



Developing a Strategic Model to Enhance Physical Activity Motivation for the Elderly in Guangzhou, China

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Abstract

Background and Aims: Elderly people in Guangzhou face serious health problems, with chronic diseases remaining widespread amid rapid population aging. Physical activity (PA) plays a crucial role in improving physical fitness and immunity, preventing diseases, and enhancing psychological well-being and social connections. The objective of this research was to develop a strategic model to improve physical activity motivation (PAM) for the elderly in Guangzhou, China.

Methodology: A mixed-method approach by using surveys, focus groups, and a Delphi consensus with experts. The sample was 492 elderly aged 60 and above in Guangzhou, China, in order to formulate strategies to improve physical activity motivation (PAM) in the elderly. The questionnaire was validated by the Index of Item Objective Congruence and found to have IOC. The data were analyzed in descriptive statistics: mean and standard deviation. The Delphi data were analyzed in median and interquartile range with the criteria at the median. ≥ 3.50 , and IQR ≤ 1.50 .

Results: The strategies model strategic model to improve physical activity motivation (PAM) for the elderly consisted of six key aspects: the fun aspect, the capacity aspect, the social aspect, the health aspect, the appearance aspect, and the venues aspect. These strategies had social value, improved exercise confidence, established an inclusive emotional community, realized long-term health education and monitoring, improved appearance, and optimized the sports environment.

Conclusion: This strategy model provided a framework of factors and suggested activities for promoting and maintaining active elderly and reducing the health burden of chronic disease.

Keywords: Elderly; Physical Activity; Physical Activity Motivation

Introduction

Physical activity (PA) plays a vital role in promoting the physical health, mental well-being, and social engagement of older adults. Regular participation in PA enhances cardiovascular





fitness, strengthens immunity, and reduces the risk of chronic diseases. Moreover, it helps alleviate fatigue, stress, and sleep disturbances, contributing to an overall sense of vitality and quality of life. Despite these benefits, many elderly individuals remain insufficiently active due to limited access to professional guidance, inadequate policy support, and a lack of structured, evidence-based interventions. Misconceptions—such as viewing light household chores or casual walking as sufficient exercise—further hinder participation and motivation.

Globally, population aging has intensified the urgency of promoting physical activity motivation (PAM) among the elderly. Motivation is a key determinant of long-term engagement in health-promoting behaviors, including PA. However, international initiatives directly addressing PAM in older adults remain scarce (Wang et al., 2024). Many existing programs focus primarily on physical outcomes rather than the psychological and social factors that influence motivation. Consequently, interventions often fail to achieve sustained behavioral change, particularly among older adults who face mobility challenges, low self-efficacy, or health-related constraints (Kim et al., 2023).

In the context of China, and particularly in Guangzhou, this issue is becoming increasingly significant. Data show that 18.7% of Guangzhou's registered population is aged 60 or above, with chronic diseases such as hypertension (33.7%) and diabetes (11.7%) being prevalent (Herrmann et al., 2024). Alongside these physical health challenges, many elderly individuals experience higher risks of depression, loneliness, and social isolation—factors that further reduce motivation to participate in regular PA. Thus, fostering PAM is not only a public health necessity but also a crucial strategy to enhance psychological well-being and community integration.

Improving PAM can catalyze broader engagement in active lifestyles and healthful behaviors among older adults. When individuals possess strong intrinsic and extrinsic motivation, they are more likely to maintain consistent PA routines, integrate exercise into daily life, and adopt proactive approaches to aging. Well-designed motivational frameworks can strengthen autonomy, competence, and relatedness—key components of sustained behavioral change. Therefore, initiatives that combine educational guidance, social support, and community participation are essential for creating lasting motivation.

