

## **Role of recreational activities on the perception of well-being among older adults in Ilorin South Council Area, Kwara State, and its implications for social work in Nigeria**

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### **Abstract**

In the history of human development, both men and women have devised various means available in their efforts to prolong life which may include taking of special diet, building special social relationships, or involvement in recreational activities especially during old age. This has become an aspect of social work developmental approach designed to optimize physical functioning, reduce disabilities/diseases and enhance older adult's adjustment to the social environment. The study examined the role of recreational activities on well-being perception among older adults in Ilorin South Council Area, and its implications for social work education in Nigeria. The study adopted a multi-stage sampling procedure with data collected through the questionnaire with 156 respondents (aged 60 years and above). Data collected were thereafter analysed using descriptive and inferential statistics. Findings from the study revealed that recreational activities have tremendous potential psychotherapeutic benefits, especially in reducing the risk of a sedentary lifestyle and mortality among older adults. Equally, educational/residential status and other socio-demographic variables were found to have a positive association with the well-being perception of older adults' participation in recreational activities. Social workers, therefore, ensure that all constraints to participation in recreational activities by older adults are promptly addressed.

**Keywords:** recreational activities, well-being, perception, older adult, social work

### **Introduction**

Generally, the term activities refer to one's total involvement in various cultural and social affairs associated with increased life expectancy or enhanced psychological adjustment (Mehdi et al., 2023). In traditional African society, recreational activities were used to include various displays in the cultural festivals such as dancing, wrestling, swimming, and other forms of acrobatic/gymnastic display meant to relieve tension and bring happiness,

relaxation and positive adjustment in life (Onanugu & Attoye, 2016). It is also seen as all forms of outdoor affairs which involve the movement and expenditure of energy like hunting, fishing, dancing, moonlight storytelling, and others which have been integral parts of African culture (Ipinmoroti, 2004) or any aspects of pursuit engaged upon by the individual during leisure time rather than those where people are normally highly committed (Ajani, 2014). In other words, it is used to include all forms of organized activities that an individual undertakes in his or her own free time with high social, physical and psychological values. Langhammer et al (2018) also described it as any form of bodily movement produced by skeletal muscles which result in the dissipation of energy while Okechukwu and Alozie (2019) posit that recreational activities are those activities voluntarily chosen by individuals for enriching their lives and pleasure satisfaction. These activities include doing light garden chores, reading, pace walking, jogging, light yoga, playing cards, jigsaw, playing lawn tennis, table tennis, using exercise machines or cycling and water aerobics which are designed to minimize the stressful impact on ageing joints (Inengite & Olorunsola, 2019). The activities are expected to be morally acceptable to both the individuals and the society as a whole. What this portends to is that the human body is designed to work best when it is active.

Well-being, on the other hand, is a general term which indicates the fulfilment of basic human needs (physiological, emotional, social, and physical) or where goals can be meaningfully pursued to yield satisfactory quality of life (Seitsamo, 2007, Akanbi et al., 2020). Wellbeing perception among older adults on the role of recreational activities, therefore, implies a subjective judgement and opinion on the purposes of how recreational activities enhance the realization of the overall social, physical and emotional/psychological development of the individual in the ageing process. This is because, in the history of human development, both men and women tend to have devised various means available to prolong life or promote fitness which includes taking special diets/water and building special social relationships which are not in the same way as what our current era does (Inengite & Olorunsola, 2019). The individual tries to construct or map out certain standards or criteria that are considered appropriate in the course of participating in recreational activities and in the end compare the circumstances of their lives to that standard. In doing so, older persons are likely to enhance both the quality and length of their lives. Positive components of well-being involve the experience of positive emotions such as happiness, joy, interest, excitement, inspiration, enthusiasm and activity or pleasant moods as well as the development of one's potential while the negative components encompass unpleasant emotions such as sadness, anger, fear, nervousness, guilt and others (Ruggeri et al., 2020).

