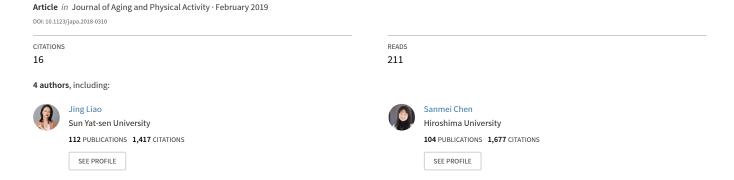
## Personal and Social Environmental Correlates of Square Dancing Habits in Chinese Middle-Aged and Older Adults Living in Communities



*Note:* This article will be published in a forthcoming issue of the *Journal of Aging and Physical Activity*. This article appears here in its accepted, peer-reviewed form; it has not been copy edited, proofed, or formatted by the publisher.

Section: Original Research

**Article Title:** Personal and Social Environmental Correlates of Square Dancing Habits in Chinese Middle-Aged and Older Adults Living in Communities

Authors: Jing Liao, Sanmei Chen, Sha Chen, and Yung-Jen Yang

Affiliations: Department of Medical statistics & Epidemiology, School of Public Health (J Liao), and Sun Yat-sen Global Health Institute, Institute of State Governance (J Liao, S Chen,) Sun Yat-sen University P.R. China; Department of Epidemiology and Prevention, Center for Clinical Sciences (SM Chen) National Center for Global Health and Medicine, Tokyo, Japan; Taiwanese Society of Geriatric Psychiatry (YJ Yung) Taiwan, P.R. China.

Running Head: Correlates of persistent exercise

**Journal:** *Journal of Aging and Physical Activity* 

Acceptance Date: January 11, 2019

©2019 Human Kinetics, Inc.

**DOI**: https://doi.org/10.1123/japa.2018-0310

Personal and Social Environmental Correlates of Square Dancing Habits in Chinese Middle-Aged and Older Adults Living in Communities

Running title: Correlates of persistent exercise

Jing Liao, PhD, Sanmei Chen, PhD, Sha Chen, Yung-Jen Yang, MD

From the Department of Medical statistics & Epidemiology, School of Public Health (J Liao), and Sun Yat-sen Global Health Institute, Institute of State Governance (J Liao, S Chen,) Sun Yat-sen University P.R. China; Department of Epidemiology and Prevention, Center for Clinical Sciences (SM Chen) National Center for Global Health and Medicine, Tokyo, Japan; Taiwanese Society of Geriatric Psychiatry (YJ Yung) Taiwan, P.R. China.

Correspondence: Dr. Jing Liao, Sun Yat-sen Global Health Institute, Institute of State Governance, Sun Yat-sen University, No.135 Xingang West Road, P.R. China, 510275; +0086-84112657, jingliao5@mail.sysu.edu.cn

**Acknowledgements:** The authors thank Haiyan Xiao from the Sun Yat-sen Global Health Institute, Institute of State Governance, Sun Yat-sen university for her assistance in data collection, as well as Dr. Shuhua Sun and Dr. Shixing Liu from the Division of Health Management, Shayuan Primary Health Care Center for their support in recruiting the study participants.

**Funding source:** This work was supported by a grant from the Guangdong Province Natural Science Foundation(2017A030310346) and Sun Yat-sen Scientific Research Foundation for Early Career Researchers (17ykpy15)

**Abstract** 

This study aimed to examine personal and social environmental correlates of physical activity

habit of middle-aged and older adults, using Chinese square dancing as a natural exploratory

example. Participants were 385 adults aged≥45 years (93% female), who habitually danced on

squares or parks of three old districts of Guangzhou. Multinomial logistic regression was used to

identify personal, social, psychological and behavioral correlates of multi-year dance. Old age,

high education, sufficient leisure time and stable social environmental factors were associated with

persistent dancing, whereby education (relative risk ratio (RRR)=1.64, 95%CI:1.05,2.57) and

social engagement (RRR=1.66, 95% CI:1.05,2.63) showed the largest effects. Participants dancing

≤1 year were least satisfied with their social relationships than their counterparts dancing 1~5 years

(RRR=0.68) or over 5 years (RRR=0.58). Physical activity promotion for older adults should adapt

from culturally-appropriate group activities and leverage community social resources to encourage

voluntary participation, particularly for low-educated older women.

