

**Original Research Article**

# Active Ageing: The Effects of Diet and Physical Activity on the Well-Being of Older Adults

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**Abstract:** This study examines the effects of diet and physical activity on the well-being of older people in Abidjan, by comparing institutional norms and real-life experiences. The aim is to analyse how these practices influence the physical, psychological and social health of older people, in a context of changing diets and unequal access to sports facilities. The triangulated qualitative approach involves semi-structured interviews with senior citizens from a variety of backgrounds, ethnographic observations in sociable spaces (markets, sports clubs, health centres) and an analysis of institutional discourse on active ageing. The results show that while certain dietary and sporting practices enhance autonomy and socialisation, economic constraints, cultural perceptions and infrastructure deficits limit their adoption. The discussion highlights the tension between globalised prescriptions and local roots. In conclusion, it appears essential to adapt public policies to the realities of the Ivory Coast in order to promote inclusive active ageing.

**Keywords:** Active Ageing, Diet, Physical Activity, Well-Being, Older People.

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## INTRODUCTION

Field observations reveal a dual dynamic in the dietary and physical activity practices of Ivorian older adults. On the one hand, a segment of the ageing population progressively integrates dietary recommendations and adapted forms of physical activity, often under the influence of medical and media discourses. On the other hand, significant structural barriers persist: economic precarity, unequal access to healthcare, shifting patterns of family solidarity, and a shortage of suitable infrastructure. These factors substantially shape individuals' capacity to conform to the norms of "active ageing".

A paradox thus emerges: while diet and physical activity are promoted as fundamental levers for the well-being of older adults, their practical implementation remains socially differentiated. Whereas some seniors adopt these prescriptions as part of a preventive logic, others bypass or reinterpret them according to their everyday realities. This disparity raises questions about the actual scope of public health policies and their suitability for the living conditions of older people. How, then, do these practices concretely influence the well-being of seniors in Abidjan?

This study seeks to analyse the differentiated effects of dietary and physical activity practices on the physical, psychological, and social well-being of older adults. It aims to elucidate how such practices are embedded in processes of negotiation between institutional norms and lived experience. Particular attention is devoted to individual life trajectories, adaptive strategies, and modes of appropriation of medical recommendations.

From a scientific standpoint, this research contributes to a sociology of ageing in the African urban context by exploring the interplay between the body, health, and social inequalities. Epistemologically, it questions the universality of the active ageing paradigm when confronted with local logics. By articulating institutional norms with situated practices, it offers a more nuanced understanding of the dynamics of well-being among Ivorian seniors within a broader context of socio-economic transition.

According to Canada's Department of Public Works and Government Services (2002), a significant proportion of older adults do not engage in sufficient physical activity to maintain or improve their health. This population is characterised by predominantly sedentary lifestyles, marked by a progressive decline in

strenuous exercise and increasing inactivity with advancing age. This trend is particularly pronounced among individuals aged 65 and over, with a marked drop in activity levels evident from as early as age 25. In response, various institutions have undertaken studies to measure the frequency and intensity of physical practices through different assessment tools.

The Canadian Physical Activity Guide for Healthy Active Living among Older Adults reports that a majority approximately 60% of seniors fail to undertake adequate exercise to derive full health benefits. Data from the National Population Health Survey (NPHS) reveal that only 14% of seniors are considered active, 21% moderately active, and 65% inactive. Inactivity rises steadily with age: 59% among those aged 55–64, 60% among 65–74-year-olds, and 74% among individuals aged 75 and above. Using the criteria of the Canadian Institute for Fitness and Lifestyle Research (CIFLR), this rate may be as high as 79%. Furthermore, Statistics Canada notes that 32% of seniors rarely engage in physical activity, while CIFLR estimates that 28% of them lead lifestyles marked by very low energy expenditure.

