

**LEISURE CONSTRUCTS IN THE LIFE CYCLE OF THE AGING:  
A COMPARATIVE STUDY OF JAPAN AND PHILIPPINE AGING POPULATIONS**

While Japan has advanced in programs and services for its aging population through national policies and guidelines which are being implemented in communities for its increasing number of older persons, developing countries like the Philippines still has on its drawing board the directions and strategies to provide more appropriate care for its steadily increasing aging population. Philippines has a lot to learn from Japan's experience specifically on the nature and content of programs toward active aging.

***Data Gathering (research sites and methodology)***

Literature search was made throughout one year from published journal articles, WHO materials (Kobe files on healthy ageing development), and printed handouts from agencies catering to the aging population. Contacts were established both by referrals from colleagues, acquaintances and participation in related meetings. The following sites were included in the study: Japan (July & August 2009 and February 2010) – Saitama, Tsukuba, Toyama, Nagoya, Hiroshima, Kobe, Mie, Fukuoka; Philippines (December 2009 to January 2010) – Sariaya Quezon and Quezon City. For data on policies, community/individual activities and services for the older persons interviews were made with local officials and staff, and individual and group cases. Questionnaire was utilized to solicit responses on daily leisure activities. Observations and visitations (ethnographic/immersion) to centers and homes which conducted actual recreational activities for the OPs were made. Functional fitness tests were conducted among Filipino OPs while previously documented studies from Japan shed light on the daily life physical performance of the OPs.

***Results of the Study***

**Japan:** Due to established (existing) policies and guidelines, both national and local, formulation and implementation of programs and services to maintain and improve the quality of life of older persons in communities is realized. Variety of leisure related activities which are basically community-based (as well as in home-care centers) are available contributing to the active daily lifestyle of the Japanese OPs. Living independently (totally or partially from immediate families) provides further mobility among the OPs. Generally Japanese OPs engage in light to moderate physical activities in most days of the week. Communities target on a holistic healthy lifestyle program complete with facilities, equipment, trained licensed personnel (including recreation therapists). The Japanese OPs are well-informed not only on benefits open to them but more importantly on the 'dos and don'ts' of active ageing specifically in leisure. Partnership among institutions strengthens the support system of the OPs nationwide specifically the cooperation solicited from among the academe in terms of research.

**Philippines:** One marked difference (compared with Japan) noted in this research was the lack of policy and guidelines for the improvement of healthy lifestyle among the OPs. During the period of this research the 'National Policy on the Health and Well-Being of Older Persons' was still being finalized for further deliberations by the Department of Health. While approval and implementation may still be far from reality few communities provide for the leisure needs of the OPs which are generally social and medical in nature. As primary source of care is the home Filipino OPs generally engage in light physical activities around one's abode. Marked differences between rural and urban OPs could be noted in that rural residents are more mobile and have higher levels of functional fitness with activities related to daily living. Urban residents have more opportunities for more moderate activities in organized recreation. Due to lack of guidelines and adequate holistic services community activities are centered on medical needs. Physical activities are provided on a demonstration basis if and only when specialists are available. Day cares and homes are available only to those who are financially independent. There is a dearth on information regarding different aspects of healthy lifestyle maintenance especially those from academic resources.

***Conclusions***

Population aging demands a national policy that should specifically state in its service delivery the need to institutionalize leisure education and leadership towards active aging. Multimedia information is a good substitute for lack of trained leaders in the communities to answer the leisure needs of OPs especially in rural areas. A holistic OP program includes basic benefits and services from medical to recreational needs. Partners and stakeholders that includes physical activity specialists could contribute to successful active leisure lifestyle among the OPs.

***Recommendations***

Results of the study should be disseminated publicly among the academe involved in physical activity promotion as well as health promoting agencies. The researcher should act as a consultant on physical activity promotion in the Department of Health OPs' related committees as well as in 2 leading hospitals catering to aging populations to ensure planning and implementation of the leisure activity programs. The experimental research component on the functional fitness level and leisure behavior of OPs should be continued and expanded in more communities. Expansion of this research in terms of training background of caregivers on physical recreation in the 2 countries should be conducted.

Publication of the Results of Research Project:

<b>Verbal Presentation</b> (Date, Venue, Name of Conference, Title of Presentation, Presenter, etc.) Symposium on Older Persons (4 specialists as speakers) Target Date: Between February to September 2011 Audience: Physical Activity and medical specialists on aging
<b>Thesis</b> (Name of Journal and its Date, Title and Author of Thesis, etc.) Journal of Physical Activity and Health and/or Active Ageing Target submission: January 2011
<b>Book</b> (Publisher and Date of the Book, Title and Author of the Book, etc.) Monograph – no details