

“There’s More to Life Than Just Walking”: Older Women’s Ways of Staying Healthy and Happy

Lynette Adamson and Glennys Parker

This study assessed a range of activities reported by older women in Australia. Women between 75 and 81 years of age ($N = 3,955$) from the older cohort of the Australian Longitudinal Study on Women’s Health responded to a request in a self-report survey for additional information concerning their health. Of these 3,955 women, 509 reported taking part in a variety of activities. Qualitative analysis of responses identified 55 coded categories of activities that were subsequently classified into four major themes: physical activities, creative pursuits, lifestyle, and social interaction. The data show that these older women are taking part in a wide range of activities.

Key Words: physical activities, creative pursuits, social interaction, active aging

Population aging is often viewed as a significant health issue, and biological, medically oriented models of aging have tended to generate views of the elderly as ill, frail, and dependent (Raleigh, 1997). Concerns have largely focused on increased life expectancy and the implications of a growing elderly population for socioeconomic projections, health-care and support provision, and policy development. In comparison with men, older women have been more likely to be penalized by negative stereotyping because of increased life expectancy (Australian Institute of Health and Welfare, 2003; World Health Organization, 2003), culturally embedded meanings and attitudes (Vertinsky, 1995), and the gendered nature of structured inequalities in society (Arber & Ginn, 1991; Gibson, 1996). More recently, however, there has been evidence of a shift from “loss and decline” models of older age to more constructive paradigms that emphasize quality of life (Farquhar, 1995) and “active aging” (World Health Organization, 2002). This trend accords with older adults’ integration of physical, mental, and social attributes into their own definitions of health (Saltman, Webster, & Therin, 1989).

Studies have shown that regular exercise for both men and women increases longevity (Sihvonen, Rantanen, & Heikkinen, 1998), enhances mobility and independence (Stessman, Hammerman-Rozenberg, Maaravi, & Cohen, 2002), has a positive effect on sense of meaning in life and on self-rated health and functioning

The authors are with the Research Centre for Gender, Health and Ageing, University of Newcastle, Callaghan NSW 2308 Australia.

(Takkinen, Suutama, & Ruoppila, 2001), and fosters an internal health locus of control (Friis, Nomura, Ma, & Swan, 2003).

Recent trends in the field of gerontology support a more balanced approach to aging within the context of the wider social environment. The contributions of older people to the community are well documented (see, for example, Encel, 1997; Warburton, Le Brocque, & Rosenman, 1998), and there is some evidence that positive aging is a more valid representation of reality than stereotypical views of older adults as frail and dependent (Ranzijn, 2002). Less well known is the range and extent of older women's own perceptions of their involvement in productive activities. Ranzijn and Grbich's (2001) small study described the importance of social inclusion for elderly men and women, and other investigations have documented the benefits of physical activity for older women's well-being (Brown, Mishra, Lee, & Bauman, 2000; Kluge, 2002). Iso-Ahola and Park (1996) clearly showed that leisure activity is related significantly to both mental and physical health. Nonetheless, there appears to have been little empirical research that provides detailed description of types of activities undertaken. The present study seeks to extend earlier work by describing the range of activities and community involvement undertaken by a group of older women taking part in the Australian Longitudinal Study on Women's Health. This group of women associated their regular physical and creative activities with their overall health by responding to an open-ended question inviting them to describe any changes in their health.

Method

A total of 8,646 women, between 75 and 81 years old at the time, responded to Survey 3 of the older cohort of the Australian Longitudinal Study on Women's Health. Also known as Women's Health Australia, the project was commissioned in 1995 by the then Commonwealth Department of Human Services and Health for the purpose of investigating the health and well-being of Australian women. The Medicare (national health-insurance scheme) database of the Health Insurance Commission was used to recruit over 40,000 women in three cohorts, age 18–23, 45–50, and 70–75 years in 1996, from urban, rural, and remote parts of Australia. The topic of successful aging was one of five study themes designated as central to the exploration of social, environmental, psychological, and physical determinants of women's health (Brown et al., 1998).

