



THE SOCIAL AND RECREATIONAL LIFESTYLES OF THE ELDERLY IN KWARA STATE, NIGERIA

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ABSTRACT

Our world is rapidly ageing. A process which exposes individuals to increasing risk of illness and disability of which quality lifestyle is crucial for promoting desired well-being and longevity. Certain objectives were examined, which are to: assess the socio-demographic structure of respondents; determine the social and recreational lifestyles of the respondents; and determine the common/regularity of participation in socio-recreational activities in the state. Primary and secondary data were used. A multi-stage sampling technique was employed to sample 488 elderly respondents, from six of the 16 LGAs of Kwara State using copies of structured questionnaire. Thus, the result shows that majority of respondents (88%) are between 'young old' (60-74) age category. About 36% of respondents were with either primary, secondary or tertiary level education, while 30.1% had acquired only the quranic education. Praying and other religious activities are the major (41%) social activity engaged in, while 32.8% are engaged into farming and other commercial activities. Birthday events are the least attended function by respondents. Also, 38.5% see visitation to friends and relations as major recreational activity, while daily and weekly sporting exercises are engaged in by 40.5% and 42.9% of respondents respectively. The study recommends the establishment of modern and affordable recreational centers for the elderly in the state, encourage optimum utilization and overall enhancement of their health and wellbeing. Hence, appropriate policies and programmes to ensure their equal access to health care, basic social services and social safety nets to protect them from falling into poverty is essential and overdue.

Keywords: Elderly; Social Activity; Recreational Activity; Lifestyle; Kwara-Nigeria

INTRODUCTION

There is no doubt that ageing of population is an obvious consequence of the process of demographic transition (World Health Organisation, 2011; Ferreira *et al*, 2018) This as opined by Singh and Kiran, (2014), is due to steady growth of the elderly population, as a result of the decline in fertility and mortality, better medical and health care, as well as, improvements in the overall quality of life of people. The world's population is ageing and this presents a major policy issue in the developing world (United Nations, 1991). Although, in Asia the crisis is said to be an immediate one (World Bank, 1994); in Africa, ageing is a crisis that is just beginning to reveal its shape; and at present, it is a family crisis (Apt and Greico, 1994; Apt, 1995).

The ageing process however, exposes individuals to increasing risk of illness and disability (Mba, 2010). This is because individual lifestyle, according to Ferreira *et al*, (2018), can influence the quality of life of the elderly, both positively and negatively. In addition, with aging, individuals often decline in physical and cognitive functions, and social networks may narrow (Chen & Feeley, 2013). The narrowing of social networks (as one measure of social relationships) as opined by Berkman & Syme (1979); Cohen (2004) and Cheng *et al*, (2014), may be problematic for health in older age and lessen subjective well-being, life satisfaction, and quality of life.

Hence, being active throughout the majority of one's lifetime has an important influence on overall health and well-being (Singh and Kiran, 2014). This is why physical activity, found to check

many long lasting health problems, as well as to promote mental health and well-being is recommended especially to the elderly population (Rowe and Kahn, 1997; Henning *et al*, 2020). Also, outdoor recreational physical activity, defined by Singh and Kiran (2014), as "to be outside in natural or cultural landscapes for well-being and encounters with nature without demands for competition" has equally been shown to be particularly good for promoting well-being (Henning *et al*, 2020). This is why, personal health consistently ranks alongside material security as a priority concern for the elderly, in order to enhance their independence, as well as, maintaining reasonable standard of living (Mba, 2010).

In Nigeria the population of the elderly, defined as persons age 60 years and over, was projected to reach 5.8 million in 2005, 16 million by 2030 and 47 million by year 2060 (NPC, 2003). And States located in the Eastern part of the country, Central part (Kogi and Kwara) and Southwestern part (Ogun Ondo, Oyo, Osun, Delta and Edo) have higher percentage of elderly population than the national average (NPC, 2003). Hence, the need for a detailed study into the social and recreational lives of the senior citizen in Kwara State is of essence. This will be achieved by pursuing the following specific objectives, which are to: assess the socio-demographic structure of respondents; determine the social and recreational lifestyles of the respondents; and determine the common/regularity of participation in socio-recreational activities in the study area.

