

ORIGINAL ARTICLE

LATE-LIFE LEISURE CONSTRAINTS AMONG MALAYSIAN ELDERLY: A QUALITATIVE APPROACH

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ABSTRACT

Leisure involvement is an essential element in the daily life of the elderly people. Little is known, however, about the perceived leisure constraints among them, especially among the increasing elderly population in Malaysia. This study aims to explore constraints perceived by the elderly that prevent them from actively involved in leisure. In depth interviews were conducted, involving a total of 20 elderly aged 60 years and above with stratification by background characteristics. Each interview was conducted for an average of 15 to 30 minutes and discontinued when a saturation point was achieved. They were purposively selected from two health clinics located in two different districts in the state of Selangor, representing an urban and a rural area. Elderly participation in leisure activities was constrained by many factors. These factors can be divided into individual, family and community factors such as increasing age and related physical deterioration, education level, health status and the existence of chronic illness, absence of family member or friends to perform the activity together and non-conducive environment. The constraints should be endorsed and acknowledged by the relevant agencies and authorities in order to facilitate effective implementation of related policies, strategies and programmes to improve the health of the elderly people. These include the provision of appropriate services and facilities to cater senior citizens from various health and demographic perspectives.

Key words: Leisure participation, constraints, elderly, Malaysia.

INTRODUCTION

Leisure is an indispensable domain of life¹. It implies time to relax and play and also engaging in desired activities without any obligation or duty. The activity done frequently associated with enjoyment and is independent of work and activities of daily living. Studies have shown that elderly who actively involved in leisure obtain various benefits, depending on the type of the activities performed. These include a positive impact on the cognitive function^{2,3}, survival and longevity⁴, quality of life^{1,5,6,7} and life satisfaction⁸. It is also an important way for the elderly to remain and continue to take part in the society and have a positive effect on personal well-being⁹.

Despite the proven benefits of leisure participation, many elderly decided to choose a sedentary and passive lifestyle which possibly related to the presence of barriers or constraints which prevented them from actively involved in leisure. Being one of the disadvantaged groups puts the elderly people at risk of inequality in life including their involvement in leisure¹⁰. They are also expected to face a higher number of leisure constraints compared to younger

people¹⁰. Deterioration of health and physical function that commonly arise as one age are common problems that may act as constraints towards leisure among the elderly. Kelly¹¹ argues that elderly people are more likely to enjoy social and family activities instead of active leisure mainly due to their health constraint.

The low level of leisure participation among elderly especially among those from the old-old category reflects the existence of some leisure constraints leading to the low leisure participation rate. The negative relationship between constraints and leisure participation can discourage elderly to involve in certain activities despite having a great interest. Identifying and knowing the barriers or constraints of leisure is a necessity in order to understand factors that change the leisure behaviors of elderly as compared to other age groups. The presence of constraints or barriers may influence subsequent aspects of engagements, such as the frequency of participation and level of involvement and caused reduce in leisure participation or withdrawal from leisure activities¹². This study aims at exploring the perceived leisure constraints faced by the elderly in Malaysia.

MATERIALS AND METHOD

A total of 20 elderly aged 60 years and above were involved in this study, with a mean age of 66.8 years old. They were comprised of eleven women and nine men who were purposively selected from two health clinics located in two different districts in the state of Selangor. They were selected based on the higher number of elderly patients in both localities. Thirteen of the respondents were living in the rural locality and eight of them in an urban area. The characteristics of the respondents are shown in table 1. They were initially screened for any symptoms of depression and cognitive impairment by using the 15-scale Geriatric Depression Scale and Elderly Cognitive Assessment Questionnaire. Only those with normal score were asked to fill in the Leisure Participation Questionnaire (LPQ) which was specifically developed for the Malaysian elderly. The LPQ consists of 25 types of activities, categorized into recreational (physical), cognitive, social and

productive activities. Based on the information gathered from the LPQ, an in-depth interview was conducted with each respondent, exploring the presence of any barriers or constraints related to being less or not involved in certain activities listed. Each respondent was interviewed for the duration of 15 to 30 minutes.

