

# The Elderly and Leisure Activities: A Case Study

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## Abstract

Studies on the ageing population are increasing in number, aiming to find strategies that allow this life cycle's phase to be lived with quality. The practice and development of leisure activities is an important factor of life's quality, since it contributes to a better state of mind and, in the case of older people, it may be a strategy to mitigate the effects resulting from the ageing process. Despite, and according to some studies, the elderly do not give leisure a great importance in their lives, often due to their life history, which did not provide them with good conditions and opportunities to develop these activities. Even for elderly people who have no leisure time habits, the fact is that, when they reach a certain age, these activities can become a structural element of their daily lives. This study aims to ascertain what type – and with which intensity – of leisure and free-time occupation activities the elderly perform, as well as the impact of the pandemic on the performance of these activities. This descriptive research uses a questionnaire as a data collection tool, divided into four parts: the first part involves a set of sociodemographic data; the second part, based on the "Leisure Activities Index" by Rosa Martins (2016), includes a set of nine questions; the third part integrates a question to understand the elderly's perception of their leisure time use; and, finally, the fourth part includes a set of questions on the impact of the pandemic on the performance of leisure activities. The non-probability convenience sample included a set of 33 older people attending a Day Care Centre and a Home Support Service in central Portugal.

**Keywords:** Ageing; leisure and free time; pandemic and free time; healthy ageing  
Introduction

## **Introduction**

Currently, when we speak of quality of life in ageing, we are not only referring to the state of physical and psychological health, but also to social involvement and to the capacity and opportunity to develop activities to continue the process of personal cherishing.

The practice and development of leisure activities are of crucial importance, and, in the elderly's case, it may mitigate the effects arising from the aging process. Despite, studies show that, recurrently, the elderly do not attribute great importance to leisure.

Such feeling may arise from the lack of conditions, opportunities or the inexistence of leisure habits and practices throughout their lives. It needs to be held in mind that today's elderly people belong to a generation in which work was considered the core of their lives, and leisure was often seen as an unnecessary time off and it could even be despised. However, and in opposite senses, it was this generation that experienced the invention of free time and retirement. It is, therefore, a generation of transition, which often only experiences leisure and free time when it reaches an advanced age.

For Chen and Fu (2008, p. 872), leisure activities may have several positive effects, since "participating in social activities significantly increases life satisfaction, psychological well-being, happiness and physical functions" and, simultaneously "decreases mortality". Thus, we consider it essential to identify the type and intensity of leisure activities practiced by the elderly.

In this study, we focus on play and leisure activities as an important dimension for the well-being of individuals at later ages. These activities are moments in life where one can enjoy pleasure, tranquility and rest (Diaz, 2009). Professionals working in this area should be able to help older people use leisure time to contribute to their quality of life, supporting them to become more active and providing them with more potential for personal growth and empowerment.

### **Leisure and free-time activities in ageing**

Many variables/factors influence older people's perception of quality of life. According to the research of Wilson and Cleary (1995), the authors Halvorsrud et al. (2010) identified a set of quality of life's dimensions regarded as important by older people: having energy, being happy, having senses that work well, and having no pain. In the same year, the studies of Molzahn et al. (2010) obtained similar results regarding the most valued dimensions by the elderly.

Nevertheless, it is known that the influence – and even the importance – given to each of these factors vary from one elderly person to another, and according to their social, cultural and, among others, economic context. Despite this variability and individuality, studies show that preventive measures and leisure activities developed

during the aging process have a positive impact on aging, namely on improving the quality of life (Silva, 2009; Santos, 2003).

In his 2007 book, "Animação de idosos", Luís Jacob analysed a series of studies on the elderly's quality of life and concluded that it depends on a set of factors, among which he highlighted: autonomy to perform daily activities, the presence of regular family and/or social relationships, the existence of economic resources to meet their needs and, finally, the capacity to develop playful and recreational activities.

There are several forms of leisure, and according to Lee and Bhargava (2004), they can be grouped into passive, active and social activities. In turn, Dumazedier (2001) classifies them into physical, artistic, social, intellectual and practical.

João Teixeira Lopes (2000), in a study on urban cultural practices, presents a categorisation of leisure and free time activities, grouping them into: i) domestic space activities, where it integrates domestic and creative practices, domestic expressive practices, practices of interaction and sociability, domestic receptive practices, practices of consumption and/or fruition and, domestic practices of abandonment; ii) activities in the public space, where it incorporates public expressive practices, public participatory practices; iii) activities in the semi-public space, in which are found the semi-public expressive practices, the semi-public receptive practices and the semi-public routine practices; iv) activities in the associative space (organized semi-public), in which the author considers to belong the creative associative practices and the expressive associative practices; and v) the activities in the space of cultivated/overlegitimised culture, in which we find erudite creative practices and the receptive and informative practices of cultivated publics.

In a study carried out by Maria João Valente Rosa (1999) on Pensioners and Leisure Time in Portugal, the author found that 53% of the pensioners preferred to spend their leisure time at home, 17% outside home and 30% inside and outside home. In the case of at home activities, it is the women who assume, in this study, greater expressiveness. Concerning the leisure activities practiced, it was found that the majority of both men and women chose "watching television". Men replied that they also go to the café or tavern, listen to the radio, read newspapers or magazines, frequent plazas or gardens, and, with less expressiveness, they play cards and other games, go to religious events, to shopping centres or markets. Women, in addition to watching television, dedicate themselves to religious activities, listen to the radio, go to the market or to shopping centres and, with less expressiveness, they answered that they read newspapers or magazines.

Regardless of the type of leisure activity, it is generally agreed that its practice is "an important ingredient in the 'recipe' for achieving a successful old age. Initially formalised as 'Activity Theory', this perspective holds that high participation in an active lifestyle is an antidote to the loss of 'productive' roles that results from the transition to retirement" (Silverstein and Parker, 2002, p. 528).

Leisure activities have numerous advantages for older people, namely in preventing and combating problems in the elderly, since these activities can compensate for deficits in other areas of their lives (Silverstein and Parker, 2002) and mitigate the impact of social, functional and cognitive declines. In addition, it combats sedentary lifestyle, which, as Dogra and Stathokostas (2012) warn us, may compromise the health of adults.

