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PSYCHOPHYSICAL HEALTH, RECREATIONAL PARTICIPATION AND PERCEIVED BARRIERS TO LEISURE-TIME PHYSICAL ACTIVITY AMONG WIDOWS: EVIDENCE FROM THE CITY OF BAHAWALPUR, PAKISTAN

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Abstract

Widowhood affects widows' mental and physical health. Widows endure various psychological problems such as sorrow, depression, stress, sadness, loneliness, and anxiety. Participation in recreation and physical activity is crucial for better health and quality of life. As per our knowledge, no study has yet explored information on health status and recreational preference in widows in Pakistan. Identifying these facts may help health professionals and recreational planners plan and execute adequate interventions that may modify recreational behaviors to foster active participation in active recreation. One hundred and forty widows voluntarily participated recruited from 10 union councils of Bahawalpur City of Southern Punjab region, Pakistan. The participants completed a 39-item questionnaire during face-to-face interaction with investigators. The participants were provided with guidance by investigators for filling up the questionnaire. The analysis yielded that the health status of widows in this region was somewhat worse. Diseases including depression, backache, headache, blood pressure, and leg pain were found among our sample, although at a moderate level. It was found that staying at home, followed by engagement in religious activities and sleeping, was the most important preferential use of leisure time. Moreover, the expensiveness of facilities for physical activities followed by lack of physical activity places and lack of parks for women were the predominant barriers to leisure-time physical activities. The study concluded that perceptions regarding barriers to leisure-time physical activity might contribute to inactive recreational choices that could further worsen the health outcomes in widows.

Keywords: widows, health, recreation, leisure, physical activity

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Introduction

In adult life, the loss of a spouse is considered a very negative incident. However, the death of a husband is the most stressful event in the life of female adults (Parker, 2016). How do these women, after the death of their husbands, spend their leisure time? What is the health status of widows? And how active and passive recreation influences their health? What kind of challenges and barriers do widows perceive for recreation participation? Answering these questions is crucially important for several reasons. First, determining recreational patterns and health status of widows may help professionals in health and recreational developers to make policies that promote active recreational participation of widows that further help contribute to better health and well-being. Secondly, it would help to develop therapeutic measures. Thirdly, this information may help professionals working for welfare for depressed communities (widows) to promote survival and adaptation to normal living after a stressful event of the death of their husbands. Lastly, information regarding perceived barriers and challenges regarding recreation participation may help recreational planners take measures that encounter these barriers. This study aimed to address these issues.

Widowhood experiences have negatively influenced widows' psychological health, ultimately damaging their physical health (Sheykhi, 2006). Psychological problems such as hopelessness (Khosravan, Salehi, Ahmadi, Sharif, & Zamani, 2010), depression (Bavin, 1999), stress, sadness, loneliness, and anxiety have been reported in widows by various studies (Sh, Sh, Ahmadi, & Sharif, 2010). This community group has also reported several health problems, including diabetes, blood pressure, heart problems, headache, backache, and pain in various body parts (Marris, 2004). In addition, widows may have fewer outdoor recreation opportunities than married women due to financial problems, hardships, and social restrictions (Mughal, 2010; Olanisebe, 2015). Specifically, widows are thought to be among the most neglected ones, living without equal rights to married women (Young, 2006). These findings highlight that it is particularly important to focus on providing recreational activities to widows for therapeutic and well-being purposes.

Traditionally, the activities individuals engage in during their free time can be defined as recreation (Parr & Lashua, 2004). In contrast, leisure time has been defined as the spare time available to people after meeting their basic needs (Parr et al., 2004). Recreational activities can be categorized as passive and active. In the context of female recreation, activities such as cooking, listening to music, reading books, using the internet, playing computer games, sleeping, and gossiping can be considered passive recreation. The activities that require

physical exertion, physical effort, and movement (e.g., playing a sport, walking, jogging, visiting parks, exercising, and swimming) are considered active recreation.

How do populations with various demographic characteristics differ regarding participation in different types of recreational activities (active versus passive)? People's involvement in recreational activities influences their health and well-being (Holder, Coleman, & Sehn, 2009). Participating in recreational activities (active versus passive) is essential for good physical and psychological health (Caldwell, 2005). However, active recreation is considered more beneficial for well-being and health. Research showed that active recreational activities are positively associated with participants' physical, mental, and psychological health (Bhat & Lockwood, 2004; Sarriera et al., 2014). For example, Kim, Yamada, Heo, and Han (2014) indicated that active recreational activities (e.g., walking, jogging, sports) improved physical health. It has been indicated that participating in recreational activities has decreased depression (Pritchard et al., 2015) and increased life satisfaction (Gautam, Saito, & Kai, 2007). These findings suggest that participating in recreational activities has various beneficial effects on participants' health. This phenomenon shows the importance of recreational activities for the community. Since Bahawalpur is a big city in Punjab, Pakistan, we particularly chose it as a case to represent the recreational situation of widows in society. This study focuses on evaluating the status of widows' psychological health after their husband's death and encouraging active participation in recreational activities.