A report by the World Health Organization (WHO, 2002) highlights that demographic ageing constitutes both a major human achievement and a considerable challenge. At the dawn of the twenty-first century, this demographic shift exerts increasing pressure on the economies and social structures of all nations. Yet older adults play an essential role in society, a contribution that is frequently underestimated. The WHO posits that population ageing can remain sustainable only if governments, international organisations, and civil society adopt policies that foster active ageing by promoting health, social participation, and security among seniors.

Globally, the population aged 60 and above is increasing more rapidly than any other age group. Between 1970 and 2025, this age group is projected to expand by 694 million people, representing a 223% increase. By 2025, approximately 1.2 billion individuals will be over 60, rising to 2 billion by 2050, with a majority—around 80% living in developing countries. Across all regions of the world, the ageing of populations raises pressing concerns about the capacity of a shrinking workforce to meet the needs of groups traditionally considered economically dependent, notably children and older adults.

## 1. Theoretical and Methodological Framework

This study draws upon two major sociological theories to examine the impact of diet and physical activity on the well-being of older adults: Robert Havighurst's theory of *Successful Ageing* (1961) and Claude Fischler's concept of *health capital* developed in *L'Homnivore* (1990). The former elucidates how seniors seek to maintain well-being by remaining physically and

socially active, whereas the latter highlights the central role of food in shaping identity and the embodied experience of ageing. The application of these frameworks is scientifically significant insofar as it demonstrates that active ageing is not solely an individual undertaking but is also shaped by social and cultural norms that orient seniors' practices.

However, these approaches are not without epistemological limitations. Havighurst's model of successful ageing has been critiqued for its normative stance, implicitly suggesting that ageing should necessarily be accompanied by sustained activity, thereby marginalising those unable to conform to such a model. Similarly, Fischler's notion of health capital—while illuminating the symbolic dimensions of food—has been less effective in accounting for inequalities in access to a balanced diet, particularly as determined by the economic status of older adults. These limitations necessitated a critical reflexivity in order to accommodate the diversity of ageing trajectories and avoid reducing well-being to a single standardised conception.

Methodologically, the research adopted a triangulated qualitative approach combining semi-structured interviews, participant observation, and documentary analysis. Abidjan was selected as the study site owing to its coexistence of diverse lifestyles, which facilitated the observation of how urban and cultural dynamics influence seniors' dietary and physical activity practices. The sample comprised older adults who regularly engaged in physical activity, others suffering from diet-related pathologies, as well as health and sports professionals. This diversity enabled a comparative analysis of individual trajectories and a deeper understanding of the factors that facilitate or hinder the adoption of an active lifestyle among older adults.

Sampling followed a purposive strategy, selecting participants according to age, physical condition, and socio-economic status to ensure heterogeneity. Data collection tools included interview guides and detailed observation notebooks, enabling the capture of both discourses and concrete practices. A snowball sampling technique was employed to identify seniors with varied profiles, including those marginal to institutional networks. Finally, data analysis was conducted through thematic coding, which elucidated the interrelations between diet, physical activity, and well-being, while simultaneously revealing inequalities in access to active ageing as conditioned by social and economic contexts.

## 2. RESULTS

### 2.1. Balanced Diet as a Lever for Physical and Mental Well-Being

Older adults who adopt a more balanced diet report improvements in both their health and overall sense of well-being. They become increasingly attuned

to the benefits of specific foods and progressively adjust their eating habits according to how their bodies feel.

**Empirical Example (Interview Excerpt):**

*"Previously, I used to eat a lot of rice with rich, oily sauces. But since I started eating more vegetables and using less oil, I feel lighter. Even my doctor says my blood pressure has improved!"*

This excerpt highlights a significant dietary transition, whereby an older adult moved from a diet high in rice and fatty sauces to one incorporating more vegetables and reduced oil intake. This change has led to a noticeable improvement in both general well-being and blood pressure, a finding corroborated by the medical professional consulted. It exemplifies the impact of dietary choices on the health of older adults and their ability to adapt to medical recommendations.