Study Area

Kwara State is located between Latitudes $8^{\circ} 05'$ and $10^{\circ} 05'$ North of the equator and Longitude $2^{\circ} 50'$ and $6^{\circ} 05'$ East of Greenwich Meridian (Oyebanji, 2000; Usman, 2014). The mean temperature is about 26.80°C with five hours average daily sunshine (Raheem *et al.*, 2009). The State occupies $36,825\text{km}^2$

of land and shares boundary with Niger State in the North, Kogi and Ekiti States in the East, Osun and Oyo States in the South and an International boundary with the Republic of Benin in the West (Figure 1). Ilorin, the State capital is 306km from Lagos and 500km from Abuja (Kwara State Diary, 2004).

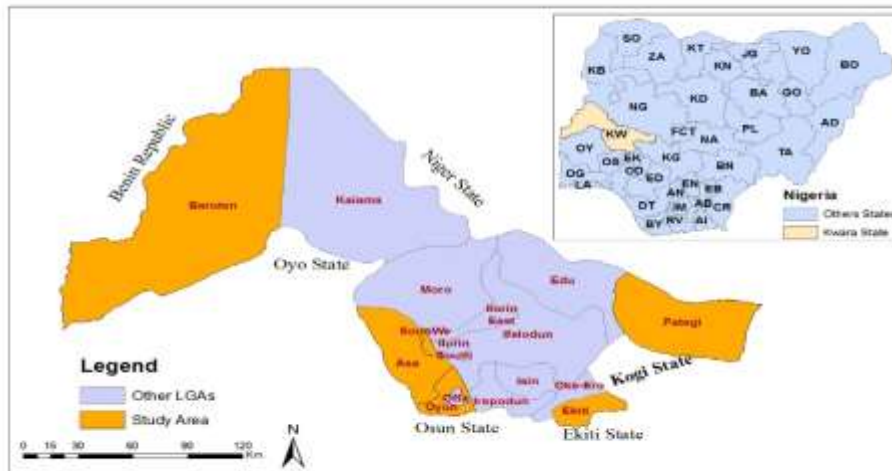


Figure 1: Map of Kwara State Showing Sampled LGAs.

Source: Adapted from Kwara State Ministry of Lands and Housing, 2012

The state has 16 Local Government Areas (See Figure 1) and according to the 2006 national census had a total population of 2,365,353 (Federal Republic of Nigeria Official Gazette, 2009; Usman, 2014), and a total aged population at 116,099 (NPC, 2006).

MATERIALS AND METHODS

Primary and Secondary data derived from structured questionnaire interview and published documents were utilized in the study. A multi-stage sampling technique was used to select respondents for the questionnaire survey. Firstly, the state was divided into the three senatorial clusters of north, central and south. Secondly, systematic sampling technique was used in which the various LGAs in each senatorial zone are serially numbered and the first and last LGA were selected per zone and this gave a total of Six (6) LGAs. Thirdly, purposive sampling was used to determine the settlements/towns from which respondents would be chosen and every LGA headquarter was selected. Reason for this is because of the high possibility of getting the required number of target population in these areas. Fourthly, purposive sampling technique was also used to identify respondents, which was 0.1 percent of the elderly population in each of LGA based on the 2006 population census figures which put Kwara State total elderly population at 116,099 (NPC, 2006). A total of 488 elderly respondents of age 60 years and above were sampled through the administration of structured questionnaire. Lastly, systematic sampling technique was employed whereby households that were previously identified through the assistance of local resource persons were serially numbered to determine the respondents for the study. Every 3rd house was used as the sampling point till the total

number of designated respondents in the settlements was captured. However, in cases where no respondent was available, the next house was automatically selected.

RESULTS AND DISCUSSION

Demographic and Socio-Economic Characteristic of Respondents

The distribution of the population, according to sex shows that 56.6% of the respondents are males, while 43.4% are females as shown in Table 1. Majority of respondents (43.2%) are between ages 60-64, 30.9% between 65-69 years, while 13.5% are between 70-74 years. Three widely recognized age brackets within the elderly population according to NPC, (2003); Gavrilov and Heuveline (2003); Vierck and Hodges, (2003); Gondo *et al.*, (2005), Adebayo (2006) and Gondo (2012), are: the 'young old', 'middle old' or 'aged' and the 'oldest old'. The 'young old' (60-64, 65-69, and 70-74 years) were at the majority, forming about 88% of the respondents. The 'aged' (75-79 years) were 6.4%, while the 'oldest old' (80 years and over) were 5.7%. The large proportion of those between ages 60 to 74 years (young old) is not unexpected. This is because of the rapid increase in the number of individuals from the 'base' generation (reference to the pyramidal shaped age structure of the Nigerian population) who have reached older ages and thereby, swelling the ranks of the elderly population.