Study Objectives

This study aims to:

1) Evaluate the health status of widows in the city of Bahawalpur, Pakistan.
2) Explore the widows' recreational preferences.
3) Examine the perceived challenges faced by widows associated with participation in recreational activities.

Significance of the Study

This study seems very important due to the following reasons. Firstly, empirical evidence regarding the health status of widows in Pakistan does not exist to date. World Health Organization (WHO) emphasizes equal rights of good health opportunities for all humans regardless of age, gender, marital status, and nationality. This research would explore the level of health in a most ignored community group, such as widows. This study would help health professionals, and social workers devote efforts to this population's welfare. This study's results

may further illustrate the importance of participating in recreational activities for this population. The leisure and recreational professionals would focus on effective measures and policy-making to promote recreational participation for widows.

Secondly, to date, as per our knowledge, the existing research did not explore how widows in Pakistan spend their leisure time and the participation patterns of this population in recreational activities. The findings of this study may contribute to filling this gap in previous research.

Thirdly, the patterns of engagement in active versus passive recreation may further help to ascertain the physical activity status of widows. Physical activities contribute to minimizing negative psychophysical health conditions. The recreational activities' findings may help understand the interventions necessary to enhance widows' health and well-being.

Lastly, findings concerning challenges and barriers to participation in recreational activities faced by widows may assist policymakers in making such decisions that facilitate these women's active recreational participation. This study would promote health and well-being in this population.

Hypothesis

It was hypothesized that widows face barriers participating in recreational activities that cause them health-related and psychological problems.

Methodology

Population and Sample

Widows in Bahawalpur, Southern Punjab of Pakistan, were the target population of this study. A total of 140 widows (age range: 22 - 60 years; Mean = 41.41, SD = 6.24), selected using a convenience sampling procedure, voluntarily participated in the study. Respondents who are "convenient" to the researcher are used in convenience sampling. There is no set strategy for obtaining these respondents; they could be recruited simply by asking individuals on the street.

Research Procedure

Based on the review of the prior literature concerning leisure and recreational activities, the investigators developed a questionnaire to collect the data. The main investigator constructed the preliminary version of the instrument. Following this version was presented and discussed in the panel of experts. The expert panel consisted of two Ph.D. scholars, three

master level students (one male, two females), and one widow from the local community. Only those items were included in the instrument on which consensus developed among all panel members. The instrument items used in this study were utilized from previous studies (Holm, Berland, & Severinsson, 2019; Janke, Nimrod, & Kleiber, 2008). While selecting items of the instrument, special consideration was given to socio-cultural aspects, availability of recreational facilities, and the life of the widows. In the final version of the questionnaire, four parts include, a) demographic information, b) health-related problems, c) recreational preferences, and d) challenges to participation in recreational activities. The demographic included age, education, and the number of children. Part 2 comprised eight general health-related questions (e.g., depression, eye diseases, backache, headache, blood pressure, heart diseases, pain in legs, and diabetics). Twenty-eight items concerning active and passive recreational activities are presented in part 3 of the questionnaire. In addition, nine questions concerning challenges such as difficulties having free time, difficulties getting permission for recreational activities, negative attitude of others, lack of space and recreational facilities, lack of space, lack of parks, lack of space/places for exercise, and expensiveness of sports and exercising places, offered in the last part of the questionnaire. Thus, the full instrument consisted of 39 items in total.

The researcher faced many problems searching for widows and getting their willingness to participate in the study as active participants. For this purpose, researchers approached the union councils to get the widows' data, went door to door, and requested the families of the widows to achieve their willingness for the research. Written informed consent was obtained from each participant before data collection, and the research ethics were followed for data collection.

Data Analysis

Frequencies, percentages, mean scores, and standard deviations were calculated from raw data by using Statistical Package for Social Sciences (SPSS) software. The results were presented in tables.

Results

The analysis related to health status of widows revealed that a reasonable proportion of widows facing general health problems such as depression (Mean = 2.53, SD = .985), backache (Mean = 2.81, SD = .964), headache (Mean = 2.86, SD = .941), blood pressure (Mean = 2.51,

SD = .948), and pain in legs (Mean = 2.74, SD = .836). The results related to the health status are shown in table 1 below.