Recognizing these challenges and opportunities, the present study aims to develop a strategic model to enhance physical activity motivation among the elderly in Guangzhou, China. The research addresses the gap in existing interventions by focusing on motivational mechanisms rather than solely physical outcomes. By identifying the psychological, environmental, and policy-related determinants of motivation, this study seeks to contribute both theoretical insight and practical guidance for improving the quality of life, physical health, and social engagement of Guangzhou's aging population.



Objectives

1. To develop a strategic model to improve physical activity motivation (PAM) for the elderly in Guangzhou, China.
2. To validate the effectiveness and appropriateness of the developed strategic model.

Literature Review

Data from the Guangzhou Municipal Bureau of Statistics show that by the end of 2023, Guangzhou had a population of about 1.952 million people aged 60 years and above, with an aging rate of 18.7%. It is expected to surpass 24% by 2035 (Lin et al., 2024). Physical activity (PA) in older adults has significant physiological and mental health benefits. Regular exercise improves cardiovascular function, helps maintain a healthy body weight, relieves stress, improves mood, and increases bone density. It also has the potential to prevent chronic diseases, help the elderly remain independent, and achieve healthy longevity (Bull et al., 2020; Fukushima et al., 2024).

Motivation models for physical activity among older adults in the scientific community can be traced back to the late 20th century and have gradually developed from simple descriptive research to theory-driven frameworks. This development process can be divided into five stages.

1. The early exploratory stage (up to 2012).

The primary research was predominantly preliminary investigations. For example, the motivation of older adults in Shangao City, Jiangxi Province, was explored, and it was found that elderly people mainly participate in PA for the sake of health maintenance, social interaction, and external push from community organizations and government policies.

2. The stage of the Trans-theoretical Model's application (2015–2020).

The Trans-theoretical Model was first used to study exercise behavior among college students. For example, using this model, Resnick and his team explored and found that motivation for PA among older adults is significantly affected by health awareness, behavioral intention, and perceived social support (Resnick et al., 2016). However, since this model also needs the action stage, some scholars have used it with Nigg and found that the stronger the social support perceived by older adults is, the less they care about these factors, and the more stable their PA motivation will be (Nigg et al., 2016).

3. The stage of the Self-Determination Theory integration (2020–2023).

Later, more scholars began to use the Self-Determination Theory (SDT) to study the PA motivation of the elderly, and it was found that the better older adults' basic psychological needs for autonomy, competence, and relatedness are met, the stronger their intrinsic motivation, and the more stable their exercise behavior will be (Deci & Ryan, 2000; Kim et al.,



2023). Moreover, consistent with the theoretical assumptions, social support has also been found to be a moderating variable in this process.

4. The stage of dynamics and individual differences focus (2023–2025).

In the recent stage, with the research deepening, many scholars have begun to emphasize that older adults' PA motivation is not stable, but rather a dynamic process that changes with their physical and psychological health, social environment, and other life experience changes. In particular, some studies have pointed out that the individual differences in socioeconomic status, family support, and peer support are also the critical factors affecting their PA motivation and participation (Nilstomt et al., 2024). These findings imply that more individualized and situation-specific motivation intervention programs are needed.

5. The recent advance (2023–2025).

More recently, some new studies have also found that perceived social support could promote PA participation by increasing the older adults' exercise motivation (Chen et al., 2024). They also suggested that changes in PA motivation also accompany changes in health status and life patterns, which is also similar to the current research perspective. It is indicated that more longitudinal and mixed-method designs are needed to study their motivation change in future studies.

In conclusion, the research on PA motivation among older adults has gradually evolved from early descriptive exploration of the related factors to theory-driven investigations such as the Trans-theoretical Model and SDT, and with the continuous deepening of research, more scholars are beginning to pay attention to their complex and individualized motivational process. While more future research needs to be conducted to explore how motivation changes and develops over time, as well as to link PA motivation with more factors from a sociocultural and contextual perspective to find more precise intervention points and methods.

