

EXPLORING RECREATIONAL ACTIVITIES OF THE AGED IN JACHIE IN THE ASHANTI REGION OF GHANA

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Abstract

Recreation activities improve one's general physical health, decrease the risk of medical conditions and can prevent falls. Despite the numerous contributions of active recreational activities to well-being in later life, many individuals remain inactive in their old age. The study aimed to examine the motivations for recreational activities among the Jachie society of the Aged in the Ashanti Region of Ghana. Probability sampling technique was used and a total of hundred respondents were involved in the study. The most common recreational activity among the Aged during their leisure time was morning walking. This is followed by 'other activities' which consist of visiting family and friends, taking care of grandchildren, going to the farm for fire wood and food stuff and gardening. The study revealed that, age correlated positively with social motive (the desire to be with family and friends).

It is recommended that the government and recreational activity providers adopt strategies to create awareness about recreational facilities to the aged. Also, Educational programs on the importance of active recreation participation at old age should be instituted and promoted through the media and sustained.

Keywords: Aged, Ghana, Health, Leisure, Motivation, Recreation,

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Introduction

The significant achievements of global declines in infant and maternal mortality, reductions in infertility, decreases in infectious and parasitic diseases, as well as improvements in nutrition and education, have resulted in the numerical growth of aged populations around the world (United Nations, 2001; World Health Organization, 2000). The aged are the fastest growing population segment in many advanced countries (Best, 2001). Mazzeo, Cavanagh, Evans, Fiatarone, Hagberg, McAuley & Startzell,(1999) estimated that the number of individuals who will aged 65 or above will be the fastest growing segment of the population in the world by 2030. Defined as persons aged 65 years and over (Mba, 2002; United Nations, 2001), the world's aged population is expected to rise from 606 million in 2000 to almost 2 billion by 2050, representing an increase of about 230 percent over the period. As a result of gains in life expectancy and declines in fertility, the older population in most countries is growing faster than the population as a whole. What is more, if the envisaged reductions in mortality and fertility occur as currently projected, population ageing will inevitably become a universal phenomenon in Africa and all the other regions of the world in the coming decades (United Nations, 2003).

The demographic profile of Ghana revealed that persons aged 65 years and above constitutes five (5) per cent of the Ghanaian population (Ghana Statistical Service, 2005). This figure is among the highest in Africa. Considering the growth rate of the aging population in Ghana, it has steadily been increasing from 1960 – 2010. Most of these elderly persons reside in rural areas (Ghana Statistical Service, 2005). Ghana's ageing population had been precipitated more by rapid fertility, improvements in public health measures, personal hygiene, sanitation and nutrition (Ghana Statistical Service, 2005). The percentage increase of the aged population between 1960 and 1970 was 12.5 per cent. This decreased to 11.1 per cent between 1970 and 1984. However, between the 1984 and 2000 the figure increased to 32.5 per cent. The ratio of the aged to children increased from 8.5 per cent in 1984 to 12.8 per cent in 2000, which is a further indication of ageing of the population. The ageing of the population is also reflected in the increase of median age from 18.1 years in 1984 to 19.4 years in 2000.

This growing population segment may experience an increase incidence of age-related disease and disability due to lack of participation in active recreational activities or exercise. Participating in regular or moderately active recreational activities in later life can enhance

health, including: reduced incidence of physical and mental health problems; delay of functional decline; reduction of chronic disease onset; and stabilization of psychological and physical abilities (American College of Sports Medicine, 1998). Also, engaging in leisure time active recreational activities in later life has shown to be a significant predictor of well-being, increased morale, and successful aging ((Stathi, Fox, and McKenna (2002), Lee and Russell (2003), and Nets, Wu, Becker, and Tenenbaum (2005)). The rapid growth of the aged population therefore presents a challenge to maintain and improve the physical health and psychological well-being of the aged (Chou, Chow and Chi, 2004). Therefore, better care for the aged in the society becomes the most important issue of concern for their social welfare.

