

Recreation, Physical Activities and Health Needs of Older Adults

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Abstract

The benefits of physical activities on health and well-being of humans, in the present and later life, are well documented in many fields of study including gerontology. Adopting the continuity theory of aging and theory of selective optimization with compensation, this paper reviewed empirical works on the interplay of recreation, physical activity and the well-being of older adults. This is with a view to stimulating further research and insight into the understanding of well being of older adults. The paper concludes that a community-based intervention that will encourage active participation may go a long way in meeting the recreation needs of the elderly in Nigeria.

Keywords: older adult, health, recreation, sedentary, fitness

Introduction

Recreation in Africa is mainly an outdoor affair and an integral part of culture. Though there are a number of indoor recreation activities, the predominantly warm African climate may make indoor relaxation uninteresting in the absence of modern day cooling devices like fan and air conditioner. In a typical traditional Nigerian society, outdoor recreational activities include village square meeting, traditional festivals, moonlight storytelling, hunting, dancing, wrestling, swimming, and fishing (Ipinmoroti, 2004; cf. Asagba, 2007). Many of these activities involve movement and expending of energy. However, these traditional activities are gradually becoming unpopular, especially among urban residents as new forms of recreation are emerging. In most urban homes in Nigeria, television viewing is fast becoming a common recreation activity, especially among older adults.

The benefits of physical activities on health and well-being of humans are well documented in many fields of study including gerontology (e.g. Swan, Friis & Turner, 2008; Agahi, Ahacic & Parker, 2006; Ejehi, 2013). As the world faces a rising phenomenon of aging among societies, there is increasing concern about the prevalence of disability in old age and the need for formal care services to the elderly (Christensen, Stovring, Schultz-larsen, Schroll & Avlund, 2006). In order for the elderly to participate actively in family and community events, it is imperative to ensure that older adults attain good health and fitness related to physical activity, and that way ameliorate or prevent disabilities.

Critcher, Braham and Jomlison (2001) noted that leisure which is not properly utilized can manifest in various social problems ranging from idleness, violence, alcoholism, drug abuse and other related vices. West and Bucher (2006; cf. Dung, 2011: 1), writing on the benefits of physical activity stated:

The fruits of health and fitness related physical activities as recreation are harvested for many years in more wholesome community life. Achieving wellness requires that the individual make lifestyle choices that will reduce disease risk factors and promote health. These choices include being physically active on regular basis, taking time for relaxation and managing stress effectively.

In the same vein, Christensen *et al.* (2006) identified physical activity as probably the single most important factor in promoting health and quality of life into later years of life. They opined that sedentary older adults are at greater risk of functional decline compared to their counterparts who are physically active. This paper is a synthesis of salient issues on recreation most importantly, health and fitness related physical activities. It examines the current trend of this phenomenon and what can be done to promote health inducing recreation among Nigerian citizens particularly older persons.

Conceptual Clarifications

Three major concepts are central to this study: physical activity, leisure and recreation. These concepts are closely related, and in many instances used interchangeably; hence, the need to provide some clarifications in the context of this study. Physical activity is defined as the movement produced by skeletal muscles that involve expenditure of energy (Health Education Authority, 1995 cited in Ejechi, 2005).

Emiola (2011), quoting Caspersen *et al.*, stated that exercise is a subcategory of physical activity which is planned, structured, repetitive and purposive, in the sense that the improvement or maintenance of physical fitness is an objective. Virtually all conditioning and many sporting activities are considered exercise because they are usually performed to maintain physical fitness and wellness (Nieman 2003, *ibid.*).

Physical leisure activity is identified as one of three sub domains of leisure activities (Janke *et al.*, 2006 cf. Wacker and Roberto, 2008: 116). It includes participation in sports and exercise of both high and low intensity. The other two sub domains are informal leisure activities, which include socializing with friends and family, visits with others, and telephone conversations; formal leisure activities, which include participation in clubs and organization (*ibid.*). These three sub domains of leisure activities have been cited as very beneficial for successful aging.

