

Determinants of Leisure Participation among the Malay Ethnic Elderly in Malaysia

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Abstract: Leisure is an important domain of life regardless of age and is culturally constructed. In view of the various advantages can be gained from leisure, elderly people should be encouraged to actively participate in leisure activities. This study aims to explore the determinants of leisure participation among the Malay ethnic elderly in Malaysia. A cross-sectional study was conducted among 192 Malay ethnic elderly which were purposively selected from four different districts in the state of Selangor. Data was collected between June and August 2010 and was re-analyzed in 2012 for the purpose of this manuscript. A validated Leisure Participation Questionnaire specific for Malaysian elderly was developed and used to measure leisure participation which consists of 25 activities, categorized into recreational (physical), cognitive, social and productive. The findings of this study revealed that having conversations while relaxing which is from the social activity category was the most popular leisure activity (4.60 ± 1.01) reported, whereas, playing golf which is a recreational (physical) activity was the least popular (0.01 ± 0.14) leisure activity. The final predictive model showed perceived social support received from friends as the main predicting factor for leisure participation among the Malay elderly, with the strongest influence on recreational (physical) activity ($\text{Beta} = 0.343, p < 0.001$). The results showed that the Malay elderly in Malaysia frequently involve in social and cognitive activities during leisure. Their leisure participation was also strongly determined by the social support received from friends as compared from family members. Adequate attention should be given on social interaction between the elderly in any elderly-related activities, programs and initiatives for the improvement and enhancement of the health of the senior citizens.

Key words: Determinants • Leisure Participation • Malay • Elderly • Malaysia

INTRODUCTION

The ageing population phenomenon is spreading rapidly and has become one of the greatest challenges globally. Worldwide, the total number of elderly is expected to triple from 259 million in 1980 to 761 million by 2025, in which 72% (236.9 million) will be from the developing countries [1]. The proportion of older people is increasing in almost every country of the world but, by 2050, most will live in developing nations, in which 1 in 5 people in the poor nations will be those over

60 years old [2]. Malaysia is experiencing a considerably rapid growth of elderly population and is expected to achieve the status of an ageing country by 2030, in which 15 percent of the total population will be individuals aged 60 years and above.

Being a multiracial country, Malaysia is dominated by the Malay ethnic who constituted 63.1% in 2010 [3]. For centuries, the Malay has been the main ethnic group in Malaysia and the Malaysian culture and beliefs are very much affected by what is being practiced by the Malay society. Although majority of the Malaysians are

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Malay, the Chinese society was found to have the fastest ageing rate compared to other races in Malaysia. While the developed countries are better equipped to cushion the burden of caring and sustaining the medical expenses of their growing number of elderly population [4], developed countries such as Malaysia is facing challenges to support and care for their elderly people. Studies related to leisure among the elderly people have been widely established among the developed nation. However, it is still considerably new among the ageing society in Malaysia.

Aged citizens display many variations in the form of continuation, substitution or curtailment in the course of their leisure engagement patterns at older ages [5]. Various efforts and initiatives have been proposed in order to develop more independent and active people as they age, in line with the establishment of an active ageing population. World Health Organization [6] reported that behavioural factor is one of the determinants of active ageing which refers to the adoption of healthy lifestyles and actively participating in one's own care at all stages of life course. Engaging in appropriate physical activity can prevent disease and functional decline, extending longevity and enhance one's quality of life [6].

Leisure is an indispensable domain of life [7]. It implies time to relax and play and also engage in desired activities without any obligation or duty. The activity done is frequently associated with enjoyment and is independent of work and activities of daily living. Studies have shown, elderly who actively involved in certain type of activity during their leisure time obtain various benefits. These include the positive impact on longevity [8], general well-being, life satisfaction [9] and quality of life [7]. These benefits can also be gained either from doing solitary, non-social or even non-physical activity.

Activities performed by the elderly are diverse and is influenced by various factors. These factors may act as barriers or motivating factors towards their involvement in certain type of leisure activity. Despite the various benefits of leisure involvement on elderly health, little is known about the level of leisure participation among the Malay elderly in Malaysia, which is the main ethnic group in Malaysia. This paper aims to identify the pattern of leisure participation and its determinants among the Malay ethnic group in Malaysia. The data used was extracted from a study on factors influencing leisure participation among elderly at selected

health clinics in Selangor and the association between their participation and quality of life, which was involving all the different ethnic groups in Malaysia.