The effect of this, coupled with declining fertility rates and longer life expectancy (WHO, 2011) will surely lead to an increasing aged population. These are reasons why Arokiasamy *et al.*, (2011) and Bloom (2011), declared that the world population is undergoing a dramatic shift in age structure, with rapid population aging among its notable characteristics. Even,

among the elderly, as asserted by Jurich (2000), those 80 years and older will increase more rapidly. This however, according to NBS, (2007) will increase the proportion of the dependent population of 76 million (54%) (NPC, 2006) over the years going by the population transition demographic theory (Olaniyan *et al.*, 2011).

Table 1: Demographic and Socio-Economic Characteristic of Respondents

Sex	Frequency	Percentage
Male	276	56.6
Female	212	43.4
Total	488	100.0
Age Group (Years)		
60-64	221	43.2
65-69	151	30.9
70-74	66	13.5
75-79	31	6.4
80 +	28	5.7
Others	1	2.0
Total	488	100.0
Educational Status		
None	155	31.8
Quranic	147	30.1
Primary	70	14.3
Secondary	50	10.2
Tertiary	55	11.3
Others	11	2.3
Total	488	100.0
Religion		
Christianity	114	24.0
Islam	350	72.0
Traditional	20	4.0
Total	443	100.0
Marital Status		
Single Never married	2	0.4
Married	368	75.4
Separated	12	2.5
Divorced	10	2
Widowed	94	19.3
No Response	2	0.4
Total	488	100.0

Source: Author's Field Survey

Table 1 also reveals that about 32% (155) have neither quranic nor formal schooling, 35.8% had been into a formal type of education, while 30.1% acquired Quranic education. Adult education, NCE, vocational skills learnt from artisanship, apprenticeship, culture and oral tradition among others, accounted for 2.3% of other forms of education acquired by respondents. The high percentage of those without any formal or quranic instruction is not unexpected. This is because as corroborated by NPC (2006), about 55.5% (Nigeria) and 71.8% (Kwara State) of the aged population are not literate (can neither

read nor write with understanding of short statements in any language). Corroborating this finding also is that by Fajemilehin and Odebiyi (2011), in which about 78% of the elderly studied in Ife/Ijesa district of Osun State, had no formal education.

The distribution into the various religious beliefs adhered to by individual respondent is also shown in Table 1. A greater part, about 72% of respondents are adherence to the Islamic faith. This trend is not unexpected, as Kwara State (especially the city of Ilorin), has always been regarded as one of the prominent Muslim areas, with both religious and political alignments with northern Nigeria (Saliu and Jawondo, 2006). Also, 23.4 %

practice Christianity which are found largely around parts of the Southern areas, while about 4% (20) found majorly in Baruten Local Government Area are Traditional believers. Religion has the potential to influence the way of live of people thereby affecting their longevity. The influence of religion on the elderly was equally reaffirmed by McFadden (2005) as an important factor utilized in coping with the demands of later life by the aged in societies.

Married older people usually perform more social activities than singles (Bukov *et al*, 2002). This is Respondents' marital status, duration and nature of marital unions are important indicators especially in the understanding of fertility estimates within a population (NDHS, 1999); as well as enhancing the health status and quality of life across the life span (Bukov *et al*, 2002). Majority of respondents, (75.4%) are still in marital unions, 19.3% are widowed, while 2.5% and 2% are separated and

divorced respectively (See Table 1). Evidence of marital stability and the belief in the institution of marriage can be seen with just about 4.5% separated/divorce rate amongst respondents. Corroborating this fact therefore, evidence from the 1991 population census noted that the northern Nigerian states, part of which Kwara State is, have higher percentages of married among both sexes (70% of females and 50% of males) compared with the southern states having between (40% and 45% of both males and females) as married (NPC, 1998). The relatively high percentage of widows is to be expected given the age of respondents. Many would have lost their spouses by age 60 years. This is in line with the finding of Gavrilov and Heuveline (2003), (when stating a consequence of lower female mortality in the year 2000), where almost half of older women (45%) were widows, thus living without spousal support.

Respondents' Duration and Nature of Marital Union

Also, 44.5% of respondents have been in marital unions for durations ranging between 30 to 49 years, 34.4% have been married between 20 and 29 years, while about 11.1% had been married for 50 years and over (Table 2).