However, despite the continuous development of research, there are still some methodological and cultural limitations in the existing literature. In terms of methodology, due to the large population involved and the constraints of researchers' ability, most studies have been based on questionnaire surveys, and there are few studies to verify these through observation and experimentation. It may limit the accuracy of the results. In terms of culture, the current research is still based on Western theory, and there are few related studies to explain the elderly from the perspective of culture and social status, and their motivation and intervention need to be culturally tailored. These are the two deficiencies that future research still needs to address from these two aspects, and while further developing existing intervention methods, more diversified methods should also be introduced and verified, and more deeply explored for the internal mechanisms.



Methodology

Population Definition and Size

The total population of adults aged 60 years and above living in eleven districts of Guangzhou city comprises 1,786,281 persons.

Sample

The sample size calculated by Yamane was 386, but to ensure the loss and incompleteness of questionnaire collection, the researcher made the decision to include 492 adults aged 60 years old who lived in Guangzhou, who were free from major illnesses, lived independently, and were in good general health. Participants were identified by verifying their national ID cards. Key demographic variables considered included gender and age.

Sampling Technique

The sample was allocated proportionally to size across the districts as follows: Yuexiu (n=95), Liwan (n=69), Haizhu (n=88), Tianhe (n=19), Baiyun (n=58), Huangpu (n=21), Panyu (n=55), Nansha (n=9), Zengcheng (n=11), Conghua (n=15), and Huadu (n=42), resulting in a total of 492 participants.

Research Instruments

The following instruments were used: a Questionnaire to collect physical activities participation and motivation among the elderly. Experts are interviewed in a semi-structured form. A questionnaire for consensus by Delphi, and the model evaluation form for group discussion.

Results

Basic Information about the Research Subjects

Table 1 The research findings on elderly information in Guangzhou.

Item	Category	Basic information	Number	Percent (%)
1	Sex	Male	281	57.14
		Female	211	42.86
2	Age	60-69	174	35.90
		70-79	191	38.52
		>80	127	25.57
3	Level of education	Primary	148	30.00
		Junior	172	35.00
		High	123	25.00



Item	Category	Basic information	Number	Percent (%)
		College	49	10.00
4	Economic income	Poor	178	36.14
		Mean	188	38.19
		Wealthy	126	25.76
5	Location	Urban	277	56.29
		Rural	215	43.71
6	Total		492	100.00

Table 1 The characteristics of the sample were: 1) most of the was male (57.14%), aged 70-79(38.52%), educated at the junior school level (35.00%), economic level were at average (38.19) and poor (36.14), and most of them lived in an urban area (56.29).

Table 2 The daily activities among the elderly in Guangzhou, China.

Item	Issue	$\bar{X}$	SD	Level*
1	Gardening or farming	1.39	0.05	low
2	Do housework	1.64	0.05	moderate
3	Drive a bicycle	1.35	0.06	low
4	Walking to some place	1.68	0.07	moderate
5	Play with kids	1.73	0.05	moderate

*Note: The full score is 3 points.

Table 2 showed that their physical activity participation was moderate in doing house work, walking to some place, and playing with kids (1.64 ± 0.05 - 1.73 ± 0.05), but low in driving a bicycle (1.35 ± 0.06), and Gardening or farming (1.39 ± 0.05). These indicated that they were a moderate level of participation in daily activities among the elderly.

Table 3 The frequency and time for physical activity (PA) participation among the elderly in Guangzhou.

Item	Issue	$\bar{X}$	SD	Level*
1	The Frequency of participation in PA.	1.82	0.05	low
2	The time duration spent in PA each time.	2.69	0.05	moderate
3	The main venues where you participate in PA.	1.86	0.06	low

Item	Issue	$\bar{X}$	SD	Level*
4	The main PA you participate in.	1.89	0.07	low
5	Do you participate in PA with others?	1.99	0.05	low
Total average		1.93	0.06	Low

*Note: The full score is on 5 5-point scale.