The interviews were conducted in a room without any interruption from other people. The interview sessions were discontinued once a saturation point was reached. Interviews were tape recorded, transcribed verbatim following each interview manually, and field notes of reflexive observations were recorded in a research diary. Transcripts were analyzed using standard methods of qualitative thematic analysis. The material was read through several times and then coded. The codes were further collapsed into key themes related to constraints or barriers of leisure, allowing construction of an exploratory theoretical framework.

Table 1. Characteristics of respondents (n=20)

Respondent	Age	Gender	Ethnicity	Locality
A	70	Male	Malay	Rural
B	64	Male	Malay	Rural
C	69	Male	Malay	Rural
D	68	Male	Malay	Rural
E	64	Female	Malay	Rural
F	60	Female	Malay	Rural
G	61	Female	Malay	Rural
H	61	Female	Malay	Rural
I	82	Male	Malay	Rural
J	64	Female	Malay	Rural
K	65	Female	Malay	Rural
L	77	Male	Malay	Rural
M	68	Female	Malay	Rural
N	62	Male	Malay	Urban
O	64	Male	Chinese	Urban
P	63	Female	Indian	Urban
Q	81	Female	Malay	Urban
R	60	Female	Malay	Urban
S	71	Female	Chinese	Urban
T	62	Male	Indian	Urban

RESULTS

From the content of the in-depth interviews, several codes were identified. These codes were later categorized into three main themes which were individual, family and community factors. Codes that have been categorized under the individual factor include i) increasing age and related physical deterioration; ii) education level; and iii) health status and the existence of chronic illness. As for family factor, only one code was identified which was the absence of family member to perform the activity together. Meanwhile, two codes were formed under the community factor which were i) absence of friends to do the activity together; and ii) non-conducive environment.

Individual factors

Increasing age and related physical condition

Several elderly associate the increasing age and related deterioration of physical function with limitation experienced by them to perform certain leisure activity. The deterioration of physical function was not only referring to difficulty in mobility but also problems related to lack of vision and hearing, which were more prominent among the older group. The experienced lack of vision and hearing impairment prevent them from doing the cognitive activities such as reading and watching television.

Mr. I who was an 82 year-old Malay also relates the lack of vision to read in public with shame, especially among younger people due to frequent errors committed during reading. This was what expressed by him during the interview. *'Sometimes I read wrongly because my eye sight is not very good. So I felt embarrassed. That's why I don't like to read in the public because majority was younger. Hardly of my own age.'*

Meanwhile, Madam Q, who was an 81 year-old Malay reported that she was often scolded for watching television loudly. *'My hearing is not so good. If I want to watch TV, the volume must be very loud, which upset other people because of the noise'*. Therefore, she decided not to watch television in order to please others. Similarly, another elderly decided to become less sociable due to his hearing problem. *'I like meeting up with*

my friends, chatting, sharing stories and ideas. But I cannot hear clearly. They will get angry because I kept on asking things they've said.'

In another interview, Madam H and K claimed that their increasing age limit them from doing certain activities and they should be more focused on religious activity. According to Madam H, as she ages, she preferred reading the Quran and old scripture compared to newspaper.

Education level

The interviews also found that lack of formal education has led them not to read except for Quran and old scripture which were written in Arabic or Jawi. Some of them had the desire to read newspaper and other reading material but was restrained by illiteracy problem. Mr. B, a 64 year old Malay stated that, losing both parents since his childhood and living in poverty has led him to not get adequate formal education and experiencing literacy problem. *'I have no parents since I was little. Since then, I was living with my aunt. She had many children and at the same time was not rich. I never went to school and never had formal education. So I cannot read properly.'*

Few of the respondents also mentioning about not obtaining formal education when they were a child was the main reason they were not able to read and therefore was not involve in cognitive activities such as reading. According to Madam K, a 65 year old Malay, she can only recite the Quran and recognizes the numbers but was not able to read. *'Whenever I have free time after prayers, I will recite the Quran or even read old scripture. I do not know how to read. I can only recognize numbers'*.

