

Why Older Australians Participate in Exercise and Sport

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Research on variables that encourage older adults to exercise is limited. This study was carried out to identify the participation motives of older Australians involved in regular exercise and sport. The 815 participants (399 men, 416 women) ranged in age from 55 to 93 years ($M = 63.6$, $SD = 7.8$) and were participating in their activities of choice at least once per week. All participants completed the Participation Motivation Questionnaire for Older Adults. The most common exercise/sport activities that participants were involved in were walking, golf, lawn bowls, tennis, and swimming. The most highly reported motives for participation were to keep healthy, liking the activity, to improve fitness, and to maintain joint mobility. Principal-components analysis of the questionnaire revealed 6 factors: social, fitness, recognition, challenge/benefits, medical, and involvement. Analyses of variance showed significant differences in reasons for participation in exercise and sport based on gender, age, education level, and occupation.

Key Words: participation motives, older adults

Following worldwide trends, the Australian population is aging, with people over 65 years old expected to number 5.4 million (22% of the population) by 2031, compared with 2.4 million in 2001 (Australian Institute of Health and Welfare, 2001). In addition, declining mortality rates and increased life expectancy (Australian Institute of Health and Welfare, 2002) mean that people will spend longer periods of their life in "old age." The global increase in the proportion of older adults in the population will place new and increased demands on health-care systems both in Australia and worldwide (World Health Organization, 1999).

Given these issues, improving the health and well-being of older Australians has been identified as a major goal for the next 5 years in the Commonwealth, State and Territory Strategy on Healthy Ageing (Healthy Ageing Task Force 2000, 2000). In addition to suggesting that priority be given to health-promotion, disease-prevention, and rehabilitation programs for older adults, this strategy strongly emphasizes the importance of encouraging older adults to remain active in their communities as a mechanism to improve their health and well-being.

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Primary and secondary prevention have been identified as important approaches to minimize rapidly increasing health-care costs in Australia (Bauman & Smith, 2000). In particular, physical inactivity has been highlighted as the second most important area (after tobacco use) for disease-risk-factor reduction in both older adults and the general community in Australia (Mathers, Vos, & Stevenson, 1999). Despite this, physical activity and exercise have received significantly less attention in population disease prevention than other health-care and prevention programs (Bauman & Smith), and research into activity of older adults has remained static over the past few decades (Lidor, Miller, & Rotstein, 1999).

Although most older adults are healthy, aging is often associated with declines in physical and psychological functioning, particularly in the year or two before death (Berg, 1996). In 1993–1994, health expenditure per person in Australia for those over age 65 was 4 times greater than for those younger than 65, totaling 35% (\$11 billion) of the total expenditure for health services (Australian Institute of Health and Welfare, 1999). Absolute health expenditure will increase as the population ages, and the increase in expenditure on health-care services for older adults has prompted the demand for preventive approaches to health care.

High levels of physical functioning are fundamentally important to healthy aging, and participation in exercise and physical activity is a strong predictor of aging well (Finucane et al., 1997; Strawbridge, Cohen, Shema, & Kaplan, 1996). In general, there is evidence of reduced risk of all-cause mortality and decreased rates of coronary heart disease for older men and women who are moderately active (U.S. Surgeon General, 1996). More specifically, many physical benefits for older adults have been attributed to participating in physical activity. For example, regular physical activity or exercise can reduce body fat and body mass, leading to beneficial changes in resting blood pressure, resting heart rate, maturity-onset diabetes, and lipid profile (Bassey, 2000; Shephard, 1990). There is also substantial evidence that physical activity reduces cardiovascular disease (Mazzeo et al., 1998; Wannamethee, Sharper, & Walker, 1998). In addition, exercise can retard osteoporosis by increasing bone mass and stimulating bone growth, which is particularly beneficial to older women (Kelley, 1998; Wolff, van Croonenborg, Kemper, Kostense, & Twisk, 1999). Exercise has also been shown to improve balance, thereby reducing the risk of falls and associated bone fractures (Campbell, Robertson, Gardner, Norton, Tilyard, & Buchner, 1997; Robertson, Devlin, Gardner, & Campbell, 2001). A further argument for encouraging physical activity and exercise in older adults is the improvement in functional capacity and associated independent lifestyle (Hirvensalo, Rantanen, & Heikkinen, 2000; Larson, 1991), as well as increases in perceived health status and quality of life (Rejeski & Mihalko, 2001). In summary, there is convincing evidence that regular physical activity reduces the risk of several potentially life-threatening physical conditions and enhances health-related quality of life and independence in old age.