Table 3 showed that the elderly in Guangzhou spent a low frequency and duration of time in each PA session at a low level (1.93 ± 0.06). Considered items ranged from 1.82 ± 0.05 to 1.99 ± 0.05 , but were moderate only in the time you spend participating in PA each time.

The relationship between variables in each PAM factor

Table 4 Regression analysis model of the fun motivation among the elderly in Guangzhou.

	Model	UC		SC		t	Sig.	R^2	Adjusted R^2	F
		B	Std. Error	Beta						
F	constant	1.687	.229			7.363	.000			
M	HFP.	.580	.082	.665		7.092	.000			
	IH.	.290	.065	.278		4.464	.000			
	PS.	.298	.129	.257		2.303	.022	0.863	0.848	56.577**
	SE.	-1.331	.203	-1.138		-6.549	.000			
	EFF.	.180	.073	.185		2.461	.014			
	VF.	.098	.047	.098		2.090	.037			

*Note healthful fun perception=HFP, interests and hobbies=IH, psychological states =PS, self-efficacy=SE, economic freedom fun =EFF, value of fun =VF; standardized coefficients= SC; Unstandardized Coefficients=UC, FM=fun motivation.

The regression model demonstrates strong overall explanatory power ($R^2 = 0.863$), with all predictors being jointly significant ($F = 56.577^{**}$), indicating that these factors effectively predict the level of fun motivation among elderly individuals in Guangzhou. Healthful fun perception and self-efficacy emerged as the strongest predictors of fun motivation, suggesting interventions should emphasize enjoyable, confidence-building activities. Regression analysis revealed fun motivation strongly predicted by healthful perception ($\beta=0.665$, $p<0.001$), leading to strategies like gamification.

Fun motivation regression model:

$\text{HatY} = 1.687 + 0.580 \cdot \text{HEP} + 0.290 \cdot \text{IH} + 0.298 \cdot \text{PS} - 1.331 \cdot \text{SE} + 0.180 \cdot \text{EFF} + 0.098 \cdot \text{VF}$, the regression model (Maydeu-Olivares, A. et al., 2020) was statistically significant overall ($F = 56.577$, $P < 0.05$).

Table 5 Regression analysis model of the capacity motivation among the elderly in Guangzhou.

	Model	UC		SC		t	Sig.	R ²	Adjusted R ²	F
		B	Std. Error	Beta						
C	constant	-.547	.150			-3.650	.000			
M	HCP.	.095	.048	.093		1.995	.047			
	ECS.	.444	.040	.363		11.187	.000			
	ECE.	-.997	.116	-.728		-8.600	.000	0.873	0.871	369.706**
	ECC.	-.242	.079	-.178		-3.079	.002			
	SE.	-.178	.064	-.153		-2.765	.006			
	ECV.	.924	.028	.794		32.862	.000			

*Note: Capacity motivation=CM, health capacity perception=HCP, exercise capacity experience=ECE, exercise capacity support=ECS, exercise capacity confidence=ECC, self-efficacy=SE, exercise capacity values =ECV; Standardized Coefficients =SC; Unstandardized Coefficients=UC. A. Dependent variable capacity motivation=CM.

The regression model accounts for a substantial proportion of variance in capacity motivation (adjusted $R^2 = 0.871$), with health capacity perception (HCP) and self-efficacy (SE) showing weaker but still significant effects ($\beta = 0.093$ and $\beta = -0.153$, respectively).

Exercise capacity values (ECV) and exercise capacity experience (ECS) are the strongest positive predictors of capacity motivation ($\beta = 0.794$ and $\beta = 0.363$, respectively), whereas exercise capacity experience (ECE) and exercise capacity confidence (ECC) exhibit significant negative associations ($\beta = -0.728$ and $\beta = -0.178$).

