi-story buildings hindered accessibility and communication. Two participants mentioned:

"There are high counters that make it hard to interact with the staff." (P3) and *"Climbing stairs in offices is extremely difficult." (P10)*

2.c. Poor Environmental Conditions

Environmental features such as inadequate air conditioning and slippery flooring increased discomfort and safety risks in public spaces. Two participants implied:

"The hospital is often hot and poorly ventilated." (P2) and *"Recently mopped, shiny floors are hazardous." (P1)*

2.d. Lack of Accessible Sanitary Facilities

Accessible restrooms were often missing in public buildings, with common barriers, such as stairs, narrow doors, or improper toilet height. One of the elderly said: *"Ground-floor toilets are often only accessible by stairs, making access difficult." (P17)*

3. Transportation and Safe Traffic Concerns

Transportation is central to older adults' independence, yet participants described numerous difficulties in both public and private transport systems. Collectively, the subcategories highlight problems with scheduling, design, affordability, and safety, which make mobility difficult and sometimes hazardous for old people.

3.a. Inaccessible and Uncomfortable Public Transport

High bus steps made boarding difficult for older adults. A participant said: *"Climbing high bus steps is very challenging." (P7)*

Lack of designated seating forced older adults to stand on crowded buses, increasing safety risks. An elderly person implied: *"Buses are crowded, and older adults are left standing. Priority seating should be reserved." (P10)*

Bus stops were in poor condition, lacking proper seating and shelter. Another participant emphasized: *"Broken seats and no heating or cooling systems make bus stops uncomfortable." (P3)*

3.b. Irregular Schedules and Poorly Maintained Vehicles

Public transportation schedules, particularly for buses, were reported as unreliable, creating long waiting times. *"Long bus intervals cause extended wait times, especially on holidays." (P6)* In addition, vehicles were often poorly maintained, contributing to pollution and health risks for vulnerable older adults. *"Smoky cars pollute the air. This year, pollution was common, and authorities warned older people to stay home." (P9)*

3.c. Limited Infrastructure for Safe Mobility

The participants highlighted the lack of infrastructure to support diverse modes of transport. The absence of bicycle lanes and the shortage of priority parking for older adults created significant barriers to mobility and independence. Two participants said: *"Cycling is dangerous without dedicated lanes." (P7)*

"I always struggle to park. The overall parking shortage in the city, coupled with the lack of priority spaces for older adults and the disabled, is particularly challenging for us." (P18)

3.d. High Transportation Costs

High transportation costs, especially for taxis, were a financial burden and limiting their mobility. *"Taxi fares are too expensive; discounts are needed." (P11)*

4. Challenges of Social Participation

Active social participation is vital for older adults' well-being, but the participants emphasized that structural and systemic barriers limited their opportunities for meaningful involvement. The subcategories within this category demonstrate how the absence of supportive communication, recreational amenities, and government-supported initiatives limit older adults'

opportunities to stay socially active and maintain connections.

4.a. Insufficient Communication Skills of Service Delivery Systems

The participants saw social participation as active community involvement but they faced challenges, especially poor communication by service staff. Effective communication boosted self-worth, while isolation harmed well-being. One of the participants said: *"At the pharmacy, the staff lacked proper communication skills, making interaction difficult for me." (P15)*

Instead of fostering inclusion, this created feelings of isolation or disrespect. Effective communication by the staff was described as a factor that could enhance older adults' self-worth, whereas dismissive or indifferent behavior reduced their motivation to participate in social activities. A participant said: *"Sometimes when I ask a question in the bank, the staff ignore me or answer impatiently. It makes me feel like a burden." (P9)*

4.b. Lack of Free Sports Facilities in Parks

The lack of free sports facilities in parks limited older adults' social participation. A participant maintained: *"Most gyms are too expensive for us; if the municipality provided free morning sports programs in the parks, many of us would participate." (P4)*

They expressed a desire for structured programs, supervised sessions, and supportive trainers that could encourage them to exercise in a safe, social environment. *"Trainer-led park exercise would help us learn proper techniques." (P10)*

4.c. Limited Government Support for Older Adults' Leisure and Tourism

Limited activities in retirement and cultural centers also restricted participation, with few events or programs. Two participants implied: *"We want more active retirement centers for social interaction." (P13)* and *"Charity bazaars run by older adults could support social engagement and good causes." (P12)*

