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Physical Activity and Sport for the Aged in Old People's Homes in Zambia

By Moses Changala, Emmy H. Mbozi and Anolt L. H. Moonga

Abstract

Globally people are living longer and the aged constitute a significant segment of the world's population. There is evidence that physical activity improves the health and wellbeing of older people. Sports participation is one domain where the aged can be physically involved. The study examined the need for appropriate physical activity and sport for the aged in old people's homes in Zambia. It was guided by activity theory of ageing. A descriptive survey research design using a mixed method approach was employed. The study population comprised all the aged residing in the 9 old people's homes in the country and their caregivers. The sample consisted of 165 purposively selected aged persons and 17 caregivers. Researcher-administered questionnaires, focus group discussion guides and interview guides were used to collect data. Qualitative data was analysed thematically while quantitative data was analysed to generate frequency distribution tables and percentages. The study revealed that the aged in old people's homes needed physical activity and sport to keep them busy and healthy to overcome boredom and idleness. The study concluded that despite the benefits associated with physical activity and sport to older persons, there was little or no effort to provide these in old people's homes in Zambia. The study recommended that relevant physical activity and sport should be provided to the aged in all old people's homes in the country. It also recommended that caregivers should undergo training to equip them with knowledge, skills, attitudes and competencies in designing relevant programmes aimed at improving the wellbeing and welfare of the aged such as provision of physical activity and sport. The study further recommended that phase two of it be undertaken to explore other aspects of physical activity and sport for the aged such as the nature, preference and frequency of these activities.

Key words: Physical activity, sport, the aged, old people's homes, caregivers

Introduction

Globally the population is ageing and the number and proportion of older people is increasing. The world is experiencing rapid demographic transition as people have fewer children and live longer. Populations are ageing in all countries including in the Developing World (HelpAge International, 2008). The population of Zambia, like global and regional ones, is undergoing unprecedented experiences of ageing. While Zambia may not be classified as an ageing country due to its youthful population, the process has already been initiated and the absolute number of people aged 60 years and above is growing tremendously (Mapoma, 2013). Projections in Mapoma (2013)'s study show that the growth rate of people aged 60+ was ranging between 2.5 and 3.3 per cent per annum for the period 2000 to 2015. From 2020 to 2050, the population of older people is expected to grow between 2.5 and 5 percent per annum respectively. By 2050 there will be approximately 38 million people in Zambia and about 8 percent or 3,040,000 of these will be aged 60 years and above.

Population ageing has significant social and economic implications at individual, family and societal levels. It also has important consequences and opportunities for a country's development (HelpAge International, 2012). The growth in the population of the aged will further put pressure on the health, public welfare assistance scheme and other social support services that the government and Non-Governmental Organisations (NGOs) make

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available to the aged (Kamwengo, 1997). It has implications for service provision and care for the aged in terms of food, shelter, health care, spiritual support, counselling, entertainment, leisure, physical activity and sport.

Human beings are designed for physical activity. Human movement is positively related to health (Alricsson, 2013). Sports participation is one domain where the aged can be physically active (Murtagh, *et al.*, 2014). There is sound evidence that physical activity improves the health and wellbeing of the aged. Being physically active reduces the likelihood of developing chronic diseases, some cancers and some forms of dementia, or delays their progression. Taking part in regular physical activity improves mental health, maintains muscle strength and flexibility, reduces the risk or impact of falls and retains independence. Physical activity, particularly through sport, recreation and fitness, also provides an essential opportunity for social connection, fun and laughter. Despite these benefits, however, people in later life struggle to access appropriate levels of sport or recreation programmes while providers often feel uncertain about how to support older people (COTA for Older Australians, 2015).

Promoting physical activity has been identified as a key public health strategy to improve good health in advanced age (Murtagh, *et al.*, 2014). Regular physical activity is essential for healthy ageing and most adults aged 65 years and older can safely participate in regular physical activity. Although physical activity will not stop the ageing process, it can provide many positive benefits (Hongu, Gallaway & Shimada, 2015). Furthermore, physical activity and fitness have been associated with a lower incidence of morbidity and mortality from a number of major chronic diseases affecting older people (DiPietro, 2001).