Capacity motivation regression Model

$\text{HatY} = -0.547 + 0.95 \cdot \text{HCP} + 0.444 \cdot \text{ECS} - 0.997 \cdot \text{ECE} - 0.242 \cdot \text{ECC} - 0.178 \cdot \text{SE} + 0.924 \cdot \text{ECV}$; The regression model was statistically significant ($F = 369.706$, $P < 0.05$).

Table 6 Regression analysis model of the social motivation among the elderly in Guangzhou.

Model	UC		SC	t	Sig.	R ²	Adjusted R ²	F
	B	Std. Error						
S	constant	.093	.047	1.965	.040		0.950	

Model		UC		SC	t	Sig.	R ²	Adjusted R ²	F
		B	Std. Error	Beta					
M	TO.	.966	.012	.958	81.925	.000	0.975		3103.64**
	PS.	.032	.009	.043	3.553	.000			
	SS.	-.022	.009	-.026	-2.468	.014			

*Note social motivation= SM; thresholds opportunities=TO, PS=policy support, SS=social support.; standardized coefficients=SC; Unstandardized Coefficients=UC. A. Dependent variable social motivation.

The regression model accounts for nearly all observed variance in social motivation (adjusted R² = 0.950), with exceptionally high predictive validity (F = 3103.64, p < 0.01), suggesting that institutional factors (TO and PS) play a substantially greater role than interpersonal support (SS) in shaping motivation. Threshold opportunities (TO) emerge as the most significant positive predictor of social motivation (β = 0.958), whereas policy support (PS) exhibits a minor positive influence (β = 0.043) and social support (SS) demonstrates a slight negative association (β = -0.026).

Regression model $\hat{Y} = 0.093 + 0.966*TO + 0.032*PS - 0.022*SS$, the regression model was statistically significant overall (F= 3103.64, P<0.05).

Table 7 Regression analysis model of the fun motivation among the elderly in Guangzhou.

Model		UC		SC	t	Sig.	R ²	Adjusted R ²	F
		B	Std. Error	Beta					
H	constant	2.225	.194		11.453	.000	0.823	0.806	84.416**
M	HPS.	.521	.071	.487	7.370	.000			
	HS.	.362	.056	.450	6.426	.000			
	HIA.	-.291	.065	-.324	-4.493	.000			
	HBE.	-.091	.029	-.109	-3.115	.002			

*Note healthy motivation=HM; healthy psychological state=HPS, healthy self-perception =HS, health investment ability=HIA, health behavioral experience=HBE, Standardized Coefficients=SC; Unstandardized Coefficients=UC. Dependent variable: health motivation.

The regression model captures a substantial proportion of variance in health motivation (adjusted $R^2 = 0.806$), with psychological and perceptual factors exerting greater influence than behavioral or resource-related determinants. Healthy psychological state (HPS) and healthy self-perception (HS) emerge as the primary positive drivers of health motivation ($\beta = 0.487$ and $\beta = 0.450$, respectively), whereas health investment ability (HIA) and health behavioral experience (HBE) demonstrate significant inverse relationships ($\beta = -0.324$ and $\beta = -0.109$).

Healthy motivation regression model

Hat $Y = 2.225 + 0.521 \cdot \text{HPS} + 0.362 \cdot \text{HS} - 0.291 \cdot \text{HIA} - 0.091 \cdot \text{HBE}$, the regression model is statistically significant overall ($F = 84.416$, $P < 0.05$).

Table 8 Regression analysis model of the appearance motivation among the elderly in Guangzhou.

	Model	UC		SC	t	Sig.	R^2	Adjusted R^2	F
		B	Std. Error	Beta					
AM	constant	-.463	.253		-1.833	.037			
	SAT.	.753	.089	.582	8.428	.000			
	AVR.	.268	.061	.219	4.417	.000	0.814	0.811	70.723**
	AIC.	-.485	.091	-.405	-5.351	.000			
	AME.	.136	.039	.123	3.472	.001			

*Note Appearance motivation=AM, social aesthetic trend=SAT, appearance value recognition=AVR, appearance investment capability=AIC, appearance management experience=AME; standardized coefficients=SC; Unstandardized Coefficients=UC. Dependent variable: appearance motivation.