Health status and the existence of chronic illness

Leisure participation among the elderly was also limited by the presence of chronic illness and the deterioration of health status associated with it. Chronic illness such as arthritis limits the elderly mobility, not only to perform physical activity but also to socialize with friends. One of the respondents reported that she had to stop cycling and walking due to arthritis problem. Meanwhile another elderly had to limit his involvement in gardening due to his asthmatic problem.

In another interview session, Madam F, who was a 60 year-old Malay claimed that she used to regularly ride a motorcycle to meet friends when she was younger. However, with increasing age and declining health status, she had to depend on her children to go out and socialize with other people, and has resulted in having fewer friends. *'Previously, when I was in better health, I was able*

to ride motorcycle. So there were lots of friends. But now, my health is no longer good. I am no longer able to ride motorcycle, and therefore I have fewer friends. I have to depend on my children to bring me to certain places.'

Family factors

Absence of family member to perform the activity together

The death or absence of a life partner or other close family member also gives an impact on the leisure involvement of the elderly population. One of the elderly (Madam Q, 81 year-old Malay) responded that, she had no motivation to continue her business after her husband passed away. She claimed that she will never get a similar enthusiasm and experience that she gained while doing business together with her husband. *'My husband had passed away. It's not the same. With his presence, I was so motivated.'*

Meanwhile, Mr. L, who was a 77 year-old Malay reported that he would love to chat with his children. However, due to long distance and having busy children he had to keep the urge to himself. *'I like chatting. But they are very busy with their own things. No time to chat'*. Additionally, the absence of family members has also limited the elderly participation in certain activities which is prohibited by their children, especially physical activities.

Community factors

Absence of friends to do the activity together

Majority of the elderly responded that they became less involved and no longer interested in doing certain type of leisure activities due to the absence of friends, especially those of same age. This does not only involves social activities, but also physical activities such as cycling and walking. According to Mr. L, a 77 year-old Malay, the lacking and absence of friends of his age to do the activity together, limits his participation in certain leisure activities; *'No one to be invited. People of my age are no longer around. If there were any, they live quite far from here'*. A similar statement was also mentioned by Mr. I, an 82 year old Malay, *'I am too lazy to socialize. Because in this village, I am the only one of my age. It would be fun to have someone of my age, but none'*.

Non-conductive environment

Having non-conductive environment was also reported as one of the constraints or barriers toward leisure involvement among elderly. Mr. O, a 64 year-old Chinese elderly reported that, he had to walk around the market for two hours as part of his daily exercise due to the unavailability of field to do a proper exercise. This was what he said, *'Almost every morning I spend two hours walking before going to the market for the purpose of exercising. Because there is no field near this area. So I have to walk around the market'*.

Additionally, there was also elderly who emphasized on the safety issue, such as the busy traffic in the urban area that limits them to do outdoor activities. *'Where to exercise?. The traffic is very busy here. So many cars and bad people. It is no longer safe to leave the house nowadays'*. In another aspect, limited area to do certain activities such as gardening was also frequently mentioned among the elderly living in the urban areas and apartments. *'I do like gardening. But now I am living in an apartment. No space to do gardening. No land'*.

DISCUSSION

Leisure participation among the elderly may be constrained and complicated by a variety of factors. These include being empty nested, economic adjustments, being responsible for a single-parent household, the changing sociodemographic composition, the lack of an elderly-friendly environment and physical infrastructure necessary for an ageing population¹³. These factors can be related to the personal background of the individual, their family and also the surrounding area. The findings from this study found that individual factors such as increasing age and related physical deterioration; education level as well as the health status and the existence of chronic illness, were among the factors that were frequently reported as constraints or barriers towards leisure participation among elderly.