Old people's homes

Old people's homes are a form of institutional care for the aged. Kamwengo (2002) states that old people's homes are institutions providing food, accommodation, nursing care, physical, social and emotional care to elderly and other debilitated persons. The Zambian National Ageing Policy (2015) also states that old people's homes are homes which keep older people in need of care and are supported wholly or partly by voluntary organisations.

Additionally, Kamwengo (2001) explains that institutional care for the aged in Zambia is limited to services provided by homes for the aged and that in the past it included services provided by a nursing home and a geriatric centre. However, since the only nursing home in Lusaka and the geriatric centre in Ndola stopped functioning, the only serving institutions for the aged have been homes for the aged.

Although government's official position is to discourage old people's homes, based on the country's traditions and customs, which promote care for the aged in families, the following homes were found in Zambia at the time of the study. The homes are shown in terms of districts and provinces they are located and by agencies owning or running them:

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Table 1: Location of old people's homes in Zambia

No.	Old People's Home	District	Province	Proprietorship
1.	Chibolya	Mufulira	Copperbelt	Department of Social Welfare (GRZ)
2.	Mitanda	Ndola	Copperbelt	Salvation Army (FBO)
3.	Chibote	Luanshya	Copperbelt	Catholic Church (FBO)
4.	St. Therese's Village	Ndola	Copperbelt	Ndola Ecumenical Hospice Association (FBO)
5.	Maramba	Livingstone	Southern	Department of Social Welfare (GRZ)
6.	Divine Providence	Lusaka	Lusaka	Catholic Church (FBO)
7.	Kandiana	Sesheke	Western	United Church of Zambia (FBO)
8.	Likulwe	Senanga	Western	Catholic Church (FBO)
9.	Nkhulumazhiba	Solwezi	North-Western	Peace Embassy International (FBO)

Source: Field Survey, 2015.

The Table above shows that most (7) of old people's homes in Zambia are run by faith-based organisations (FBOs), while the Government of the Republic of Zambia (GRZ) runs the other 2. This implies that there is more involvement in institutional care for the aged by faith-based organisations than by the government.

Literature Review

The literature review is presented under the following themes: the concept of an aged person, physical activity and sport, benefits of physical activity and sport for older persons, barriers to participation in physical activity and sport, physical activity and sport for the aged and policies surrounding the provision of physical activity and sport to the aged.

The concept of an aged person

The literature reviewed indicates that defining an aged person is not easy because society defines the concept differently, depending on the context. For example, Kamwengo (2001) defines an aged person as one who is 65 years and older. Additionally, Madzingira (1997:1) observes: "Most developed countries define the elderly as those people who have retired and the retirement or pensionable age that is clearly stipulated is 65 years." Hurlock (1980), on the other hand, explains that age 60 is usually considered the dividing line between middle and old age but that there is a recognition that chronological age is a poor criterion to use in marking off the beginning of old age This is because there are such marked differences among individuals in the age at which ageing begins.

However, this study adopted the United Nations definition of an aged person, which stipulates that persons aged 60 years or over are considered elderly (HelpAge International, 2012). This is also in line with the *Zambian National Ageing Policy (2015)* which defines an aged person as a male or female who is 60 years and older. Furthermore, the terms aged, older persons, the elderly, elderly persons, older adults and senior citizens were taken to mean the same thing and, therefore, used interchangeably in this study.

Physical activity and sport

Physical activity is defined as any body movement produced by skeletal muscles that results in energy expenditure. The energy expenditure can be measured in kilocalories. Physical activity in daily life can be categorised into occupational, sports, conditioning, household, or

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other activities. Exercise is a subset of physical activity that is planned, structured and repetitive and has, as a final or an intermediate objective, the maintenance of physical fitness. Physical fitness is a set of attributes that are either health-related or skill-related. Muscular endurance, muscular strength, cardiorespiratory endurance, body composition and flexibility are examples of health-related components of physical fitness whereas agility, balance, coordination, speed, power and reaction time are examples of skill-related components (Caspersen, Powell & Christenson, 1985).