Globally, the population of older persons is increasing rapidly with 10% of people aged 65 and above in 2022 to reach 12% in 2030 and 16% in 2050 (UN

DESA, 2022) while in Nigeria, out of the total population of 217,765,687, as at 2020, 9.4 million were aged 60 years and above with women making up 46% of the figure and which appears to be the highest in Africa (Statista, 2022). It is also likely that this population will double or triple by 2050 or thereabout despite the slow pace of the nation's socioeconomic development and increasing poverty level (Mbam et al., 2022). However, as people live to become old, it becomes obvious that many older persons face declining health and age-based disabilities exacerbated by the individual's lifestyles throughout their life course (WHO, 2022). The implication is that there is a tendency for older adults to develop some chronic diseases such as arthritis, rheumatism, dementia, depression, sclerosis, diabetes, stroke, and glaucoma amongst others in the ageing process. The individual becomes physically, cognitively and mentally challenged, with a decline in behavioural capacities and ultimately death (WHO, 2022). Apart from that, it is also a period coloured by the complex blending of physiological, behavioral, social and environmental changes in the life of the individual over time.

Many studies have shown that participation in recreational activities contributes to reducing the risk of non-communicable diseases, improving the physical, mental and psychological health of older persons as well as delaying care dependency (Boulton et al., 2018, WHO, 2018, Emily, 2002, Mcauley & Morris, 2007, WHO, 2022). Langhammer et al. (2018) argued that the essence of introducing recreational activities among older persons is to serve as a protective factor for some of the non-communicable illnesses such as diabetes mellitus, stroke, high blood pressure, colon/breast cancer, osteoporosis, obesity, cardiovascular diseases and other ailments associated with ageing. In addition to stimulating the physical fitness of the individual or making the body grow stronger, recreational activities help in enhancing cognitive and psychological or emotional wellness as well as promoting social relationships for older adults in their life trajectories. Akanbi et al. (2020) also noted that taking time to engage in recreational activities during old age provides oneself with a sense of balance and self-esteem, which can directly reduce anxiety and depression while Booth and Chakravarthy (2016) earlier argued that the major reasons for engaging in recreational activities are to socialize with others, which seems to be advantageous to overall wellbeing, especially during old age.

More so, regular recreational activities among older people are critically important, especially in preventing falls, maintenance of independence, reducing isolation and maintaining social links (Kwan et al., 2020). In a study carried out by Watts (2022) with 272,000 participants under the National Health Survey (NHS) and using seven different forms of recreational activities for older persons in America, it was revealed that all forms of recreational activities that get people moving are associated with greater longevity. The outcome of the study also revealed that recreational activities are very important to the

individual wellbeing especially the mental and physical health benefits during old age as well as building interpersonal skills, social cohesion, and community satisfaction. Wojcicki et al. (2013) observed that a greater sense of value placed on recreational activities by older adults may be as a result of the increase in perceived threats to health and functions emanating from ageing. Recreational activities may not be initiated solely for positive results, but also by the fear of diseases and other negative outcomes (Luo & Du, 2017).

Studies have equally shown that the ageing process is associated with an increased susceptibility to chronic conditions which seems to be a vital correlate of well-being (Wojcicki et al., 2013, Zahrt & Crum, 2017). However, many older adults both in the rural and urban centres in Nigeria and other Sub-Sahara Africa appear to have become so lazy and even hate walking or trekking within the shortest distance. Okechukwu and Alozie (2019) pointed out that many older adults do not involve themselves in any form of recreational activities but prefer to move with cars or motorcycles within a short distance and even within their premises. Buttressing further, the authors observed that even elderly mothers and housewives no longer involve themselves in any form of household activities or domestic chores (meal preparation/cooking, mopping/cleaning of rooms, shopping, washing, bathing and others) but have handed everything over to house maids/caregivers and thereby remains inactive. Thus, perception of recreational activities among older adults may have a significant long-term effect on wellbeing through shift in behaviour and physiology (Zahrt & Crum, 2017).