**Keywords:** active aging, physical activity, social engagement

## Introduction

Physical activity (PA) is associated with physical (Lee et al., 2012) and mental health benefits (Chekroud et al., 2018), and reduced risks of all-cause mortality (Kokkinos, 2012), By leading a physically, mentally and socially active lifestyle since middle age, the process of frailty, disability and dementia may be delayed or even prevented (NICE, 2015). Nonetheless, older adults' PA levels are generally low and their sedentary time tends to increase with age (Milanović et al., 2013; Zhang, Chen, Wang, Wang, & Jiang, 2014). PA interventions targeting older adults often result in modest increases in exercise adoption, let alone high dropout rates (Fjeldsoe, Neuhaus, Winkler, & Eakin, 2011; World Health Organization, 2009).

To design age-appropriate interventions for long-term maintenance of PA among older adults, key correlates of PA participation and adherence should be identified and understood (Trost, Owen, Bauman, Sallis, & Brown, 2002). Corresponding to the socio-ecological models (Sallis, Owen, & Fisher, 2008), previous reviews indicate that PA participation is influenced by multiple factors ranging from personal, social to environmental domains (A. E. Bauman et al., 2012; Trost et al., 2002). The most consistent personal correlates of PA are age, gender, socioeconomic status (SES) and health status; whereby old age, women (A. E. Bauman et al., 2012; Trost et al., 2002), low SES (education particularly) (Gidlow, Johnston, Crone, Ellis, & James, 2006) and poor health status (A. E. Bauman et al., 2012) were inversely associated with PA. Social factors have emerged as important correlates, such that participants receiving high levels of family or friend support were more likely to be physically active (A. E. Bauman et al., 2012; Trost et al., 2002). Nevertheless, the relationship between social factors and PA has yet been fully investigated in developing countries (A. E. Bauman et al., 2012), and the strength and direction of this relationship also remains inconclusive across English and French published articles (Scarapicchia, Amireault, Faulkner, & Sabiston, 2017). Regarding environmental factors, most studies suggest

that the perceived environmental supportiveness rather than objective neighborhood

characteristics was more consistent correlates of PA (A. E. Bauman et al., 2012; Van Cauwenberg

et al., 2011; Wu et al., 2016). The formation of habitual PA, that is exercising regularly in a

consistent manner (Laitakari, Vuori, & Oja, 1996), may further require the presence of unchanging

environmental cues, for instance, a specific location, time of day (Tappe, Tarves, Oltarzewski, &

Frum, 2013) and stable PA groups (Trost et al., 2002). The World Health Organization review on

PA interventions concludes that successful programs for older adults was most likely to occur in a

group setting of an existing social structure or meeting place (World Health Organization, 2009).

The Chinese square dancing is such a group PA performed to music in public squares, parks or plazas. Owing to its low cost and ease of participation, it is highly popular among middle-aged and retired women, estimated to have 100 million square dancers through 2015 (Fang, 2015). Square dancers meet habitually in the early morning and/or evening after dinner, and organize themselves into rank and file led by the most proficient dancer. The size of dance groups varies from less than ten to nearly 100 (Fang, 2015) dependent on the space availability and popularity

of the lead dancers. Besides health benefits of PA, square dancing provides its participants an

opportunity to socialize with peers of their generation, so as to keep them socially engaged and

dispel loneliness, which are determinants of active aging (World Health Organization, 2002).

Using square dancing as a natural exploratory example, the current study aims to evaluate

key personal characteristics, social factors, psychological and behavioral habit responding to

environment cues of multi-year dance. The understanding of why middle and older aged adults,

mostly women, perform square dancing in such a voluntary and routine manner may inform

targeted interventions to promote PA adoption and adherence.

Method

**Participants** 

The present study was carried out in Guangzhou, the capital city of Guangdong province.

Major squares and parks of three old districts of Guangzhou, namely Yuexiu, Haizhu and Liwan,

were identified via online map (i.e. Baidu map), if they 1) rank high in terms of land area and

visitor flow, and 2) sit in residential area. Using a restricted randomizing sampling approach, eight

squares and parks per district were chosen. Square-dancing groups regularly practicing in these

places were used as the sampling frame, from which one dancing group per square or park were

randomly selected. All square dancers of the selected group, who lived in the local community and

aged >45 years were recruited. Onsite participant recruitment of the selected dancing group,

alongside local advertisements and flyers to inform the residents of our study, was conducted from

13<sup>th</sup> Nov 2017 to 15<sup>th</sup> Dec 2017. All participants read and signed the written informed consent

approved by the institutional review board. Participants completed a self-reported questionnaire

under researchers' supervision. All study procedures were in accordance with the guidelines of the

Declaration of Helsinki and approved by the xxxx Institutional Review Board (Approval no.