The increasing age experienced by the elderly people is often associated with deterioration of physical function. The impairment of physical function experienced by the elderly caused by either the normal ageing process or the effects of chronic illness commonly related to difficulty in performing physical activities. In a study involving 189 community-dwelling older adults, aged 65 to 85

years, residing in Ibaraki prefecture, Japan reported that, leisure-time physical activity was related to many physical functions¹⁴. However, the study suggested that, in order to maintain their physical functions, older adults may be required to involve in medium- or high-level physical activity.

The level of education of the elderly is also influencing their leisure participation. Those with a better or higher educational level may have better awareness on the importance of leisure on their health and are more involved in cognitive activities such as reading writing and using or browsing the internet. Furthermore, a better education can also acts as a gateway to a better economic status that allows the elderly to involve in a more expensive leisure such as playing golf. The role of education level as a predictive factor towards leisure participation among the elderly had been reported in a study involving 309 individuals older than 65 years, living in long-term care facilities in Taipei, China¹⁵. It has been also reported as the main predictor for leisure participation among elderly in Malaysia, involving recreational, cognitive and social activities¹⁶.

The health status of the elderly is indeed plays an important role in encouraging or prohibiting their leisure involvement. Generally, a healthy elderly is more likely to be involved in various activities especially the physical activities than otherwise. According to a study done by Dhurup¹³ among elderly people aged 60 to 69 years old, ageing process and health status were among the strongest factors prohibiting the elderly in leisure activity participation. Mannell¹⁷ pointed out that the health status of a person is an important aspect in measuring the changing pattern of their leisure participation. While in another study, Searle and Iso-Ahola¹⁸ had reported that a better health status is related to the participation rate and the numbers of activities performed during leisure. Health status of the elderly is also commonly linked with the presence of chronic illness such as arthritis. The different types of chronic diseases can act as constraint to leisure participation among elderly¹⁹. In a study involving Mexican American elderly, female elderly and those with multiple chronic diseases reported a higher perception on leisure constraints compared to otherwise²⁰. Among the activities commonly linked with better health status were sports, exercise, gardening, walking, volunteer work, visiting museum, gallery or art centre²¹. As for education level, the relationship between education level and leisure activity,

particularly cognitive activities had been reported in studies conducted by Verghese et al.²² and Akbaraly et al.²³. These studies also emphasized the role of cognitive activities in stimulating the cognitive function of the elderly, and thus reducing the risk and also delaying the onset of dementia.

On top of individual factors, family and community factors such as the absence of family members or friends can also prohibit the elderly for getting involved in certain leisure. Support and good social relations is an important aspect of leisure experience²⁴. A study by Kuhiranyaratn et al.²⁵ among elderly in Thailand suggested that, there is a significant association between social supports and exercising among the elderly population living in the rural area, with social support received from friends was a stronger predictor. A study done in the United States also reported that support from friends was an important factor that influenced leisure participation¹². However, in contrast they found social support received from family members play a more important role than those received from friends¹².

Physical environment also plays an important role in shaping the leisure participation of the elderly. In a study conducted by Arnadottir et al.²⁶, they had found that the elderly who were living in the rural setting were found to have lower score for physical activities compared to those living in the urban area. The association of safety issues and environment was also reported. In a study involving the elderly people in California, United States of America, Satariano et al.²⁷ had reported a reduction of 20 to 30 percent of the number of elderly participants aged 55 to 64 years old in physical activity due to concerns about the crime rate in their residential area. According to Huang and Lin²⁸, the arrangement of suitable and appropriate environment for leisure is the most important health needs, particularly among the elderly community who live alone.

The outcomes of this study are expected to be utilized by relevant agencies and authorities in drafting any elderly related programmes and policies at various levels. These include the improvement of the existing elderly health programmes at the health clinics, the provision of transport system and recreational areas which are more appropriate and suitable for the elderly.

CONCLUSION

While it is not new to explore the constraints or barriers towards leisure participation especially among elderly in the developed countries, the issue has never been explored among the elderly society in Malaysia. In view of the various benefits can be gained from leisure involvement among the elderly, acknowledging the leisure constraints among them are a necessity. Some of these identified constraints were modifiable factors related to the personal background of the elderly, family and community and should be targeted accordingly.

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