Roberts (1974) defined leisure time as “the time available to the individual when the disciplines of work, sleep, and basic needs have been met” (cf

Obinna *et al.*, 2009). Mcpherson (1983: 410), referred to leisure as a state of mind or attitude, non-work, freedom of choice in selecting activities, free or discretionary time, relaxation and diversion from work and personal maintenance activities. He also described leisure as:

playfulness or play, voluntary activity, expressive activities, instrumental activities, spontaneity, utilitarian and meaningful activities, a state of being, active and passive activities, social and individual activities, expensive and inexpensive pursuits, intellectual (cognitive), social and physical pursuits, intrinsic and extrinsic rewards, creativity, and high culture and mass culture.

However, if one goes by the dictionary definition of leisure as “freedom from time-consuming duties, responsibilities, or activities”, there is a high likelihood that retired people would have more leisure time than younger adults. Novak (2012: 325) quoting the American Time Use Survey of 2009 stated that on an average day, adults aged 75 and over spent 7.8 hours on leisure and sports activities- more than any other age group. This came to almost double the leisure time spent by 35 to 45 year-olds. In Nigeria, Obinna, Owei, Ayodele and Okwakpam (2009) in their study of recreational behaviour in Port Harcourt reported that weekly participation in active outdoor recreation was 7.1 hours per week. While their study was on all adults and not specifically on the aged, it has however provided a modest insight on the extent of involvement of Nigerian in active outdoor recreation.

Recreation is defined as “any pursuit engaged upon during leisure time other than pursuits in which people are normally highly committed” (Roberts, 1974; cf. Obinna *et al.*, 2009). While recreation may be active or passive, indoor or outdoor, it can be classified into four groups of activities: (i) those taking place indoors and around the house, e.g. listening to music, reading, gardening and watching television; (ii) activities with high social content, e.g. entertaining people, eating out and visiting bars; (iii) cultural and artistic pursuits, e.g. visiting art galleries, exhibitions, museums, theaters; anything that will increase or improve cultural awareness; (iv) active pursuit of sports, jogging, playing tennis, badminton; and informal activities, e.g. picnicking, sight-seeing, driving for pleasure, and so on (Lawson and Baud-Bovy, 1977 cf. Obinna *et al.*, 2009: 151).

From the foregoing, many of the above listed recreational activities occur during leisure time and are quite beneficial for healthy aging. While some of them entail high or rigorous physical activities, some are less vigorous. The choice by a particular individual is dependent on a number of factors which will be discussed in the subsequent sections of this paper.

Theoretical Framework

This paper adopts the continuity theory of aging and the theory of selective optimization with compensation in the understanding of the research topic. The continuity theory was put forward by Havinghurst in 1963 (cf. Agahi, Ahacic & Parker, 2006) but formally developed by Lemon, Begtson & Peterson, (1972; *ibid*) and elucidated by Rowe and Kahn (1997; *ibid*). It uses a life course perspective in the explanation of normal aging. According to the continuity theory of aging (Atchley, 1989, 1999a, 1999b; *ibid*), “individuals do not really change as they age; they just become “more” of what they have always been” (*ibid*: s340). The origin of the theory is the observed continuity and consistency as individuals age in patterns of thought, activities, and habits, despite considerable changes in health and social conditions (Schulz, Noelker, Rockwood, Sprott, 2006). This implies that older adults will usually maintain the same activities, behaviours, personalities, and relationships as they did in their earlier years of life. However, as they move into different stages of life, individuals’ activities may change due to shifts in preferences, constraints (societal or individual), abilities and health (Verbrugge *et al.*, 1996; cf. Wacker & Roberto, 2008).

