



Physical Activity of Adults Aged 50 Years and Older in Canada

Fatma Celik Kayapinarⁱ

School of Physical Education and Sport
Mehmet Akif Ersoy University, Turkey
fkayapinar@mehmetakif.edu.tr

Behsat Savasⁱⁱ

Faculty of Education
Mehmet Akif Ersoy University, Turkey
bsavas@mehmetakif.edu.tr

Abstract

Ageing is associated with increased risk of poor health and functional decline. Regular physical activity can bring significant health benefits to people of all ages and the need for physical activity is endless in later life with evidence increasingly indicating that physical activity can extend years of active independent living, reduce disability and improve the quality of life for older people. Physical activity levels decline significantly with age, and nearly 60% of older persons without disabilities are insufficiently active or overtly inactive. The aim of this research was to estimate levels of physical activity among older people. Participants were asked to complete a 19 item questionnaire during a face-to-face interview with the researchers. All participants met the following inclusion criteria: 50 years of age or older, living in the community, and independent with regard to activities of daily living. In this study, 38 older community-dwelling adults, with a mean age of 66.89 years (SD =9.22; range 50–91) participated. The results in this study suggest that people over 50 years need to develop exercise habits to be able to live healthy and happy life.

Keywords: Old people, Aging process, Physical activity.

Reference to this paper should be made as follows:

Kayapinar, F. C, & Savas, B. (2016). Physical Activity of Adults Aged 50 Years and Older in Canada. *International Journal of Scientific Research in Education*, 9(3), 139-143. Retrieved [DATE] from <http://www.ij sre.com>

INTRODUCTION

Ageing is associated with increased risk of poor health and functional decline (Dangour et al., 2011). Regular physical activity can bring significant health benefits to people of all ages and the need for physical activity is endless in later life with evidence increasingly indicating that physical activity can extend years of active independent living, reduce disability and improve the quality of life for older people . There is no known review of physical activity among older people and it is not known if active older people comply with recommended physical activity levels (Sun et al., 2013).

Physical activity levels decline significantly with age, and nearly 60% of older persons without disabilities are insufficiently active or overtly inactive. A number of reports from large epidemiological studies have shown that self-reported physical activity levels in older adults are associated with performance on mobility tasks, independence in activities of daily living, and number of disability-free years (Morie et al., 2010).

Physical activity and its health effects are more complex in this age group reflecting changing physiology, and the higher likelihood of multiple morbidities. Regular physical activity brings a health benefit in terms of maintaining or increasing strength, power, endurance and flexibility of muscles even in the elderly (Hrobonova, Breeze & Fletcher, 2011). The World Health Organization recommends older people should take at least 30 minutes of aerobic exercise on most, if not all, days and strength training 2 to 3 days a week (WHO, 2002).

The aim of this research was to estimate levels of physical activity among older people. Participants were asked to complete a 19 item questionnaire during a face-to-face interview with a researcher. All participants met the following inclusion criteria: 50 years of age or older, living in the community, independent with regard to activities of daily living. Older men with higher physical activity levels demonstrate better physical function and mobility than their less-active peers (Mose et al., 2010).

The number of falls and fractures was balanced across physical activity intervention arms and no serious adverse events were reported for either intervention (Dangour et al, 2011). In a study of Hrobonova, Breeze and Fletcher (2011), their results for people aged 75 to 84 years support the existing evidence that physical activity is beneficial and is associated with improved survival in those aged 75 years and over. Best and Miller (2011) study suggest that this is particularly true for older adults who use wheelchairs, as only 8.3% of wheelchair users reported participating in physical activity compared to 48.8% of older adults who walked without support.

According to Hall et al (2011), physical activity at 12 months was the strongest predictor of post-intervention changes in physical activity. Those who took up the intervention and increased physical activity live the most, had significant declines in post-intervention physical activity. Lin et al. (2010) results showed that walking leisurely was the most frequent leisure-time physical activity for participants. The age, gender, living arrangement, affective feeling and environmental control were significant variables of leisure-time physical activity.