The increase in the number of the aged will lead to the increase in portion of health care resources (Best, 2001). As a result, it is imperative for the aged to enjoy and maintain good health and high quality of life through leisure time active recreation. This might help reduce the health bill of a country and health insurance companies. Participation in regular leisure time active recreation is a crucial factor in the health life of the aged. Taking part in leisure time active recreation has various benefits. These benefits could be seen from psychological, health, social, and other perspectives. From psychological perspective, Cordes and Ibrahim, (1999) posit that participating in recreational activities can help people escape from physical and personal pressure, nostalgia and perceived autonomy that may affect their life. For health benefits, participating in leisure time active recreation, people could improve their health and reduce the risk of disease (Parry and Shaw, 1999). According to Salmo, Owen, Crawford, Bauman and Sallis, (2003) increase in active recreation could be one of the strategies to prevent cancer, obesity, and cardiovascular disease. Social benefits of active recreation include strengthen social cohesion and making of new friends. Although many studies proofed that there are many benefits for engaging in leisure time active recreation, however, there are a large number of people who do not take part in active recreational activities. Takemi, Genevieve, David, Jo and Neville, (2008) added that adults who spent more time in sedentary life style and are not sufficiently physically active will have an increase likelihood of being overweight or obese.

In certain areas of Ghana especially in Northern Ghana, the isolated and lonely aged, especially women, are often accused of witchcraft. Such accusations may result in violence and abuse leading to poor mental health implications on the individual. There is the need to intensify the

promotion of leisure and active recreation participation of the aged as a strategy to combat such social isolation and support empowerment.

Problem statement

Routine active recreation improves one's general physical health and decreases the risk of medical conditions. A number of studies have shown that active recreation plays a role in the maintenance of cognitive vitality in older age (Colcombe et al, 2004, Newson & Kemps, 2006). However, not many aged people usually take advantage of engaging in recreational activities and many individuals still remain inactive. The rate of active recreation engagement declines with increasing age (Hamdorf, Starr, & Williams, 2002). It is therefore necessary to delve more into the factors that influence individual participation in recreational activities for the aged in the Jachie Society of the aged in Ghana. This paper seeks to examine motivational factors to leisure time active recreation participation among the Jachie society of the aged and also to examine constraints to participation in recreational activities by the aged

Literature review

The Concept of Ageing

Ageing is the process of growing older. It includes a reduction in strength, endurance, speed of reaction, agility, basal metabolism, sexual activity and hearing acuity. The bones are more brittle, the skin drier and less elastic and the teeth are shed.

Benefits of an Ageing population

Several areas in the community will benefit from the surge in numbers of retirees who are active and healthy, independent and with time on their hands. Previously, women have provided much of the volunteer work performed in the community but today, women are in the work force in increasing numbers. At a time when the contribution of volunteers is increasingly important given the rising demand for such services, many health and welfare agencies are seeking to recruit from the growing numbers of retirees. Not only does the community benefit from volunteer work contributed by older Ghanaians, but older Ghanaians themselves also benefit. The 'young old' care for the 'old old' and in doing so, report a high level of satisfaction with their volunteer work (Cummins et al. 2002).

Volunteering is regarded as one measure of social capital and thus an indicator to a healthy civil society. Organizations such as the World Bank view social capital as ‘not just the sum of the institutions which underpin a society – it is the glue that holds them together’ (World Bank 2003). Older people contribute to this ‘glue’ in other ways as well. They play an important role in supporting and maintaining informal social networks thus binding communities and families within communities.

Far from being net receivers of help and support, the aged are, in fact, net providers, at least up to the age of 75 years. They provide childcare, financial, practical and emotional assistance to family members including helping people outside the household with the tasks of daily living. Such unpaid caring and voluntary work adds up to a significant proportion of GDP, around seven per cent on some measures (Ranzijn et al. 2002; De Vaus et al. 2003). Grand parenting has become an important social role in an age when people tend to have more living parents than children. Not only does it benefit grandparents themselves who find that grandparenthood is an important aspect of their lives, but it also appears to benefit grandchildren substantially.

In addition, it is likely that older communities will be more law abiding communities since the aged are less inclined to commit crimes against property and people. For instance, the Australian Institute of Criminology (2002) estimates that homicide rates will fall by around 16 per cent between now and 2050 and there is likely to be less crime altogether resulting in substantial savings in prison and policing costs in the future.