## **Methodology**

This study aims to ascertain what type – and with which intensity – of leisure and free-time occupation activities the elderly perform, as well as the impact of the pandemic on the performance of these activities. It will also try to understand the possible relationship between the development of free time activities, social responses and gender.

This descriptive research uses a questionnaire as a data collection tool, divided into four parts: the first part involves a set of sociodemographic data; the second part, based on the "Leisure Activities Index" by Rosa Martins (2016), includes a set of nine questions, ranging from very little, a little, neither a lot nor little, quite a lot, and a lot; the third part integrates a question to understand the elderly's perception of the use of their free time; and, finally, the fourth part aggregates a set of three questions on the impact of the pandemic on the performance of free time and leisure activities.

Data was processed through a simple descriptive statistical analysis.

The non-probability convenience sample included a set of 33 older people, 19 of whom receive Home Support Services (HSS) and 14 attend a Day Care Centre (DCC), in a rural area of central Portugal. The requirement was to attend the above-mentioned social services, to be able to collaborate in the interview and to accept and sign the informed consent.

## **Presentation of results**

The questionnaire was applied to 33 elderly people from a rural area in central Portugal, 19 of whom were using HSS and 14 attended the DCC.

The average age was 79, being that the youngest subject was 52 and the oldest 93, both from the HSS. The average age at the HSS was 77 and the average age at the DCC was 81.

The sample was composed of 19 women and 14 men. Although these data cannot be interpreted in a generalist way, our sample is in line with the national data: with a feminization of old age, explained by the differences in the physical and metabolic decline between men and women, which leads to a greater longevity of women, which has also been related to other risk factors, such as occupational accidents, smoking and alcohol use, as well as differences in the way of facing diseases and disabilities (Mazo; Lopes; Benedetti, 2009).

With regard to gender by social response, we found that, in our sample, the DCC is mainly composed of women (10 out of 14 users, 71.4%), while in the HSS there is a balance with 9 women and 10 men. Although no data were collected to justify this difference, we can assume, based on the existing literature, that men have greater difficulty in participating in group activities (Ferreira, Izzo, Jacob, 2007).

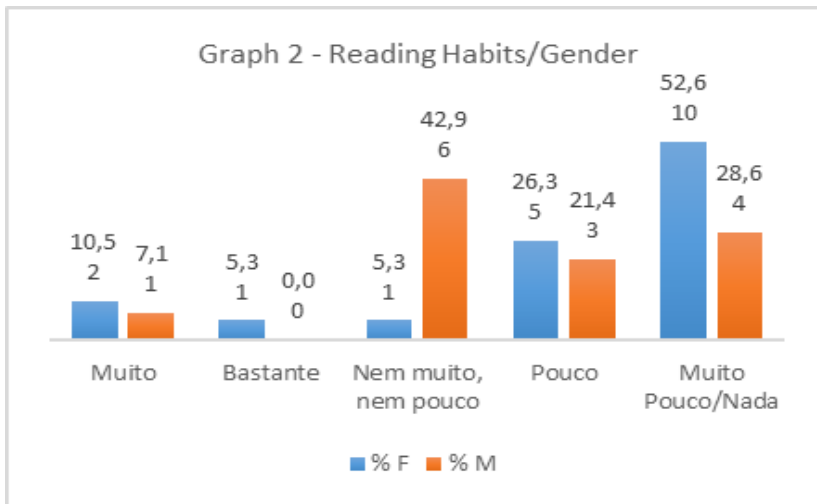
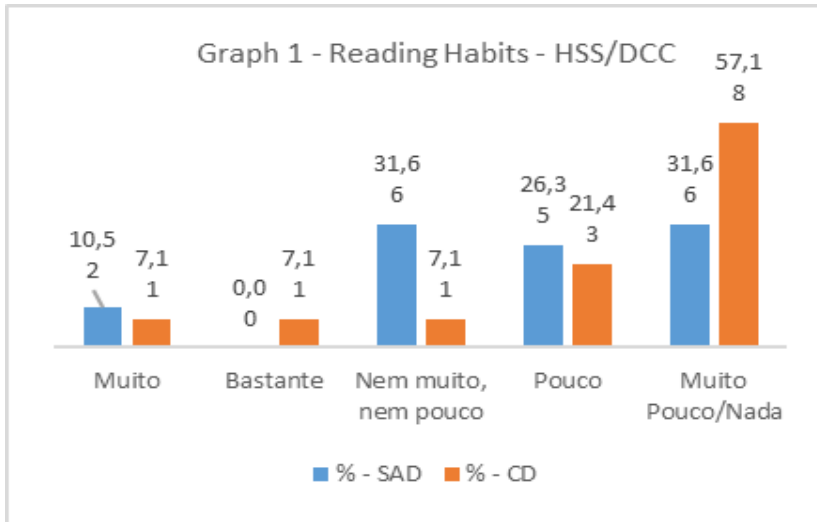
In what concerns academic qualifications, our sample reflects the reality of the country, since compulsory education did not exist when they were young and the opportunity to attend school for several years was scarce, especially in rural areas, as is the case of the geographical context of our respondents. Thus, in the sample, we have as maximum school qualifications the 2nd cycle (corresponding to 6 years of schooling) with 3 elderly (2 female and 1 male); followed by the 1st cycle (of 4 years of schooling) with 13 elderly, 7 women and 6 men; the 1st cycle incomplete with 10 elderly, equally distributed between men and women; and, finally, 7 elderly (5 women and 2 men) never attended school and can neither read nor write.

The profession they exercised is related to the qualifications of the sample and to the rural context where they live. Thus, 11 elderly, of which 6 women and 5 men were farmers, 5 elderly (3 women and 2 men) were factory workers, 5 elderly worked in the hotel industry, of which 3 women and 2 men. These were followed by construction workers (3 men), domestic workers (3 women) and, with 1 elderly person each, office workers (1 man), cellar workers (1 woman), drivers (1 man), medical auxiliaries (1 woman), cleaners (1 woman) and fishmongers (1 woman).

Reading is an activity that, in our sample, is little valued, with 22 older people (66.8%) who read little, very little or not at all. Only 4 older people (12.1%) consider that they read quite a lot or a lot. These data are understandable if we take into account the low level of education of our sample.