Data were obtained from Survey 3 for the older cohort, conducted by mail in 2002. The final question of this survey asked

Have we missed anything? In our last survey, thousands of women told us really important things about their health and use of health services. If there is *anything* else you would like to tell us about changes in your health (especially in the last 3 years) please write on the lines below.

Overall, 3,955 women (46%) responded to this question. Of these, 509 (13%) described activities that they undertook as part of their daily lives, and these responses form the basis of this analysis. The number of women who did not respond to this question at all was 4,691 (54%). The women who responded to this question ranged in age from 75 to 81 years, with the mean age being 77.8. Almost

three quarters of these women (74%) had school degrees only. Of the 509 women, 46% were widows, and 44% were currently married. Almost all of the women who responded to the question (81%) found it “not too bad or easy” to manage on their current income.

An inductive approach was used for analysis, and only responses that described activities were included in the analyses ($n = 509$). These responses were then transcribed, and a computer software program, Nvivo (Richards, 1999), was used to import, code, and sort the resultant text database. Next, the data were subject to descriptive line-by-line coding that matched patterns of activities across the narrative responses. Code names were assigned to words, phrases, sentences, or passages. Similar codes were clustered into categories. Finally, a reflective and interpretive process was used to identify primary or core themes within the coded categories, in order to gain a coherent picture of activities undertaken by these women. We returned to the data several times in an iterative process to ensure consistency of coding and thematic interpretation.

The coded categories and emergent thematic patterns were derived through a collaborative process between both authors. A phenomenological-hermeneutic approach was used to provide an in-depth interpretation of the data. This approach is a research model that seeks to explore the meaning of lived experience through the interpretation of narrative descriptions (Miller & Crabtree, 1999). Inspired by the philosophy of Husserl (1970) and further developed by Heidegger (1962) and Ricoeur (1981), the ontological focus is on understanding how individuals interpret their everyday lives and how they make meaning of what they experience.

Results

Themes and categories of activities derived from the older women’s narratives are listed in Table 1. The analysis identified 55 coded categories that were subsequently classified into four major themes: physical activities, creative pursuits, lifestyle, and social interaction. Simple counts indicate the frequency and percentage of responses in each category.

Physical Activities

Most older women reported physical activity of some kind. Their activities were categorized into three subthemes of independent exercise activities, team and individual sports, and class activities.

Independent Exercise Activities. In the subtheme of independent exercise activities, gardening was the most frequently reported activity, with many of the respondents viewing their ability to maintain their own gardens as a significant achievement for their age. Although they could still do the bending, weeding, planting out, and mowing lawns as they had always done, this was now achieved at a slower pace: “I garden, do weeding, pruning, watering, etc., half hour at a time, have a couple of minutes rest and start again.” Several women wrote of preserving or developing gardens for others in a voluntary capacity: “I help maintain a garden at a historic homestead in the area, about two and a half hours once a fortnight.” One woman reported that she assists in a garden that helps supply vegetables for

Table 1 Categories of Major Themes Emerging From Open-Ended Responses Concerning Activities Reported by Women in the Third Women's Health Australia Survey for Older Women

Themes	<i>n</i>	%
Physical Activities		
Independent exercise activities		
gardening	119	23.3
walking	76	14.9
swimming	29	25.6
exercise routine	17	3.3
dog walking	15	2.9
cycling	11	2.1
bird watching	4	0.7
surfing	2	0.4
metal detecting	1	0.2
horse training	1	0.2
beachcombing	1	0.2
Team and individual sports		
lawn bowls	31	6.1
golf	17	3.3
indoor bowls	10	1.9
tennis	6	1.2
gym	4	0.7
10-pin bowling	2	0.4
croquet	1	0.2
modified netball	1	0.2
table tennis	1	0.2
boccie	1	0.2
badminton	1	0.2
slalom water skiing	1	0.2
Class activities		
water aerobics	17	3.3
Tai Chi	14	2.7
yoga	14	2.7
keep fit/low-impact aerobics	9	1.7
dancing	7	1.4
Pilates	1	0.2
Alexander method	1	0.2
Creative Pursuits		
Handcrafts	73	14.3
Reading	36	7.0
Cooking	24	4.7
Music	23	4.5
Crosswords	17	3.3
Writing	17	3.3
Bridge	14	2.7
Art	12	2.3
Mah-jongg	2	0.4

