



RESEARCH ARTICLE

LEISURE ACTIVITIES AND QUALITY OF LIFE OF THE ELDERLY IN INDIA

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ABSTRACT

Engagement in meaningful leisure activities influence the quality of life of elderly people and improves life satisfaction. Leisure activities are important since childhood to old age as they define the life of an individual as well as the whole community. Old age is a period when people have more free time as compared to previous phases of life. Therefore the activities they involve in free time is very important to determine their quality of life. Present paper is aimed to explore the relationship between the leisure activities and quality of life of the elderly. This study is based on secondary data obtained from different available literature on leisure activities and quality of life of an ageing population. Several literatures on ageing reviewed and an effort was made to conceptualize the findings. The reviewed literature reveals a positive relation between leisure activities and quality of life amongst the elderly people. These activities rejuvenate the atmosphere, increase physical and mental capability, promote wellbeing, brain functioning and prevent memory loss. A quality life must include an optimal portion of leisure participation. Leisure activity participation ensures the expression of hidden potentialities, gain control over the environment, and identify components that are crucial to sustain a healthy and happy life. Therefore leisure education is needed to make all the elderly understand the importance of leisure activities.

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INTRODUCTION

Downward trend in fertility and mortality results in an ageing population and the growth of such population poses myriad challenges over the society. The share and size of elderly population has increased from 5.6 percent in 1961 to 8.3 percent in 2012 (Srinivas *et al.* 2014). In 2001, the elderly population (60+) accounted for 7.4 percent which is estimated to increase to 12.4 percent by the year 2026 (Situation Analysis of the Elderly in India, 2011). Ageing brings several changes and problems such as physical deterioration, psychological trauma, social isolation, mental weakness etc. Besides, problem of utilization of leisure time also arises. The role changes from a person of work to a person of leisure. All the behaviour pattern and routine work changes which becomes very traumatic for the elderly. What we are doing can be explained through work and leisure. Work is defined as the expenditure of any type of physical and mental effort to accomplish something and leisure is that time which is not spent at work or compulsory activity for which someone is pressurized (Atchley, 1997). Leisure activities are those activities in which an individual becomes engaged during leisure time or free time. Growing old changes the leisure and recreational

activities due to the experiences of life transitions such as retirement and feeling of "empty nest" because children grow up and leave home (Singh & Kiran, 2014). The activities change from one form to another with the influence of declining physical and mental capacity. Despite the complexities, leisure provides 'freedom to be' (Roberts, 1986). The Activity Theory of Ageing by Havighurst, (1961) emphasizes on active participation of the elderly in physical and mental activities to enjoy successful ageing (Digs, J. 2008). Leisure activities are generally grouped into four categories: a) Physical activities which include camping, gardening, fishing, golf, hunting; b) Social which includes visiting relatives and friends, drinking with friends, going to parties, playing cards; c) Cultural activities include church and religious meetings, clubs, movies; and d) Solitary activities include listening to radio, watching television, reading books, magazines etc (kanwar & Chadha, 2009).

The existing paper aims at taking forward the conceptualisation of leisure, quality of life and the relationship existing between the two based on extensive review of available literature on leisure and quality of life. There is a dearth of literature analyzing the relationship between leisure and quality of life extensively in Indian context. Most of the studies regarding old

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age or elderly have been conducted in western countries. Leisure has been a neglected area of research in India. Therefore studies from other country are also included to understand the holistic view.