Similarly, research evidence has confirmed that less than 25% of older adults worldwide do not maintain moderate recreational activities that accompany health improvements and quality of life (Dumith et al., 2011, Bauman & Craig, 2005). In other words, about 4 to 5 of every adult globally lives a sedentary lifestyle which is bound to increase the risk of some chronic illnesses and mortality. This contravenes the global recommendations of the World Health Organization (WHO) which provides that every older adult (60 years and above) is expected to undertake or engage in recreational activities for at least 150 minutes per week or 30 minutes each day for five days (WHO, 2010, Boulton et al., 2018) or take up to two days in a week for activities that strengthen the muscles. The WHO sees the lack of participation in recreational activities as one of the most significant causes of death, disability and reduced quality of life among older adults in many countries. The importance of recreational activities has equally been the major philosophy of the Activity theory of Ageing' propounded by Robert J. Havighurst and colleagues in 1961 which was rooted in symbolic interactionism and designed to play a restorative function in activities that supplant previous roles and behaviours (Winstead et al., 2014). In other words, the theory explicitly stated that in order to preserve general well-being in old age, there is a need to maintain a high level of

involvement in activities because it occurs within the social context of the primary group of the individual. From the theoretical perspective, it has obviously popularized the idea that whatever role, relationship or status of the individual in the life course, his/her active involvement in recreational activities seems to generate happiness and enhance well-being. This is because the greater the number of activities in which the individual participates, the lower the level of depression (Nimrod, 2007, Winstead et al, 2014).

Social work practitioners try to advocate on behalf of older adults on the use of a wide range of recreational services for adjustment and transition to life changes. In this process, they attempt to address the client's psycho-social situation, level of self-esteem/stress or cognitive ability thereby enabling them to live healthier and more fulfilled years (Walker, 2015). Although recreational activities have become one of the most recent approaches employed by most human service professionals to enhance the well-being of older adults in many parts of the world, it seems that most of our recreational facilities do not have special units designed for the older adults to offer special services and training with a professional social worker attached to such unit.

Recreational activities are considered an asset in social work rehabilitation programme designed to optimize physical functioning, reduce disability/diseases and enhances the older adult's adjustment to social environment and interaction (WHO, 2022). It is necessary to note that from the beginning, the major focus of social work has been to enhance the wellbeing of the individuals, groups and that of the society as a whole. Social work practitioners help to meet the needs of the clients (developmental, psychologically/emotionally, socially and others) especially by using recreational activities to rebuild skills, abilities and help older adults with specific health conditions (Stanborough, 2020, NASW, 2017). This forms part of the motivational interventions to older adults which enable them access the necessary facilities for participation in recreational activities for their wellbeing (Holmes et al., 2018). In other words, social workers try to provide to their clients especially the older adults a wide spectrum of services and encouragements for active participation in recreational activities as a way of promoting their wellbeing (Holmes et al., 2018). In doing so, Williams and Streaun (2006) opines that social workers should align with other professionals including those in physical activity sciences, health psychology, public health, medicine and family care givers to identify constraints to participation in recreational activities (financial/material resources, clinical disorder, lack of motivation, lack of time/supports and others) that may need to be negotiated. Social worker in collaboration with this group of professionals can find creative solutions and surmounts many of these barriers and other potential variables that could pose as obstacles to their effective participation. Older adults are in this process encouraged to go into jogging or taking a walk/ running,

swimming, shopping and other forms of aerobic activities as it become obvious that a small increase in activity level can produce significant health, psychological, social and mental health benefits (Williams & Streaun, 2006).

Social workers in addition to negotiating for services for older adults especially on the provision of recreational facilities by the government both at the federal, state or local levels also provide counseling services and appropriate referrals to other human service professional so as to help maintain fitness, stimulate and quicken the mind, help establish social contact and slows down the progression of some diseases (Borossie, 2020). This is bound to play a considerable role in reducing the risk of disabilities, decline in functional capacities associated with sedentary life style and improve the overall wellbeing of older persons (WHO, 2022). Langhammer et al. (2018) also argued that participation in recreational activities by older adults help in the alteration in body composition which contributes in increasing the percentage composition of the body fat. Apart from that, participation in recreational activities by older adults have contributed immensely in preventing falls and maintaining the physical fitness, reduce symptoms of depression as well as improving the cognitive functional abilities (Hatch & Lusardi, 2010, McMahon et al., 2016).