Regular physical activity and exercise not only have many physical benefits but also can contribute to psychological well-being. For example, negative mood states such as depression, which are common in older adults, can be diminished by exercise (Mutrie & Biddle, 1995; Ruuskanen & Ruoppila, 1995; Takkinen, Suutama, & Ruoppila, 2001). Furthermore, exercise can help reduce anxiety, tension, and reactivity to psychosocial stressors (see review by Biddle, 1995). It has also been shown to improve cognitive functioning (Kirkby, Cass, & Carouzos, 1995; Mazzeo

et al., 1998) and provide social experiences, an important factor for older adults who are at greater risk of experiencing loneliness and isolation (McMurdo, 2000).

Despite the physical and psychological benefits of physical activity, many older Australians do not exercise. A recent Australian study reported that 18% of people age 60–75 had not engaged in any physical activity during the preceding week, and a further 28% had not exercised a sufficient amount to gain health benefits (Armstrong, Bauman, & Davies, 2000; Bauman, Ford, & Armstrong, 2001). Another Australian study reported that among a community-dwelling sample over 70 years of age, 39% had not exercised at all in the 2 weeks before the interview (Finucane et al., 1997). Similar findings have emerged from populations in the Netherlands, United States, and Britain (Stevens, Bult, de Greef, Lemmink, & Rispens, 1999), as well as New Zealand (Hillary Commission, 1998).

Research identifying factors that encourage older adults to participate in physical activity and exercise has been sparse (Baranowski, Anderson, & Carmack, 1998; Paxton, Browning, & O'Connell, 1997), despite the fact that understanding what motivates people to become physically active is seen as a prerequisite for designing effective exercise interventions (Dishman, Sallis, & Orenstein, 1985). In the past, studies that have investigated participation motives in adults have tended to ignore those over the age of 60 years and focused on younger and middle-aged participants (e.g., Gill & Overdorf, 1994). The studies that have included older (60 years plus) adults have often embedded this population in a sample from a wider age range (e.g., Campbell, MacAuley, McCrum, & Evans, 2001; Frederick & Ryan, 1993).

Some recent research in this area has focused on specific samples of older adults (see Kirkby et al., 1995; Kirkby, Kolt, & Habel, 1998; Kirkby et al., 1999; Kolt, Chadha, Giles, & Driver, 2002; Paxton et al., 1997). One study that investigated motivational factors in older Australian adults (mean age, 67.5 years) was that of Kirkby et al. (1999). These authors reported that for a sample of 218 walking-group and exercise-class participants, the most commonly reported motives for participation were fitness, enjoyment, fun, and social experiences. In another study, Paxton et al. found that physical health, mental health, and social contact were the most important factors for exercise in their sample of 55 older (mean age, 70.0 years) female Australian exercise participants.

A number of these previous studies have focused predominantly on the motives of older women for participating in exercise and have relied on relatively small sample sizes, which might not have generalizability (Kirkby et al., 1999; Paxton et al., 1997). In addition, past research has often failed to compare participation motivation between different sociodemographic groups. Such comparisons are important in light of the fact that previous studies have shown that older adults with lower levels of education tend to exercise less than those with higher education levels (Clark, 1995) and that people working in manual occupations tend to participate in physical activity less than those in professional occupations (Burton & Turrell, 2000). It might be that people in different sociodemographic groups have varied motives for participating in physical activity, and this could be important in designing interventions to increase such activity.

The present study aimed to build on previous research by investigating motives for participating in physical activity (particularly exercise and sport) in a large sample of older Australian exercisers. The study was largely exploratory.

Given the lack of information on sport- and exercise-participation motives according to sociodemographic information, we make comparisons among motives for different levels of key sociodemographic indicators.

Method

PARTICIPANTS

The participants were 815 community-dwelling older adults (399 men and 416 women) who were regular exercisers (i.e., participating in exercise or sport at least once a week). They ranged in age from 55 to 93, with an average age of 63.6 years ($SD = 7.8$).