Table 2: Distribution of Respondents' Marital Characteristics

Marital Characteristics	Frequency	Percentage
Duration of Marital Union (Years)		
1 – 9	0	0
10 – 19	45	9.2
20 – 29	168	34.4
30 – 49	217	44.5
50 and Over	54	11.1
No Response	4	0.8
Total	488	100.0
Nature of Marital Union		
Monogamy	221	45.3
Polygamy	263	53.9
No Response	4	0.8
Total	488	100.0

Source: Author's Field Survey

The practice of polygamy and monogamy is presented in the aforementioned table. Almost 54% of respondents are into multiple wife unions, a practice traceable to the influence of both Islamic and cultural norms of the people which allows the practice of polygamy. This fact was equally corroborated by Wahab and Isiugo-Abanihe (2010) in a study of elderly Ijebus in Ogun and Lagos State, where 67.4% (546) of respondents were into polygamy and 32.6% (264) in monogamy. Also, global records according to Nielsen (2004), shows that polygamy was particularly common in advanced horticultural systems in which women's labour generated most resources whereas it occurred less frequently in more advanced, agrarian societies. Though, polygamous arrangements were frequently considered a preferred choice even if less common in practice (Clark, 1998; Gray, 1998), likewise, it is feasible among

commoners in many cases albeit on a much reduced scale (Scheidel, 2009).

Social Lifestyle of the Elderly

Social activities are other forms of coping strategies adopted by the elderly in most societies. Social participation, defined as socially oriented sharing of individual resources, is often regarded as an important criterion of quality of life in old age (Bukov *et al*, 2002). Being involved plays an important role in improving self-esteem, gives meaning to life and a feeling of being useful for others, of personal fulfilment, and of self-respect (Okun, 1994; Monk, 1995). As Table 3 shows, all the respondents confirmed being members of one or multiple groups within the communities. However, for ease of analysis, only the most engaged social activity by individual respondent was asked. Examining the different types of social groups or associations respondents belong to, 42.2% of them are members of religious groups (such as Federation of Muslim Women

Association of Nigeria (FOMWAN); Taoheed Muslim Women Association; Christ Apostolic Church (CAC); Evangelical Church of West Africa (ECWA); Christian Women Association of Nigeria (CWAN) among others.

Also, 25%, 11.9% and 1.8% belong to community, occupational and recreational groups accordingly. However, about 19.1% are found in other social groupings (such as tribal, age group or self-help groups among others).

Table 3: Distribution of Respondents by Social Grouping and Social Engagements

Type of Social Group	Frequency	Percentage
Religious	206	42.2
Community	122	25.0
Occupational	58	11.9
Recreational	9	1.8
Others	93	19.1
Total	488	100.0
Common Social Engagements		
Marriages	225	46.1
Burials	83	17.0
Naming Ceremonies	58	11.9
Birthdays	7	1.4
Others	115	23.6
Total	488	100.0

Source: Author's Field Survey

Participation in religiously inclined groups is noticed amongst the majority of respondents, while participation in community or kinship activities ranked second. This finding is equally in line with McFadden (2005) in which the importance of religion in the later life of an elderly is stressed. Also, studies by Menec (2003), and Hsu (2007) reports that attending church-related and other socially productive activities (e.g., farming, childcare, or housework) was capable of significantly lowering the mortality risk among older Canadians and Taiwanese respectively. However, patronage of occupational based associations including 'cooperative' or 'thrift' collecting groups ranked third in order of popularity. Recreational groups were ranked the least. Participation in community and kinship activities and finding ways to contribute to communal affairs (such as participation in group activities, volunteering works, social activities, as well as filial responsibilities, amongst others), serves as a coping strategy and as well, a major source of personal satisfaction for people of all ages. This is especially important for older adults within our communities. This is because an elder's role within the family as mentioned by Chow (1996) and Lee and Mjelde-Mossey (2004) forms the basis for ways of coping and finding meaning of life.

Social activities in later life can lead to less disability, lower mortality risk, and better mental health (Mendes de Leon *et al*, 2003; Glass *et al*, 2006; Lehning and Harmon, 2013). Besides, it also helps to fight depression and improve overall wellbeing of the aged. Research into the social life of the elderly according to Shaw *et al*, (2007) suggests that older adults often have smaller social networks and less contact with members of their networks than those at younger ages, and that the loss of social ties is predominantly with those who are not family members. In addition, having social networks according to Lehning and

Harmon (2013) may increase an older adult's ability to receive social support or assistance with everyday tasks. Furthermore, social participation can constitute a means of coping with health change (Lefrancois *et al*, 1998), and can have a positive impact on health and longevity (Moen and Dempster-McClain, 1989; Sugisawa *et al*, 1994; Mendes de Leon *et al*, 2001; Bukov *et al*, 2002). For these reasons and more, respondents' communal lifestyles are of essence to this study.