Also the role of the aged is acknowledged throughout the country particularly in the area of government. The expertise of the aged is engaged in pursuit of good governance, democracy and socio-economic development. Prominent citizens who have distinguished themselves in various capacities in both public and private sectors have been appointed to membership of the Council State, District Assemblies, Boards and Committees at both national and local levels after their retirement from active service.

Government also recognizes the role of traditional leaders particularly chiefs, many of whom fall in the category of the aged, in the promotion of peace in their communities and in the nation as a whole. In many instances, the Government had appointed traditional leaders to arbitrate or mediate in disputes at both local and national levels. The role that some of these chiefs have

played in conflict resolution in some parts of the country has averted serious civil unrest and clashes between rival factions.

The least but not last benefit of the ageing population is their role in Intergenerational solidarity. The role of the family as the basic unit of society is recognized as essential to the attainment of social integration. The aged are considered as a link between the ancestors and the community. However, the weakening of the traditional family and community support systems for the aged poses a threat to the harmonious intergenerational existence. The traditional values that associated old age and ageing with dignity, wisdom, knowledge, respect and obedience are giving way to disrespect for the aged.

Evolution of Leisure

According to Rest (1896) the word leisure comes from the Latin word “licere”, meaning “to be permitted” or “to be free”, via old French leisir and first appeared in the early fourteenth century. The notions of leisure and leisure time are thought to have emerged in Victorian Britain in the late nineteenth century, late in the Industrial Revolution. Early factories required workers to perform long shifts often up to eighteen hours per day within the 1870s.

Though, more efficient machinery and the emergence of trade unions resulted in decrease in working hours per day and allowed industrialists to give their workers Saturdays as well as Sundays off work. This led to the availability of free time (leisure) with which recreational activities could be undertaken.

Ibrahim and Cordes (1996) asserted that leisure had existed during primitive societies. They explained that, during primitive societies, certain members gained greater access to goods, services and positions of power than was possible in tribes or chiefdom. Population increased, and a leisure class emerged. An excellent example of a primitive society is the Zulu of Africa, who's Kings, formed a leisure class. In this structure, public hunts were opened to everyone, but royal hunts were organized exclusively for pleasure for the King. It was at this stage of social evolution that the concept of amusive leisure most likely arose. Amusive leisure describes a situation in which the most powerful members of a society, the leisure class, are entertained by a selected performer who has developed a high level of skill in their particular specialty, such as dancing and singing.

Motivations for Leisure Time Active Recreation Participation

People participate in recreational activities for different reasons. The pull and push factors of participation in recreational activities are therefore influenced by a number of confounding variables. Deci and Ryan, (1985) are of the view that, it is difficult to delve into the whys of participation and that reasons for participation could be put along a continuum of self-determination. According to the Self-Determination Theory (SDT; Deci and Ryan, 1985) individuals have different types of motivation based on the different reasons or goals that give rise to an action. Basically, there are two types of motivation, the intrinsic motivation and the extrinsic motivation. The intrinsic motivation is associated with inherently enjoyable/interest, competence and social motives. The extrinsic motivation deals with a lead to a separable outcome such as the appearance improvement and fitness improvement (Deci and Ryan (1985), Frederick and Ryan (1993), and Ryan, Frederick, Lepes, Rubio, and Sheldon (1997)). Therefore, there is the need to exam and understand motivation for the aged participation in leisure time active recreation. Motivation for participating in leisure time active recreation can be divided into five main aspects, thus; interest/enjoyment, competence, social motives, appearance and fitness improvement.

Recreational activities and ageing process

It is now generally accepted that physical activity which has been continuous throughout a person's life, and when accompanied by reasonable health habits, may increase life expectancy. The term physical activity will be used throughout this paper to denote, "any skeletal muscle activity which would result in a caloric expenditure above resting metabolism" (O'Connor, Aenchbacher, and Dishman, 1993 p.341). This includes participation in leisure activities usually performed at low intensity such as gardening or golf, as well as structured sessions that are often performed at high intensity, such as riding a stationary bicycle. No matter what the level of intensity, Clark, (1989) emphasised there are positive health benefits which accrue in older adults who undertake a progressive, sensible physical activity program, individually geared to personal lifestyle requirements. The US Surgeon General's report on physical activity and health (US Surgeon General,1996) challenges health and recreation professionals who provide programming for older adults, to learn more about the health benefits of active recreation and to find ways to encourage their clients to remain physically active.