MATERIALS AND METHODS

The finding of this study was extracted from an original cross sectional study conducted on leisure participation involving the elderly people in Malaysia as a whole. The data was collected at eight health clinics in 4 different districts in Selangor, namely Petaling, Klang, Hulu Langat and Kuala Langat between June and August 2010. Data was re-analyzed in 2012 for the purpose of this manuscript. Elderly people aged 60 years and above attending these health clinics were selected purposively for duration of 6 weeks. Participants were initially screened for dementia and depression using the Elderly Cognitive Assessment Questionnaire (ECAQ) and the Geriatric Depression Scale (GDS). Only those with normal scores were included in the study.

A standardized pre-tested questionnaire was used to identify the respondents' socio-demographic characteristics, their perceived health status and their leisure participation at younger age. Whereas, the physical function and perceived social support were measured using a previously validated Malay version for the Barthel's Index and the Perceived Social Support Questionnaire. A 6-point Likert-scale questionnaire containing 25 activities was specifically validated for the purpose of this study. Activities were categorized into four categories, namely recreational (physical), cognitive, social and productive activity based on the categories used in a study by Cheung *et al.* [6]. Recreational activity refers only to physical form of recreational activity such as walking or running and any sports activities. Meanwhile, cognitive activity refers to activity that involves active information processing as a central component. Social activity refers to activity that promotes interpersonal interactions, developed social identity and regulated emotions. Productive activity involves organizing and performing the required tasks, providing services, or generating products. The scales of frequency used for each activity were everyday (5), almost every day (4), once a week (3), once a month (2), once in few month (1) and never (0). Descriptive, bivariate and multivariate analyses were performed. For the regression analysis, religious factor was excluded due to its similarity and interaction with ethnicity. Additionally continuous data

was used for age and physical function in the regression analysis. The data were analyzed using SPSS version 19.0. The level of significance was set at 0.05.

RESULTS

Characteristics of Respondents: Table 1 shows the distribution of the respondents involved in this study according to their socio-demographic factors. Majority of the respondents were elderly from the younger age group (87.5%), female (56.2%), married and still having spouse (64.1%), had low education level (71.9%), low income of less than RM 720 (54.7%), living with others (91.1%), perceived they were well (90.6%) despite 83.3% of them have chronic illness, have good physical function and able to perform daily activity independently (87.5%), perceived they received high social support from family members (88.0%) and involved in certain type of leisure at younger age (70.3%).

Pattern of Leisure Participation among Respondents: The distribution of leisure activity carried out by the elderly is reported in Table 2. Overall, the most frequently performed leisure activities were having conversations while relaxing (4.60 ± 1.01), watching television (4.58 ± 0.81), reading (4.22 ± 1.21), spending time with grandchildren (3.43 ± 1.81) gardening (2.85 ± 2.34), religious activity (2.69 ± 1.97) and listening to radio or music (2.58 ± 2.10), which are mainly from the social and cognitive categories. Among the four categories of activities being studied, social activity showed the highest overall mean score (14.00 ± 4.06), whereas recreational (physical) activity the least (2.21 ± 2.95). There was poor involvement of the Malay elderly in constructive and stimulating activities such as playing cards, chess or mah-jong (0.02 ± 0.16), playing musical instruments (0.03 ± 0.31), writing or drawing for pleasure (0.12 ± 0.74), using computer or browsing the internet (0.16 ± 0.78) and also involving in informal teaching (0.34 ± 1.14), which is probably related to low education level among majority of them.

Correlation Between Leisure Activities: Table 3 shows the correlation between the four categories of leisure activities being studied. There is a significant correlation between them. However, the correlation is poor ($r < 0.3$), which reflect the lack of diversity of the activities carried out.