The theory of selective optimization with compensation as propounded by Baltes and Baltes in 1990 also emphasizes continuity and adaptation. According to this theory, individuals use three strategies in order to maintain continuity in activities and habits as they get older. Selection refers to the choices and priorities individuals make when they must restrict their activities to losses in function or resources. Optimization refers to engagement in activities that stimulate the body and mind in order to increase the reserve capacity needed to continue participation. In addition, the individual uses compensating strategies in order to continue engaging in chosen activities despite reductions in or losses of capacities. Because of the extensive inter-individual difference in late life, the application of these strategies varies greatly for different individuals (Agahi, Ahaci & Parker, 2006)

Physical Activity, Health and Benefits

The World Health Organization (2003, cited in Godbey, 2009) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition moves from a strictly medical model of health toward the concept of well-being. The Alberta Centre for Well Being (1989; *ibid*) noted that the concept of well-being or optimal health involves a delicate balance among physical, emotional, spiritual, intellectual and social health and then lists a wide range of dimensions, from fitness, nutrition, and stress management to meditation, education, and relationships. Outdoor recreation touches on all those aspects of health and can enhance not only physical health but also emotional well-being. Just being outdoors, for example, has been shown to confer health benefits (Godbey, 2009).

Cross sectional studies in many countries have shown that there is a high correlation between physical activities and health (e.g. Swan, Friis & Turner, 2008; Agahi, Ahacic & Parker, 2006; Ejeji, 2013). The benefits of physical activity appear to persist in old age and appear when physical activity is started at any age, although they decline with advancing age among the very old (Gregg, Cauley, *et al.*, 2003, cited in Swan *et al.*, 2008). Buchner *et al.*, (1992 cited in Swan *et al.*, 2008) reported that older persons who participate in low levels of physical activity have shown the improved health benefits in comparison with those who do not. Physical activity is a form of preventive measure that can improve future health of all.

Bucher (1979) maintained that the way each human being lives will be a major determining factor for the health and fitness of the individual although hereditary plays a part, to a large degree; health and fitness are acquired characteristics. The food that is eaten, amount of rest obtained, physical activities engaged in, and other health practices that are followed, play important roles in determining human welfare.

The report of WHO (2003, cf. Godbey, 2009) on global strategy on physical activities and diet reveals that physical activities have measurable biological effects, affecting cholesterol levels, insulin sensitivity and vascular re-activities. This fact could be more applicable to older adults who are at greater risk of sedentary lifestyles than young adults. The report indicated that more exercise would bring greater health benefits. Considerable health benefits can be gained with small increase in moderate physical activities e.g. regular walking by older persons. Since aging is a life- long process, it is advisable for all age categories to be physically active in terms of four domains of their day to day lives, at work, for transport, in domestic duties, or in leisure time.

Aging and Physical Activity

Studies on the relationship between aging and physical activity is growing indifferent part of the world. This section presents the findings of some of these researches.

Swan, Friis and Turner (2008) in their work on physical activity among two cohorts of Boomers (the large cohorts born between 1946 and 1964), proffered insights into differences in physical activity across the adult lifespan, accounting for cohort, individual age and change over time, the findings show that is true of Americans of all ages, Boomers were not doing enough physical activity. With regard to moderate activity at least five times per week, the activity with the greatest likely health return for effort, there was a tendency for older age cohorts to be more likely to engage in the activity than younger cohorts. This at least offset declines in activity with age, until there was a sharp decline for the very oldest persons. The findings did not so much show that Boomers were different from other age cohorts but, rather, that they resembled those age cohorts in their physical activity types: The older the cohort, the

greater likelihood of physical activity. However, there is moderate activity until the eighth decade of life when rates of participation declined significantly. This seems to be a reverse of what obtained in Nigeria. Ejechi (2013) conducted a study of older adults of 70 to 75 years living in a rural community and an urban centre of Nigeria. The findings suggested that the overall physical activities of old people was low (33-39 of maximum points), though there were variations by social contexts.

Christensen *et al.* (2006) in their assessment of physical inactivity from middle age to early old age in Denmark found a strong association between physical inactivity at age 70 and disability at age 75. This association was most pronounced in a restricted population of individuals with no chronic diseases at baseline. Thus, it is well established that (i) regular participation in physical activity or exercise can minimize the physiological changes associated with typical aging in a sedentary society, (ii) regular participation in physical activity or exercise increases longevity and decreases the risk of many common diseases and (iii) regular participation in physical activity or exercise decreases the risk of certain chronic diseases and may counteract specific side effects of standard medical care. They also found that physical inactivity in early old age (age 70) was strongly associated with disability 5 years later, while cumulative physical inactivity from middle age to early old age (age 50–70) was not.