Table 1. Mean, Standard Deviation, Frequency, and Status of the Health-Related Problems.

Sr. #	Health Problem	1	2	3	4	5	Mean	SD	Frequency
1	Depression	14.3	37.1	32.9	12.9	2.9	2.53	.985	Medium
2	Eyes disease	35	17.1	37.9	10	0	2.23	1.04	Low
3	Backache	11.4	18.6	50.0	18.6	1.4	2.81	.964	Medium
4	Headache	11.4	15.0	52.1	20.0	.7	2.86	.941	Medium
5	Blood pressure	17.9	22.9	52.1	5.7	1.4	2.51	.948	Medium
6	Heart Disease	70.0	18.6	7.9	2.9	.7	1.46	.852	Low
7	Pain in legs	9.3	22.1	54.3	13.6	.7	2.74	.836	Medium
8	Diabetics	84.3	3.6	5.0	6.4	.7	1.36	.898	Low

Percentage of responses 1. Never 2. Seldom 3. Sometimes 4. Fairly often 5. Always

The analysis of active recreation indicated that participation in active recreation including, gardening (Mean = 2.39, SD = 1.41), fitness gym (Mean = 1.35, SD = 1.04), playing sports (Mean = 1.19, SD = .934), physical exercise (Mean = 1.42, SD = 1.11), going to park (Mean = 2.31, SD=1.25), is lower than marginal level. However, the magnitude of participation in passive recreation such as, religious activities (Mean = 3.97, SD = .645), chatting with friends at home (Mean = 2.41, SD = 1.21), visiting relatives (Mean = 2.71, SD = 1.19, social and welfare activities (Mean = 2.52, SD = 1.58), sleeping (Mean = 3.60, SD = 1.0), staying at home (Mean = 4.14, SD = .867), and cooking and eating at home (Mean = 3.44, SD = 1.17) was higher than the magnitude of participation in active recreation. The results related to active and passive recreation are demonstrated in tables 2, 3, and 4 bellow

Table 2. Mean, Standard Deviation, Frequency, and Status of Recreational Preferences Active Category.

Sr. #	Recreational Preferences (Active Category)	1	2	3	4	5	Mean	SD	Frequency
1	Gardening	38.6	17.9	19.3	18.6	5.7	2.39	1.41	Low
2	Walking	9.3	16.4	36.4	35.0	2.9	3.09	1.06	Medium
3	Go to Fitness Gym	85.0	7.1	2.9	1.4	3.6	1.35	1.04	Low
4	Play Sports	95.7	.7	0	0	3.6	1.19	.934	Low
5	Do Physical Exercise	82.9	6.4	3.6	3.6	3.6	1.42	1.11	Low
6	Go to Parks	28.6	36.4	20.7	7.1	7.2	2.31	1.25	Low
7	Go for Shopping	76.4	12.9	7.1	0	3.6	2.19	1.14	Low

Percentage of responses 1. Never 2. Seldom 3. Sometimes 4. Fairly often. 5. Always

Table 3. Showing Mean, Standard Deviation, Frequency, and Status of Recreational Preferences Least Active Category.

Sr. #	Recreational Preferences (Least Active or Closer to Passive Category).	1	2	3	4	5	Mean	SD	Frequency
1	Playing Indoor Games (Ludo, Karam Board, etc.)	81.4	10.0	3.6	1.7	3.3	1.41	1.10	Low
2	Go to Boutique	76.4	12.9	7.1	0	3.6	1.45	1.05	Low
3	Go to Parlor	85.0	4.3	7.1	0	3.6	1.36	1.04	Low
4	Painting	94.3	1.4	0	0	4.3	1.23	1.02	Low
5	Go to Restaurant	75.0	11.4	8.6	1.4	3.6	1.51	1.1	Low

Percentage of responses 1. Never 2. Seldom 3. Sometimes 4. Fairly often. 5. Always

Table 4. Mean, Standard Deviation, Frequency, and Status of Recreational Preferences Passive Category.