TEST INSTRUMENT

The participants were asked to complete the Participation Motivation Questionnaire for Older Adults (PMQOA; Kirkby et al., 1998, 1999), as well as answer questions on demographic information including age, occupation, level of education, and the types of exercise/sport activities they engaged in. The 30-item PMQOA assesses the motives older adults have to participate in sport or exercise (e.g., “I want to be physically fit,” “I want to exercise/play sport for medical reasons,” “I like the company”). Each item is rated on a three-point Likert scale (*not at all important*, *somewhat important*, *very important*), and the respondents were asked to indicate how important each statement was in relation to their own participation in exercise. The PMQOA was originally developed from the Participation Motivation Questionnaire (PMQ; Gill, Gross, & Huddleston, 1983), an instrument to assess motives for participating in youth sport. Through focus groups with gerontological and physical activity researchers, items were modified, added to, and deleted from the PMQ to form the PMQOA, and content validity was established (Kirkby et al., 1998, 1999).

PROCEDURE

Participants were recruited in Melbourne, Australia, using a quota sampling method (World Health Organization, 1992) whereby 84 undergraduate health-science students each collected data from 10 eligible participants. The students were instructed to approach participants of both genders and across the range of age groups when possible. Given that the group of students was sociodemographically diverse, it is likely that those they recruited from their communities were equally so. The participants were predominantly recruited from the families and friends of the students and from recreation and sports clubs in their geographic locations. Potential recruits were given a short screening questionnaire to ascertain their eligibility (i.e., to ascertain that they were participating in exercise or sport on a regular basis at least once per week) and then were administered (by self-report questionnaire) the PMQOA. Those who were not participating in exercise or sport at least once per week were excluded from the study before being given the PMQOA. Initially, 840 participants were recruited, but 25 were excluded from the data analysis because they were under the age of 55 or they did not state their gender.

Therefore, the final sample size was 815. Participants were presented with standard instructions on how to complete the questionnaire before its administration. Participants were volunteers, and no payment or other incentive was offered. The project was approved by the La Trobe University Faculty of Health Sciences Ethics Committee.

STATISTICAL ANALYSIS

A factor analysis, using the method of principal components with Varimax rotation (Loo, 1979), was carried out on the 30 PMQOA items to assess the underlying structure and to identify general categories of motives for participation in exercise. All available data from the participants were included in the analysis. A cut-off criterion for factor loadings of at least .40 was used in interpreting the factor solution (Hair, Anderson, Tatham, & Black, 1998), and selection of appropriate factors was based on Cattell's scree test and having an eigenvalue greater than 1.0 (Child, 1990). The component variables for each factor were summed to create factor scores that reflected the dimensions of participation motivation in the participants.

To establish the reliability of the PMQOA, Cronbach's alpha was calculated and found to be .89, indicating that the PMQOA was reliable for the overall sample. Cronbach's alphas were also calculated for the groups of items that made up each of the factors derived in the factor analysis (see Results section). The reliability of the factors was as follows: Social = .87, fitness = .80, recognition = .71, challenge/benefits = .79, medical = .69, and involvement = .59.

Multivariate analyses of variance were subsequently used to determine whether there were any significant differences in reasons for participating in exercise between genders, age groups, education levels, and occupation categories. The analyses were conducted using the scores from the factor-analysis solution as dependent variables. Bonferroni post hoc tests were used when there were more than two groups being compared to ascertain which groups differed significantly.

Results

DESCRIPTION OF SAMPLE

Over half of the respondents were retired (55.5%), and nearly one quarter were still in full-time employment (24.7%). Of the sample, 16.1% were employed part-time, and 3.7% reported their employment status as "other" (e.g., casual work, self-employed, or voluntary work). Participants were involved in a wide range of occupations (see Table 1), which were classified according to a standard system of occupation groups (Statistics New Zealand, 1995).

Some people did not answer the question on their level of education, perhaps for reasons of sensitivity. Of those who provided this information ($n = 770$, 94.5% of the sample), one quarter had completed university education (25.8%), 28.7% had completed high school education, and 34.7% reported having completed some high school education. Of the sample, 10.8% of participants had not completed any high school education.

Participants engaged in a wide variety of physical activities. The most common exercise that they engaged in was walking, followed by golf, lawn bowls,

Table 1 Percentage of the Sample in Each of the Occupation Groups

Occupation classification ^a	Percentage		
	Total sample ^b (<i>N</i> = 792)	Men (<i>n</i> = 379)	Women (<i>n</i> = 413)
Professionals	26.6	26.4	26.9
Legislators, managers, and administrators	13.5	20.6	7.0
Clerks	12.9	4.0	21.1
Technicians and associate professionals	9.6	11.1	8.2
Homemakers	9.1	0.0	17.4
Service and sales workers	8.8	6.1	11.4
Trades workers	8.5	15.8	1.7
Plant/Machine operators and assemblers	5.1	6.9	3.4
Elementary occupations	3.4	5.0	1.9
Agriculture and fisheries workers	2.5	4.2	1.0