Table 1: Characteristics of respondents (n=192)

Factors		n	%
Age	60 to 74	168	87.5
	≥ 75	24	12.5
Gender	Female	108	56.2
	Male	84	43.8
	Marital status		
	Married	123	64.1
	Widow/ Divorcee	69	35.9
Education level	Low	138	71.9
	High	54	28.1
Income	< RM720	105	54.7
	≥ RM 720	87	45.3
Living arrangement	Living alone	17	8.9
	Living with others	175	91.1
Perceived health status	Well	174	90.6
	Unwell	18	9.4
Having chronic illness	No	32	16.7
	Yes	160	83.3
Physical function	Dependent	24	12.5
	Independent	168	87.5
Perceived social support from family	Low	23	12
	High	169	88
Perceived social support from friends	Low	96	50
	High	96	50
Leisure participation while younger	Yes	135	70.3
	No	57	29.7

Table 2: Distribution of leisure participation among respondents (n=192)

Factors	Mean \pm SD
Recreational (physical) activity score	2.21 \pm 2.95
Exercise (tai-chi, jogging, walking, cycling etc)	1.32 \pm 2.00
Going for walks (in the park etc)	0.80 \pm 1.57
Playing sports (badminton, tennis etc)	0.07 \pm 0.53
Playing golf	0.01 \pm 0.14
Cognitive activity score	12.48 \pm 3.72
Reading (books/Quran/bible etc)	4.22 \pm 1.21
Playing cards, chess, mahjong etc	0.02 \pm 0.16
Using computer/ Browsing internet	0.16 \pm 0.78
Performing musical instruments	0.03 \pm 0.31
Writing or drawing for pleasure	0.12 \pm 0.74
Informal teaching (tuition/ Quran classes, etc)	0.34 \pm 1.14
Watching TV	4.58 \pm 0.81
Listening to radio/ music	2.58 \pm 2.10
Attending exhibition, cultural show, performances etc	0.44 \pm 0.72
Social activity score	14.00 \pm 4.06
Meeting or visiting friends or other family members	2.19 \pm 1.56
Involve in community activities (volunteers, association, politics etc)	0.74 \pm 1.20
Window shopping	
Religious activity (going to mosque, marhaban class etc.)	0.36 \pm 0.81
Having conversations while relaxing	2.69 \pm 1.97
Spending time with grandchildren	4.60 \pm 1.01
	3.43 \pm 1.81
Productive activity score	
Cooking/ Baking for pleasure	6.14 \pm 4.68
Rearing or taking care of pets or domestic animals	0.67 \pm 1.37
Gardening	0.71 \pm 1.71
Making handicrafts (sewing, knitting etc)	2.85 \pm 2.34
Cleaning/decorating house area	0.52 \pm 1.13
Fishing	1.27 \pm 2.00
	0.15 \pm 0.64

Table 3: Correlation between different categories of leisure activity (n=192)

Factors	Recreational Activity Score (RAS) (r,p)	Cognitive Activity Score (CAS) (r,p)	Social Activity Score (SAS) (r,p)	Productive Activity Score (PAS) (r,p)
RAS	-	0.269, <0.001	0.180, 0.013	0.180, 0.013
CAS	-	-	0.199, 0.006	0.220, 0.002
SAS	-	-	-	0.246, 0.001

Table 4: Predictive models for leisure participation of respondents (n=192)

	Unstandardized coefficient		Standardized coefficient			
Factors	B	SE	Beta	t	p	Adjusted R ²
Recreational Activity score:						14.70%
Constant	0.732	0.323		2.266	0.025	
Gender	1.068	0.396	0.18	2.695	0.008	
Perceived social support from friends (PSS-Fr)	2.018	0.393	0.343	5.133	<0.001	
Cognitive activity Score:						14.00%
Constant	19.258	3.178		6.06	<0.001	
Age	-0.12	0.046	-0.181	-2.595	0.01	
Education level	1.409	0.582	0.171	2.42	0.016	
Perceived social support from friends (PSS-Fr)	1.799	0.503	0.242	3.579	<0.001	
Social Activity Score:						22.00%
Constant	10.37	0.819		12.669	<0.001	
Gender	1.549	0.531	0.19	2.916	0.004	
Physical function	-1.6	0.804	-0.131	-1.991	0.048	
Perceived social support from family (PSS-Fa)	1.964	0.817	0.158	2.403	0.017	
Perceived social support from friends (PSS-Fr)	2.827	0.531	0.35	5.323	<0.001	
Productive Activity Score:						15.20%
Constant	5.403	0.474		11.39	<0.001	
Physical function	-2.157	0.967	-0.153	-2.229	0.027	
Perceived health status	-3.117	1.09	-0.195	-2.86	0.005	
Perceived social support from friends (PSS-Fr)	2.599	0.627	0.278	4.145	<0.001	

Determinants of Leisure Activities: The regression analysis showed that perceived social support received from friends was the strongest and important predicting factor for all four categories of leisure activities (Table 4). Elderly who perceived they received high social support from friends will have 2.018, 1.799, 2.827 and 2.599 higher score for recreational (physical), cognitive, social and productive activities respectively than others. Additionally, physical function significantly determined elderly participation in social and productive activities. However, the final predictive models obtained only explained a small percentage of the changes in the scores of these activities, indicating the important roles of other determinants or factors which were not included in the study.