In a study carried out among older adults in western Nigeria, Ikulayo, (2007) observed that recreational activities help in regenerating the human metabolic and immune systems and the brain. The study findings also revealed that there was 23% reduced risk of upper respiratory tract infection among 547 older adults who were involved in regular recreational activities. The research outcome suggested the need for every older adults to be highly involved in recreational activities in line with the recommendations of World Health Organization of at least 30-60 minutes daily (Nieman, 2001, Ikulayo, 2007). However, social workers working in collaboration with fitness professionals ensures that older adults participating in recreational activities do not exceed their ability level and also expected to respect pain (Haber, 2007).

Studies have also shown that older adults' wellbeing perception and participation in recreational activities could be influenced by some socio-demographic variables such as age, gender, marital status, income, educational and residential status amongst others (Nimrod, 2007, Hands et al, 2016, Holmes et al, 2018). What this implies is that the experience of older adults in their everyday life seems to vary with differing level of access to participation in recreational and other forms of social activities which are important in raising the quality of life. Nimrod (2007) posits that engaging in such activities like playing football, volley ball, basketball and some others are meant for younger people as the participation rate of older adults tend to be extremely low. More so, personal resources (income and ownership of residential apartment) are also likely to play actively in the individual's choice of recreational activities

(Estabrooks et al., 2003). Similarly, it is also likely that individuals with high level of education in most cases are bound to have better knowledge and self-direction in the choice and participation in recreational activities. This implies that older adults who are less educated are less likely to engage in recreational activities than others who are educated (Chen et al., 2015). Ayobami (2016) however argued that regular participation in recreational activities (2-3 hours per week) could cause significant cardiovascular, metabolic and musculoskeletal adaptation independent of gender, age, marital status, educational status and other socio-economic variables.

In the same vein, men are naturally more active than females in their participation in vigorous intensity recreational activities as a result of biological or neurological differences (Morimoto et al., 2006). That is to say that males and females differ markedly anatomically right from the moment of conception and with different patterns of development (Hands et al., 2016). In other words, it appears that females tend to express some kind of negative attitude towards recreational activities because they can easily break down unlike their male counterpart making them to be easily disposed to such non-communicable ailments like stroke, high blood pressure, arthritis and others. Some studies have also shown that being marriage increases one's zeal for participation in recreational activities as each partner tends to encourage and help one another to take a walk, go for jogging, shopping, bicycle ridding and others (Holmes et al., 2018). According to Evans and Kelly (2005), people who are married are likely to display positive attitude towards recreational activities which can counteract isolation and depressive symptoms. Taniguchi and Shupe (2014) however argued that married women especially are termed to be family oriented and spend less time in recreational activities than the unmarried.

From the foregoing, it appears that the knowledge, abilities and competencies acquired through social work education could help in fashioning out well-articulated programmes for the provision of culturally relevant recreational services for older adults. Holmes et al. (2018) noted that having a better understanding of the factors that could influence older adults' participation in recreational activities will guide social workers in the formulation of policies and other developmental movements in recreational activities that are older adult-centered. This could be possible while still holding unto the mission, values and ethical principles and standards of the social work profession (Newman et al., 2019). This is the focus of this study. The study was guided by the following objectives: (i) To examine the well-being perception among older adults in Ilorin South Council Area of Kwara State on the role of recreational activities and its implications to social work education in Nigeria. (ii) To ascertain respondents' views on the problems associated with low participation rate of older adults in recreational activities. (iii) To examine the association between educational status and an individual's residential status on the well-

being perception of older adult's participation in recreational activities in Ilorin South council area. The essence is to address the knowledge gap in this critical area as prior studies seem to have dwelt more on the role/ health needs of recreational activities and the rate of recreational activities needed in old age with little or no emphasis on the wellbeing indices and with none situated in Ilorin south (Langhammer, 2018, Okechukwu & Alozie, 2019, Inengite & Olorunsola, 2019, Akanbi et al., 2020).

## **Materials and Methods**

### *Study setting*

The study was carried out in Ilorin South council area of Kwara state, North Central, Nigeria between the months of May-September, 2022. The choice of the study area was informed by its proximity to the university sports stadium and other interesting recreational centres within the environs. The local government council which is located in Kwara central senatorial district is made up of some popular areas/ towns such as Adata, Fate, Fufu, Gaa Akambi, Gambari, Garage, Sango and Tanke. Ilorin south council area which hosts the prestigious University of Ilorin is dominated by the Yorubas, Nupe, Fulanis, and other tribes with Islam and Christianity as the most commonly practiced belief system although few others are adherents of African Traditional Religion (ATR). Yoruba is the major language of communication although English is spoken while attending public functions and for the benefit of those who cannot understand Yoruba. The people mostly engage in farming, trading, carpentry, welding, and other vocations/civil service.

