

**An Assessment of Participation in Physical Activity among the Elderly Female of  
Delhi Region**

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**Abstract**

Assessment of health status of the elderly in developing countries are required from time to time to predict trends of participation in physical activity of elderly population and impact of positive lifestyle . As the length of life, number and proportion of older persons increase in most industrialized and many developing nations, a central question is whether this population aging will be accompanied by sustained or improved health, an improving quality of life, and sufficient social and economic resources. The answer to this question lies partly in the ability of families and communities, as well as modern social, political, economic, and health service delivery systems, to provide optimal support to older persons. However, while all modern societies are committed to providing health and social services to their citizens, these systems are always in flux, guided by diverse and evolving national and regional policy formulations. Health, social, and economic policies for older persons vary substantially among industrialized nations. Analysis of these variations among the elderly female aimed at enhancing the health status, as well as the social and economic well-being, of elderly populations. The present study showed the assessment of physical activity participation of 150 elderly females age ranging from 60-64 years and shows the interest of elderly population towards light and regular physical exercise rather on flexibility and strengthening exercise.

**Keywords-** Elderly Population , Quality of Life, Economic Resources etc

**INTRODUCTION**

One of the biggest social changes brought about by improved standards of living is population aging. By 2050, older people will outnumber children under the age of 14 years. Vast numbers of older people live in developing countries where health services are not equitably distributed. Moreover, health in old age is associated with health in earlier years of life, from womb to tomb. Intrauterine growth retardation for example increases the risk of diseases of the circulatory system and diabetes in later life. Later in the life cycle, obese children track their risk of developing chronic diseases such as diabetes, circulatory disease, cancer, respiratory and musculo-skeletal disorders right up to old age. Rapidly developing countries with galloping economies are facing both extremes—child malnutrition among the deprived and child obesity among the nouveau riche. This phenomenon will manifest in a higher burden of non-communicable diseases in old age in the coming decades. Repeated cross-sectional surveys among the geriatric population can give an estimate of the future challenges facing geriatric medicine. Studies in developed countries have identified certain key issues. **Tomstad et al.**, in their study among older people reported a higher risk of under-nutrition among elders living alone. However, their study had a response rate of only 35.1% among the 450 elderly people approached. Footitt and Anderson in their study on a sample of 325 elders living in the community in Australia found that perceived wellness was influenced by hearing, mobility, memory, chronic disease, exercise, gambling and single status. **Harris and Grootjans** have

suggested an ecological approach to understand the needs of the elderly. Therefore, specific studies related to the impact of involvement in healthy activities , participation in physical activities and social interaction in the elderly are needed.

The present study explored the participation of elderly females in physical activities . The physical activities ranges from participation in yoga to aerobics exercises The time duration of involvement in physical activity is from 5 minutes to 25-30 minutes.

### **METHODOLOGY**

For the present study 150 female subjects were selected from the Delhi Region age ranging between 60-64 and 65-70 years. For the assessment of participation in physical activity RAPA was used that assessed the level and intensity of physical activity. The Rapid Assessment of Physical Activity (RAPA) questionnaire was designed to provide clinicians with a tool for quickly assessing the level of physical activity of their older adult patients. It was developed after a review and evaluation of existing written questionnaires, and was found to be reliable and valid compared with the longer, validated Community Healthy Activities Model Program for Seniors (CHAMPS) questionnaire.

### **FINDINGS & ANALYSIS**

The study shows that the elderly females of both the age category participated in light physical activity every week but doesn't involve in any kind of flexibility and strengthening exercise.

Table 1 : Descriptive Statistics for Physical Activity Participation in 60 to 64 Years Women.

VARIABLES	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
RAPA 1 (AEROBIC)	2.57	2.227	4.959	.981	.198	-.647	.394
RAPA 2 (STRENGTH AND FLEXIBILITY)	.73	1.123	1.260	1.077	.198	-.532	.394

Table 1 shows the mean, standard deviation , variance , skewness and kurtosis alongwith standard error. The descriptive statistics of 150 subjects ageing from 60- 64 years states the mean of RAPA1 and RAPA2 is 2.57 and .73 respectively . The standard deviation of RAPA1 and RAPA2 is 2.227 and 1.123 respectively.

Table 2: Descriptive Statistics for Physical Activity Participation in 65 to 70 Years Old Women.

VARIABLES	Mean	Std. Deviation	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
RAPA 1 (AEROBIC)	2.60	2.360	5.570	.964	.198	-.873	.394
RAPA 2 (STRENGTH AND FLEXIBILITY)	.68	1.089	1.186	1.109	.198	-.479	.394

Table .2 shows the mean, standard deviation , variance , skewness and kurtosis alongwith standard error.The descriptive statistics of 150 subjects ageing from 65-70 years states the mean of RAPA1 and RAPA2 is 2.60 and .68 respectively . The standard deviation of RAPA1 and RAPA2 is 2.360 and 1.089 respectively.

### Discussion

The assessment of participation in physical activity can lead to the factors causing the improvement in various health related components of the elderly females. As the finding showed that the subjects focused on participation in light physical activity but not in the flexibility or strengthening program . This may be due to their fear of getting bone related issues or already having bone and muscles related issues which are commonly seen in elderly population as the result of low bone mineral density and muscles weakness. The common awareness and knowledge about walking , doing yoga and some breathing exercise has made the females to participate in light physical activity to keep themselves fit and healthy.

### References

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