L2016-004).

**Measures** 

Years of square dancing were measured by a single question of "How long have you been

regularly practicing square dancing at least once per week". Years of dance were used as the study

outcome and were grouped into ≤1 year, 1-5 years and >5 years, to assess the relationship between

dance duration with personal and social environmental variables listed below.

Journal of Aging and Physical Activity

Personal characteristic measures were age, gender, education and occupational status

(i.e. retired or not) as indicators of SES, as well as self-rated health status and any doctor-diagnosed

chronic disease as indictors of health.

Social factor measures assessed participants' close family relationships, including marital

status, whether having children and living with children if any, and contact frequency with children

if not live together; and social engagement, in terms of the type (i.e. visiting friends; board games,

Mahjong etc.; club activities; volunteering; or educational courses) and frequency (i.e. almost

daily; at least once per week; at least once per month; several times per year) of social activity they

engaged in, using the same measures as the China Health, Aging, and Retirement Longitudinal

Study (Zhao, Hu, Smith, Strauss, & Yang, 2012). Participants were also asked to evaluate

satisfaction with their personal relationships and life as a whole, following the five-point Likert-

scale WHO Quality of Life instrument (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004),

rating from "very satisfied" (scored 5) to "very dissatisfied" (scored 0).

Psychological and behavioral habit measures recorded participants' motivations of how

they started and why they continued practicing square dancing; and behavioral questions

concerning the usual dance time each day indicating time cues, the number of dancing days per

week, duration per time and self-rated intensity to measure repetitive frequency. The later three

questions were further combined as a single measure of dance volume, to indicate whether

participants met the recommended level of exercise (World Health Organization, 2010): active

dancers were these who engaging in moderate to high-intensity square dancing at least five days

per week for at least 30 min each session, or no less than a total 150 min per week; whereas the

others were coded as irregular or low intensity dancers. We additionally measured participants'

any PA other than square dancing, and the number of hours per day spent in sedentary behaviors,

to have an overall picture about their PA profile.

**Statistical Analysis** 

Univariate analysis was conducted to identify personal, social, psychological and

behavioral habit measures associated with multiple years of square dancing, with t-tests for

continuous variables, Chi-square tests for categorical and Kruskal-Wallis tests for ordinal

variables. Multinomial logistic regression was then applied to evaluate the relative importance of

key correlates of multiple year dancing habit, estimated by two sets of coefficients for each

independent variable corresponding to the log odds of  $\leq 1$  year or >5 years relative to the most

frequent 1~5 year dance duration. Variables that were statistically significantly associated with

dance duration (P<0.05, two-sided) in the univariate analysis were included. Analyses were

adjusted for the nesting of individual data within dance group via clustered sandwich standard

error estimation, performed by STATA Version 14.0 (StataCorp, College Station, TX).

Results

A total of 412 community-dwelling older adults who practiced square dancing in selected

major squares or parks and agreed to participate in our study were recruited (response rate was

69%), of which 27 participants (6.5%) with missing values on key variables of interest were

excluded; resulting in a final analysis sample of 385. The mean age of the study sample was 58.7

(standard deviation (SD) 8.0), the majority of whom were retired women with an education of high

school. On average participants had been practicing square dancing for 5.7 years (SD 6.3), with

21.6% dancing for less than 1 year, 45.2% for 1 to 5 years, and 33.2% for more than 5 years (of

whom 30% were over 10 years, n=38).

Journal of Aging and Physical Activity

Table 1 shows univariate association between personal characteristics and social factors with dance duration. Participants who had longer years of square dancing tend to be older (P<0.001), retired (P<0.001) and better educated (P=0.007). There was no statistically significant group differences in self-reported health status and diagnosed chronic disease Most participants were married, and these dancing over 5 years were slightly less likely to have children (93.8% vs 98.9%, P=0.02) and live with children if they had any (61.7% vs 77.9%, P=0.01), but they contacted their children more frequently if not living together (19.6% vs 10.5%, P=0.04). Participants dancing for longer years were more actively engaged in social activities, especially visiting friends (P=0.005), doing club activities (P=0.001), volunteering (P<0.001) and taking educational courses (P<0.001) on a daily or weekly basis (P<0.001). They were more satisfied with their social relationships (P=0.01) and with life as a whole (P=0.02) than their counterparts dancing no more than 5 years.