### *Study design*

The study adopted a cross-sectional survey design. The relevance of this form of research design comes from the fact that it is the process of gathering data from a target population through the use of questionnaire or in-depth interview and subjecting such data to statistical analysis for the purpose of reaching a conclusion on the subject matter and providing solutions to identified research problems (Okoro, 2001).

### *Sampling techniques*

The multi-stage probability sampling technique was employed in the study. Firstly, the council area was stratified into eight districts according to the major towns (Adata, Fate, Fufu, Gaa Akambi, Gambari, Garage, Sango & Tanke) out of which three (Fate, Sango & Tanke) were randomly selected using balloting method. The three districts chosen were further stratified into streets/lanes. Purposive sampling was then employed to choose four streets that are very close to sporting facilities from which respondents were selected on household units. In the process of selecting the streets, those dominated by residential buildings were given preference to avoid choosing those streets dominated by public buildings, industries, or schools. In each household where there was no older



adult of 60 years and above, the next household was chosen and added at the end. More so, where the man and the woman in each household are residents of the area at the period of the study and satisfied the specified age (i.e. 60 years and above), both were considered. A structured questionnaire with closed and open-ended items were administered to 13 respondents in each of the four streets (i.e. 52 respondents from each district) and then making 156 respondents on the whole. The administration of the questionnaire was done by the researcher with two research assistants who just concluded their undergraduate programmes at the University of Ilorin using more of other-administered method of administration of instruments. The study lasted for five months (May-September, 2022).

### *Instrumentation*

The study relied on primary and secondary data collection methods. The primary data were sourced using the questionnaire administered to 156 respondents (aged 60 years and above) while the secondary data were sourced from relevant and current literature, internet materials, policy documents and conference papers.

### *Data analysis*

Data collected from the questionnaire were carefully edited to ensure completeness, consistency, and accuracy. Thereafter, they were entered into the statistical package for social sciences (SPSS) version 21.0 where they were coded and analysed using descriptive and inferential statistics.

## **Results**

The results obtained were presented descriptively and inferentially with the help of percentages and chi-square. Firstly, the socio-demographic characteristics of respondents were examined. It was observed that more older males (57%) engage in recreational activities compared to older females (43%). Clearly, men appear to have more physical strength and agility to engage in energy-demanding activities than women. On the other hand, a greater percentage of respondents (41% and 31%) were aged 60-66 and 67-73 respectively while only a small proportion of the sample (9%) were above 80 years. A greater number of respondents (62%) were also found to be married and 38% being ever-married while none indicated being single. This shows the desire of every older person to have somebody by his or her side for assistance while participating in activities related to their well-being. The level of literacy was high with 50% and 38% respectively with secondary and tertiary educational certificates. Similarly, a greater percentage of respondents (54%) were Muslims while 30% were Christians, 12% and 4% respectively out of the total sample belong to ATR and others (eg *Olumba Olumba*). This portrays the study area as having a strong Islamic influence. In addition, respondents' nature of residence indicated

that 58% were living in their personal apartments while the remaining 42% were still living as tenants. None of the respondents was found to be in a Formal Residential Care Centre or old people's home as such centres are seen as not aligning with African culture and tradition.

**Table 1:** Respondents view on the relevance of recreational activities (n=156)

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Stimulating physical fitness and metabolic activities	10	6
Reducing the risk of sedentary life & chronic illnesses	7	4
Promoting social networks	4	3
Increased emotional/psychological development	6	4
All of the above	129	83

**Source:** Researcher's field survey, 2022

Table 1 depicts respondents' view on the relevance of recreational activities with an overwhelming majority (83%) of the total sample indicating 'all of the above' which implies that recreational activities play a multi-faceted role in the life of older adults such as stimulating the physical fitness and metabolic activities, reducing the attack of some terminal ailments associated with sedentary lifestyles such as hypertension, stroke, diabetes and others as well as promoting social networks and psychological/emotional development or reduction in depression/anxiety. Taking these benefits into consideration, social work practitioners try to provide their clients with advance directives and explain how to correctly maximize the opportunities, that is, using recreational activities to enhance the quality of their lives.