^aNew Zealand standard classification of occupations (Statistics New Zealand, 1995).
^bOf the total sample (*N* = 815), 792 (97.2%) participants provided information about their occupations.

tennis, and swimming. Cycling, aerobics, aqua-aerobics, gym activities, and running were also popular activities. Notably, some participants were involved in ballroom dancing, surf lifesaving, Tai Chi, and orienteering. A large proportion of participants (76.1%) engaged in exercise up to three times per week, 15% exercised four or five times per week, and 8.9% exercised 6 or 7 times per week.

DESCRIPTIVE FINDINGS

The reasons for participating in exercise were ranked according to the proportion of respondents rating each item as very important (see Table 2). The five most important reasons for participating in exercise for the total sample were “I want to exercise or play sport to keep healthy,” “I like to get exercise,” “I like the activity,” “I want to be physically fit,” and “I like to exercise/play sport to keep my joints mobile.” The five least important reasons were “I want to be noticed for what I do,” “I want to be popular,” “I want to get rid of energy,” “I like to feel important,” and “I want to learn new things.”

FACTOR ANALYSIS

As shown in Table 3, a six-factor solution was obtained, and the solution accounted for 56% of the variance in the original data. Each factor was assigned a label according to the common theme that grouped the items together. The first factor consisted of social items as reasons for participating in exercise and was accordingly

Table 2 Rank Order of Reasons for Participating in Exercise

Item	Total sample (<i>N</i> = 815)		Men (<i>n</i> = 399)		Women (<i>n</i> = 436)	
	%	Rank	%	Rank	%	Rank
I like to exercise or play sport to keep healthy.	71.3	1	70.3	1	72.2	1
I like to get exercise.	58.6	2	56.3	3	60.6	2
I like the activity.	58.4	3	58.5	2	58.5	4
I want to be physically fit.	55.0	4	53.0	4	56.8	6
I like to exercise/play sport to keep my joints mobile.	54.4	5	48.7	8	59.7	3
I want to improve my fitness.	54.2	6	50.9	6	57.3	5
I like to exercise/play sport for relaxation.	52.3	7	51.1	5	53.5	7
I want to stay in shape.	49.6	8	49.6	7	49.5	9
I like the company.	46.6	9	42.4	10	50.4	8
I like to have fun.	45.7	10	46.3	9	45.3	13
I like to get out of the house.	43.7	11	40.2	11	46.9	10
I want to be with my friends.	42.9	12	38.8	13	46.7	11
I like to have something to do.	41.1	13	36.0	14	45.8	12
I like the social aspects.	40.8	14	39.2	12	42.3	14.5
I want to exercise/play sport for medical reasons.	37.1	15	31.5	16	42.3	14.5
I like to exercise/play sport to assist/prevent back pain.	32.3	16	29.2	18.5	35.1	16
I like the challenge.	32.0	17	35.9	15	28.4	20
I like being part of a group.	29.0	18	25.5	21	32.2	17
I like to do something I'm good at.	28.7	19	29.7	17	27.8	21
I like the rewards.	27.8	20	26.4	20	29.1	19
I like to meet new friends.	26.4	21	23.2	22	29.3	18
I like the excitement.	26.0	22	29.2	18.5	23.1	26
I want to release tension.	24.8	23	22.4	23	27.1	22
My family and friends want me to exercise/play sport.	22.2	24	19.5	24	24.6	23
I like to exercise/play sport to alleviate pain.	21.8	25	18.6	25	24.8	24
I want to learn new things.	20.7	26	17.1	26	24.1	25
I like to feel important.	11.3	27	11.6	27	11.1	27
I want to get rid of energy.	10.1	28.5	10.3	28	9.9	29
I want to be popular.	10.1	28.5	9.5	29	10.6	28
I want to be noticed for what I do.	8.2	30	9.2	30	7.2	30

Note. Percent columns indicate the percentage of respondents who rated each motive as very important to their participation in exercise.