Agahi *et al.* (2006) in their study of Swedish population found that (i) leisure participation in old age is often a continuation of participation earlier in life, (ii) there are both differences in activities at the inter-individual and intra-individual levels, and (iii) gender, age and education are all associated with rates of leisure participation among the oldest old. The key issue in these findings is that in order to uphold an active older population, it may be more important to facilitate participation in activities that elderly cohorts engage in earlier in life than to start new activities. Though there may be exceptions like restaurant visits, dancing, and study circles; which many people may start in later life regardless of previous participation (*ibid*, 2006).

Obinna, Owei, Aroyehun and Okwakpam (2009), Ejechi (2013), Asiyanbola (2005) in their various studies on physical activity and aging emphasized that the propensity for both young and old Nigerians to live a sedentary life is on the increase in recent years. Evidence abound that Nigerians have generally a negative attitude to recreation, possibly because most of them are ignorant of its health, social and economic benefits (Obinna *et al.*, 2009). Active participation in outdoor recreation was 7.1 hours per week and 8.9 and 5.3 hours for male and female respectively (*ibid*). According to them, males engage more in active recreation than females. There are also differences in participation in indoor and outdoor forms of recreation by gender, as females participated more in active indoor forms than their male counterparts.

Ejechi (2013) examined the rural- urban dimension of physical activities among the elderly in Nigeria. She found that generally the rural elders were significantly more active than their urban counterparts irrespective of the socio-

demographic variables. The working activity domain tilted the scale in the favour of the rural elders with the major score contributions coming from crop farming, river fishing, and hunting including rowing boats. Although rowing boat or canoe was classified as sports, in reality, it accompanied river fishing in which the urban dwellers never participated. Indeed crop farming and river fishing entail intense physical actions, which the rural elders are expected to be beneficiaries in terms of preserved physical capacity and cognitive function better than their urban counterparts. The lesser physical pains experienced by the rural elders as the findings show, suggest that their physical capacity was indeed maintained. However, this higher physical activity was not translated into higher cognitive function when the overall cognitive index scores were considered, because there was no significant difference between the two groups (rural and urban dwellers). The urban dwellers had opportunities for social interaction, recreation, leisure and sports that are not available to the rural dwellers. For example, the results showed that they scored higher in sporting activities which tended to make up for the low scores in working activity (*ibid*).

Despite the absence of recreational facilities the rural elders were able to maintain relatively same levels of cognitive function with the urban elders because of regular exercises involving trekking long distances or riding bicycles to the farm, the manual system of farm work, hunting and fishing. Conversely, older adults in the urban area tend to become more sedentary unlike their rural counterparts who continue to work till very old age. Working till very old age is consistent with the traditional system where there is no formal retirement age from work (*ibid*). Although eclipsed by the overall score, the finding by Ejechi that the older respondents (71-75) in the rural community had significantly higher cognitive index scores than their urban counterparts substantiates the import of physical activity as reiterated in extant gerontology literature.

These findings of Obinna, Owei, Aroyehun and Okwakpam (2009), Ejechi (2013), Asiyanbola (2005) are in tandem with those of other researchers that report that factors such as gender, socio-economic status, and living situation influence the kind and level of activities individual engage in. However, in longitudinal studies of participation over time, gender and socio-economic status seem to be of less importance for whether individuals continue to participate (Bennett, 1998; Bukov *et al.*, 2002; Strain *et al.*, 2002, cf. Agahi *et al.*, 2006), whereas worsening health or reduced income may be more important (Moody, 2002; Strain *et al.*, 2002; cf. Agahi *et al.*, 2006).

According to Asiyanbola (2005), there is a significant relationship between elderly daily activities and physical well being. Daily activities investigated were distributed among the four categories of domestic chores, household maintenance, service to others and social activities. Domestic chores include the following activities: cooking, household shopping, fetching water and daily

involvement in domestic activities generally. Household maintenance include the following activities: cleaning the house and the surrounding, and getting rid of household waste. Service to others includes the following activities: attending religious service, going to work-place or involvement in paid employment, and childcare. Going to recreation centre is the indicator of social activity used in the study.