When comparing the two social responses, we found similar reading habits, although with less intensity among the older people in the DCC. Of the 19 elderly people in the HSS, 57.9% (11) read little, very little or not at all, and only 10.5% (2) read a lot. In the DCC, 78.5% of the senior citizens (11) read little, very little or not at all and 2 elderly people read quite a lot or a lot (7.1%, 1 in each).

In the analysis of reading habits by gender, it was possible to verify that women are the ones who read the most, with 3 women stating that they read a lot quite a lot and only 1 man considering the same (15.8% of women against 7.1% of men). In contrast, women are also the ones who admit that they read little, very little or not at all, with 15 women against 7 men (78.9% of women and 50% of men).

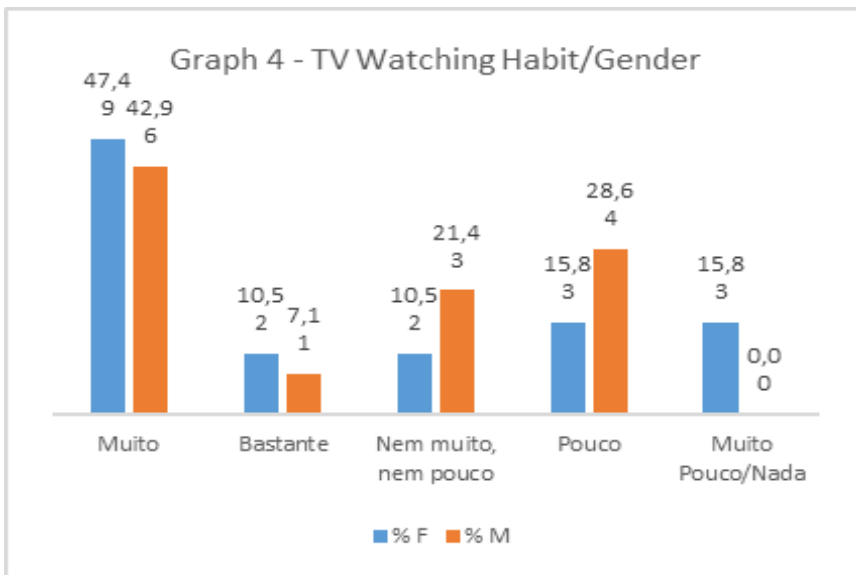
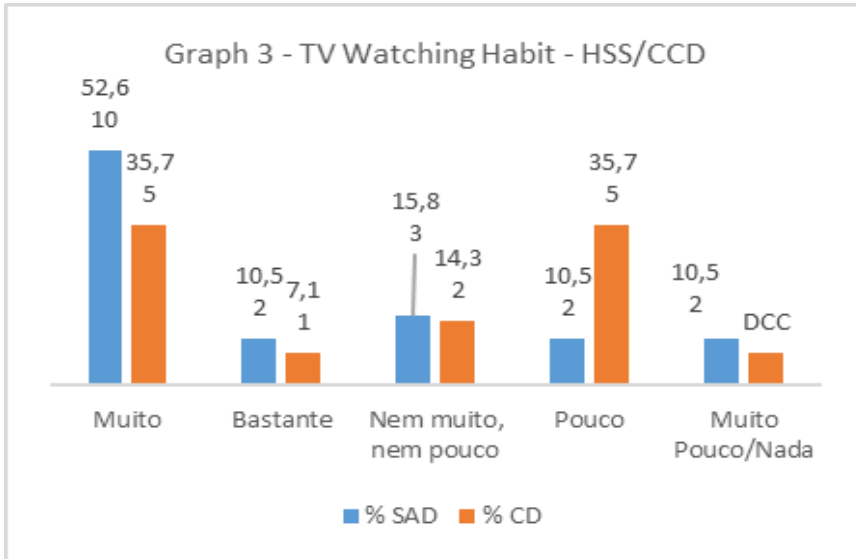


The habit of watching television is the most expressive in our sample, with 54.5% (18) of the elderly considering that they watch a lot (15, 45.4%) and quite a lot (3, 9.1%) of TV. On the other hand, 15.2%, corresponding to 5 older adults, consider that they watch neither a lot nor a little TV and 10 older adults (30.3%) consider that they watch little, very little or no TV (7, 21.2% little and 3, 9.1% very little or not at all). These data are in line with national studies, namely the study by Rosa (1999), which concluded that, in Portugal, the most expressive leisure and free time activity was "watching television".

The elderly who are at home and receiving HSS are the ones who watch TV the most. So, when compared, in the HSS 12 seniors (63.1% of the 19) consider that they watch a lot and quite a lot of TV whilst at DCC we found 6 elderly people (42.8% of the 14). At the other end of the spectrum, there are 4 seniors (21%) in the HSS who watch

little, very little or no TV, compared to 6 seniors (42.8%) in the DCC. This situation may be related to the time that these elderly people spend inside their homes, often isolated, having the TV as their daily companion.