**Table 2:** Respondent's view on problems associated with low participation in recreational activities (n=156)

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Outbreak of terminal illness and death	85	55
Depression/anxiety	44	28
Low self-esteem and relationship problems	27	17

**Source:** Researcher's field survey, 2022

It could be observed from Table 2 that a greater percentage (55%) of respondents stated that low participation of older persons in recreational activities could result in death and outbreak of some terminal illnesses such as stroke, heart failure, diabetes mellitus and others while 28% and 17% of the sample indicated depression and low self-esteem/relationship problem.

Information from the above table, therefore, shows that recreational activities are initiated to ward off the fear of diseases, death, and other negative results.

**Table 3:** Respondent's overall impression of the role of recreational activities (n=156)

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Very high	66	42
High	54	35
Very low	23	15
Low	13	08

**Source:** Researcher’s field survey, 2022

As captured from Table 3, it is apparent that a high proportion of respondents (42%) and 35% respectively expressed the impression of recreational activities have a very high impact on the well-being of older adults while 15% and 8% stated otherwise. Results from the above table, therefore, show that older adults are happiest when they stay active.

**Table 4:** Association between respondents’ educational status and perceived view of older adults’ participation in recreational activities.

<b>Responses</b>	<b>Educational Status</b>				<b>Total</b>
	<b>None</b>	<b>Primary</b>	<b>Sec.</b>	<b>Tertiary</b>	
<b>High</b>	2(2%)	13(10%)	64(48%)	54(40%)	133(100%)
<b>Low</b>	1(4%)	2(9%)	14(61%)	6(26%)	23(100%)
<b>Total</b>	<b>3(2%)</b>	<b>15(10%)</b>	<b>78(50%)</b>	<b>60(38%)</b>	<b>156(100%)</b>

$\chi^2=114, p<0.05, df=3$

**Source:** Researcher’s field survey, 2022

Table 4 shows that respondents with secondary and tertiary educational qualifications (48% and 40% respectively) displayed a high perception of older adult's participation in recreational activities compared to others with primary or non-formal education. The result of the chi-square analysis equally reveals that respondent’s educational status has an impact on their views about participating in recreational activities. Since the p-value is less than the chi-square value, the association between educational status and views on older adults’ participation in recreational activities is statistically significant. It is worth noting that not all persons with higher educational qualifications have the interest and social environment to participate in recreational activities.

**Table 5:** Association between respondents’ residential status and well-being perception of participation in recreational activities

Responses	Residential status			Total
	House ownership	Tenant	Fml. Res. care	
Yes	62(63%)	36(37%)	0 (0%)	98(100%)
No	29(50%)	29(50%)	0 (0%)	58(100%)
<b>Total</b>	<b>91(58%)</b>	<b>65(42%)</b>	<b>0 (0%)</b>	<b>156(100%)</b>

$\chi^2=79.9, p<0.05, df=1$

**Source:** Researcher’s field survey, 2022

Table 5 shows that a greater number of respondents (63%) perceived house ownership as a strong factor in the views expressed about older adult’s participation in recreational activities compared with 37% of respondents who were tenants. Result of the chi-square analysis also shows that residential status has an impact on the views expressed about older adults’ participation in recreational activities. As such, since the p-value is less than the computed chi-square value, the association between residential status and views about older adults’ participation in recreational activities is statistically significant. The nature of residential apartments could be seen as one of the challenges that determine the level of well-being during old age.