(continued)

Table 1 (*continued*)

Themes	<i>n</i>	%
Lifestyle		
Volunteering	106	20.1
Managing rural property	34	6.7
Employment (paid)	29	5.7
Holidays	18	5.5
Driving	10	1.9
Excursions	9	1.8
Learning computer skills	8	1.6
Retirement-village life	5	0.9
Learning a language	4	0.7
University of the Third Age	2	0.4
Study (not specified)	2	0.4
University study (PhD)	1	0.2
Study in colleges of technical and further education	1	0.2
Social Interaction		
Club membership	69	13.5
Family	39	7.7
Friends	22	4.3

the aged-care facility in which she lives. Other respondents gained pleasure from giving away and cooking their own produce. This included taking flowers to hospitals and making jams and chutneys for fund-raisers for charities.

Walking was the second most commonly reported exercise, and the women often described the pace at which they walked and the length of time or distance undertaken: "I walk 5 km each day in the morning, longer at the weekend. The only day I do not walk is Thursday, the day I have to be at bowls early." They frequently walked with neighbors and friends, and also with organized walking groups at retirement villages: "I have organized a walking group for 1 hr each day. We walk at a medium pace. It is surprising how many worries, fears, etc., that emerge as we walk."

A number of women walked their dogs, some having more than one dog, often stating that they walked the dog more than once a day, for example, "lots of short walks," and "walk my dog at 6.30 a.m. and 5 p.m. every day." Participants in rural locations spoke of the need to walk when checking on stock, collecting mail, and other general duties associated with property ownership, and 2 had recently climbed mountains. One described climbing 2,000-m- and 2,900-m-high mountains in Australia within 4 days of each other at the time of her 80th birthday. The other had climbed Mt. Kinababe in Borneo in 2002 and wrote of her intent to climb another in Java the following year.

Swimming was also popular, with women reporting that they swam for exercise, for pleasure, and as therapy for health problems:

My health has changed dramatically since April 2001, when I began doing water aerobics three times a week [3 hr]. After a very short period (three visits) I was able to throw my walking stick away and haven't used it since. After this I went on a diet and lost 20 kg. It was the water aerobics that helped me. I am so much more active and am very healthy.

Swimming activities included use of indoor and outdoor pools and ocean surfing. For many women, benefits were also derived from related social aspects: "I swim about 500 m every morning with a group of ladies of similar age—it makes my day!"

A number of respondents stated that they undertook regular exercise programs in their own homes, using treadmills or exercise bikes or specific sets of exercises to help maintain flexibility. Some women regularly rode bicycles to run errands and for exercise and leisure. Other exercise activities included horse riding and training, badminton, table tennis, and beachcombing.

Team and Individual Sports. For the subcategory of team and individual sports, the analyses showed that many respondents enjoyed playing lawn and indoor bowls—for example, "Have played green bowls for 42 years. Play Division 1 bowls and skittles. Help during the winter months making and serving soup." Some stated that they held executive positions in their local bowling club, and many women played despite physical difficulties, breathlessness, and the extreme heat of summer: "I play bowls once or twice a week, for 4 hr at least. The bowls shoes and lawn grass are good for my arthritic feet."

Golf was popular, as well as tennis, gym work, various ball sports, and, for one respondent, competition water slalom skiing. These activities were undertaken despite physical disabilities: "I feel generally in good health. Playing golf twice a week riding in a motorized cart mainly because of my knees."

Class Activities. The final subcategory for physical activities was class activities. Classes as varied as aerobics, Tai Chi, yoga, dancing, Pilates, and the Alexander method were described by respondents as ways of maintaining flexibility and preventing and controlling arthritis: "Not as supple and surefooted as I was, but still dancing jazz." Friendship and relaxation were also mentioned as benefits gained from attending these classes, and several of the respondents were actively engaged as Tai Chi or yoga instructors.

Creative Pursuits

Women told of a range of creative activities that they regularly undertook for their own pleasure and for charitable causes. These activities were carried out independently and also organized craft groups that provided social contact and support. Many women sold their craft work to raise money for charities and knitted trauma bears, baby clothes, and rugs as donations for hospitals. Several respondents were teachers of craft groups, and one woman undertook commissioned embroideries.