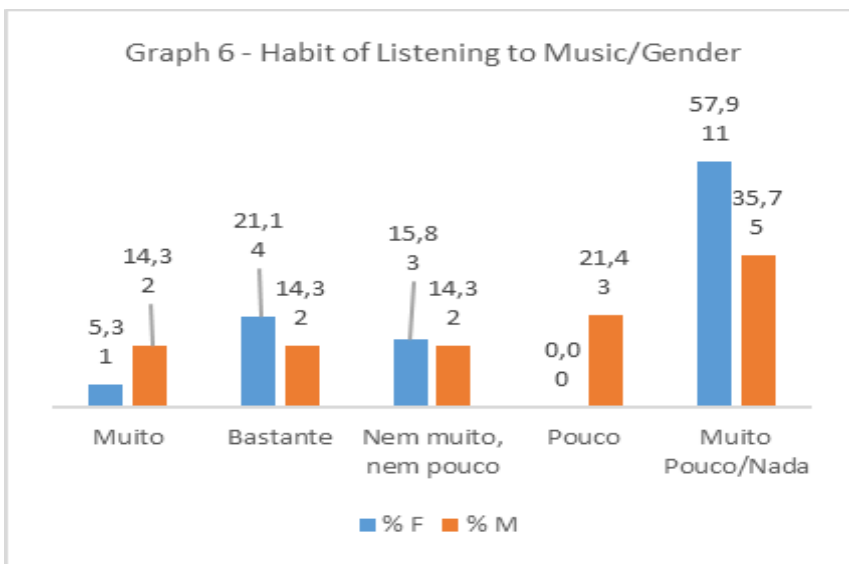
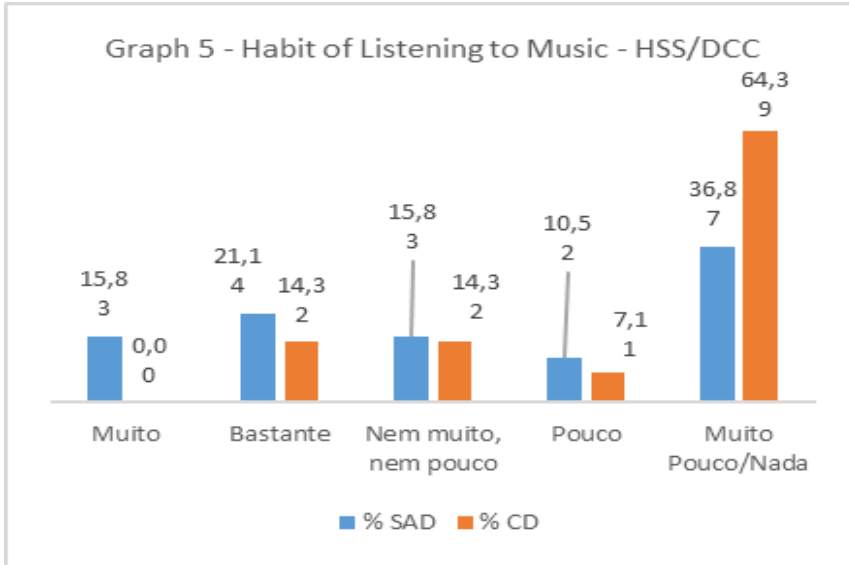
In the TV watching habit, we found many similarities between genders. Comparing men and women, the tendency in the sample to watch a lot and quite a lot of TV is very similar.



Concerning the habit of listening to music, we found that it is not a highly valued activity. Only 9 older people (27.3%) listen to a lot of music, 5 older people (15.1%)

listen neither a lot nor a little, and the majority, 19 older people, 57.6%, listen to little, very little or no music at all. When comparing the two social responses, we found that it is the older people with HSS who listen to music the most.

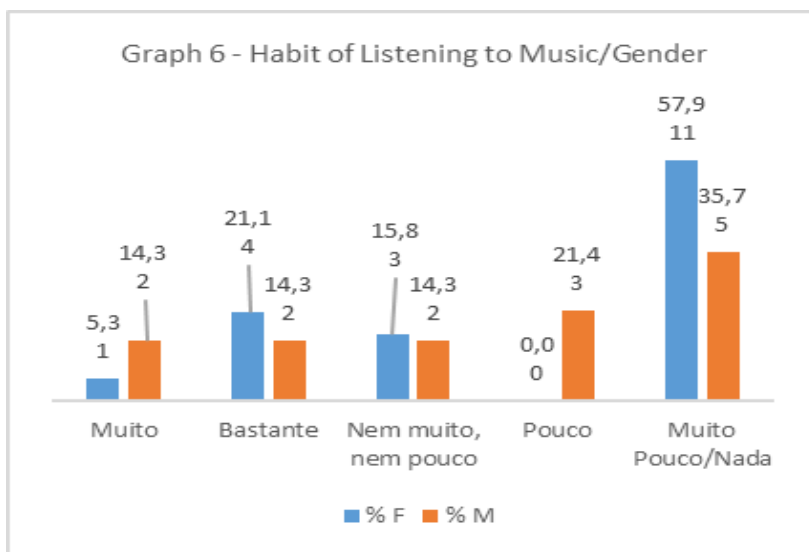
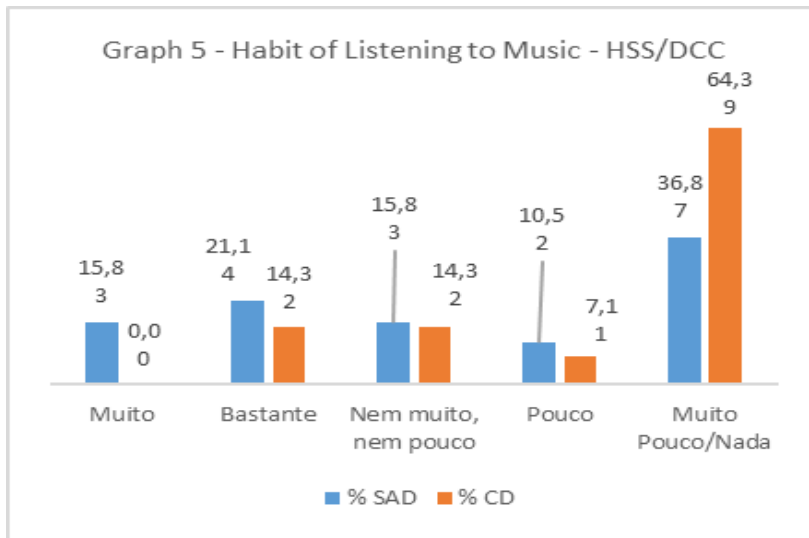
In our sample, men are the ones who usually listen more to music. Of the 19 women questioned only 5 (26.4%) listen to a lot of music and the majority, 11 (57.9%) rarely or never listen. This situation refers to the fact that men listen to radio more and, consequently, have the possibility of listening to music during the broadcasts, between news and other programmes.