Table 2 presents psychological and behavioral habit measures responding to environment cues associated with multiple years of square dancing. Two thirds of square-dancers were self-motived and nearly a quarter of them were encouraged by their friends, being comparable across dance duration groups (P>0.05). Fitness (96.4%), making friends (33.8%), entertainment (33.3%) and fulfilling personal interest (32.6%) were the most chosen motivations of continuing square dancing, with participants dancing over 5 years tended to focus more on social (P=0.01) and entertaining benefits (P=0.03) of square dancing. Evening after dinner was the most selected time for square dancing while these dancing over 5 years also reported dancing in the early morning (P=0.04) or morning (P=0.003). Participants of all dance duration groups had similar dance patterns, namely 5~6 days per week for an average 87.7 minutes (SD 30) every time, but these dancing over 5 years were most likely to achieve moderate to high exercise intensity (P=0.02). As

indicated by the dance volume, 61.5% participants in the ≤1-year dance group danced irregularly

or with low intensity, while the corresponding proportion was less than half among these of the

>5-year dance group (P=0.04). Sedentary times were similar between groups with an average of

1.6 hours (SD 1.7), and over one third of square dancers of each dance duration group also

participated in other types of physical activities in additional to dancing.

Figure 1 illustrates statistically-significant correlates of long year of dancing estimated by

the multinomial logistic regression adjusted for all variables included in the model. In reference to

participants in 1-≤5-year dance group, these who were older, had higher education, did not live

with children, actively engaged in social activities (i.e. volunteering, taking educational courses)

had higher odds of being in the > 5-year dance group, whereas these who were not retired, danced

irregularly or with low intensity, and were less socially engaged had higher odds of being in ≤1-

year dance group. Participants who danced ≤1 year were least satisfied with their social

relationships compared to their counterparts dancing 1~5 years (relative risk ratio (RRR)=0.68,

95% CI [0.51,0.91]) or these over 5 years (RRR=0.5895% CI [0.39,0.85]. Education (RRR=1.64,

95%CI [1.05,2.57]) and social engagement (RRR=1.66, 95%CI [1.05,2.63] showed the largest

effect among all correlates included in the multivariate-adjusted associations with multiple years

of dancing.

**Discussion** 

This study investigated personal and social environmental characteristics of a group of

middle- to older-aged adults who danced on squares or parks on a regular basis, and found that old

age, high education level, sufficient leisure time (i.e. retired and not living with children), stable

social environmental factors (i.e. time of day, location, frequent engagement in group activities

and satisfactions with social relationships) were key factors associated with multiple years of square dancing.

Regarding personal characteristics, in our sample dominated by female adults ≥45 years, a positive association between old age and multiple years of dancing was found, contrary to previous finding that younger age was associated with being persistently active among adults aged ≥50 years (L. Smith, Gardner, Fisher, & Hamer, 2015). This disparity may be caused by different age structure of the study samples, and the nature of dance duration that increases as a function of time. Yet, our findings demonstrate the distinction between biological aging and physical decline (McNally et al., 2017), and indicate that physical activity of a moderate intensity and not requiring high functional fitness is likely to be maintained for long period of time among older adults. We also found positive associations between educational attainment and retirement with multiple years of square dancing in agreement with the literature (Barnett, van Sluijs, & Ogilvie, 2012; A. Bauman et al., 2011; Chad et al., 2005). Our study further revealed that most of these square dancers only had an education degree lower than high school. Besides reflecting the general poor education level of the generation born around 1950s (Huang & Zhou, 2013), this finding may be due to the grassroot feature of square dancing. Initiated by amateur community dwellers, square dancing is featured by its low cost and easy participation, thus reducing access barriers to better engage older adults of low SES.