Reading was a popular pastime for the women, as was cooking for themselves, their families, and for charities. Playing and listening to music was also important to a number of respondents, and some women wrote of the mental stimulation that came from doing crossword puzzles, writing poetry and prose, playing

competitive bridge and mah-jongg, and doing artwork: "I sit a lot doing tapestry, knitting, crosswords, reading, folk art, oil painting. I have not got time to walk!"

Lifestyle

Respondents described a wide range of lifestyle activities that were important to their lives. Volunteering was the most commonly reported, with women supporting organizations such as the Red Cross, Legacy, St. Vincent de Paul, exservice associations, and hospital auxiliaries. They also reported working in opportunity shops, making crafts and cooking food to sell, running support groups, teaching English as a second language, participating in Meals on Wheels, entertaining, helping at aged-care facilities, and assisting the families of war-service veterans. One woman wrote that she "helps migrant children with reading and writing problems." Many women were members of Probus and similar types of service clubs and active supporters of environmental groups.

A number of participants were maintaining rural properties either by themselves or in support of extended family and were actively participating in the daily tasks of farm management:

I consider I am lucky. I care for my disabled husband and successfully run a sheep and cattle property. I ride a quad bike; drive the car, truck, and tractor; and do most of my stock work. I smile most of the time. Peace of mind and interest in all things makes a healthy mind and contributes to a healthy body! I rarely think of old age.

Other women were in paid part-time or full-time employment, mostly in their own or family businesses. Diverse forms of employment were described, including editor of a local newspaper, hairdressing, and physiotherapy. Some respondents gave music lessons or taught arts and crafts such as pattern making, cake decorating, and quilting in a variety of settings that included neighborhood centers and colleges of technical and further education.

Holidays, driving, and excursions were frequently mentioned, with several women making regular overseas trips to the United States, New Zealand, and Europe: "I still drive to Sydney three times a year without any problems. I traveled to Gallipoli, France, and Belgium last year and left people a lot younger in my wake."

Group outings were important to some women. Being able to drive was viewed as a way of remaining independent and also as a way of being helpful to others by conveying them to appointments and social outings. Much of this support took place in retirement villages that were viewed as positively contributing to elderly women's overall lifestyle:

Since I moved I am a different person. New friends, new environment, and life is good. I do a lot of singing with a group and we sing at various aged-care homes. I go for a 2-km walk almost every morning plus several other activities. I haven't time to be unwell.

Several participants reported undertaking further education at universities and colleges of technical and further education. Typical courses included language and

computer studies. One woman was completing a PhD, and another was undertaking a course in hygiene that would certify her to work in a public kitchen.

Social Interaction

Although social interaction was implicit in many of the physical activities, creative pursuits, and lifestyle interests already described, many women specifically mentioned the importance of this aspect in their lives. Family, friends, and club memberships were described as venues for receiving and giving social support. A number of women wrote of their involvement with groups or clubs, with many accepting office-bearing roles. For others, membership was sufficient:

I am a member of a social group. This group allows us to do many things that we would be unable to do on our own. These activities keep us healthier and we have a network of friends who we can depend on if we need them.

Families also played an important role in many women's lives through mind-ing grandchildren, full- and part-time caregiving, keeping house for adults in the family, and leisure-time activities with family members of all ages:

My children and grandchildren are very caring of me. This is what I live for. The street here is very friendly; there is always someone to chat to. I still visit people who are not so well at the nursing home.

Several women mentioned the importance of the telephone in communicating with distant family members, and numerous women wrote of outings to meet friends for coffee or lunch, to play bingo, church meetings, shopping, or simply home visits.

Discussion

The women in this study described a wide range of activities and community involvement that they perceived affected their health in some way. The number of activities the women in this study undertook is similar to the findings of Jansen and Sadovszky (2004), who proposed that restorative activities such as creative outlets, physical activities, reading, family connections, and cognitive challenges play a significant role in promoting physical and mental well-being. Participants in their research contended that many of the activities they undertook helped maintain their mental well-being (Jansen & Sadovszky). Similarly, Gu and Eun (2002), when reporting the results of their study on the health-promoting behaviors of older Korean adults, found that the importance of self-actualization achieved when undertaking health-promoting activities should not be overlooked. This sense of increased well-being through involvement in leisure activities has also been identified in other studies (e.g., Bryant, Corbett, & Kutner, 2001; Kaplan, 1995; Schutzer & Graves, 2004).