Dietary habits are deeply rooted in local cultures and traditions. Nevertheless, recent studies indicate that older adults are increasingly aware of the importance of balanced nutrition for their health. This growing awareness prompts many to adjust their dietary practices despite challenges associated with culinary traditions and personal preferences.

The adoption of new dietary behaviours among older adults may be influenced by multiple factors, including medical advice, access to healthy food, and family support. Health professionals play a crucial role in educating and sensitising patients to the benefits of a balanced diet. Furthermore, the involvement of relatives can ease the transition towards healthier food choices, thereby contributing to improved quality of life for seniors.

In conclusion, although changes in dietary habits are complex due to cultural traditions and personal preferences, they are essential to improving the health and well-being of older adults. Medical interventions, nutritional education, and family support are key components in encouraging such positive transformations. Consequently, it is crucial to develop strategies that account for cultural specificities and individual circumstances in order to promote healthy eating among older adults.

## **2.2. Physical Activity as a Driver of Vitality and Maintenance of Autonomy**

Regular physical activity enables older adults to preserve mobility and delay the effects of ageing. Many engage in walking, dancing, or gentle exercises to maintain both their physical health and psychological well-being.

**Empirical Example (Interview Excerpt):**

*"I walk every morning with my friends. It does me a lot of good; I feel that my legs are still strong. When*

*I stay at home too much, I feel old and tired. But when I move, I forget my age."*

This testimony underscores the value of regular physical activity—particularly morning walks in the company of friends for the well-being of older adults. Such practices appear to enhance not only physical fitness but also mitigate the subjective perception of ageing.

The work of Zananhi Florian Joel Tchhehi (2021) highlights that older adults are perceived as cultural custodians and occupy a central role in social and economic organisation. This socially valued position may encourage seniors to maintain physical activity as a means of preserving both status and community integration.

Similarly, Abdramane Berthé (2013) underscores the pivotal role of family and community in supporting the autonomy of older adults. Participation in collective physical activities, such as morning walks, benefits not only physical health but also reinforces social bonds that are vital for psychological well-being.

Although primarily concerned with power dynamics in Central Africa, Joseph Tonda (2002) offers insights into how social structures shape individual behaviours. In the case of older adults, such structures can either encourage or hinder participation in physical activity, depending on societal norms and expectations.

In sum, regular involvement in physical activities such as group walking is essential for the holistic well-being of older adults. The social and cultural dynamics of Central and West Africa play a decisive role in facilitating or constraining these practices. It is thus crucial to strengthen both community and familial structures to support and promote physical activity among seniors, thereby enhancing their physical and mental health.

## **2.3. The Role of Social Environment in Motivating an Active Lifestyle**

Social surroundings play an essential role in both the adoption and continuation of beneficial dietary and physical activity practices. Older adults who are encouraged and supported by family and friends are more likely to maintain these habits over time.

**Empirical Example (Interview Excerpt):**

*"It was my daughter who signed me up for a seniors' sports club. At first, I didn't want to go, but now I enjoy it because we are in a group. We laugh, exercise together, and it motivates me."*

This excerpt illustrates the significance of social interactions in initiating and sustaining physical activity among older adults. Initially hesitant to join a seniors' sports club, the individual gradually came to appreciate

the benefits of group exercise, notably shared enjoyment and collective motivation. This experience exemplifies how social dimensions can reshape perceptions of and commitment to physical activity.

Émile Durkheim's (1893) notion of social cohesion the intensity of social bonds within a given structure highlights how strong cohesion fosters synergies within groups and enhances members' quality of life. Within seniors' sports clubs, such cohesion manifests in positive social relations, a sense of unity, and shared emotions, all of which encourage active participation and long-term engagement.

Furthermore, Norbert Elias and Eric Dunning (1986) explored the role of sport and leisure in the civilising process, arguing that these activities provide structured opportunities for enjoyment and sociability, thereby contributing to emotional regulation and social bonding. For older adults, engaging in group-based sports activities can thus serve as a means of social integration and the maintenance of an active identity, mitigating the isolation often associated with ageing.