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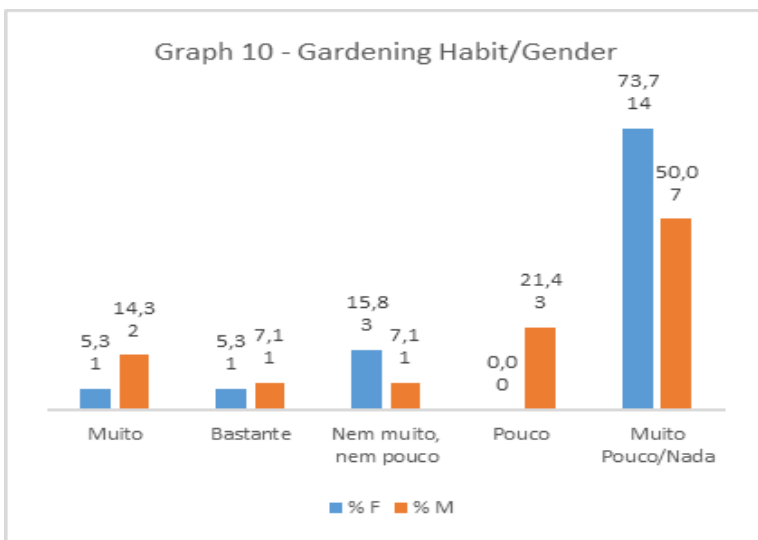
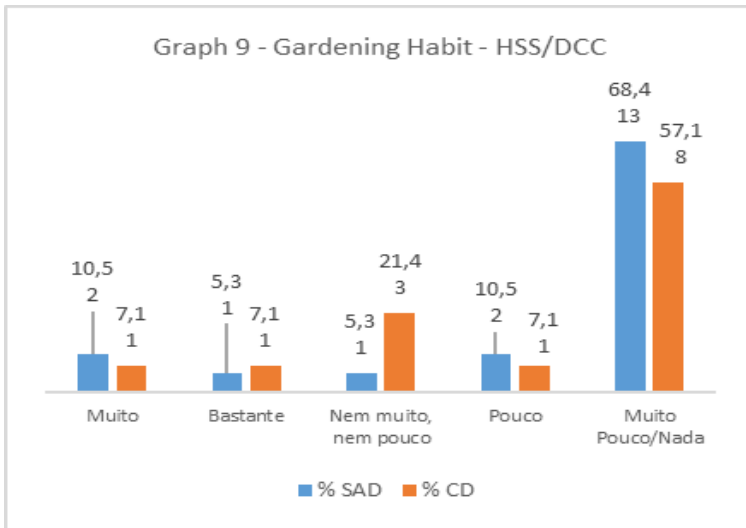
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When questioned about whether they gardened, most of the elderly, 24 (72.7%), did little, very little or none, and only 5 (15.2%) did quite a lot or a lot. Although this is a population which is used to "working the land", their age may be a factor for this activity to have so little expressiveness.

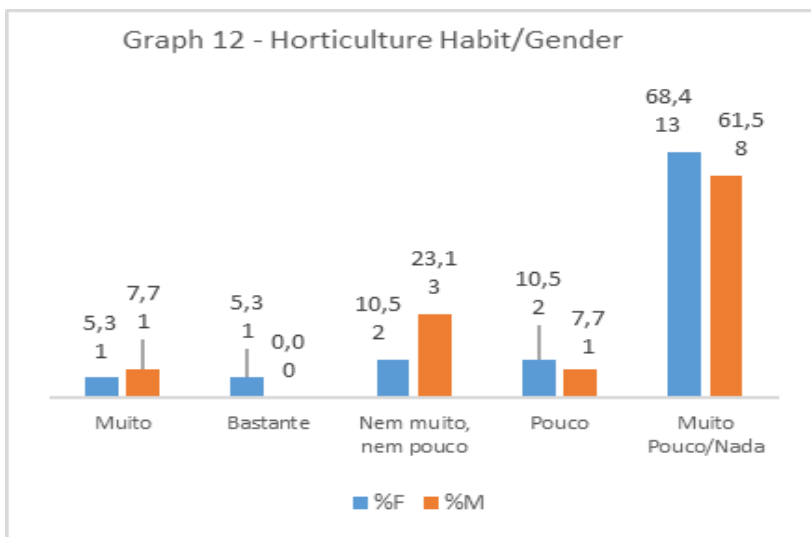
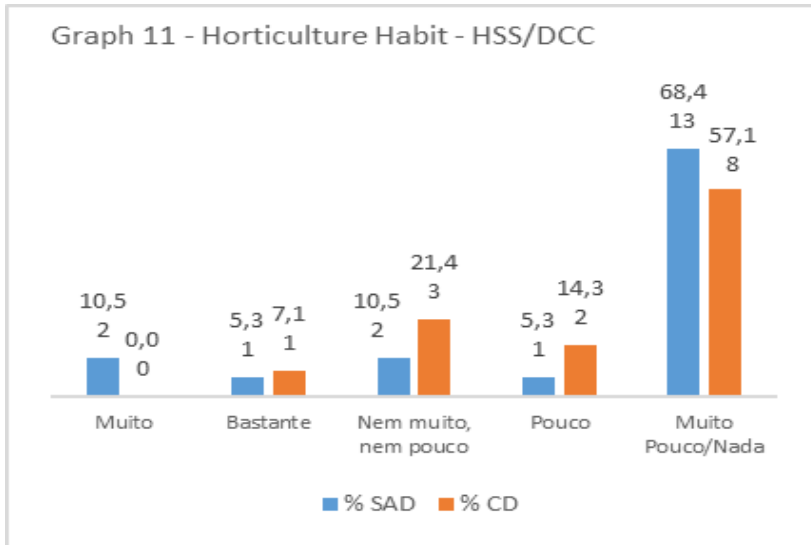
Once again, the type of response that the elderly attend does not influence the habit of gardening, since we have similar numbers of elderly people who usually do it – 3 in HSS and 2 in DCC – and those who don't – 15 in HSS and 9 in DCC.

This activity is more carried out by men: 21.4% (3) of men do it a lot or quite a lot, against 10.6% (2) of women. The number of those who rarely or never do it is similar between genders, with 73.7% of women (14) and 71.4% of men (10).