Our study provides additional insights into the persistence of regular physical activity by examining social environmental factors for engaging in square dancing. We found participants' initial reasons to start and motivations for continuing square dancing tend to associate with its social and entertaining functions; and the longer years they have been practicing square dancing, the more socially engaged and more satisfied they were, consistent with ecological models (Sallis

et al., 2008) and Bandura's Social Cognitive Theory (Bandura, 1987). These findings are also

consistent with extant studies of White (Carlson et al., 2012; Fisher, Li, Michael, & Cleveland,

2004), African American (Mendes De Leon et al., 2009; Sweeney, Wilson, & Lee Van Horn, 2017)

and East Asian (Kim & Kosma, 2013; Oka & Shibata, 2012) older adults, highlighting the essential

role of supportive social environment and interpersonal interactions in initiating and maintaining

physical activity across ethnicity (G. L. Smith, Banting, Eime, O'Sullivan, & van Uffelen, 2017).

On the other hand, the identified negative association between living with children and dance

duration may suggest Chinese older adults prioritize family obligations, such as taking care of their

grandchildren (Ko & Hank, 2014) over their own leisure activities. Focusing on square dancing, a

group physical activity entailing frequent social interactions with a wide social network other than

family members, our study contributes to the literature by providing direct evidence on the

importance of social relationships with friends for physical activity maintenance (Scarapicchia et

al., 2017; G. L. Smith et al., 2017) in a developing country context (A. E. Bauman et al., 2012).

As such, physical activity promotion should leverage community social resources to encourage

peer support and positive social interactions for voluntary physical activity and social engagement

within the neighborhood.

Several limitations of our study should be noted. First, given the special characteristics of square dancing (e.g. female dominated and culture-specific physical activity), the generalizability of the present findings to other types of group physical activity and beyond the Chinese collectivist culture remains unclear. Nevertheless, a recent review of 1.2 million USA adults found that group exercises owing to its prosocial feature were associated with the lowest mental health burden over other forms of physical activities (Chekroud et al., 2018). Consistent findings on social interactions and physical activity across different ethnic groups also guarantee future investigation in

Communities" by Liao J, Chen S, Chen S, Yang YJ

Journal of Aging and Physical Activity

© 2019 Human Kinetics, Inc.

mobilizing community social recourses in various cultural context. Second, the current study

focused on key correlates of multi-year dancing habit and limited the study population to these

practicing square dancing. Our study sample thus may be biased by healthy participants highly

motivated for physical activity and social engagement. Comparative cohort studies matching with

inactive counterparts are needed to fully understand why some people are physically active while

other not, as well as factors associated with withdrawal over time. Third, our study only used self-

reported measures, whereas clinical examination may give more objective evaluation on

participants' health status. Finally, the cross-sectional design of the present study prevents us from

drawing any causal relationship or examining changes in social environmental factors and physical

activity levels as participants age. Longitudinal follow-up will provide valuable information on

how these associations evolve with age.

In conclusion, physical activity interventions to increase exercise initiation and adherence

among older adults should reduce barriers by addressing its acceptability and accessibility,

especially for female older adults of low SES who were at the greatest risk of being physically

inactive. Our study examined the Chinese square dancing as a natural exploratory example, and

identified old age, high education levels, adequate leisure time, stable social group and

environmental cuing as key correlates of multi-year dancing habits. These personal and social

environmental correlates identified for persistent dancing provide significant insights into how to

design physical activity programs for low educated female older adults, which may benefit by

adapting from culturally-appropriate grassroot group activities, underscoring health education and

mobilizing supportive social network of the local community.