Everyone performs physical activity in order to sustain life. However, the amount is largely subject to personal choice and may vary considerably from person to person as well as for a given person over time (Caspersen, Powell & Christenson, 1985). Ageing is clearly associated with a decline in most physiological systems that culminate in limited physical capacity (Manini & Pahor, 2009). However, this does not imply that the aged cannot participate in physical and sporting activities. In a study to find out why elderly people in Shanghai, China participated in sporting and physical activities and what the characteristics of Shanghai elderly sport participation were, Yang (2014) identified top ten popular physical activities as jogging, brisk walking, square dancing, cycling, *Taiji*, badminton, table tennis, hiking, gate-ball and fishing.

Benefits of physical activity and sport for older adults

Physical activity, along with good nutrition, is a key contributor to healthy living. There is a growing body of evidence to suggest that a small, sustained increase in physical activity, along with a reduction in sedentary behaviour, can help in preventing and managing certain chronic diseases and conditions (Ministry of Health, 2013). Strong evidence demonstrates that older adults who participate in a regular physical activity programmes reduce the risk of death from heart diseases and stroke, which are the leading causes of death in the United States. Regular physical activity can also lower the risk of developing some kind of cancer (Hongu, Gallaway & Shimada, 2015).

Daily physical activity and health promotion can provide social support and companionship among family members, friends and community members. The formation of social support groups created by attending physical activity programmes or exercise classes not only provides motivation for the aged to be physically active, but also a physical activity programme that goes beyond physical improvement. Physical activity reduces feelings of sadness or depression while fostering positive attitudes and helping older adults retain or gain self-confidence. In addition, regular physical activity may improve memory and cognitive functions among older adults (Hongu, Block, Sanchez, Hoelscher, & Harris, 2010).

Furthermore, physical activity has a myriad of effects that stem from physiological adaptations that may transfer to improvements in clinical outcomes such as reducing the risk of falls capacity (Manini & Pahor, 2009). The fact that more moderate forms of physical activity that are particularly attractive to midlife and older adults (e.g., walking) have been demonstrated to positively impact health, even when undertaken in reasonably short episodes (e.g. 10 minutes), provides a wealth of opportunities for population physical activity promotion. Regular physical activity has shown to promote independent living, helping older adults maintain abilities such as climbing stairs and grocery shopping and delays disability. Physical activity keeps bones, joints and muscles strong and healthy (Hongu, Gallaway & Shimada, 2015).

According to Ministry of Health (2013), physical activity has many benefits for health of the aged. These include increasing muscle strength, flexibility, balance and coordination, helping to prevent and manage premature mortality from any cause, falls, stroke, heart

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disease, obesity, type 2 diabetes, osteoarthritis, certain cancers, obesity and depression. They also include enhancing sleep, wellbeing and quality of life and increasing levels of social interaction.

Although physical activity will not stop the ageing process, it can provide many positive benefits (Hongu, Gallaway & Shimada, 2015). Physical inactivity is now identified as the fourth risk factor for global mortality. Physical inactivity levels are rising in many countries with major implications for the prevalence of non-communicable diseases (NCDs) and the general health of the population worldwide. Inactive people should start with small amounts of physical activity and gradually increase duration, frequency and intensity over time. Inactive adults and those with disease limitations will have added health benefits when they become more active (WHO, 2010).

Murtagh *et al.* (2014) made some key research findings about the aged population in relation to physical activity in the Republic of Ireland. These were that physical activity declines with age, adults aged 75+ years are on average 2.5 times more likely than 60 – 64 year olds to be insufficiently active and that older people who do stay active cite participation such as cycling, swimming, golf, aerobics, dance and jogging as their preferred exercise. The other key finding was that older adults are more likely to take part in individual exercises rather than team sports which are more common among younger age groups. They concluded that it is important that older adults have opportunities to stay active in a sporting context.