The activities that the women undertook are consistent with the concept of active aging, although some women did mention the need to adapt certain forms of activities as a consequence of physical aging. It appears that many older women

in this study are living independent and active lives. Activities that bring both personal and community benefit need to be supported in the community by the provision of structures to encourage older members of the community to participate. Interests such as team and individual sports and group classes described in the current research require resources such as community halls, instructors, playing fields, and sporting equipment. This raises the question of economics with regard to the rising costs of liability insurance, instructors' fees, sporting equipment, and general maintenance issues. These factors have important implications for policy development, social planning, and health-care and support-service delivery.

Many women wrote of the social support they received from their involvement in undertaking creative and physical activities in groups. It would appear that the women benefited from the reciprocal nature of many of the interactions that take place in social groups. This is similar to the findings of Rook (1987), who found that reciprocity was an important predictor of social satisfaction and that it was more important when interacting with friends than with children. Ranzijn, Harford, and Andrews (2002) also wrote of the value of the social function of such groups and their productive nature. They maintain that this aspect of engagement with the wider community is not normally acknowledged because it is not easily quantified. Yet for women in the study, these groups formed a critical part of their social "glue" in that they provided a supportive space for sharing thoughts and feelings. Iso-Ahola and Park (1996) described the importance of leisure activity in providing a buffer effect on stress on physical and mental health through the social support received by contact with friends and companions when taking part in leisure activities. The results of their study suggested that the level of involvement with the activity was unimportant in establishing the buffering effect and that when stressful life events occurred it was possible to obtain support both emotionally and physically through social relationships. Leisure companionship had positive effects on stress and depression, and the friendship provided by the companionship buffered the effects on physical illness (Iso-Ahola & Park).

Other research has shown that older adults frequently adopt a more broad perception of health than medically defined disease and disability (Saltman et al., 1989), a position that significantly predicts lower levels of mortality (McCallum, Shadbolt, & Wand, 1994) and accords with the World Health Organization's (1946) own definition of health as a state of complete physical, mental, and social well-being. Older adults form a growing sector of the community, and it is anticipated that they will require increasing levels of health care. The economic costs of an aging population are consistently emphasized. Indeed, older Australian women are typically portrayed as a sector of the population that imposes a drain on economic resources because of their need for increasing levels of health care. This attitude ignores the contribution to social capital that older adults can and do make. Older adults' contribution to social capital in the way of volunteering and providing ongoing support, financially and in kind, in the maintenance of many institutions in the Australian community, such as community services (e.g., Red Cross, Meals on Wheels, service clubs) and sporting organizations, has largely been overlooked. In choosing to describe activities that were meaningful for them, the older women in this study widened the health debate to include aspects of living not normally considered in mainstream aging research.

Conclusion

Our study has identified a wide range of activities and community involvement that is associated with physical and mental health among those who participate. The reality is that many older Australian women are leading very active, healthy, and productive lives (Feldman & Poole 1999). Qualitative research provides an opportunity for researchers to explore the beliefs that elderly women have concerning their own health and the value of their own lived experiences (Kluge, 2002).

The results of the study should be interpreted in light of certain limitations. The sample was self-selected, and the analyses relied on self-report, raising questions about response reliability. In addition, the data are cross-sectional, preventing any direct causal interpretation. Future research would benefit from longitudinal assessment and comparison of activity levels and health outcomes over time. Because of its longitudinal nature, the Australian Longitudinal Study on Women's Health project will provide further opportunities for this form of research.

It can be concluded that engaging in exercise and other creative pursuits is associated with higher levels of overall physical and mental well-being, despite existing illness and disability. The challenge for future policy and practice is to redefine aging in terms of its phenomenological and contextualized nature and for government, agencies, and health-service providers to adopt a broader social view of health.

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