DISCUSSION

Leisure is an important entity in every individual's life and it is culturally constructed. Variation does exist between the different races. The Malay ethnic is the main

ethnic group in Malaysia. The lifestyle of the Malays will indirectly portray the lifestyle of the Malaysian as a whole. The findings from this study showed that the Malay elderly were more likely to participate in social and cognitive activities, particularly in having conversations while relaxing and watching television. Both of these activities are sedentary in nature, which can negatively impact the health of the Malay elderly, especially with their low involvement in recreational physical activity.

Poor involvement into physical activities is not a new issue among Malaysian in general, especially among the older society. Several local studies had reported the same findings. A study by Ayiesah [10] on the level of physical activity among elderly living in Kuala Lumpur had also reported a low level of involvement into physical activity among elderly in Malaysia. According to her, emphasis should be given to the females and Malay ethnic group when planning for physical activity education programme for the older people. Among the barriers identified were lacks of time, having health problems, perceived they were already fit, not having

companion to exercise and had no knowledge on exercise.⁹ Nevertheless, a contrary finding was also reported by Zaitonet *et al.* [11], in a study on the physical activity among the elderly community dwellers in a suburban district in Selangor. The study concluded that there was no significant association between socio-demographic factors which include ethnicity and physical activity.

The weak correlation between the different categories of the activities was also found. This indicates the lacking of variation and diversification of the activities being performed by the elderly during their free time. The benefits and importance of involving in diversified leisure activities have been reported by Karp *et al.* [12] Karp and colleagues had conducted a study on leisure activities and risk of dementia concluded that, a broad spectrum of activities containing more than one of the components seems to be more beneficial than to be engaged in only one type of activity. Additionally, previous study also showed that, individuals who are more involved in variety of leisure activities will have a better physical well-being [13].

This study also revealed that perceived social support received from friends played an important role in motivating the elderly to involve in recreational (physical), cognitive, social and productive activities. Although majority of the Malay elderly involved in this study perceived they received high social support from family members, the results showed it was only significantly determining the participation of the elderly in social activities. Elderly who perceived that they received higher social support from friends were more likely to involve in all four different categories of leisure activities. The importance of social support in shaping leisure involvement among elderly has also been reported in other studies. According to Yin [13], a good social support and relationship is an important element in leisure experience. In another study, the authors found that social support accounted for an additional 6 percent of the variance in life satisfaction of frail elderly [14]. Meanwhile, D'Orsi *et al.* [15] concluded that work, leisure and relationships with friends should be valued due to their protective effect towards functional loss among elderly.

Similarly, a study conducted among elderly in Thailand suggested that, there is a significant association between social supports and exercising among the elderly population living in the rural area, with social support received from friends was a stronger predictor [16]. Exercise level among the rural elderly was increased with increasing social support received from

friends. According to Saint Onge [16], both the amount of exercise and the types of physical activities are likely to be associated with social support and social network. In another study involving elderly in Malaysia, 13.3% reported that the absence of companions to exercise was one of the barriers to physical activities in the community [10]. However, in view of the possibility of the existence of a two-way relationship between social support and leisure involvement, a longitudinal study may be beneficial in order to demonstrate the causal relationship between them these two factors.

Overall, the findings of this study suggest that the Malay ethnic elderly were more involved in social and cognitive activities during their leisure time. At the same time they were also found to have practicing sedentary lifestyle by lacking of involvement in physical type of recreational activities. In another aspect, although majority of the elderly involved in this study perceived they received higher social support from family members, the social support received from friends was found to be the main and strongest predicting factor for leisure participation among them. Thus indicate the needs to emphasize and focus on social interactions between the elderly in any health intervention programs and activities in order to develop a more active and healthier senior citizen. This element should be integrated especially to the involvement of elderly in recreational physical activity.

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