The elderly generally are more involved in service to others (50.8%), followed by domestic chores (25.2%), household maintenance (25.0%) and social activities (9.4%). In the categories of domestic chores and household maintenance more women (33.6% and 31.3% respectively) are involved than men (16.7% and 18.6% respectively). Also, in the category of service to others more women (52.8%) than men (48.8%) are involved. In the category of social service more men (16.7%) than women (2.0%) are found to be involved (*ibid*).

Senior Centres and Leisure Activities

With population aging in many parts of the world, various strategies and community services are evolving to help older people to stay healthy and independent. In different parts of the developed world, especially in the United States of America, senior centres remain major sources of leisure activities for older adults. According to Krout (1989b, cf. Wacker and Roberto, 2008:116), a senior centre is a designated place with a broad array of services and activities targeted at older people. It offers opportunities for social interaction, development of strong friendships, and promotion of feeling of self worth and community belonging.

The relevance of senior centres to the aging network is further confirmed by the statistics provided by the National Institute of Senior Centres (NISC, 2014). The NISC reported that over one million older adults in the U.S. utilize a senior centre programme or service daily in the 11, 000 senior centres across the country. Senior centres, depending on their size, budget, and programmatic focus, may range in scope from recreational clubs or nutritional sites, to traditional community based senior centres and large, multi-purpose senior centre (Pardasani and Goldkind, 2012). The Older American Act provides some funding through service contracts to support more than 6,000 centres. Also, many centres get funding from local governments and nonprofit agencies (Novak, 2012). Others are owned by private individuals. Example is Seniors-in-Motion in Denton, Texas. Senior in motion (SIM) was established in 2003 as a non-profit corporation that promotes “fitness through exercise and wellness through education” in Denton community. The staffing includes certified fitness trainers, exercise assistants, and physical therapists. All workouts are individualized, safe and progressive. The outcome of their intervention to improve mobility and strength has supported an active aging process and the enhancement of quality of life of Denton residents who are 55 years and older.

Discussion

There are issues in recreation for the Nigerian elderly as in other cultures. One of these is a generally low level of awareness about the benefits of recreation vis-à-vis physical activity in Nigeria. There is a relative apathy towards recreation and people tend to engage more in sedentary lifestyles. Conversely, the U.S. is different, as evidence suggests that Boomers know about and have an interest in healthy lifestyles, including adequate physical activity, and participating in active lifestyles (Wilson, 2002, cf. Swan *et al.*, 2008).

Also, in both urban and rural Nigeria, lack of recreational facilities has contributed to low levels of participation in recreation and physical leisure activities. Even when they are available, some of them are in poor state. Open spaces which could have been adapted for recreation are often converted to other uses by government and private developers. Hence, sedentary living is fast becoming a common phenomenon among older adults in Nigeria.

Cultural inhibitions on women in Nigeria also account for their low participation in recreational activities. Men tend to have greater freedom to participate in outdoor recreational activities. In many instances, women are overwhelmed with domestic chores that they rarely have time for recreation. While house-keeping activities may compensate for sedentary living among women, lack of rest and inadequate recreation may be responsible for myriads of health challenges confronted by some women in later life.

Poverty is a central recreational issue in Nigeria across all age cohorts. About 70 per cent of Nigerians live below the poverty line (CIA World Factbook, 2013) and older people are likely to constitute a substantial proportion of this figure because of their peculiar attributes. In both rural and urban communities, poverty is a common phenomenon and people engage in secondary work which does not allow them to create time for relaxation. Lack of sufficient leisure time in a bid to source more income portends a great challenge to individual's health status.

Conclusion

From the foregoing, it is clear that physical activity is a sine qua non for a healthy life and a large proportion of Nigerian are not participating in healthy lifestyles. Going by the success story of senior centre in U.S., a community-based intervention that will encourage act participation may go a long way in meeting the recreation needs of Nigerian seniors. There is the need for governments at different levels to develop national and state policies, while non-governmental organizations intensify awareness campaign on this issue and make the promotion of physical activity a major focus of health promotion programs in Nigeria.

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