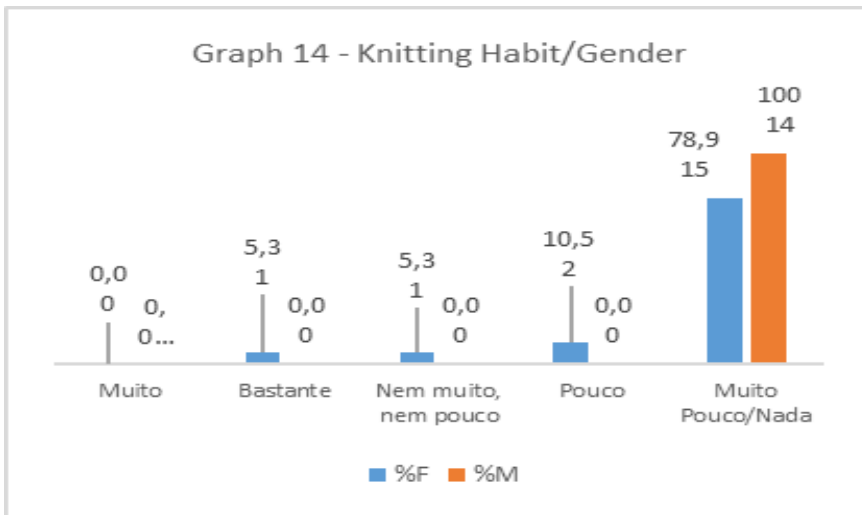
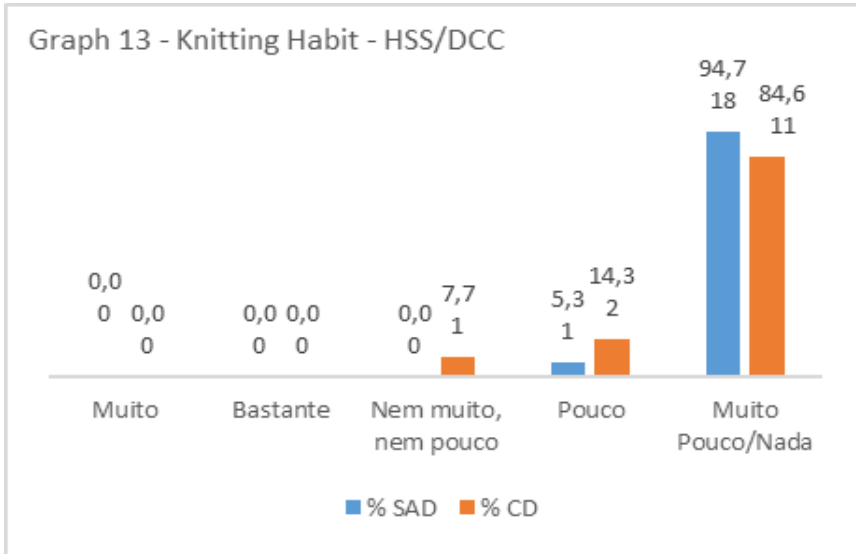


Horticulture is developed regularly by 12.1% (4) of the elderly and 72.7% (24) do it rarely or never. When distinguishing between the social responses, it is not possible to find significant differences, since the number of older people in HSS (3) and DCC (1) who engage in horticulture, as well as those who do not, is similar.

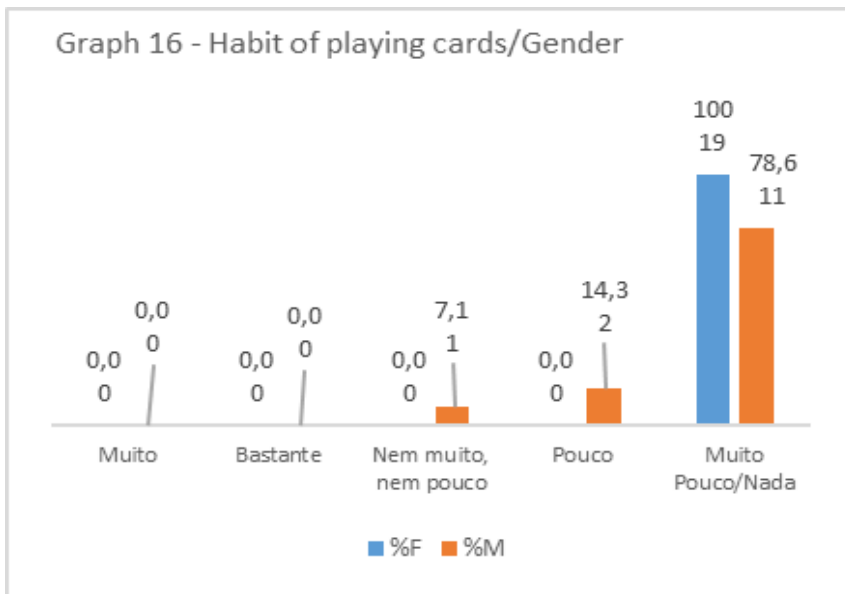
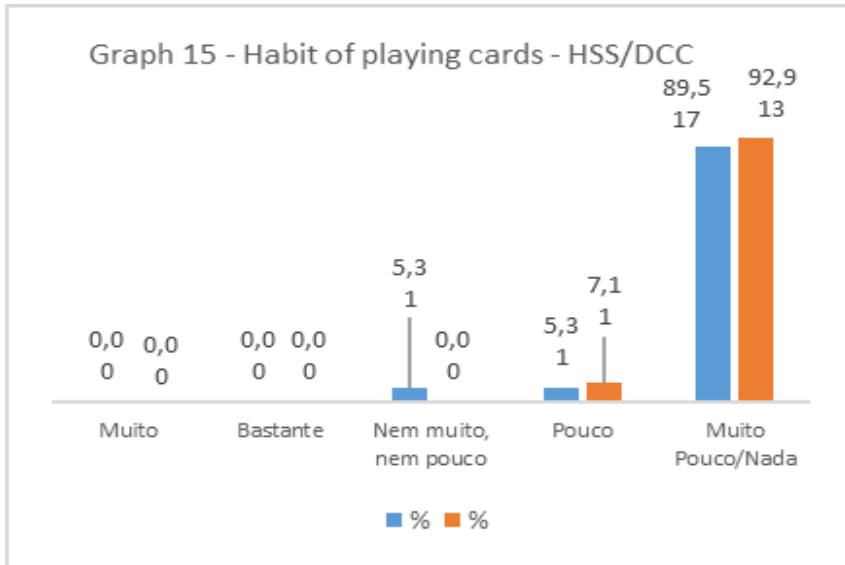
The difference in the practice of vegetable-growing by gender is not significant in the sample. With a regular practice we found 2 women (10.6%) and 1 man (7.7%) and with inexistence or infrequent practice we found 15 women (78.9%) and 9 men (96.2%).



Although knitting is a practice very much associated with women, it is not very well represented in our sample. We found that it is an activity that no one does frequently and only 1 woman (3%) considers that she knits neither very much nor little. The overwhelming majority of 32 older people (97%) rarely or never knit. As can be seen in the following graph, the difference between the social responses is not significant.