Although this physiological research has been significant and ground breaking, a limited focus on physical activity has neglected other dimensions, such as psychological and social dimensions which have a major impact on the health status of older adults. Seedsman (1995), p.411 stated that physical activity encouraged “a sense of control over one’s life coupled with a feeling of good health which must surely promote a psychological feeling of vitality and personal energy”. It is well documented in literature that routine active recreation improves one’s general physical health (Wang, Ramey, Schettler, Hubert, & Fries, 2002); decreases the risk of medical conditions such as coronary artery disease, diabetes, osteoporosis, and hypertension (Bouchard & Despres, 1995); reduces mental health concerns such as depression (Netz, Wu, Becker, & Tenenbaum, 2005); and can prevent falls (Barnett, Smith, Lord, Williams, & Baumand, 2003). In addition, recent research suggests that active recreation plays a role in the maintenance of cognitive vitality in older age (Colcombe, Kramer, McAuley, Erickson, & Scalf, 2004; Newson & Kemps, 2006). It is therefore essential that older adults engage in regular leisure and active recreation. Active recreational activities therefore have the following benefits to the aged. Thus; psychological benefits, good state of mood, reduce stress, anxiety and depression, and social benefits.

Study area

Jachie is a town in the Bosomtwe District in the Ashanti Region of Ghana. It is about 30 minute drive from Kumasi the capital town of Ashanti Region. It lies within latitudes 6° 43’ North and longitudes 1° 46’ West. The Bosomtwe District in which Jachie Township is found is bounded on the North by the Kumasi Metropolitan Assembly, on the South by Bosome Freho District, on the North-West by Atwima Kwanwoma District on South West by Amansie East District and Ejisu Juaben District on the East. Kuntanase is the District Capital. The population of Jachie is estimated to be 23,524 (Ghana Statistical Service, 2007). Jachie has two health facilities: One Government health center and an eye clinic.

Cross-sectional study design was used for the study. Probability sampling technique was adopted because sampled respondents were found to be truly representative of the large population from which it is drawn and is therefore usually considered preferable to non-probability sampling. The essence of probability sampling is that, each of the elements of the large population has an equal chance of being selected. The researchers used stratified sampling and systematic random

sampling techniques in selecting the respondents for the study. Through the use of stratified sampling technique, the researchers selected 66 female ($\frac{200}{305} \times 100 = 65.573 \approx 66$) and 34 male ($\frac{105}{305} \times 100 = 34.426 \approx 34$) making it a total of 100 respondents for the study. Note that 200= the female population, 105= the male population, 305= the total population of the aged on the society. The stratified sampling technique was used because the researchers wanted to stratify the study population into male and female groups in order to make sure that there is an equal proportion of male and female in the sample so as to ensure a true representation of the population. Systematic random sampling technique also ensured a fair chance of each element of the study population being selected. Using the systematic random sampling technique also ensured that all characteristics in the study population were selected and hence represented a true nature of the population. A sample size of 100 was used which was determined by the use of conventional approach of sample size determination. Data collection was done in February and March, 2012.

Findings

Leisure time active recreation is important for the individual and the society as a whole as it provides psychological benefits, social benefits, and reduces stress, anxiety and depression.

Different groups of people choose different forms of activities and this might vary based on sex, age, values, culture, income and other variables that may affect the aged participation in leisure activities. The aged by virtue of their age and health status may be motivated by certain factors to participate in leisure activities. There is therefore the need for the individual, the society, and the government at large to identify these motivations so as to help this vulnerable group enjoy good health and happy life through participation in leisure and recreational activities.

The age distribution of the aged in the study area depicts some form of evenly distribution across the age categories provided. The dominant age group was 71 – 75 years which constitute 30 per cent of the selected respondents. Those above 80 years were the minimal age category. They constitute 20 per cent of the respondents. As age increases within the aged population, the number of people within a particular age bracket reduces.

Economic status of the aged in Jachie

On the aged perception of their economic status, their responses were classified into four groups based on their own assessment of their economic status. These were extremely worst, below average, average and above average categories. Out of the hundred respondents, forty four per cent (44%) considered themselves as extremely worst in terms of economic status, forty two per cent (42%) below average, twelve per cent (12%) average, and the rest of the two per cent (2%) were above average. (Table 1).