### **Factors influencing leisure activities**

Leisure activities vary according to age and it depends upon various factors like sex, health, personality, income level, occupation, education, ability, residential opportunity etc. Youngsters and children often involve in painstaking physical activities, outdoor games, tour, hiking, mountaineering etc. but since ageing brings various health constraints, elderly people cannot participate in these activities. Somayaji (2006) has rightly pointed out that, "leisure management constitutes an important components of the living conditions of the elderly. Its nature differs for the elderly of different categories". It is also true that leisure activities decrease with age (Joshi, 2006). The old-old (75+) experience more constriction in leisure regarding social contexts as well as geographical range. They mostly become dependent on home based activities as their health do not allow them to participate in outside affairs. Females also do not engage more in outdoor games due to certain customs and norms as well as possessing less physical strength than men. Pappathi (2007) reported in her study that women spend their leisure time mostly taking rest (48.9%), watching television (25.2%) and reading books, assisting in housework (17.2%), visiting temple (3.4%) and taking care of grandchildren (3.4%). Similarly Siva Raju (2002) found that females mostly spend their time sleeping and watching TV while males mostly mentioned evening walk and marketing as their avocation. However a common trend of elderly men and women is visiting temples or engaging in religious activities to utilize leisure time, television has become an important source of spending time these days (Venkayalapati, 2008). Extrovert and social persons often involve more in societal works and relations. Economically well off elderly afford expensive goods for entertainment and can go outside with family on tour (if they want) whereas economically poor elderly even find it difficult to afford money required for transportation and membership fee to join certain organisation. Elderly residing in urban area has myriad opportunities to pass their time or engage in leisure activities than their counterparts living in rural area (Gurumurthi, 1998). In a contrast view by Vankayalapati (2008) it was stated that the rural old may not have much problem in keeping themselves busy because they still engage in light farming activities such as grazing cattle, bringing fodder and supervision of farming activities but the urban counterparts are troubled more of free time. He further added that after retirement from government jobs, they have a lot of leisure time and they feel difficult to indulge in meaningful activities. Population census 2001 and NSSO survey based on Employment- unemployment (2007-08) in India revealed that in rural areas 66 percent of the elderly (60 years and above) men and 23 percent of the elderly women were working while in urban areas only 39 percent among elderly men and 7 percent of elderly women were economically active after 60 years (Situation Analysis of the Elderly in India, 2011). Moreover in a study by Chakraborty (1997) on Calcutta pensioners to understand the psychosocial problems of leisure found that nearly 40 percent of the

respondents get more than 6 hours free time and 25 percent get 4 to 6 hours of free time. Half of the pensioners of Calcutta experienced difficulty in utilizing the free time. They were unable to find a suitable substitute of office work. This created boredom. The leisure activities in which elderly are mostly engaged and which provide maximum satisfaction are different for pensioners and non- pensioners. In a study, on 100 respondents (50 pensioners and 50 non-pensioners) from the age group 58 years and above residing in West Delhi, Malhotra and Chadha (1997) found that pensioners engage in morning and evening walks (18.3%), reading religious books (15.9%) and listening radio (12%) while most of the non- pensioners engage themselves in reading newspaper, watching movies and household chores while Chakraborty (1997) found that pensioners found satisfaction from activities like reading, writing and research work (36.71%), religious activity (20.42%), socio-political activity (32.64%) and economic activity (10.23%) during leisure. In another study, Siva Raju (2002) found that nearly 30.3 percent elderly spend their time watching TV, reading books or sleeping and rest were still busy in work or spend time playing with grandchildren. In an old study it was found that the most common leisure-time activity among the rural aged has been the playing of cards (42%) followed by discussing and talking (17%) (Singh, Dak & Sharma, 1987). In a study on rural aged, Joshi (2006) found that "majority (70%) of the aged either spend most of their time with spouse or with their grand children.... They do not have any special leisure time activities except gossiping with wives, cohorts or talking and telling stories to grand children".

### **Quality of life**

Referring particularly to the issues of ageing, health and economics, the term quality of life is heard frequently these days. Today the aged population that intends to lead life of fulfilment and contentment for themselves, for families and for community is on increase. These changes affect their quality of life directly as well as indirectly (Raju, 2006). The World Health Organisation Quality of Life group (WHOQOL, 1997) defined quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (p. 1). Quality of life especially refers to well being which is indicated by subjective or/and objective indicators. The degree of quality of life of the elderly can be measured as the degree of well being felt by the individual himself. It consists of physical and psychosocial components. Physical components mainly focuses on health while psychosocial aspect pertains to stress, worry, anxiety, pleasure and other positive and negative aspect of emotion like self respect, social interaction etc (Mukherjee, 2013). The main ingredients to improve quality of life are emphasis upon maintaining general health, providing good care giving services, improving economic status, developing self management skills, learning the art to give meaning to life and engaging in purposeful leisure activities (Mahadevan & Sumangala, 2008). Vankayalapati (2008) found that many seniors feel the factors mainly influencing their quality of life are health, financial security, positive attitude, owner of a house and access to family and friends. This outlook is viewed to be maintained by keeping themselves busy. A good quality of life means the life being