Sr. #	Recreational Preferences (Passive Category)	1	2	3	4	5	Mean	SD	Frequency
1	Participation in Religious Activities	0.7	1.4	10.7	77.1	7.1	3.97	.645	High
2	Chatting with Friends at Home	20.0	45.0	20.7	7.9	6.4	2.41	1.21	Medium
3	Visits relatives	17.9	23.6	36.4	17.1	5.0	2.71	1.19	Medium
4	Participate in Social and Welfare Activities	46.4	7.1	4.3	36.4	5.7	2.52	1.58	Medium
5	Have a Long Drive	79.3	14.3	.7	.7	5.0	1.43	1.14	Low
6	Watching TV	22.1	29.3	35.0	9.3	4.3	2.48	1.16	Low
7	Making Phone Calls to Friends and Relatives	32.1	45.7	17.9	1.7	2.6	2.01	1.05	Low
8	Messaging/Chatting through Cell Phone	88.6	3.6	3.6	1.7	2.6	1.31	1.02	Low
9	Chat through Internet	95.7	2.7	0	0	1.6	1.19	.944	Low
10	Play Computer Games	95.7	2.7	0	0	1.6	1.19	.944	Low
11	Make New Friends	62.9	27.1	6.4	0	3.6	1.58	1.04	Low
12	Sleeping	4.3	7.1	27.9	49.3	11.5	3.60	1.0	High
13	Listening Music	66.4	20.7	7.9	2.7	2.3	1.60	1.14	Low
14	Keep Staying at Home	28.6	38.6	27.1	0.7	5.0	4.14	.867	High
15	Cooking and Eating at Home	10.7	5.7	27.1	45.7	7.1	3.44	1.17	Medium
16	Reading	69.3	14.3	9.3	2.1	5.0	1.64	1.24	Low

Percentage of responses 1. Never 2. Seldom 3. Sometimes 4. Fairly often. 5. Always

The analysis concerning challenges and barriers associated with participation in recreational activities indicated that the sample faced moderated level of difficulties with respect to have free time (Mean = 2.78, SD = 1.25), to get permission (Mean = 2.69, SD = 1.27), negative attitude by others (Mean = 2.64, SD = 1.42), recreational space (Mean = 3.03, SD = 1.47), sports grounds (Mean = 3.02, SD = 1.43), honor (Mean = 2.70, SD = 1.30), parks (Mean = 3.32, SD = .993), and higher in expensiveness of sports and exercising facilities (Mean = 3.63, SD = .900). The results related to barrios for participation in recreational activities are represented in Table 5.

Table 5: Mean, Standard Deviation, Frequencies Regarding Perceived Barriers for Participation in Recreational Activities.

Sr. #	Barriers to Participation in Recreational Activities	1	2	3	4	5	Mean	SD	Frequency
1	I face difficulties in having free time	19.3	22.9	25.7	28.6	3.6	2.78	1.25	Medium
2	I face difficulties in getting permission for recreational activities	21.4	25.7	22.1	27.1	3.6	2.69	1.27	Medium
3	I face negative attitudes from others	31.4	16.4	17.9	29.3	5.0	2.64	1.42	Medium
4	lack of space for recreational activities	24.3	11.4	19.3	31.4	13.6	3.03	1.47	Medium
5	There is a lack of sports grounds for women	22.9	12.9	18.6	35.0	18.7	3.02	1.43	Medium
6	Lack of honor towards widows	23.6	27.1	9.3	37.9	2.1	2.70	1.30	Medium
7	Lack of parks for women	4.3	15.0	27.1	47.1	6.6	3.32	.993	Medium
8	Lack of space/places for exercise for women	7.1	10.7	27.1	46.4	8.6	3.39	1.04	Medium
9	The expensiveness of sports and exercise facilities	2.9	7.9	23.6	56.4	9.3	3.63	.900	High

Percentage of responses 1. Never 2. Seldom 3. Sometimes 4. Fairly often. 5. Always

Discussion

This study was carried out to determine the health status, patterns of recreational activities, and challenges regarding leisure participation among widows in southern Punjab, Pakistan. The findings are discussed under three dimensions: health status, recreational preferences, and challenges widows face during leisure-time physical activities.

Major Findings

Heath status

Regarding health status, findings showed that the health status of widows in this region was poor to some extent. It was revealed that diseases including depression, backache, headache, blood pressure, and leg pain were found among our sample, although at a moderate level.

The findings are consistent with other studies that reported depression in widows (Kim, Kim, & Seo, 2011). Among those studies, Schaan (2013) found that depressive symptoms increased following spouse death during widowhood. Poor health and depression were also reported in a study conducted by (Utz, Caserta, & Lund, 2011). In addition, Li et al. (2016) showed that widows in Taiwan appeared to be facing depression due to the loss of their husbands.

The psychologically negative effects can explain the widows' poor health status on many measures due to long-term grief and prolonged stress in widows. Many studies support this notion. For example, Schaal, Jacob, Dusingizemungu, and Elbert (2010) showed that widows experienced long-term grief and symptoms of stress after their husbands' death. In addition, negative emotional conditions have also been associated with the experience of widows (Holm & Severinsson, 2012).