The lack of government-supported tourism facilities was another barrier. Older adults requested travel loans and discounts to make travel possible. *"Travel costs are high; government support would help us travel annually." (P3)*

This lack of structural support was seen as a major barrier to maintaining active and fulfilling social lives. A participant stated: *"There should be affordable cultural events and excursions for seniors; now we just stay home because everything is expensive." (P8)*

5. Rough Path to Using Technology

Technology is increasingly integrated into urban life, particularly after the COVID-19 pandemic, but older adults expressed significant barriers to access and use. Together, the subcategories show that poorly designed systems, lack of support, inadequate training, and societal attitudes prevent older adults from fully benefiting from digital tools and services.

5.a. Deficiencies in Electronic Infrastructure

The participants emphasized that many of their challenges were rooted in poorly designed electronic systems. This included websites, banking technologies, and online health services that lacked accessibility features suitable for older adults. A major barrier was poor website design; difficult fonts, colors, jargon, and a lack of audio/visual guides made navigation hard for those with vision or mobility. An elderly man said: *"I struggle to access my pay slip online due to impaired vision." (P10)*

Older adults identified poorly designed banking technology as a barrier. They relied on ATMs, POS terminals, and banking applications for financial transactions. Challenges such as small fonts, unsuitable color schemes, and a lack of clear instructions often forced them to seek help from strangers, increasing their vulnerability. *"The small numbers and screen glare on ATMs make them difficult for me to use them due to my vision impairment. To avoid password errors and*

card blocking, I frequently seek assistance from individuals I perceive as reliable." (P5)

Insufficient support in online health platforms hindered older adults' use of health services. They reported difficulty booking appointments and accessing online systems. A participant stated: *"Appointment system capacity is limited and is quickly booked. Old adults lack the speed to secure appointments. Dedicated, time-unrestricted capacity for older adults is needed." (P12)*

5.b. Lack of Technology Training for Older Adults

Older adults identified the lack of technology training as a significant barrier to their technology use. They emphasized the need for accessible classes to enhance their proficiency with computers and Internet usage. *"I desire to learn video call functionality on my phone. Dedicated training facilities are needed. Older adults, with increased leisure time, require such training to stay technologically engaged." (P12)*

5.c. Negative Attitude Towards Using Technology in Older Adults

Societal perceptions that older adults are incapable of or unwilling to learn technology created a barrier to their adoption. The participants also noted security concerns. This negative view fosters a significant technology gap between older adults and younger generations. *"My children assume I do not know how to use smartphones due to my age." (P15)*

Discussion

This study explored older adults' experiences of age-friendliness in Kashan, identifying the central theme of "a city with forgotten older people." Participants consistently described systemic neglect of their needs across open and closed urban spaces, transportation, opportunities for social participation, and technology use. These experiences reflected not only infrastructural shortcomings but also the interplay of cultural, social, and policy factors shaping everyday lives of older adults' life.

Inadequate open and closed public spaces emerged as primary barriers to mobility, safety, and engagement. Participants highlighted unsafe sidewalks, uneven surfaces, narrow pathways, insufficient seating, poor lighting, and limited signage, which restricted independence and increased fall risks, especially for those over 70 years. Lack of supportive urban furniture, inaccessible elevators, high counters, and poor indoor conditions further reduced comfort. Safe resting furniture is essential given older adults' fatigue, while escalators and elevators improve accessibility.[23, 24] Conversely, narrow sidewalks and stairs hinder those using walkers or wheelchairs.[24] Although green spaces were valued, they were scarce and unevenly distributed, limiting outdoor activity. These findings align with evidence on the critical role of age-friendly environments for active aging and quality of life.[23, 25, 26] Yet, in Kashan, both open and closed spaces remain poorly adapted to older adults' needs. Cultural values, such as strong family support, may partly mitigate mobility challenges but cannot replace accessible infrastructure.[27]

Transportation and traffic safety concerns emerged as another critical dimension of urban age-friendliness. The participants emphasized high bus steps, overcrowding, irregular schedules, poorly maintained vehicles, and lack of priority seating as major obstacles. Public transit is essential for older adults' independence; they require services that are available, affordable, and accessible.[28, 29] These challenges impede mobility and exacerbate social isolation, depression, and reduced participation in community life.[3] Although foreign studies show that public transport availability promotes physical activity and reduces isolation,[28, 30] the participants in Kashan perceived transportation as unsafe and costly, highlighting a locally specific barrier.