Table 1: Perception of economic status of respondents

Perception of Economic status	Frequency	Percentage (%)
Extremely worst	44	44.0
Below Average	42	42.0
Average	12	12.0
Above Average	2	2.0
Total	100	100

Source: Field work, 2012

Marital status of respondents

Respondents marital status were classified into five groups (single, married, separate and widow). Fifty one per cent (51%) of the respondents were married, nine per cent (9%) were separated, and thirty nine per cent (39%) were widows/widowers. Most of the widows were females and this could be associated with the issue that, all things being equal, more male die early at the old age than female. (Table 2).

Table 2: Marital Status respondents

Marital Status	Frequency	Percentage (%)
Unmarried	1	1.0
Married	51	51.0
Separated	9	9.0
Widow	39	39.0
Total	100	100

Source: Field work, 2012

Health condition of respondents

Old age is often characterized with health challenges. It is therefore not by chance that almost all the respondents had one health related problem or the other. The study revealed that, two per cent (2%) of the respondents had stroke, six per cent (6%) had heart diseases, twenty nine per cent (29%) had rheumatism, twenty three per cent (23%) had back pain, twenty one per cent (21%) had high blood pressure, twelve per cent (12%) had diabetes, and seven per cent (7%) had other health problems. The most common health challenge among the aged in the Jachie society of the age was rheumatism (29%), followed by back pain (23%), high blood pressure (21%) and the least prevalent health problem was stroke (2%) followed by other health problems (7%). Information from the interview conducted revealed that, other health related problems associate with the aged include; waist pains, body pains, stomach pains, and head ache. (See Table 3). The table shows respondents perception of their health status in assessing their participation in leisure time active recreation

Table 3: Health Condition of respondents

Health Condition	Frequency	Percentage (%)
Stroke	2	2.0
Heart disease	6	6.0
Rheumatism	29	29.0
Back pain	23	23.0
High blood pressure	21	21.0
Diabetes	12	12.0
Others	7	7.0
Total	100	100

Source: Field work, 2012

Activities undertaking by the aged during their leisure time

Different people choose different active leisure recreation during their leisure periods, the kind of active leisure recreations pursued by the aged of the Jachie society of the aged are; morning walking, playing of musical instrument, gardening, and other activities. The top three active leisure recreations pursued by the respondents are; morning walking (52%), other activities

including visiting family and friends, going to farm for fire wood and food stuff (24%), and gardening (22%). The least activity the aged of the Jachie society of the aged engaged in during their leisure time was Playing musical instrument (2%). (Table 4).

Table 4: Active leisure recreation activities among respondents

Leisure activities	Frequency	Percentage (%)
Morning walking	52	52.0
Playing musical instrument	2	2.0
Gardening	22	22.0
Other activities	24	24.0
Total	100	100.0

Source: Field work, 2012

Motivations for leisure time active recreation among the aged of the Jachie society of the aged

Generally, motivations for active leisure activities can be grouped into five thus, social motive, fitness motive, interest/enjoyment motive, appearance motive, and competence motive. Data from this section of the study was analyzed using the likert scale to determine the scores for the statement bothering on what motivate the aged among the Jachie society of the aged into participating in leisure time active recreation. That is to determine the kind of motive(s) that push this age group into participating in leisure time active recreation.

On the statement whether the aged participate in active recreation for the purpose of maintaining physical health and well-being, most of them consider it as an important reason for which they participate in active recreation (42 respondents), also forty three (43%) per cent of the respondents consider maintaining physical health and well-being as an extremely important reason why they engage in leisure time active recreation. Both sex (13 male and 30 female) strongly agreed that to maintaining physical health and well-being is the extremely important reason why they participate in leisure time active recreation. Only one respondent agreed that desire to maintaining physical health and well-being is slightly important.

The desire to improve cardiovascular fitness is one of the most important reasons why most people engage in active recreation (Sit, Kerr, and Wong, 2008). This study revealed that majority

of the aged engaged in leisure time active recreation purposely to improve their cardiovascular fitness. Fifty five per cent (55%) of the respondents agreed that the desire to improve their cardiovascular fitness was an important reason for which they participate in leisure time active recreation. Only few of the respondents did not see the desire of improving ones cardiovascular fitness as a reason for participating in leisure time active recreation. Therefore it can said that, fitness motive is one of the important reasons why majority of the aged in the Jachie society of the aged engage in leisure time active recreation. (Table 5).