In essence, joining a seniors' sports club despite initial reluctance can become a major source of physical and social well-being. Interactions within the group not only motivate continued physical activity but also strengthen belonging and social cohesion. This dynamic underscores the importance of community-based structures in fostering active and fulfilling ageing.

#### **2.4. Barriers to Active Ageing: Fatigue, Illness, and Lack of Suitable Infrastructure**

Despite the well-recognised benefits of sport and healthy eating, some older adults encounter significant challenges in adopting these practices, owing to health problems, fatigue, or the absence of age-friendly facilities.

*Empirical example (interview excerpt): "I would love to walk more often, but with my knee pain, it's not easy. Besides, there aren't many safe places for older people here. We have to walk on the road with cars, which is not convenient."*

This account illustrates the difficulties older adults face in maintaining regular physical activity particularly walking due to joint pain and inadequately adapted urban environments. It highlights the critical role of urban planning in promoting seniors' mobility and overall well-being.

Findings from the French National Road Safety Observatory (ONISR, 2016) reveal the specific challenges that older pedestrians face in urban settings. The study indicates that road infrastructure is often designed primarily for motorists, neglecting the needs of elderly pedestrians. Barriers such as poorly adapted pavements, hazardous crossings, and insufficient signage

heighten accident risks and discourage mobility among older adults.

Similarly, a 2010 study by the Urban Environment and Health Team of Montreal's Public Health Directorate assessed the impact of walkability on seniors' mobility. Results suggest that safe, aesthetically pleasing urban design and the availability of nearby attractive destinations enhance walking among older adults.

Conversely, feelings of insecurity linked to heavy traffic or inadequate public lighting pose major obstacles to pedestrian mobility.

In conclusion, promoting seniors' mobility requires a fundamental rethinking of urban space design with particular attention to their specific needs. Adapted infrastructure such as secure pavements, raised pedestrian crossings, and reduced vehicle speed limits can substantially improve their quality of life. Additionally, the promotion of adapted forms of physical activity, such as walking football, provides valuable alternatives for maintaining regular exercise despite physical limitations.

### **3. DISCUSSION**

Dietary and physical activity practices play a pivotal role in strengthening individual autonomy and fostering socialisation. Empirical studies have demonstrated, for instance, that physical activity is often perceived by adolescents as an opportunity for sociability and a means of cultivating friendships. Nevertheless, participation in such activities may be constrained by difficulties in establishing social relationships, thereby creating a vicious circle of inactivity and isolation.

Socio-economic, cultural, and infrastructural factors equally hinder the adoption of these beneficial practices. Cultural food taboos may restrict the consumption of protein-rich foods among young children. Moreover, the high cost of nutritious foods is perceived as a major impediment to sustainable dietary change, particularly among low-income populations. These constraints, compounded by inadequate facilities for physical activity, significantly curtail individuals' capacity to integrate habits conducive to both well-being and social integration.

Drawing upon the results presented above, this discussion adopts a synthetic rather than exhaustive approach to the analytical matrix. Such an epistemological choice ensures greater clarity whilst avoiding redundancies likely to overburden the analysis. Our reflection is thus primarily structured around a central axis: "The influence of the social environment on motivation to adopt an active lifestyle."



The influence of the social environment on motivation to adopt an active lifestyle aligns with a sociology of bodily practices and the dynamics of encouragement towards physical activity. Richard Giulianotti (2005) has shown that participation in physical activity is not merely an individual undertaking but is profoundly shaped by social interactions and institutional contexts. His analyses reveal that membership in socially active groups fosters the adoption of similar behaviours through mechanisms of imitation, social recognition, and normative pressure. The present study corroborates this perspective, evidencing that individuals embedded in environments that valorise sport and health are more inclined to adopt active lifestyles, whereas those originating from contexts lacking such encouragement encounter more substantial barriers to engagement.