Old age is a continuation of the earlier stages of life. In elderly sports, people involved are usually former participants; those who cannot and will not part with a sport lifestyle. Those who set new goals are driven by a strong need for self-development. Elderly sports are a chance to extend life in full fitness and hence, a chance for a higher quality of life. For this to happen, health training should be popularised, especially in the media, and not for the most part, professional sports and cheering. Health training, aimed at the development of physical fitness and health in order to participate in sports and recreational events, is a good strategy for a healthy lifestyle. Old age is a challenge not only for ageing people, but also for the institutions dealing with the elderly. It is a chance to develop new services and sports recreation products (Nowark, 2014).

Barriers to participation in physical activity and sport

A study by Murtagh *et al.* (2014) revealed that older adults in Ireland were not engaging in enough physical activity to help maintain and improve their health and well-being. The study indicated that physical activity declined with age and that women were less likely than men to be getting enough exercise. It asserted that given the impact physical activity had on health and well-being, there was need to promote it, particularly walking, to groups with low current levels (especially those aged 75+ and older women). Murtagh, *et al* added that older people were one of the groups with low levels of physical activity and yet they could also benefit most from that activity. Additionally, Manini & Pahor (2009) assert that older Americans, who are the rapidly growing age group are the least physically active and generate the highest healthcare expenditures. For example, older persons who were functionally dependent accounted for 46% of the healthcare expenditures, but only made up 20% of the older adult population.

According to The Asian Network Incorporated (TANI), older Asians in New Zealand have a perception that there is a limited number of physical activity programmes specifically designed for them and hence the need for more support to enable them be physically active. It suggests that culturally appropriate health promotion efforts are required to increase awareness of good lifestyle choices and reverse sedentary lifestyles. One possible approach is

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to encourage culturally familiar physical activity options such as traditional dance, games and physical activity programmes that run at temples, mosques, churches or cultural centres (Ministry of Health, 2013).

Northern Ireland Assembly (2010) states that older people are among the groups who can benefit most from physical activity, yet levels decline with age. There are several reasons for this. Barriers to sports and physical activity participating in physical activity include self-perception that they are not capable, safety concerns and lack of access to activities specifically designed for them.

Physical activity and sport for the aged

According to WHO (2011), in older adults of the 65 and above age group, physical activity includes leisure time physical activity, transportation (e.g. walking or cycling), occupational (if the individual is still engaged in work), household chores, play, games, sports or planned exercise, in the context of daily, family and community activities. WHO (2011) makes a number of recommendations as ways to improve cardiorespiratory and muscular fitness, bone and functional health, reduce the risk of non-communicable diseases, depression and cognitive decline. The first recommendation is that older adults should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical throughout the week or an equivalent combination of moderate- and vigorous-intensity activity. The second recommendation is that aerobic activity should be performed in bouts of at least 10 minutes duration with the third one being that for additional health benefits, older adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week or engage in 150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate-and vigorous-intensity activity. The fourth recommendation is that older adults with poor mobility should perform physical activity to enhance balance and prevent falls on 3 or more days per week, while the fourth is that muscle-strengthening activities, involving major muscle groups, should be done 2 or more days a week. The fifth recommendation is that when older adults cannot do the suggested amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.

Physical activity is extremely important for older people who are frail and for those in residential care. For older people who are frail, the primary benefits of physical activity are that they are able to maintain strength and improve muscular functions which are important for everyday activities and to prevent disability (Broman *et al.*, 2006). According to the New Zealand Ministry of Health (2013), activities recommended for older people who are frail may need to be adapted to meet an individual person's needs. As aerobic activities can be difficult for this group, a good option is low-intensity resistance activities combining some aerobic activity such as chairaerobics and repeated sit-to-stand exercises. However, in Zambia, although the National Health Policy (2012) articulates the benefits of physical activity for the general populace, it has not guided line Ministries such as the Ministry of Community Development and Social Services on how the aged in old people's homes could be assisted to live better and healthier lives by participating in physical activity and sport.