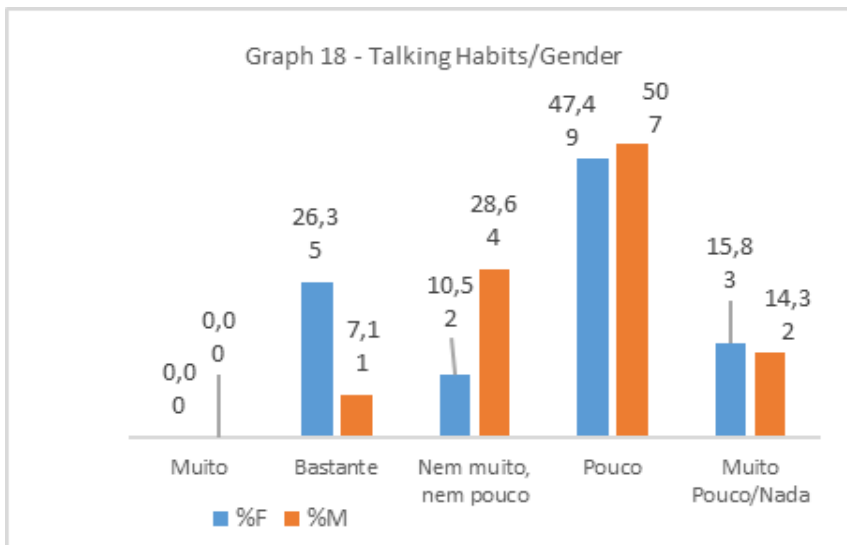
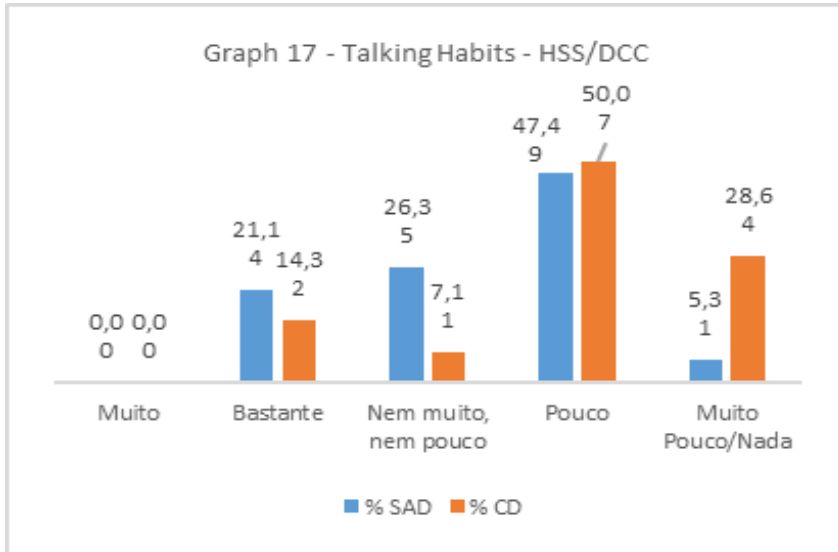


Playing cards is also an infrequent or not frequent practice (32 elderly people, 97%). Only one elderly person (3%), from HSS, considers that he plays neither a lot nor a little. All the women rarely or never play cards.



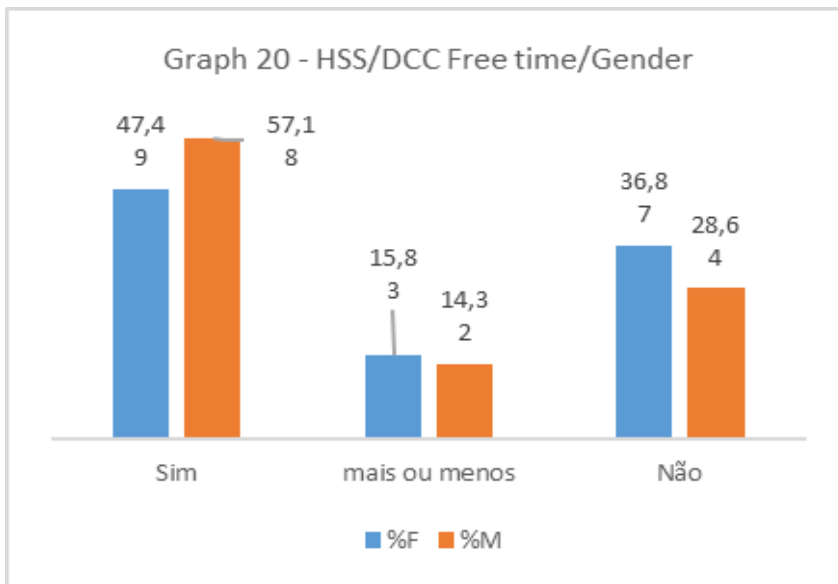
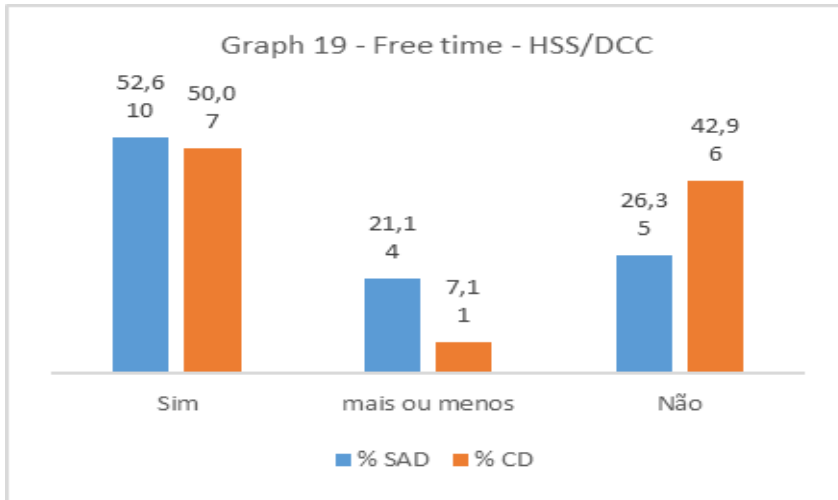
The habit of talking is the second most pointed out in the study: 6 elderly people (18.2%) consider that they talk a lot and 6 (18.2%) admit that they talk neither a lot nor a little. Of the remainder, 16 (48.5%) consider that they talk a little and 5 (15.1%) consider that they talk very little or not at all. Contrary to what one would expect, none of the seniors from the DCC consider that they speak a lot, and only 2 seniors consider that they speak quite a lot. Most of the seniors who consider that they speak very little or not at all frequented the DCC.