Journal of Aging and Physical Activity

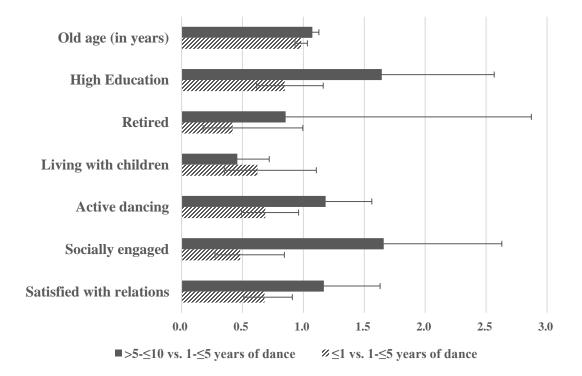
## References

- Bandura, A. (1987). Social foundations of thought and action: A social cognitive theory: PRENTICE-HALL.
- Barnett, I., van Sluijs, E. M., & Ogilvie, D. (2012). Physical activity and transitioning to retirement: a systematic review. *American Journal of Preventive Medicine*, 43(3), 329-336.
- Bauman, A., Ma, G., Cuevas, F., Omar, Z., Waqanivalu, T., Phongsavan, P., . . . Group, N.-c. D. R. F. P. C. (2011). Cross-national comparisons of socioeconomic differences in the prevalence of leisure-time and occupational physical activity, and active commuting in six Asia-Pacific countries. *Journal of Epidemiology & Community Health*, 65(1), 35-43.
- Bauman, A. E., Reis, R. S., Sallis, J. F., Wells, J. C., Loos, R. J., & Martin, B. W. (2012). Correlates of physical activity: why are some people physically active and others not? *Lancet*, 380(9838), 258-271.
- Carlson, J. A., Sallis, J. F., Conway, T. L., Saelens, B. E., Frank, L. D., Kerr, J., . . . King, A. C. (2012). Interactions between psychosocial and built environment factors in explaining older adults' physical activity. *Prev Med*, *54*(1), 68.
- Chad, K. E., Reeder, B. A., Harrison, E. L., Ashworth, N. L., Sheppard, S. M., Schultz, S. L., . . . Lawson, J. A. (2005). Profile of physical activity levels in community-dwelling older adults. *Medicine & Science in Sports & Exercise*, 37(10), 1774-1784.
- Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). Association between physical exercise and mental health in 1·2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *Lancet Psychiatry*.
- Fang, H. (2015). Report on square-dancing in China. Retrieved from <a href="http://ytsports.cn/news-8100.html?cid=49">http://ytsports.cn/news-8100.html?cid=49</a>
- Fisher, K. J., Li, F., Michael, Y., & Cleveland, M. (2004). Neighborhood-level influences on physical activity among older adults: a multilevel analysis. *Journal of Aging & Physical Activity*, 12(1), 45.
- Fjeldsoe, B., Neuhaus, M., Winkler, E., & Eakin, E. (2011). Systematic review of maintenance of behavior change following physical activity and dietary interventions. *Health Psychology Official Journal of the Division of Health Psychology American Psychological Association*, 30(1), 99.
- Gidlow, C., Johnston, L. H., Crone, D., Ellis, N., & James, D. (2006). A systematic review of the relationship between socio-economic position and physical activity. *Health Education Journal*, 65(4), 338-367.

- Huang, W., & Zhou, Y. (2013). Effects of education on cognition at older ages: evidence from China's Great Famine. *Social Science & Medicine*, *98*, 54-62.
- Kahneman, D., Krueger, A. B., Schkade, D. A., Schwarz, N., & Stone, A. A. (2004). A survey method for characterizing daily life experience: the day reconstruction method. *Science*, 306(5702), 1776-1780.
- Kim, Y., & Kosma, M. (2013). Psychosocial and environmental correlates of physical activity among Korean older adults. *Research on Aging*, 35(6), 750-767.
- Ko, P. C., & Hank, K. (2014). Grandparents Caring for Grandchildren in China and Korea: Findings From CHARLS and KLoSA. *J Gerontol B Psychol Sci Soc Sci*, 69(4), 646-651.
- Kokkinos, P. (2012). Physical Activity, Health Benefits, and Mortality Risk. *Isrn Cardiology*, 2012(6796), 718789.
- Laitakari, J., ., Vuori, I., ., & Oja, P., . (1996). Is long-term maintenance of health-related physical activity possible? An analysis of concepts and evidence. *Health Educ Res, 11*(4), 463-477.
- Lee, I. M., Shiroma, E. J., Lobelo, F., Puska, P., Blair, S. N., & Katzmarzyk, P. T. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*, 380(9838), 219-229.
- McNally, S., Nunan, D., Dixon, A., Maruthappu, M., Butler, K., & Gray, M. (2017). Focus on physical activity can help avoid unnecessary social care. *BMJ*, 359, j4609.
- Mendes De Leon, C. F., Cagney, K. A., Bienias, J. L., Barnes, L. L., Skarupski, K. A., Scherr, P. A., & Evans, D. A. (2009). Neighborhood Social Cohesion and Disorder in Relation to Walking in Community-Dwelling Older Adults: A Multi-Level Analysis. *Journal of Aging & Health*, 21(1), 155.
- Milanović, Z., Pantelić, S., Trajković, N., Sporiš, G., Kostić, R., & James, N. (2013). Age-related decrease in physical activity and functional fitness among elderly men and women. *Clinical interventions in aging*, 8, 549-556.
- NICE. (2015). Dementia, disability and frailty in later life—mid-life approaches to delay or prevent onset. Retrieved from <a href="https://www.nice.org.uk/guidance/ng16">https://www.nice.org.uk/guidance/ng16</a>
- Oka, K., & Shibata, A. (2012). Determinants of meeting the public health recommendations for physical activity among community-dwelling elderly Japanese. *Current Aging Science*, 5(1), 58-65.
- Sallis, J. F., Owen, N., & Fisher, E. (2008). Ecological models of health behavior. In K. Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health behavior: Theory, research, and practice* (Vol. 4, pp. 465-485). San Francisco, CA: Jossey-Bass Publishers.