From a European standpoint, Pierre Bourdieu (1996) developed the concept of *corporeal habitus*, according to which dispositions towards physical activity are the product of early socialisation and a specific cultural capital. He contends that privileged social classes, endowed with greater economic and cultural capital, have integrated sport as both a marker of social distinction and a means of preserving *health capital*, whilst working-class populations have historically faced material and symbolic constraints limiting their engagement in such practices. The findings of this study confirm this analysis, showing that the influence of the social environment on motivation to adopt an active lifestyle is highly differentiated according to individuals' social and economic capital, with greater participation observed among groups whose immediate social networks valorise sport as a normative practice.

The interactionist framework developed by Erving Goffman (1959) provides an additional lens for understanding how motivation to adopt an active lifestyle is mediated by social scrutiny and the dynamics of self-presentation. Goffman posits that individuals modulate their behaviours in accordance with prevailing expectations and norms within their immediate social environments. The study highlights that membership in groups where physical activity is valorised enhanced individuals' motivation to conform to these practices, notably to preserve a favourable self-image. Conversely, individuals embedded in social circles where sport is perceived as burdensome or superfluous demonstrated greater reluctance to participate, thereby illustrating the profound influence of social contexts on the construction of individual motivations.

Finally, Anthony Giddens (1991) analysed the role of individual reflexivity in adopting new behaviours, including active lifestyle practices. He demonstrated that in late-modern societies, individuals do not merely conform passively to social norms but continually readjust their practices in response to media discourse,

health recommendations, and their own biographical trajectories. The results of this study corroborate this thesis, revealing that although social context is a decisive factor in motivating physical activity, individuals also deploy personal strategies to adapt their engagement according to their own constraints and aspirations. However, these strategies remain largely contingent upon available resources, once again underscoring the salience of social structures in shaping health and well-being practices.

## CONCLUSION

Situated within a sociology of ageing and health, this study examined the impact of dietary and physical activity practices on the well-being of older adults in Côte d'Ivoire. Its objective was to elucidate how such practices are shaped by social, economic, and cultural dynamics, while simultaneously operating within institutional logics promoting "active ageing." Through an exclusively qualitative and triangulated methodology combining semi-structured interviews, participant observations, and documentary analysis the research explored the ways in which older adults have integrated, negotiated, or circumvented the injunctions to autonomy and well-being, according to their social trajectories and material conditions of existence.

The findings revealed a persistent tension between the normativity of institutional discourses and the differentiated realities of ageing. Whilst diet and physical activity were broadly perceived as levers for maintaining health, their appropriation varied according to individuals' economic, cultural, and relational capital. Some older adults, possessing the requisite resources, fully engaged with these dynamics, whereas others confronted with financial constraints or divergent cultural models adopted strategies of circumvention or reinterpretation of official recommendations. The discussion thus emphasises that active ageing cannot be conceptualised as a homogeneous process but must instead be analysed through a framework attentive to structural inequalities and differentiated processes of socialisation.

From a scientific standpoint, this research contributes to a critical reflection on the social construction of ageing in Côte d'Ivoire, illuminating the discrepancies between preventive models promoted by public policy and the actual practices of older adults. Geopolitically, it situates ageing within the broader context of demographic transition and the adaptation of African health systems, thereby questioning the relevance of international policy frameworks in settings where intergenerational solidarities and economic realities constitute major determinants of dietary and physical practices.

At the institutional level, the study advocates a reconfiguration of active ageing policies to better account for the specific constraints of Ivorian seniors. It

recommends reinforcing support mechanisms that improve access to balanced diets and appropriate physical activities, notably through subsidy schemes and the development of community infrastructures. The implementation of participatory awareness programmes engaging health professionals, sports practitioners, and local communities emerges as a key strategy for enhancing adherence to health recommendations. Ultimately, the research underscores the need for an interdisciplinary and place-based approach that interweaves biomedical, sociocultural, and economic dimensions of ageing within a framework of inclusivity and social equity.

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