The model effectively explains appearance motivation (adjusted $R^2 = 0.811$), highlighting social and perceptual factors as stronger influences than financial constraints. The negative intercept (-0.463) suggests baseline resistance to appearance focus in this elderly cohort, offset by strong social influences.

Hat $Y = -.463 + 0.753 \cdot \text{SAT} + 0.268 \cdot \text{AVR} - 0.485 \cdot \text{AIC} + 0.136 \cdot \text{AME}$.

Table 9 Regression analysis model of the venues' motivation among the elderly in Guangzhou.

Model	UC		SC	t	Sig.	R ²	Adjusted	
	B	Std. Error	Beta				d R ²	F
VM	constant	2.68	0.183	14.667	.000	0.856	0.850	29.989**
	VPS.	-.668	.095	-.647	-.7054			
	VUC.	-.176	.042	-.196	-.4.162			
	GL.	.700	.099	.647	7.095			

*Note venues' motivation; venues policy support (VPS), venues usage cost (VUC), geographical location (GL). Standardized Coefficients=SC; Unstandardized Coefficients=UC. Dependent variable: appearance motivation.

The model accounts for a substantial proportion of variance in venue motivation (adjusted R² = 0.850), with accessibility proving more influential than policy or financial considerations. The strong positive intercept (2.68) suggests a baseline preference for venues exists in this elderly population, which is significantly modified by location advantages and policy/cost constraints.

Regression model: $\hat{Y} = 2.68 - 0.668 \cdot VPS - 0.176 \cdot VUC + 0.700 \cdot GL$. The regression model was statistically significant (F 29.989, P<0.05).

1. Fun Aspect

Strategies focus on enjoyable, social activities, like dance classes, Tai Chi with music, and gamified rewards (Sports Points Leaderboard). Hobby-based groups (gardening, walking clubs) and cultural elements (Cantonese opera-inspired exercises) enhance engagement, making exercise fun and reducing pressure.

2. Capacity Aspect

Initiatives include functional training (e.g., fall prevention), personalized progress tracking, age-friendly equipment, and peer success stories ("Exercise Ambassadors"). These efforts boost confidence and self-efficacy through targeted support and visible progress.

3. Social Aspect

A buddy system, family-inclusive activities, recognition programs (e.g., "Most Active Elder"), and integration of cultural events foster inclusive communities. These initiatives strengthen bonds and accountability, enhancing social motivation.

4. Health Aspect

Workshops on fitness benefits, health tracking apps, personalized assessments, and clinic collaborations (exercise prescriptions) highlight long-term health gains, motivating participation.

5. Appearance Aspect

"Feel Good Fitness" sessions, posture exercises, peer transformation stories, and contests ("Most Beautiful Sports Wear") improve self-image and confidence.

6. Venues Aspect

Aging-friendly renovations (anti-slip mats, night lighting), 15-minute fitness circles, and culturally inclusive designs ensure safe, accessible, and appealing exercise spaces.

Discussion

Analysis of factors that play a role in the PAM of the elderly has revealed a complex set of aspects that are essential to improve physical activity levels. The results have led to the development of a strategic model that aims to address the factors involved in PAM improvement and to meet the new demands in modern society. The focus of the exercise is to help older people achieve better physical, psychological, and social levels. The model proposed in the study received 4.45 points and fully reflects the reality of elderly people. The model consists of six aspects: fun, capacity, social, health, appearance, and venues. They are based on different theories and are as follows:

1. Fun Aspect.

The first result of the model, and the one with the highest rating, can be related to a process that makes the training interesting and fun, and at the same time socially significant. This can increase internal motivation and the feeling of community, which in the future can lead to an increase in the PAM of the elderly. The theoretical model can be combined with Cassel's (1976) theory of social support, which states that a positive social environment leads to higher levels of health and resistance to stressors. To achieve these results, group and social forms of training can be used that will make a person feel the benefits of exercise.