Leisure time active recreation is interesting and fun to participate. Interest and fun is one of the most important motives for participating in active recreation (Koivula, 1999). On the statement whether interest and fun is the reason why the aged engage in leisure time active recreation, most of the respondents strongly agreed that interest and fun is an extremely important reason for which they participate in leisure time active recreation. Thirteen male and twenty one female respondents agreed that interest and fun is an extremely important reason for which they participate in leisure time active recreation. Generally, seventy seven respondents consider interest and fun to be an important or extremely important reason why they participate in leisure time active recreation. However, only one female respondent responded to the statement whether interest and fun is an extremely unimportant and slightly important reason for which the aged participate in leisure time active recreation.

Happiness and enjoyment could also be reason for one to participate in leisure time active recreation. Among the hundred respondents, fifty nine of them considered enjoyment and happiness as a most important reason for which they engage in leisure time active recreation. It is therefore obvious that enjoyment, fun, and happiness are important motives for which the aged in the Jachie society of the aged participate in leisure time active recreation. (Table 5).

On the statements, “Because I like engaging in activities which physically challenge me” and “Because I want to improve existing skills and obtain new skills”. Almost half of the respondents agreed that the desire to engage in activities which is physically challenging is an averagely important reason for engaging in active recreation. Only eighteen per cent (18%) of the respondents consider engaging in activities which physically challenge them as an extremely important reason for which they part take in leisure time active recreation. (Table 5).

Also, on the statement whether the aged engage in active recreation for the purpose of improving their existing skills and obtain new skills, sixty seven per cent (67%) of the respondents strongly disagreed with the statement. Only four of the respondents considered it extremely important. It can therefore be deduced from the study that competent motive is, but not a very important reason for which the aged of the Jachie society of the age participate in leisure time active recreation. (Table 5).

The desire to be with friends can push someone into active leisure recreation. Thirty seven per cent (37%) of the respondents agreed that the desire to be with friends is a slightly important reason for engaging in active recreation. On the other hand, twenty three per cent (23%) of the respondents considered it as important reason for engaging in active recreation. Though the statement did not receive encouraging response as being an extremely important motivation for participating in leisure time active recreation, most of the answers respondents gave to the question on other activity(ies) they do during their leisure time were; social motives (visiting friends and relatives, and taking care of their ground children). Therefore it can be said that social motive is one of the strongest reason for which the aged among the Jachie society of the aged engage in leisure time active recreation.

On the statement of whether the aged among the Jachie society of the aged engaged in leisure time active recreation for the purpose of improving their body shapes and be attractive to others, it was realized that majority of them strongly disagree with this statement. Seventy six per cent (76%) of the respondents agreed that improvement of body shapes and be attractive to others is an extremely unimportant reason for which they participate in leisure time active recreation. However, only four per cent (4%) of the respondents considered improvement of body shapes and be attractive to others as an important reason for engaging in leisure time active recreation. It can therefore be deduced from the study that, appearance motive is not an important reason for which the aged among the Jachie society of the aged participate in leisure time active recreation.

For motives of participating in leisure time active recreation among the aged of the Jachie society of the aged, it could be said that; fitness motive, enjoyment and fun motive, and social motive are the most important motivations for participating in leisure time active recreation among the aged of the Jachie society of the aged. (Table 5).

Table 5: Motivations for leisure time active recreation among the aged of the Jachie society of the aged

Motivations for Active Recreation	Extremely unimportant	Slightly important	Average	Important	Extremely important	Mean	Std.
Desire to maintain my physical health and well-being	0	1	13	42	43	3.28	.729
Interesting and fun	1	1	21	43	34	3.08	.825
Desire of engaging in activities which physically challenge me	0	6	40	35	18	2.66	.847
Desire to be with my friend(s)	18	37	10	23	12	1.74	1.323
Desire to improve existing skills and obtain new skills	67	11	8	10	4	.73	1.205
Derive for enjoyment and happiness	1		5	59	34	3.26	.648
Desire to be with others who are interested in this activity	19	42	21	15	3	1.41	1.055
Desire to improve my cardiovascular fitness	2	3	20	57	18	2.86	.817
Desire to improve my body shape and be attractive to others	76	14	5	4	1	.40	.841
Desire to meet new people	44	39	11	4	1	.78	.875
Because my family or friends want me to do	19	44	23	8	6	1.38	1.071