pleasant and valuable. Ejaz *et al.* (1997) highlighted that quality of life is not only dependent upon providing quality medical and physical care but on active engagement in appropriate leisure activities which contributes to the social, spiritual, creative, emotional, psychological and cognitive well being of older people. Therefore quality of life is synonymous to have good social relationship, health, living in a safe and happy home as well as neighbourhood, accessibility to facilities and services including transport, financial support, independence, positive psychological outlook, engaged in hobbies and leisure activities and maintaining social activities etc.

#### **Relationship between leisure activities and quality of life**

Quality of life cannot be measured in one or two areas only rather it is multifaceted and unique to different individual experiences. Therefore four variables, physical health, psychological well-being, social relationship and life satisfaction have been taken as components of overall quality of life index in the present study to elucidate their relationship with leisure activity since they best represent the dynamic nature of quality of life.

#### **Physical Health**

Physical health consists of improving health, self perception and reducing pain or illness. Juarbe *et al.* (2002) explained that regular pattern of leisure activities generate a sense of improved physical health, better management of diseases, illness prevention and promotion of mental health improving the overall quality of life. Physical activity leads to better health opportunities, reduced functional decline and increased longevity. Outdoor recreational physical activity has been particularly good for promoting well-being (Singh & Kiran, 2014). Mukherjee (2013) reported that the prevalence of certain disabilities in old age whether physical, social or both lowers down the quality of life. Physical disability includes difficulty in walking, climbing stairs, shopping, public transport or we can say that they hinder the Activities of Daily Living (ADL). Furthermore, Social disability arises due to vulnerability to social and environmental predictors of disability which may include the breaking down of joint family, individualistic approach and attitude of individual etc (Mukherjee, 2013).

#### **Psychological well-being**

Bringing positive attitude towards ageing, enhancing cognitive and mental functioning and protecting from psychological factors like depression, anxiety, stress etc. are the components of psychological health and well being. Leisure and recreational activity not only ensures promoting physical and mental well-being but are also play significant role to help recover from mental illnesses or addiction if any. In a study by Iwasaki (2007) describing leisure and quality of life in a multicultural context based on intensive literature review found positive relationship existing between leisure and quality of life in the context of Asian countries, Middle East countries and indigenous context. Study in every context suggested that leisure contributes and promotes quality of life. They emphasized meaning making through leisure with relation to "remedying the bad and enhancing the good". Organised

recreational activities have good effect on mental health, mitigates the effect of stress, anxiety, depression and also the symptoms of Alzheimer's disease (Singh & Kiran, 2014). An independent and significant inverse relationship was found between hobby participation and cognitive decline indicating individuals who do not enjoy hobbies have more cognitive decline than those who did (Iwasa *et al.*, 2012). Meaningful leisure activities preserve identity, provide opportunity of self-renewal and contribute to a feeling of self-integrity (Menec & Chipperfield, 1997). Sharma (2002) suggested that through leisure "the mind is cleansed of impurities" with the "identification of joy and fulfilment". Damodaran *et al.* (2002) in a study in Bombay found a positive significant association between practising yoga and quality of life.