Common Social Engagements

Furthermore, participation in social engagements or ceremonies by the respondents was equally examined. To better understand respondents' social and recreational lifestyles, the various societal engagements they normally participate in, as well as their day to day schedules, were examined. Note also that the social engagement respondents mostly engage in by priority was asked. As depicted in Table 3, the common social engagements are: marriage and christening ceremonies, birthday celebrations, burials and others (such as religious celebrations, endowment lunch, graduation ceremonies, tribal and age grade gatherings, professional or self-help associations events, anniversary and house warming celebrations, among others) respectively. As depicted, the most prominent social function amongst people of all ages, and the aged as well, is the celebration of conjugal (marriage) unions. This is so because about 46% of all respondents indicated marriage as their major social engagement. A constellation of several 'other' engagements like community welfare gatherings, artisanal graduations ('freedom'), conflict reconciliations, youth mentorship schemes, religious activities, solitary rumination, tribal events as well as a combination of all human social engagements among others, represented 23.6% of the engagements.

Besides, burial events are not essentially 'ceremonial' rather are periods for sober reflections, prayers and consolations amongst communities in Kwara State and Nigeria in general, due mostly to the various religious norms and customs that enjoin such. About 17% of elders regarded burial outings as their main social function, while 11.9% preferred Naming or Christening ceremonies. The birth of a new born child regardless of culture, age and belief is an event of joy and happiness to all and sundry. Child christening is of particular importance to the elderly within our communities, mostly due to the function and duties like naming of child, teaching of weaning (prenatal, natal and post-natal) practices, caring for the new mother, and being repository of culture and traditions, are duties mostly performed

by this group of citizens. Attendance of birthday celebrations was the least prominent (1.4%) social functions amongst respondents (See Table 3).

In other words, respondents' day to day schedules was equally scrutinized. This was done to further understand the social lives of respondents. How an average day is spent by respondents shows that praying and other religious duties are the major activities performed by as much as 41% (200) of these senior citizens as shown in Figure 2. This finding is in line with McFadden (2005), where religion was noted as an important factor utilized by the aged in coping with later life demands. Besides, 32.8% (160) engage mostly in either farming or commercial activities.

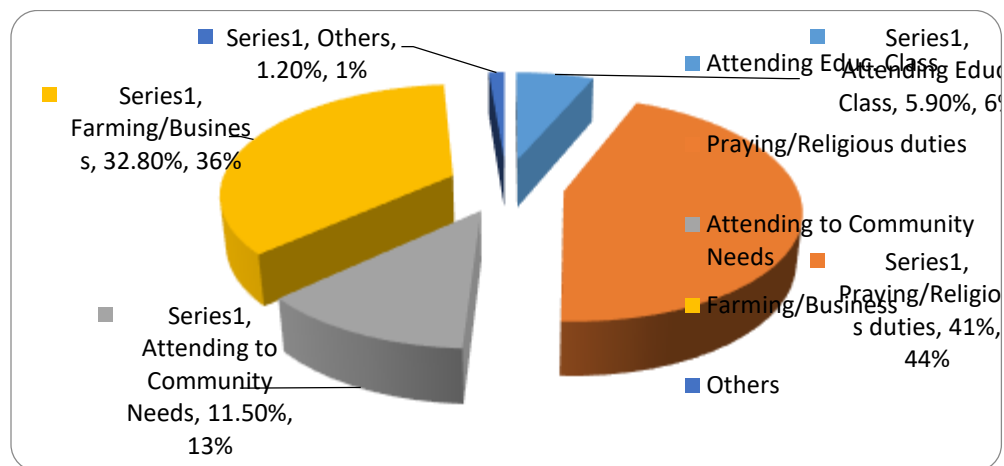


Figure 2: Distribution of Respondents according to their Day to Day Activities

Source: Author's Field Survey

Attending to community needs and enrolment in adult educational classes are the third (56) and fourth (29) in order of prominence amongst respondents. Other daily activities like partaking in domestic chores, visiting friends, having siesta among others are engaged into by about 1.2% of respondents. These are shown in Figure 2.