Challenges in social participation were closely linked to environmental and

systemic factors. Older adults reported insufficient communication skills among the staff, few free recreational facilities, and limited government-supported tourism or cultural programs. Reduced social networks increase isolation and elevate risks for cardiovascular, cerebrovascular, and mental health problems.[31] A study in southern Iran found below-average levels of social participation among older adults.[32] Staff often lacked training to meet communication needs, underscoring the importance of targeted education.[31, 33] Evidence from other contexts demonstrates the potential of socio-cultural and policy interventions to compensate for infrastructural gaps.[31, 34] In a study, strong social networks sustained interaction despite physical barriers.[35] In the UK, free bus passes increased public transport use and reduced loneliness.[36] Such findings emphasize the fact that infrastructural access, cultural context, and policy support intersect to shape social participation.[34] They also reveal that inclusive, culturally sensitive spaces are central to well-being and age-friendly city frameworks. In a province in Southeastern Iran, unlike the present study, Community Support and Health Services ranked highest, among age-friendly city indicators.[37] However, without organized policy interventions, even strong family support cannot fully sustain social participation.[35] Kashan, a city characterized by a strong religious heritage, exhibits a familial culture that highly values the respect and support of older adults. The elderly population tends to engage substantially in charitable, cultural, and religious activities.[27] This cultural and familial framework presents a strategic opportunity for policymakers to promote social participation and enhance the quality of life among older adults through targeted and evidence-based interventions.

Rough path to using technology was another prominent concern. The participants experienced barriers due to poorly designed websites and banking systems, limited online health support, insufficient training, and negative societal attitudes toward older adults' technology use.

In Sweden, 85% of people over the age of 75 use the Internet,[38] while in China only 30% of older adults use smartphones for online activities since most of them need larger fonts and high-contrast features to address vision problems.[39] Societal negativity, lack of support, and ageist stereotypes create further barriers, increasing anxiety and limiting adoption.[40] The absence of digital literacy and the design of inaccessible online platforms have become growing issues in discussions on age-friendly cities, as digital exclusion emerged as a modern form of structural ageism.[41] In Kashan, older adults often relied on family assistance, but inadequate infrastructure and persistent stereotypes limited digital inclusion.

Overall, the findings portray a coherent narrative: older adults in Kashan experience multi-dimensional neglect spanning physical, social, and digital environments. Despite strong cultural values of family support, infrastructural and policy deficits remain unaddressed. Although family support can play a crucial role in mitigating challenges related to social participation, transportation, and technology use, ongoing shifts in family structures from extended to nuclear, the increasing trend toward individualism, and broader social and economic changes suggest that this support is likely to decline in the coming years.[42] Consequently, family support alone will not be sufficient to compensate for the absence of age-friendly policies and programs. These findings highlight the urgent need for integrated, age-friendly strategies to ensure mobility, participation, and inclusion for older adults in rapidly urbanizing contexts.

This study offers novel qualitative insights into age-friendliness of Kashan city by directly capturing older adults' experiences, providing valuable evidence for policymakers. A limitation of this study is that the experiences of particularly vulnerable older adults residing in nursing homes and long-term care facilities were not explored.

Conclusion

This study clearly indicated that older adults face widespread environmental, social, and technological challenges that hinder their full access to urban amenities. These challenges have made the city one of "forgotten older adults," requiring systematic urban planning and social services. A community-based approach with participation, social ties, and local capacity can enhance the elderlies' quality of life. In addition, policy reforms, caregiver training, and supportive networks are essential. Interventional studies are also needed on communication, digital literacy, attitudes, and programs that improve the older adults' social participation.

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Authors' Contribution

AS and FSI did conceptualization and study design. AS and FSI carried out data collection. Data management, analysis, and interpretation were done by AS, MAH, FF, and FSI. AS and FF prepared the initial manuscript draft. AS, MAH, FF, and FSI conducted critical revisions for important intellectual content. All authors read and approved the final version of the manuscript and take responsibility for the integrity and accuracy of the data analysis. The corresponding author attests that all listed authors meet authorship criteria.

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Conflict of Interest

None Declared.

Declaration on the use of AI

This study did not utilize Artificial Intelligence (AI)-Assisted Technology in data collection, analysis, or manuscript preparation.

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