Source: Field work, 2012

Conclusion

In conclusion, good health is a major factor which contributes to feelings of well-being and life satisfaction for the aged. Good health therefore becomes a critical factor in positive ageing. Active leisure recreation helps to maintain good health and also encourages the aged to socialize through the variety of active leisure recreational activities available. These activities could be; gardening, morning walking, play musical instrument, going to farm with relative for food stuff and or fire wood, or selling of items and others. These groups of active leisure activities not only provide a social support system but also provide opportunities for the aged to interact with younger people in positive and enjoyable settings.

Active leisure recreation and good health can help overcome the psychological stresses that occur as a person ages and also have been shown to have a positive effect on mood states, anxiety and depression. In addition, active leisure recreation promotes feelings of well-being for the aged by creating situations where the aged can interact with each other in meaningful ways as well as increasing opportunities for involvement with their families and the communities.

There is the need to develop interest in finding ways and means to help provide facilities and activities with suitable conditions that will enable the age group live a healthy and happy life through participating in leisure time active recreation.

Recommendations

Based on the results of the study, the following recommendations have been proposed:

It was realized from the study that most of the aged are not aware of the available active recreational facilities around them. It is therefore recommended that the government and recreational activity providers adopt strategies to create much awareness about these facilities to the aged.

Many more planned pension programs such as the Social Security and National Insurance Trust (SSNIT) should be instituted to help people save money so as to enable them enjoy life at old age, as they will have the ability to pay and participate in any kind of leisure activity they desire.

REFERENCES

American College of Sports Medicine. (1998). ACSM position stand: Exercise and physical activity for older adults. *Medicine & Science in Sports & Exercise*, 30(6), 992-1008.

Australian Institute of Criminology (2002), *Australian crime: Facts and figures*, Australian Institute of Criminology, Canberra.

Barnett, A., Smith, B., Lord, S. R., Williams, M., & Baumand, A. (2003). Community-based group exercise improves balance and reduces falls in at-risk older people: A randomized controlled trial. *Age and Ageing*, 32, 407-414.

Best, J. (2001). Effective teaching for the elderly: Back to basics. *Orthopedic Nursing*, 20(3), 46-52.

- Bouchard, C., & Despres, J. (1995). Physical activity and health: Atherosclerotic, metabolic and hypertensive diseases. *Research Quarterly for Exercise and Sport*, 66, 268-275.
- Chou, K.L., Chow, W.S., & Chi, I. (2004) Hong Kong Chinese older adults. *Ageing and Society*, 24, 617.
- Clark B. (1989) Principles of physical activity programming for the older adult. In Leslie D, ed. *Mature stuff: physical activity for the older adult*. Reston, Virginia: American Alliance for Health, Physical Education, Recreation and Dance.
- Colcombe, S. J., Kramer, A. F., McAuley, E., Erickson, K. I., & Scalf, P. (2004). Neurocognitive aging and cardiovascular fitness: Recent findings and future directions. *Journal of Molecular Neuroscience*, 24, 9-14.
- Cordes, K. A., & Ibrahim, H. M. (1999) *Applications in recreation & Leisure: For today and the future*. Boston: McGraw-Hill.
- Cummins, R. A., Gullone, E., & Lau, A. L. D. (2002). A model of subjective well-being homeostasis: The role of personality. In E. Gullone & R. A. Cummins (Eds.), *The Universality of Subjective Well-Being Indicators* (pp. 7-46). The Netherlands: Kluwer Academic Publishers.
- De Vaus, D., Gray, M. and Stanton, D. 2003, *Measuring the value of unpaid household, caring and voluntary work of older Australians*, Australian Institute of Family Studies, Melbourne.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behaviour*. New York: Plenum.
- Frederick, C. M., & Ryan, R. M. (1993). Differences in motivation for sport and exercise and their relationships with participation and mental health. *Journal of Sport Behaviour*, 16, 125-145.
- Ghana Statistical Service (2005), *Population Data Analysis Reports, Volume 1; Socio-Economic and Demographic Trends Analysis*.
- Hamdorf, P., Starr, G., & Williams, M. (2002). A survey of physical-activity levels and functional capacity in older adults in South Australia. *Journal of Aging & Physical Activity*, 10, 281-289.
- Ibrahim and Cordes (1996) Recreation; Leadership; Manager; Job-Analysis. *Journal of Physical Education, Recreation and Dance*. 103-365-594
- Koivula, N. (1999). Sport participation: differences in motivation and actual participation due to gender typing. *Journal of Sport Behaviour*, 22(9), 360-380