METHOD

As a method, a descriptive study carried out in the form of a case study was utilized. Structured and focus individual interviews were conducted as data collection tools using a questionnaire. Data were collected during summer 2013 in Canada. The interview was semi-structured with open-ended questions that asked for biographical information and sought to find out how each prospective exercise impact on the elderly.

At the inception of each exercise, the lead researcher of the interview took some minutes off to discuss the purpose of carrying out the research with the group members. The following questions were used for data collection: demographic information regarding gender, age, work status, occupation obtained from the questionnaire. Preliminary analysis of data from the interviews added to the theoretical framework to elaborate the structured reflective log, a data collection tool designed to grasp information about the exercise, and reflections related to practice exercises they undertook. Participants had the opportunity to confirm and validate the content of the transcripts of their interviews.

FINDINGS

The participants were 38 (23 male; 60.5%), 15 female (39.5%) older people from St. Catharine’s, Canada. Their ages ranged from 50 to 91 years, with a mean age of 66.89 (SD = 9.22). The results showed that the respondents spent an average of 84.21 minutes doing exercise. The average age that engage in regular exercise was 37.55 years and a participation rate of 4.02% week. All (100%) of the elderly in their past participated in sport.

The results presented in table 1 revealed that tennis was the most popular exercise among the interviewed elderly, with a participation rate of 66%, followed by hockey and badminton 24% and basketball and soccer 21%.

Table 1: Activities participated in the past by the respondents

F%/ Sports	Tennis	Hockey	Badminton	Basketball	Soccer	Baseball	Golf	Cycling	Skiing	Hiking
F	25	9	9	8	8	6	6	6	6	5
%	66	24	24	21	21	16	16	16	16	13

Table 2 presents the data for exercise participation level; tennis was the highest rated except for winter, followed by walking, cycling, and gym. The frequency of exercise in winter showed that gym was the most frequent exercise engaged in (16%), followed by skiing and walking 16%. Based on the frequency of exercise in spring, tennis was the most frequent exercise engaged in (42%), followed by badminton, golf, cycling and walking (16%). In addition, the participation rate for summer activities was rather high. The highest rate was tennis (66%), second rated was golf and cycling (21%). In fall, only 34% of the respondents participated in tennis, most of them (16%) engaged in cycling, gym, and walking. Further analysis indicated that there were not differences between respondents and their perceptions of exercise intensity.

The last two items ‘Why do you exercise?’ and ‘What are some emotions you feel after exercising?’ were asked and the respondents were fairly relaxed and cheerful. The answer to the first question was health (42%), enjoy and feel better (16%), while keeping fit and fun (10%). Answers to the second question revealed that feeling good/better (42%), healthy and relax (18%), while energy and enjoy (16%). During the interview, many respondents indicated that they enjoyed engaging in exercises throughout their life time.

Table 2: Seasonal physical activity carried out by respondents

Season	F/% Sports	Tennis	Hockey	Badminton	Golf	Cycling	Skiing	Hiking	Gym	Walking	Squash	Swimming	Running
Winter	F	4	3	2	-	2	6	2	10	6	4	3	-
	%	10	8	5	-	5	16	5	26	16	10	8	-
Spring	F	16	3	6	6	6	3	-	5	6	-	-	-
	%	42	8	16	16	16	8	-	13	16	-	-	-
Summer	f	25	-	4	8	8	-	-	3	6	-	5	2
	%	66	-	10	21	21	-	-	8	16	-	13	5
Fall	F	13	3	4	5	6	-	2	6	6	4	4	2
	%	34	8	10	13	16	-	5	16	16	10	10	5

CONCLUSION

The most popular sport is tennis according to interviewed elderly people also they were play tennis at their young time. Exercise participation level; tennis was the highest rated except for winter, followed by walking, cycling, and gym. Respondents are not doing hiking and running in spring and summer seasons. Elderly people done exercise because of are health and they want to feel good/better after exercising.