Policies surrounding the provision of physical activity and sport to the aged

According to King & King (2010), as the global population ages, the multi-level determinants of health, function, and quality of life, combined with the prevalence of increasingly inactive lifestyles worldwide, underscore the need for bold, collective actions across sectors and disciplines if the current population trajectories in this area are to be substantively impacted.

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In particular, identification of ways of broadening traditional 'ageing in place' paradigms beyond the home setting to the surrounding built and social environments are indicated. Such a paradigm shift involves moving beyond medical model perspectives in embracing multi-level systems approaches that, while more complex, hold promise for impacting population-wide physical activity levels across the life course.

In Zambia the National Health Policy (2012) identifies the multilevel determinant of health to be state of the environment, standards of shelter, levels of household income and economic well-being, access to safe water, sanitation and other basic needs. It also identifies access to essential food and nutrition, levels of literacy and education, social, cultural and religious beliefs and practices, physical activity, attitudes towards health-seeking or risky behaviour and relationships with friends and family as aspects which significantly impact on the health status of individuals and communities. However, the literature review showed that there were no specific guidelines on the provision of physical activity and sport for the aged in old people's homes in Zambia. The benefits of such activities are not clearly articulated in both the National Health Policy (2012) and the National Ageing Policy (2015). Physical activity and sport for the aged seems to be a forgotten area when it comes to care and service provision to the aged in old people's homes. There is no acknowledgement of the involvement of the aged in institutional homes and how they can be involved in physical activity and sport.

Theoretical Framework

This study was guided by activity theory which proposes that successful ageing occurs when older adults stay active and maintain social interactions. The theory assumes that there is a positive relationship between activity and life satisfaction (Edwards, 2011). Therefore, successful ageing is highly dependent upon maintaining a high level of activity. The theory further states that the more activity the aged are engaged in, the more satisfied they are likely to be with life and that what is natural and normal for most ageing individuals is to remain active at levels of activity similar to those they experienced in middle-age for as long as possible (Blackburn & Dulmus, 2007). Activity in this context includes physical activity and sport.

Activity theory is particularly central to this study because it emphasises the importance of activity in the lives of the aged, implying that it promotes healthy and active ageing. Evidence shows that those who maintain their middle life age activities live a more satisfying life (Namakando, 2004). Therefore, the aged in old people's homes should not only be provided with basic necessities of life such as food, shelter and clothing, but also with other services and activities such as games, physical exercises, visitations and adequate recreation. This is because in activity theory perspective, there is an assumption that activity is vital to well-being. Emphasis is placed on the importance of older people being dynamic and active participants in the world around them (Wadensten, 2006).

Methodology

This study used a descriptive survey research design in which both qualitative and quantitative methods were used. The population for this study consisted of all the aged in old people's homes in Zambia and their caregivers. The sample comprised 165 aged persons and 17 caregivers. Researcher-administered questionnaires and focus group discussions were used to collect data from the aged respondents while interview guides were used to collect data from caregivers. Verbatims were tape-recorded and transcribed for accuracy. Data from the aged was analysed, coded and presented in percentages, tables and narrations while data from caregivers was recorded according to emerging themes.

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Findings

The findings and discussion are presented according to objectives of the study.

Activities the aged in old people's homes were engaged in

The aged in old people's homes in Zambia, who were the main respondents, were asked to indicate the activities they were typically engaged in a day-to-day basis. Table 2 below shows their responses:

Table 2: Activities the aged in old people's homes were engaged in

Activity	Frequency (n=165)	Percent
Nothing (just idling)	116	70.3
Cleaning surroundings	19	11.5
Gardening	10	6.1
Weaving mats	8	4.8
Making fishing nets	4	2.4
Making baskets	4	2.4
Rearing chickens	3	1.8
Sewing	1	1.6

The Table above shows that the majority 116 (70.3%) of the aged in old people's homes indicated that they did nothing most of the time but just idling. However, 19 (11.5%) stated that they cleaned the surroundings of the homes while 10 (6.1%) said they were engaged in gardening. Additionally, 8 (4.8%) of them said that they weaved mats. Four (2.4%) of the respondents stated that they made fishing nets with a further 4 (2.4%) indicating that they made baskets. Three (1.8%) of the aged respondents indicated that they reared chickens while 1 (1.6%) was engaged in sewing.