Recreational Life of the Elderly

Recreation and Leisure have multiple meanings based on individual perception (McLean, 'undated'). Recreation according to the Longman Dictionary of Contemporary English (1995) is defined as an activity that is done for pleasure or amusement. Of essence to the enhancement of the lifestyle and wellbeing of the populace and most crucially to our elderly citizens is the act of recreation. Acts of recreation are however perceived as an elitist way of showing affluence, especially amongst the uninformed in our communities. Recreation can be

derived from a variety of means, which is via sporting activities, clubbing, movie watching, music, tourism and visitations among others. Table 4 shows the various recreational or leisure activities engaged in by the elderly in Kwara State. Also, being involved in multiple recreations is expected. This as opined by Baltes and Baltes, (1990) is so, because individuals can be selective in their activity patterns and concentrate on those activities that are most interesting and satisfying for them. However, for ease of analysis, only the most engaged recreation by individual respondent was asked. As depicted in table 4, visitation or visiting friends and relations is the main recreational activity performed by as much as 38.5% of respondents. This finding is in agreement with that of Bowling (2005) in Britain, where social relationships was one of the factors linked to well-being and quality of life in the elderly.

Table 4: Distribution of Respondents according to Recreational Activities

Recreational Acts	Frequency	Percentage
Sport	42	8.6
Clubbing	47	10.0
Visitation	188	38.5
Movie Watching	90	18.4
Others	121	24.8
Total	488	100.0

Source: Author's Field Survey

In addition, Peil and Sada (1985) in their study of cities in tropical Africa saw visit as an aspect of the maintenance of rural-urban contacts and potentiality of social change. Visits serve as occasion for provision of material help. It is also important for social and psychological support derived from the maintenance of kinship ties (Okumagba, 2011). While watching of movies (18.4%) and clubbing (10.0%) were the third and fourth major leisure activities amongst the population. Sporting activities like exercises and going to the gymnasium, among others, is the major leisure act amongst 8.6% of respondents as depicted in Table 4.

However, other activities like reading newspapers and novels, folk telling to grandchildren, writing, walking, sleeping, listening to music, hunting and praying among others ranked second, and is common amongst 24.8% of respondents. Furthermore, Table 5 shows the regularity of participation in individual recreational activity. About 40.5% of respondents who engage in sports do so daily while, majority of them (42.9%) practice sports once in a week. However, only 7.1% and 9.5% go sporting bi-weekly and once in a month respectively. Visit to friends and relations was majorly done once in week by as much 42.6% those respondents that engage in visitation as a recreation, while 34% do this once in a month.

Table 5: Regularity of Participation in Recreational Activity Regularity of Participation

Recreational Activities	Daily		Once in a Week		Twice in a Week		Once a Month		Others		Total (%)
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	
Sporting	17	40.5	18	42.9	3	7.1	4	9.5	0	0.0	42 (100.0)
Clubbing	4	8.5	27	57.4	7	15	9	19.1	0	0.0	47 (100.0)
Visitation	20	10.6	80	42.6	20	10.6	64	34.0	4	2.1	188(100.0)
Movie Watch	32	35.6	29	32.2	7	7.8	21	23.3	1	1.1	90 (100.0)
Others	34	28.1	24	19.8	13	10.7	20	16.5	30	24.8	121(100.0)
Total	107	21.9	178	36.5		10.2		24.2	35	7.2	488(100.0)
					50		118				

Source: Author's Field Survey

Also about 10.6% each visit relations either daily or twice in a week. Furthermore, movie watching is done by majority (35.6%) of the elderly daily, while about 32.2% do this once in a week. In addition, Table 5 shows that majority of respondents combined, that is 36.5% recreate on weekly basis, while only 21.9% engage in recreation on daily basis. This finding agrees with that of Asiyanbola (2005) in Ibadan; where only about 9.4% of the studied elderly are involved in social activities (recreation etc.) on daily basis. Besides, 10.2% have their leisure bi-weekly, while those who recreate on month by month basis are 24.2%. Only 7.2% of the aged recreate without any particular routine and whenever they desires.

CONCLUSION AND RECOMMENDATION

There is no doubt that the speed of population ageing has important implications for government policies, such as health care, pension schemes and economic growth. However, for us

to realize the full potential of the elderly and to advance their well-being, countries and communities must not only provide conditions that promote their quality of life, but also must enhance their ability to work and live independently for as long as possible. Leisure or social activity is believed to be a major source of well-being and mental health in later lives of the elderly. Active participation in social groups should therefore be strongly recommended for maintaining healthy ageing. However, more studies are needed to understand what kinds of social/recreational activities contribute the most to the well-being, and general health of the elderly as they grow old.

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