Table 3 Factor Loadings of Items for Total Sample and Percentage Variance Explained

Factor	Loading	% Variance explained
Factor 1 (Social)		24.5
I want to be with my friends.	.82	
I like the company.	.81	
I like the social aspects.	.79	
I like being part of a group.	.69	
I like to meet new friends.	.65	
Factor 2 (Fitness)		10.8
I want to improve my fitness.	.77	
I want to exercise or play sport to keep healthy.	.75	
I want to stay in shape.	.74	
I want to be physically fit.	.70	
I like to get exercise.	.62	
Factor 3 (Recognition)		7.3
I want to be noticed for what I do.	.76	
I want to be popular.	.73	
I like to feel important.	.72	
I like the rewards.	.46	
I want to get rid of energy.	.46	
Factor 4 (Challenge/Benefits)		5.6
I like the challenge.	.70	
I like to have fun.	.60	
I like the activity.	.56	
I like to exercise/play sport for relaxation.	.53	
I like to do something I'm good at.	.49	
I want to learn new things.	.48	
I like the excitement.	.45	
Factor 5 (Medical)		4.1
I like to exercise/play sport to prevent/assist back pain.	.79	
I like to exercise/play sport to alleviate pain.	.72	
I want to exercise/play sport for medical reasons.	.61	
I like to exercise/play sport to keep my joints mobile.	.53	
Factor 6 (Involvement)		3.7
I like to get out of the house.	.74	
I like to have something to do.	.59	
My family and friends want me to exercise/play sport.	.43	

labeled *social* (e.g., “I like the social aspects”). A second was labeled *fitness* (e.g., “I want to stay in shape”), and a third factor was termed *recognition* (e.g., “I like to feel important”). Another factor was called *challenge/benefits* (e.g., “I want to learn new things”), and a fifth factor was labeled *medical* (e.g., “I like to exercise/play sport to alleviate pain”). The final factor was termed *involvement* (e.g., “I like to have something to do”). One item from the PMQOA, “I want to release tension,” did not load onto any factor and was excluded from further analyses.

SUMMARY OF ANALYSES OF VARIANCE

Differences Based on Gender. There were significant differences between men and women on scores for three factors: social, $F(1, 780) = 5.45, p = .02$; involvement, $F(1, 785) = 7.24, p < .01$; and medical, $F(1, 785) = 15.24, p < .01$. Women rated these factors as more important to their participation in exercise than did men.

Differences Based on Age. For the analysis of age differences, participants were categorized into age groups based on the definitions of middle age (55–64 years, 62% of the sample), young old (65–74 years, 26% of the sample), old (75–84 years, 11% of the sample), and oldest old (85+ years, 1% of the sample; Seccombe & Ishii-Kuntz, 1991). Because there were only 6 participants in the oldest-old group, a combined category of 75 years and over was used. There were significant differences among age groups for all the factors except recognition. Differences were as follows: social, $F(2, 779) = 3.42, p = .03$; challenge/benefits, $F(2, 776) = 3.29, p = .04$; involvement, $F(2, 784) = 6.54, p < .01$; medical, $F(2, 784) = 7.55, p < .01$; and fitness, $F(2, 773) = 6.09, p < .01$. For each of these five factors, the middle-age group differed significantly from at least one other group in their reasons for participating in exercise. Specifically, participants in the middle-age group rated social reasons significantly higher than the young-old group did ($p = .04$) and challenge/benefit reasons significantly higher than did participants in the old group ($p = .04$). For both the involvement and medical factors, all three groups differed significantly from each other. The 75-year and older group rated involvement reasons ($p < .01$) and medical reasons ($p < .01$) more highly than did their younger counterparts. Fitness reasons were reported as significantly more important by the middle-age group than the old group ($p < .01$).

Differences Based on Occupation Groups. Occupation classifications were also examined to see whether there were any significant differences among groups. Analyses of variance found significant differences on three of the factors: involvement, $F(9, 751) = 5.00, p < .01$; medical, $F(9, 756) = 2.60, p < .01$; and recognition, $F(9, 738) = 2.53, p < .01$. Involvement as a reason for exercising was significantly more important to those whose occupation was reported as homemaker than it was to legislators, managers, and administrators ($p < .01$) and professionals ($p < .01$). Professionals rated involvement as a significantly less important reason for exercise participation than did service and sales workers ($p < .01$) and plant and machine operators and assemblers ($p = .02$). There were significant differences for the overall sample with regard to the medical factor, but when Bonferroni tests were conducted on each occupation classification, there were no significant differences. Differences approaching significance were found between professionals and service and sales workers and between professionals and homemakers. The only significant difference

for the recognition factor was that service and sales workers had significantly higher mean scores than did professionals ($p < .01$).