2. Capacity Aspect.

The second most important result shows that it is necessary to increase the capacity and competence of the elderly, which will also be beneficial for improving their physical health. This will give a person internal satisfaction and a feeling of independence. This result is associated with the theory of capabilities of Sen (Sauter et al., 2019). It is a social development concept that formal freedoms do not have value if a person does not have the capabilities to use them to achieve success. Therefore, it is necessary to focus on the construction of practical training for the elderly that will increase their functional level.

3. Social Aspect.

The third position is related to the formation of a united social group where there is a clear feeling of belonging. In this group, the emotional and moral support of each member is



established, which will be the most effective way to keep people together. This idea can be linked to Nicolet's theory of social inclusion, which is about inclusion into the community as a necessary condition for the full participation of all in social and cultural life, without discrimination (Ge et al., 2014). The following forms of physical activity can be applied: mentoring, a club of older people, and joint activities with children.

4. Health Aspect.

The fourth result is about education and health monitoring, and long-term health maintenance. The focus is on the maintenance of health, which will be associated with preventive measures. This result can be called Leavell and Clark's theory of preventive medicine (1958). It is a system of preventive measures that is an important part of public health services. It is based on educational activities and early detection of diseases. Therefore, long-term education on a healthy lifestyle and training is an important aspect that must be maintained.

5. Appearance Aspect.

The fifth result is related to people's posture, maintaining their image, and balance. In this context, it can be assumed that training also has a positive effect on the appearance of the elderly. Therefore, many older people are motivated by training to stay vital and dignified. This result can be associated with the Goffman theory of social interaction (1959). It is a process of developing interaction with other people, which should lead to the desired result (Kononova et al., 2019). To form this, different forms of activities that support posture and balance can be used. In addition, people should be taught to appreciate beauty.

6. Venues Aspect.

The last result focuses on places and the entire training process, where the most important thing is comfort and care for the person. This may refer to the theory of social ecology of Bookchin (1982), which claims that all living organisms are connected and that their well-being is based on this community (Jun & Choi, 2024). Thus, the main indicator of comfort and joy will be a place where the elderly can go to relax. Community sports centers should also be equipped with the necessary technical and material support.

The model represents six blocks related to the improvement of the physical activity motivation of older people. The use of physical activity can be called a result, which increases their mental and social well-being. To form a strategic model, six forms of activity were used, which were built based on different theories. This work will make it possible to form blocks, which will be combined with several theoretical aspects. The proposed model can be used by government officials to form strategies for older people, primarily in the cities of China.



Recommendations

Recommendation for this research

1. The implementation of a comprehensive strategy is imperative to increase physical activity participation in the senior population. Such a strategy must be needs-based, carefully tailoring activities to individual capabilities to ensure an optimal level of challenge and sustain motivation. Furthermore, it should embrace a competency-focused framework that prioritizes functional training and personalized progress monitoring over rudimentary assessments, thereby fostering improved physical function and self-assurance.

2. The communities should organize the promotion of PA by setting group of interested persons and motivate them to organize daily exercises, sports, and recreational activities on a daily and weekend basis to keep them regularly participating.

3. Assigned the department that responds in human development, health, and sport and exercise to merge PA into their routine activities

4. Identify common barriers that prevent the elderly from engaging in physical fitness activities, such as a lack of time, awareness, or facilities. Research solutions for overcoming these barriers, including flexible scheduling, increased communication, and affordable programs.

Recommendation for future research

1. Study the factors and conduct a path analysis to study the direct and indirect effects on participation in PA.

2. Applied research on the marketing mix factors and SERVQUAL to gain more effectiveness on the PAM for the elderly.

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