- Lee, C., & Russell, A. (2003). Effects of physical activity on emotional well-being among older Australian women cross-sectional and longitudinal analyses. *Journal of Psychosomatic Research*, 54, 155-160.
- Mazzeo, R. S., Cavanagh, P., Evans, W. J., Fiatarone, M., Hagberg, J., McAuley, E. & Startzell, J. (1999). Exercise and physical activity for old adults. *Physician and Sports medicine*, 27 (11), 115-118, 122-124, 129-130, 133-136, 141-142.
- Mba C. J. (2002). *Population studies: A Glossary of Basic Terms and Concepts*. Benediction press, Accra.
- Netz, Y., Wu, M. J., Becker, B. J., & Tenenbaum, G. (2005). Physical activity and psychological well-being in advanced age: A meta-analysis of intervention studies. *Psychology and Aging*, 20, 272-284.
- Newson, R. S., & Kemps, E. B. (2006). Cardio- respiratory fitness as a predictor of successful cognitive ageing. *Journal of Clinical and Experimental Neuropsychology*, 28 , 949-967.
- O'Connor P.J, Aenchbacher L.E, Dishman PK.(1993) Physical activity and depression in the elderly. *Journal of Aging and Physical Activity*; 1 :34-58.
- Parry, D.C., & Shaw, S.M. (1999). The role of leisure in women's experiences of menopause and mid-life. *Leisure Sciences*, 21, 205-218.
- Ranzijn, R., Hartford, J. & Andrews, G. (2002), 'Ageing and the economy: costs and benefits', *Australasian Journal of Ageing* 21, 145-151.
- Ryan, R. M., Frederick, C. M., Lepes, D., Rubio, N.,&Sheldon, K. M. (1997). Intrinsic motivation and exercise adherence. *International Journal of Sport Psychology*, 28, 335-354
- Salmon, J.; Owen, N.; Crawford, D.; Bauman, A.; Sallis, J.F. (2003) Physical activity and sedentary behavior: a population-based study of barriers, enjoyment, and preference. *Health Psychology* 22 (2), 178-188
- Seedsman T.A.(1995). Ageing and the fitness factor: a need for clarification of the issues. *Leisure Options: Australian Journal of Leisure and Recreation*; 5(1):39-42.
- Sit, H.P, Kerr, H.J. & Wong T.F. (2008) Motives for and barriers to physical activity participation in middle-aged Chinese women. *Psychology of Sport and Exercise*. 9, 266-268
- Stathi, A., Fox, K.R., and McKenna, J. (2002). Physical activity and dimensions of subjective well-being in older adults. *Journal of Aging and Physical Activity*, 10, 76-92.

United Nations (2001). World Population Prospects, The 2000 Revision: Highlights. Population Division, Department of Economic and Social Affairs, ESA/P/WP.165, New York.

United Nations, 2003. World Population Prospects, The 2002 Revision Vol. I: Comprehensive Tables. Department of Economic and Social Affairs, Population Division, ST/ESA/SER.A/222. New York.

US Surgeon General (1996). Physical activity and health: a report of the Surgeon General: executive summary . Washington, DC: The President's Council on Physical Fitness and Sports

Wang, B. W. E., Ramey, D. R., Schettler, J. D., Hubert, H. B., & Fries, J. F. (2002). Postponed development of disability in elderly runners: A 13-year longitudinal study. Archives of Internal Medicine, 162, 2285-2294.

World Bank 2003. 'What is social capital?' www.worldbank.org/poverty/scapital/whatsc.htm (Accessed on 20 - 07 – 2012)

World Health Organization (WHO), 2000. 1997-1999 World Health Statistics Annual.