**Discussion**

The study examined the perceived role of recreational activities on the well-being of older adults in Ilorin South council area of Kwara state and its implications for social work education in Nigeria. This issue has become highly veritable in the current dispensation in both social gerontology and ageing studies. Engagement of older adults in recreational activities has become a strategy adopted by social workers and fitness professionals to address personal, social, and environmental challenges that come with ageing as well as slowing down the progression of chronic health conditions (Haber, 2007). Findings from this study show that an overwhelming majority (83%) of respondents agreed that recreational activities are just like medications associated with positive well-being in physical, social, emotional/psychological, and other spheres of life during old age. These revelations also align with the views of Bergland and Yost (2018) that recreational activities serve as a protective factor against non-communicable diseases and improved quality of life. Okechukwu and Alozie (2019), Lowri (2021), NHS (2021), WHO (2022), and Nathan (2022) also argued in respect of this finding that recreational activities have potential well-being benefits to reduce the plethora of diseases in old age, reduce the risk of anxiety/depression as well as provide the opportunity for older adults to connect or relate with other people who have shared interests.

Findings also revealed that the lower the level of older adult's involvement in recreational activities the higher the susceptibility to chronic ailments, depression, and death. These findings also align with the assumption of the activity theory of ageing which states that the involvement of older adults in recreational activities will help supplant previous roles or behaviours formerly displayed and which also provide the greatest potential for well-being (Winstead et al., 2014). As Onyenemezu (2013) noted, social workers especially in many societies in addressing the high mortality rate among older adults try to develop improved social conditions, policies, and programmes that enable a larger number of older individuals to live longer, especially by filling them with meaningful activities.

In addition, the findings from the study also revealed a very high impression from respondents on the benefits of recreational activities among older adults. This finding also confirmed the views of Akanbi et al. (2020) that recreational activities are very important to humanities in general and particularly the older adults as it contributes significantly to health improvement, anxiety, and stress reduction among others. Since excessive sedentary behavior could result in an increased risk of non-communicable disease development and functional decline, social workers try to ensure that older people participating in recreational activities do not exceed their ability level (Borossoie, 2020, Karl et al., 2022).

The study findings also revealed that educational status has an impact on older adult's participation in recreational activities ( $\chi^2=114$   $p<0.05$ ). This confirmed the submission of Chen et al. (2015) who argued that experiences acquired through education help older adults to establish habitual motivation for engagement in recreational activities. In other words, the authors stated that older adults who are less educated are less likely to engage in recreational activities. Findings from the study show that an individual's residential status has an impact on the well-being perception of older adult's participation in recreational activities ( $\chi^2=79.9$ ,  $p<0.05$ ). This finding is in tandem with the submissions of Kalinowski et al (2012) and Benjamin et al (2015) that the lack of a suitable residence or environment creates impediments to participation in recreational activities for older adults and people of other ages. Panday and Kumar (2017) however argued that the changes in the family value system and migration of children to city centres have made older adults be left unattended, causing them to take shelter in old people's homes although not popular in Nigeria.

From the foregoing, it is obvious that older adult's participation in recreational activities has a great impact on the promotion of social work education especially in the area of gerontological/geriatric social work. This forms one aspect of the developmental approach in social work that was emphasized by

Mupedziswa (2005) which places the well-being of people at the center of social planning (empowering them and influencing their life circumstances). Social workers ensure that older adults maximize both opportunities and quality of life by tackling all constraints and barriers (clinical disorder, financial issues, lack of motivation, and others) to participation in recreational activities and the need for negotiation in the context of the changing socio-cultural system (Williams & Streat, 2006). Equally, social workers try to align with other human service professionals which enables them to harness the tremendous potential psychotherapeutic benefits obtained through recreational activities participation by older adults. The implication is that a reasonable percentage of older adults who would have been lost to the cold hands of death annually has continued to thrive as a result of their active participation in recreational activities.

### **Conclusion**

Social work practitioners believe that older adults need to be assisted using various services for active functioning/ enhancement of the physical, psychological/emotional, social, and overall wellness in their lives. The study findings revealed that participation in recreational activities has contributed to strengthening the physical fitness and metabolic activities in the health of older adults, reduce susceptibility to terminal illnesses like diabetes, stroke, high blood pressure, reducing the level of depression or anxiety as well as increasing the social networks of older persons. The study findings also revealed that both educational attainments and residential status have an impact on well-being perception of older adults' participation in recreational activities. Social workers are therefore encouraged to keep abreast with the challenges facing older adults, especially in their sedentary behavior and initiate solution-focused policies/programmes in collaboration with other human service professionals.

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