In line with this study's results, a study conducted by (Buckley et al., 2010) showed increased systolic BP and heart rate due to the loss of a spouse. Similarly, Buckley, McKinley, Tofler, and Bartrop (2010) reported that grief due to spouse loss leads to several cardiovascular diseases. It has been postulated that a spouse's death is related to neuroendocrine activation, prothrombotic and hemodynamic changes, changes in sleep patterns, and an imbalance in the immune system (Buckley et al., 2012). These mechanisms may play a role in cardiovascular problems, including hypertension (Bartrop, Buckley, & Tofler, 2016). More importantly, decreased financial resources (Avis, Brambilla, Vass, & McKinlay, 1991) and social status might be another reason that leads to poor mental and physical health in the widow. In this regard, Zick and Holden (2000) demonstrated that decreased income and lower financial resources are associated with the lives of widows.

Recreational Preferences

In general, among the recreational preferences, staying at home and engaging in religious activities, and sleeping were the most important preferential use of leisure time among participants in this study. These findings indicate that widows tended to spend their leisure time mainly in activities that do not require physical activity. Previously, Nuriddin and Perrucci (2008) documented that widowhood was associated with physical inactivity. Data about greater participation in religious activities seems congruent with other studies that showed increased engagement following the spouse's death (Balaswamy, Richardson, & Price, 2004; Brown, Nesse, House, & Utz, 2004; Neill & Kahn, 1999).

More importantly, on the other end, playing sport followed by going to a fitness gym and doing physical exercise were among the least preferences of leisure time activities. It shows that widows in our sample tended to have low leisure-time physical activity. Similarly, past studies showed widows' remarkably higher prevalence of leisure-time physical inactivity (Schoenborn, 2004). For example, findings of a large survey showed that widows tended to have the highest level of physical inactivity compared with other categories of women,

including married, divorced or separated, and never married regardless of other demographic variables, including age, race, and education (Schoenborn, 2004).

Several factors might contribute to reports of less engagement in leisure time physical activities. One plausible explanation of this finding might be that there might be fewer sports-related recreational places in the area under study. This explanation is supported by the result of this study regarding perceived barriers to recreational participation, which shows that most respondents tended to perceive a lack of sports and exercise facilities. Another obvious reason that underlies this finding might be that widows perceived sport and exercise facilitates as expensive that might be difficult to afford for our sample. These mechanisms further restricted sports and exercise participation in their leisure time.

Challenges faced by widows during leisure-time physical activities

The analysis concerning perceived barriers in leisure-time physical activities indicated that the expensiveness of facilities for physical activities followed by lack of exercise facilities and lack of recreational places/parks for women was found to be the predominant barriers to participation in leisure-time physical activities among the sample of widows in this study.

The present findings impersonate those reported in the previous studies conducted in advanced countries like the USA. For instance, Roux et al. (2007) documented that the availability of leisure-time physical activity appeared to be an important determinant of participation in physical activity. In addition, Child et al. (2014) indicated that the availability of adequate parks equipped with good sports and exercise facilities plays a crucial role in increasing active recreational involvement, specifically in women and the poor population. In another study conducted by Seguin, Connor, Nelson, LaCroix, and Eldridge (2014), lack of exercise facilities was also identified as a powerful barrier to leisure-time physical activity in the women population in America. In general, findings from these studies support our study's result.

Conclusion

The finding concluded that exercise, physical activity, and sports facilities are unaffordable for widows. They may face so-called social, moral, and family criticism. In addition, their perceptions indicate a lack of sports facilities and parks for recreational activities. These negative perceptions about the availability of recreational facilities might contribute to decreased participation in leisure-time physical activities in widows. These

factors might further play a role in decreased health status in the sample of this study. However, these findings are limited to Bahawalpur city, Southern Punjab, Pakistan. This region is characterized as less industrialized, more agricultural, and less urbanization. It will be more interesting to conduct such a study comparing recreational preferences and barriers among cities with different levels of development, industrialization, educational facilities, weather and climate, social culture, parks, and active recreation facilities.

Recommendations

Considering this study's findings, recommendations for practical application are as follows.

1. The public and private institutions working for community health should educate and introduce appropriate interventions to promote the health and well-being of widows.
2. Widows related to lower-income communities should be provided additional financial support by free access to recreational facilities and health services.
3. Considering the Pakistani social values, special facilities for exercise and parks should be available for the women's population, or a specific time should be allocated for women.
4. Along with recreational facilities, there should be the provision of psychological experts for the counseling services of widows to help them engage in active recreational activities.
5. Widows' clubs should be organized by the social welfare department or non-government organizations (NGOs) to encourage them to participate in recreational activities and keep in touch with them in distress.
6. Widows must be provided through government or NGOs with medical guidance regarding their medical and health-related issues.

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