Women are the ones who talk the most, being the ones who consider, in 5 of the cases, that they talk a lot, against only 1 man.



When questioned whether they felt that they used their free time for leisure activities and activities that give them pleasure, we found that most of the elderly (17, 51.5%) are satisfied, 5 older people (15.2%) consider that they are more or less satisfied and 11 (33.3%) consider that they do not make the best use of this time.

There is no significant difference in the answers given to this question by men and women, nor by social response.



In the third part of the questionnaire we tried to understand the impact of the pandemic on leisure and free time. When questioned about whether the pandemic had changed the way in which they spent their leisure time, it was possible to verify that, for the majority, there was no change – 23 older adults (69.7%), 13 from HSS and 10 from DCC. Only 10 elderly people (30.3%) consider that their leisure time was affected by the pandemic, 6 from the HSS and 4 from the DCC.

These data were contrary to expectations, since, during the pandemic, the elderly in DCC had a long period when they could not attend the centre, so it would be expected that all considered that the pandemic changed the leisure activities they performed. However, only 5 reported this fact. This may be related to the lack of memory of the

activities they carried out before the pandemic or to the fact that, at that time, they were not involved in the activities that were developed in the DCC, where they could have watching TV as a priority action.

Of the 10 elderly who consider that there have been changes, we found that the activities that they no longer do are: going to the Day Care Centre (3 men from the DCC), going to the Senior University (1 woman from the HSS), going to the swimming pool (1 woman from the HSS), playing games (1 man from the HSS), going to church (1 man from the HSS), fishing (1 man from the HSS), going to the gym (1 man from the DCC) and socializing (1 woman from the DCC).

When questioned whether they started doing any new activity in the pandemic, only 2 women from DCC replied having started the activity of cutting and sewing and 1 woman from HSS started going to the library. The remaining 30 elderly people, 90.9%, did not start any activity. This shows that this is a population with few leisure habits and/or leisure opportunities.

## Conclusions

The data presented allow us to understand that the elderly in the sample do not have leisure habits. The most expressive activity was "watching television", which is the way they occupy their free time. We highlight that this activity is more expressive among the elderly in HSS and is equally distributed between men and women. The second most representative activity is "talking", although the numbers are low for those who do it very regularly. Here, and contrary to what one might assume, it is the older people in HSS who talk the most. Taking into account that these elderly people remain at home, we supposed that they could have a greater sense of isolation when compared with the elderly people who attend the DCC, but this was not the case. Women are the ones who most value the act of talking.

The remaining activities presented show a low or even zero adherence by the elderly. The least developed are "knitting" and "playing cards", where almost all elderly rarely or never do it. This is followed by gardening and horticulture, where 24 elderly people (72.7%) do not do this activity or do it rarely. With a low level of practice, we also found "reading" and "listening to music"; of the few older people who developed these activities, the majority were from the HSS; and in the case of reading, women stood out, and in music, men.

Although our sample is integrated in the rural environment, with a life totally or partially linked to agriculture, the fact is that the number of older people who practice gardening and/or horticulture in their leisure time is residual. This situation may be related to the advanced age of the sample.

If we take into account Lee and Bhargava's (2004) division of leisure activities, we may conclude that most elderly develop a passive leisure activity. If the reference is the categorisation of Lopes (2000), we may verify that the majority of the sample



develops activities in domestic space, followed by activities in semi-public space – in which we find talking to acquaintances. Activities in public space, activities in associative space and activities in space of cultivated/overlegitimised culture were left out.

We cannot, however, separate leisure from the social context, since it is itself an expression of culture and depends on the lifestyle of each individual. We point out that the fact that the elderly present economic difficulties limits the possible participation in some leisure activities, since the reduction in income associated, in most cases, with a significant growth in health expenses, promotes the increase in dependence and limits life options.

Old age, most often associated with retirement and a substantial increase in free time, represents a break with professional life and, consequently, with social habits and practices. Thus, free and leisure time could be an excellent opportunity for the elderly to interrelate and develop practices they enjoy. Despite, in our sample it was clear that there is a reduced habit of developing leisure activities, and a satisfaction with their free time use – most of the sample is satisfied with the way they occupy their free time, both in men and women and in both social responses. It needs to be held in mind that today's elderly people belong to a generation in which work was considered the core of their lives, and leisure was often seen as an unnecessary time off and it could even be despised.

We point out in the results that the fact that the elderly were in DCC was not mirrored in leisure habits. Here, we may have as a limitation the fact that the elderly were questioned at the time of the pandemic and their answers were related to their immediate memory and not before. However, these same elderly, when questioned if the activities they performed in their leisure time had changed with the pandemic, considered that they had not. This situation makes us wonder if the responses developed in the DCC are those most appreciated by the elderly.

We highlight as limitations of this study the low number of older people surveyed, the fact that we used a predetermined set of activities – necessarily leaving out others – and, finally, the fact that the older people were surveyed during the pandemic period, which may have influenced the answers given.

Leisure and free time occupation may be considered as one of the components for a better quality of life in ageing and integrates various activities, which are willingly developed. Janke, Davey, and Kleiber (2006) consider that these activities influence the physical and psychological well-being of the elderly, since they promote active participation and the feeling of group belonging. In addition, the studies developed by Newall et al. (2013, p. 921) showed that leisure allows for the development of positive emotions and "will undo the negative effects of negative emotions", which may arise as a result of the changes at this stage of life. This perspective is also advocated by the studies of Santos et al. (2003) and Silverstein and Parker (2002) who concluded that

leisure and leisure activities help older people cope with negative life events/factors, namely loneliness and depression.

In this sense, this study demonstrated the urgent need to rethink the type of leisure activities proposed to the elderly and the need to find strategies to motivate and involve them in and for these activities. The classic model of gerontological care (based on the treatment of the consequences of ageing) is definitely exhausted given its limited nature in the way it views ageing. It is urgent to make the elderly active and participative players in a process of healthy and quality ageing.

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