The above findings show that majority of the aged in old people's homes in Zambia spent most of their time idling and doing nothing. A female respondent at Chibote old people's home said: "There is nothing much to do here apart from eating and sleeping. Sometimes I get bored and feel lonely because we do nothing the whole day."

Additionally, a caregiver at Chibote old people's home stated: "I explained to the Sisters that it was not good for elderly persons at the home to just be seated, doing nothing the whole day. They responded and introduced some training activities in knitting, embroidery and vegetable tendering but which did not even continue..."

In their idling state the aged tended to reflect on past lives and activities, making them miserable. Physical activity and sport could, therefore, keep them busy, active, engaged and occupied. A typical African is very active in terms of daily activities such as farming, walking, carrying luggage, which could be equated to physical activity and sport. Some of the aged in the homes had led active lives before relocating to old people's homes. Confinement to the homes and idling was, therefore, detrimental to their welfare and wellbeing. One of the respondents stated: Here where we were brought, we are not provided with anything to keep us busy. The place is very boring. In the village I was very busy.

When caregivers were asked to indicate the activities the aged in old people's homes were engaged, most of them agreed with the response given by the aged that they were idling

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most of the time. A caregiver at Maramba old people's home lamented: The community believes that people in old people's homes are finished and have nothing to do or offer to society. Therefore, once food, shelter and health care are provided, these are considered adequate. The community thinks that the aged are being done a favour because they were once destitute.

Discussion

The most salient finding that came out of the study was that the aged in old people's homes spent most of their time doing nothing and idling and there was no organised physical activity and sport for them. This is contrary to the theoretical framework which states that there is a positive relationship between activity and life satisfaction (Edwards, 2011). It is also contrary to WHO (2011) which assumes that older adults should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.

The other salient finding was that there was no specific policy guideline on physical activity and sport for the aged in old people's homes in Zambia (National Health Policy, 2012; National Ageing Policy, 2015). This is contrary to advocacy by King & King (2010) who argue that policy level interventions represent the broadest and most powerful means for enacting physical activity changes at the population level. They state that among the types of policy strategies that may be of relevance to the physical activity and ageing field are methods for including or expanding physical activity promotion programmes as part of governmental funding schemes and practices aimed at older adults. Others include local, regional, and national taxation and pricing policies that could impact choice and behavioural decision-making related to physical activity or other behaviours with known relationships to participation and governmental funding for improving physical activity infrastructure.

The study also revealed that the existing activity paradigm for the aged in old people's homes in Zambia was different from their old life-style paradigms in which a number of them had been leading active lives. The new set-up or environment (old people's homes) generally led to boredom and idleness. However, the aged and their caregivers as well as the reviewed literature were agreed on the massive benefits of physical activity and sport (Nowak, 2014).

Conclusion

The study concluded that although old people's homes in Zambia were trying their best to provide basic necessities of life to the aged, physical activity and sport, which were equally crucial to their wellbeing, were not sufficiently provided, leading to boredom and idling most of the time. It also concluded that physical activity and sport for the aged were not considered a necessity or given priority in service provision in old people's homes despite the massive benefits associated them. This could be attributed to the generally negative perception of ageing and the aged by society.

Recommendations

The study recommended that the aged in all old people's homes in Zambia should be provided with appropriated physical activity and sports based on their abilities and capabilities to keep them engaged, busy and healthier. It also recommended that caregivers in old people's homes should be trained in various aspects of elderly care including physical activity and sport. The study also recommended that there was need for policy direction on how the aged could be assisted to improve their health through physical activity and sport by relevant Ministries and

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that institutions involved in physical education and sports training should include aspects of physical activity and sport provision to the aged in their programmes and curricular. It further recommended that another dimension of the study should be undertaken to explore other aspects of physical activity and sport for senior citizens such as the nature, preference and frequency of these activities.

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