- Scarapicchia, T. M. F., Amireault, S., Faulkner, G., & Sabiston, C. M. (2017). Social support and physical activity participation among healthy adults: a systematic review of prospective studies. *International Review of Sport and Exercise Psychology*, 10(1), 50-83.
- Smith, G. L., Banting, L., Eime, R., O'Sullivan, G., & van Uffelen, J. G. (2017). The association between social support and physical activity in older adults: a systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 56.
- Smith, L., Gardner, B., Fisher, A., & Hamer, M. (2015). Patterns and correlates of physical activity behaviour over 10 years in older adults: prospective analyses from the English Longitudinal Study of Ageing. *BMJ open*, 5(4), e007423.
- Sweeney, A. M., Wilson, D. K., & Lee Van Horn, M. (2017). Longitudinal relationships between self-concept for physical activity and neighborhood social life as predictors of physical activity among older African American adults. *International Journal of Behavioral Nutrition and Physical Activity, 14*(1), 67. doi:10.1186/s12966-017-0523-x
- Tappe, K., Tarves, E., Oltarzewski, J., & Frum, D. (2013). Habit formation among regular exercisers at fitness centers: An exploratory study. *Journal of Physical Activity and Health*, 10(4), 607-613.
- Trost, S. G., Owen, N., Bauman, A. E., Sallis, J. F., & Brown, W. (2002). Correlates of adults' participation in physical activity: review and update. *Medicine & Science in Sports & Exercise*, 34(12), 1996-2001.
- Van Cauwenberg, J., De Bourdeaudhuij, I., De Meester, F., Van Dyck, D., Salmon, J., Clarys, P., & Deforche, B. (2011). Relationship between the physical environment and physical activity in older adults: A systematic review. *Health & Place*, 17(2), 458-469.
- World Health Organization. (2002). *Active Ageing: A Policy Framework*. Retrieved from Geneva, Switzerland:
- World Health Organization. (2009). *Interventions on diet and physical activity: what works: summary report*. Retrieved from Geneva, Switzerland: http://www.who.int/dietphysicalactivity/summary-report-09.pdf?ua=1
- World Health Organization. (2010). Global Recommendations on Physical Activity for Health. Retrieved from
- Wu, Y.-T., Jones, N. R., van Sluijs, E. M., Griffin, S. J., Wareham, N. J., & Jones, A. P. (2016). Perceived and objectively measured environmental correlates of domain-specific physical activity in older English adults. *Journal of Aging and Physical Activity*, 24(4), 599-616.
- Zhang, M., Chen, X., Wang, Z., Wang, L., & Jiang, Yong, . (2014). Leisure time physical exercise and sedentary behavior among Chinese elderly, in 2010 *Chinese J Epidemiol*, 35(3), 242-246.

Zhao, Y., Hu, Y., Smith, J. P., Strauss, J., & Yang, G. (2012). Cohort profile: The China health and retirement longitudinal study (CHARLS). *International journal of epidemiology*, 43(1), 61-68.



**Figure 1.** Relative risk ratios for correlates of long dance duration estimated by multinomial logistic regression, with the 1-≤5-year dance duration group set as the reference group.