Differences Based on Education Level. For comparisons related to education levels, there were four factors that showed significant differences: social, $F(3, 737) = 4.64$, $p < .01$; involvement, $F(3, 741) = 16.31$, $p < .01$; medical, $F(3, 742) = 7.62$, $p < .01$; and fitness, $F(3, 732) = 3.79$, $p = .01$. For those who had completed university education, social reasons were significantly less important for exercise participation than for those who did not complete ($p = .03$) or only partially completed ($p < .01$) high school. Participants who had not completed their high school education placed significantly greater emphasis on involvement reasons for participation in exercise than did those who had completed high school ($p < .01$ and $p < .01$, respectively) or university ($p < .01$ and $p < .01$ respectively). Participants who had completed university-level education rated fitness reasons as significantly more important than did those who had not completed any high school ($p < .01$) but placed less importance on medical reasons than did those who had not completed university education ($p < .01$).

Discussion

The present study investigated the motives reported by older adults in Australia for participating in exercise and sport activities. The predominant reasons reported related to health, fitness, enjoyment of the activity, and relaxation, all of which were rated as very important by more than half of the sample. The importance placed on health and fitness has also been reported in several other studies of older Australian exercisers (e.g., Kirkby et al., 1995, 1999; Paxton et al., 1997). Furthermore, enjoyment of the activity has been a motive identified in previous investigations of older Australian adults (Kirkby et al., 1999). That the present study, with its larger sample, confirmed earlier reports is important in strengthening the evidence that these motives play an integral role in older adults' undertaking exercise.

It was found that women rated medical, social, and involvement reasons as significantly more important than did their male counterparts. Although previous research has not focused specifically on gender differences in participation motives of older adults, Stephens and Craig (1990) noted that women over 65 years old placed greater emphasis on the social aspects of involvement in physical activity than did their male counterparts. Given that women generally place greater emphasis on their health and medical status than do men (Waldron 1997a, 1997b), it is not surprising that such reasons were reported more often by older women in this sample. One example of this is that older women in Australia access medical services more often than do older men (Australian Institute of Health and Welfare, 2002). In developing exercise and physical activity programs for older adults such gender differences should be considered. This is reflected by the results of Doyal (2001), who indicated that greater sensitivity to gender is needed in medical research, health-service delivery, and wider social policies.

The present study found several differences in exercise motives among the age groups analyzed. For example, those age 75 years and older rated medical reasons more highly than did those who were younger. The most likely reason for this is the greater risk of poor health and disability in this age group than in younger age groups (Australian Institute of Health and Welfare, 1999). People in this age

group have a higher risk of many life-threatening diseases and therefore might focus on physical activity or exercise as a preventive strategy. The group age 75 years and older in this study also placed greater emphasis on reasons related to involvement (e.g., getting out of the house, having something to do, family/friends encouraging exercise) than did the younger participants for pursuing exercise. This fits with earlier reports that exercise and physical activity can provide experiences that counter the greater risk of loneliness and isolation that older adults face (McMurdo, 2000).

Several differences in participation motives were found based on occupation classifications. Of particular note, however, was that participants who reported being homemakers rated involvement reasons more highly than did those who reported being professionals or legislators, managers, or administrators. Because the involvement factor included items such as “I like to get out of the house” and “I like to have something to do,” it is not surprising that homemakers rated it more highly than did people whose occupations required them to be out of the house more often as part of their general daily lives.

Education levels appear to be an important factor in physical activity and exercise participation. Armstrong et al. (2000) reported that for the general population, less educated people were less likely to participate in physical activity than were more highly educated people. This pattern has also been demonstrated for older adults through the Canadian National Population Health Survey (Kaplan, Newsom, McFarland, & Lu, 2001). To date, however, no studies have focused on differences in participation motives according to education level. In the current study, it was found that those who had completed university-level education placed greater emphasis on social and fitness reasons for participating in exercise or sport than did those with less education. In addition, those who did not complete high school education rated involvement reasons more highly than did their counterparts who had completed high school or university-level education.

The findings of this study have provided further evidence of health, fitness, and enjoyment as reasons important to older adults for participating in exercise and sport. The study has also identified several differences in participation motives based on gender, age, occupation, and education level among older adults. These findings can be used in developing relevant exercise and physical activity programs for the growing population of older adults. Further research is warranted to develop targeted intervention strategies for different groups of older adults, which is the subject of ongoing investigations.

Acknowledgment

The data collection for this study took place while the first author was at La Trobe University, Australia, and was partially funded by the La Trobe University Faculty of Health Sciences Research Grant Fund.

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