#### **Social Relationship**

Participation in leisure activities provides opportunity of more social interaction, reduced social isolation, increased friendship and social circle (Ejaz *et al.* 1997). Participation in group activities provides a sense of attachment, belongingness and fulfilment. Bandura's social cognitive theory also states that behaviour is shaped by the interaction between individual and environmental factors. The theory emphasizes how social interaction influences behaviour (Singh & Kiran, 2014). Elderly can enjoy club culture in the society. This type of group activity provides opportunity to meet people of same age with whom one can relate himself and share the common experiences. Group activities, club culture, sitting in park, evening and morning walk are some of the leisure activities which assure the elderly to establish relationship, make friends, share things which no one else understands, discuss on particular topic of interest, getting and giving suggestions etc. Elderly feel lonely due to limited social contacts. Social isolation is the major cause for loneliness which adversely affects the quality of life of elderly. Previous researches indicate that social engagement is much beneficial for health and well being of the elderly (Fratiglioni, 2000). The major social interaction comes through engagement in leisure activities outside. Loneliness leads to several emotional and social problems which can only be avoided by healthy engagement of elderly people. The nature of engagement also determines quality of life (Khan & Raikwar, 2010). Gabriel and Bowling (2004) found that almost all (77) respondents indicated that having good social resources was important for better quality of life. Fifty nine respondents accepted face to face contact with families to have good quality of life. Thirty two respondents had consensus about keeping themselves busy to prevent hopelessness. They opined an active and varied life for good quality of life. In a study by Kelly *et al.* (1986), most respondents (80%) said that leisure had helped in coping with change. Most common response (32%) was leisure to be important context in maintaining and developing important relationships. They further opined that since work and family commitments lessen down during later years of life, leisure can provide opportunities for effectual action and a context to develop and express important social relationships.

#### **Life satisfaction**

Leisure activities may lead to improved quality of life and greater life satisfaction among aged people. Provision of leisure services significantly contribute to the quality of life of elderly

(Dube & Choyal, 2012). Several researches have focussed upon leisure involvement and life satisfaction of elderly (Blank, Ritchie & Ryback, 1983; Ragheb & Griffith, 1982). Ragheb and Griffith (1982) investigated interrelationship among leisure participation, life satisfaction and some other variables. They found that a) higher the frequency of leisure activity participation, higher will be the life satisfaction; b) more leisure participation leads to higher leisure satisfaction; and c) higher the leisure satisfaction, greater the life satisfaction. Kelly *et al.* (1986) found that life satisfaction was strongly associated with leisure activity when measures of health, income, age, sex, marital status, housing problems and occupation were subjected to prior control. Leisure participation contributed the most to life satisfaction and social integration than other factors. Gautam, Saito and Kai (2007) reported that participation in some activities is correlated to the lower level of depression and high life satisfaction. According to Silverstein & Parker (2002), Leisure activities essentially should be age appropriate, meaningful and providing a sense of accomplishment or satisfaction.

## CONCLUSION

Long term advantages are being provided by recreational or leisure activities. These include higher fitness level, social interaction and improved health. In other words leisure activities are therapeutic refreshment both for mind and body (Singh & Kiran, 2014). Recreation and leisure are crucial element to provide joy and satisfaction in life. Age related role changes provide time to choose work of own interest, to concentrate on activities to utilize free time however it also constricts several activities or choices due to declining health and financial constraints. In case of retirement, it should be adequately pre-planned as our socialisation process does not prepare an individual to handle the retirement peacefully leading to emergence of various problems like financial constraints, psychological trauma and mal-adjustment, ill relationship within family and improper use of leisure time (Kanwar & Chadha, 2009). Therefore elderly must engage themselves in some hobbies, interest or work either paid or unpaid to overcome the problem of leisure in general and after retirement in particular. Additionally Sahay (1997) suggested that elderly can take some voluntary work like teaching, legal advice as per the profession they had been involved. This creates a sense of satisfaction, foster positive self- image and gives them proper self-identity. They will not feel being useless and it would minimize their anxiety, burden of extra time, hopelessness, dependency and would be physically and mentally active and healthy.

There should be availability of leisure resources such as community centres, parks, access to clubs and organisation in the community for all ages (Lloyd & Auld, 2002). Furthermore there is a need to provide leisure education and therapeutic recreation as all people do not understand the importance of leisure (Janssen, 2004). The relationship between the provision and use of leisure facilities, services and programmes offered and quality of life have not been examined rigorously and not been articulated clearly. The existing knowledge regarding the needs, problems and their determinants related to the elderly is meagre. Thus there is a need of intensive and systematic study pertaining to leisure and its contribution to provide meaning to

life and life-quality enhancement. Policymakers must emphasize to improve quality of life which generally means whether the elderly is satisfied with his day to day living, shelter and physical and mental health. Lack of social security, inadequate opportunities and facilities for health care, rehabilitation as well as leisure and recreation has aggravated the socio-economic problems of the elderly (Ingle & Nath, 2008). Therefore it is very important for elderly to spend their time in an organised way to achieve a healthy life mentally as well as physically.

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