Elderly people are happy, relax, cheerful and enjoy before/after exercise time. In this reason, whole elderly people done any exercise while they were young and continue doing exercise all life.

Exercises must be part of life. If elderly people divide their time for exercise, they have good feeling. For this reason, in compulsory school process must develop work out habits an attitude. Government can support special exercises areas where they are preferred by elderly. Volunteer coaches can teach sports/exercise which are choice by aged. We think that teaching strategies should do as sports or physical activity/exercise by coaches.

REFERENCES

- Best, K. L., & Miller, W. C. (2011). Physical and Leisure Activity in Older Community-Dwelling Canadians Who Use Wheelchairs: A Population Study. *Research Journal of Aging Research*, Article ID 147929. doi:10.4061/2011/147929.
- Dangour, A. D., Albalá, C., Allen, E., Grundy, E., Walker, D., Aedo, C., Sanchez, H., Fletcher, O., Elbourne, D., & Uauy, R. (2011). Effect of a Nutrition Supplement and Physical Activity Program on Pneumonia and Walking Capacity in Chilean Older People: A Factorial Cluster Randomized Trial. *PLoS Medicine*, 8(4), 1-13.
- Hall, S. K., Sloane, R., Pieper, C. F., Peterson, M. J., Crowley, G. M., Cowper, P. A., McConnell, E. S., Bosworth, H. B., Ekelund, C. C., & More, M. C. (2011). Long-Term Changes in Physical Activity Following a One-Year Home-Based Physical Activity Counseling Program in Older Adults with Multiple Morbidities. *Research Journal of Aging Research*, Article ID 308407. doi:10.4061/2011/308407.
- Hrobonova, H., Breeze, E., & Fletcher, A. E. (2011). Higher Levels and Intensity of Physical Activity Are Associated with Reduced Mortality among Community Dwelling Older People. *Research Journal of Aging Research*, doi: 10.4061/2011/651931.
- Lin, Y. C., Huang, L. H., Yeh M. C., & Tai, J. J. (2010). Leisure-time physical activities for community older people with chronic diseases. *Journal of Clinical Nursing*, 20(7-8), 940-949.

- Morie, M., Kieran, F. R., Miciak, R., Lajevardi, N., Choong, K., Krasnoff, J. B., Storer, T. W., Fielding, R. A., Bhasin, S., LeBrasseur, N. K. (2010). Habitual Physical Activity Levels Are Associated with Performance in Measures of Physical Function and Mobility in Older Men. *The American Geriatrics Society*, 58(9) 1727–1733.
- Sun, F., Norman, I. J., & While, A. E. (2013). Physical activity in older people: a systematic review. *BMC Public Health*, 6, 13:449. doi: 10.1186/1471-2458-13-449.
- WHO (2002). *Keep Fit for Life: Meeting the Nutritional Needs of Older Persons*. Geneva: Switzerland.

© IJSRE

ⁱ Assoc. Prof. Dr. Fatma Celik Kayapinar is working School of Physical Education and Sport at Mehmet Akif Ersoy University in Burdur- Turkey. Subject areas: Physical education, movement training, nutrition and obesity, psychomotor development, teacher education, development curriculum. Phone:90 248 213 4633, Fax:90 248 213 4604. She can be reached via email at fkayapinar@mehmetakif.edu.tr, fatmailayda@gmail.com

ⁱⁱ Assist. Prof. Dr. Behsat Savas is working Faculty of Education at Mehmet Akif Ersoy University in Burdur- Turkey. Subject areas: Social studies teaching, assessment, teacher education, development curriculum, teaching and learning. Phone: 90 248 213 4110, Fax: 90 248 213 4160. He can be reached via email at bsavas@mehmetakif.edu.tr, bsavasb@gmail.com