**Table 1.** Univariate association between personal characteristics and social factors with years of dance.

	Years of dance (Years)					1			
	Total n=385		≤1 n=83		>1~≤5	> <b>5</b> n=128		- p-value for group difference	
					n=174				
Variables				6%)		.2%)	`	.2%)	
Mean Age (SD)	58.7	(8.0)	55.9	(7.0)	58.0	(8.2)	61.6	(7.5)	< 0.001
Female %	93.0		91.6		93.1		93.8		0.83
<b>Education status</b> %									0.007
Elementary school & below	21.2		30.1		21.3		14.4		
Middle school	36.6		38.6		39.6		30.6		
High school & above	42.2		31.3		39.0		55.0		
Retired %	80.3		60.2		83.9		88.3		< 0.001
Self-reported good health %	66.0		73.5		64.9		62.5		0.44
Diagnosed chronic disease %	33.5		28.9		32.2		38.3		0.33
Married %	92.7		95.2		93.7		89.8		0.36
Have children %	97.1		98.8		98.9		93.8		0.02
Live with children <sup>a</sup> %	70.3		67.1		77.9		61.7		0.01
Social activity b									
Visiting friends	55.3		39.8		58.1		61.7		0.005
Board games, Mahjong etc.	22.9		20.5		21.8		25.8		0.61
Club activities	20.3		6.0		21.8		27.3		0.001
Volunteering	12.2		6.0		6.9		19.5		< 0.001
Educational courses	12.2		6.0		6.9		23.4		< 0.001
Frequency of social activity									< 0.001
Almost daily	33.3		21.7		37.9		34.4		
At least once per week	26.8		16.9		25.9		34.4		
At least once per month	16.1		14.5		15.5		18.0		
Several times per year	23.9		47.0		20.7		13.3		
Satisfaction with social relationsl	hips %								0.01
Very satisfied	38.2		27.7		37.9		45.3		
Satisfied	48.8		47.0		52.3		45.3		
Neither satisfied nor dissatisfied	12.2		22.9		9.2		9.4		
Dissatisfied	0.5		1.2		0.6		0.0		
Very dissatisfied	0.3		1.2		0.0		0.0		
Satisfaction with life as a whole of	%								0.02
Very satisfied	37.4		26.5		35.1		47.7		
Satisfied	53.8		59.0		57.5		45.3		
Neither satisfied nor dissatisfied	8.1		13.3		6.3		7.0		

		Y			
	Total	≤1	>1~≤5	>5	<ul><li>p-value</li><li>for group</li></ul>
	n=385	n=83	n=174	n=128	difference
Variables		(21.6%)	(45.2%)	(33.2%)	
Dissatisfied	0.8	1.2	1.2	0.0	

<sup>&</sup>lt;sup>a.</sup> Among participants having children n=374;

<sup>&</sup>lt;sup>b</sup> Among participants not living with children n=111.

<sup>&</sup>lt;sup>c</sup> No one was very dissatisfied when considering satisfaction for life as a whole.

**Table 2.** Univariate analysis between psychological and behaviour habit with years of dance.

		Years	p-value for					
	Total	≤1	>1~≤5	>5	group			
Variables	n=385	n=83	n=174	n=128	difference			
Motivation of starting square				0.15				
Self-motived	67.7	73.0	67.4	64.8				
Friends-encouraged	24.3	25.7	20.5	27.3				
Family-encouraged	2.1	1.4	4.6	0.0				
Community-organized	3.9	0.0	5.3	4.7				
Company-organized	0.6	0.0	0.8	0.8				
Others	1.5	0.0	1.5	2.3				
Motivation of continuing square dancing <sup>a</sup> %								
Fitness	96.4	92.8	98.3	96.1	0.09			
Making friends	33.8	27.7	29.3	43.8	0.01			
Losing weight	11.7	12.1	13.2	9.4	0.59			
Entertainment	33.3	27.7	29.3	42.2	0.03			
Personal interest	32.6	20.3	33.3	39.1	0.02			
Others	1.6	3.6	0.6	1.6	0.18			
Dance time of day a %								
Early-morning	21.3	12.1	21.8	26.6	0.04			
Morning	21.6	8.4	23.6	27.3	0.003			
Evening	63.9	80.7	58.1	60.9	0.001			
Frequency #days/week (SD)	5.7 (1.7)	5.7 (1.8)	5.7 (1.8)	5.6 (1.6)	0.55			
<b>Duration</b> #min/time (SD)	87.7(30.0)	82.7(26.3)	89.6(33.0)	88.7(27.9)	0.16			
Intensity %					0.02			
Light	45.7	57.8	43.1	41.4				
Moderate	40.0	27.7	46.0	39.8				
Hard	14.3	14.5	10.9	18.8				
Volume <sup>b</sup>					0.04			
Irregular or low intensity	49.6	61.5	47.7	44.5				
Active dancing	50.4	38.5	52.3	55.5				
Sedentary time, hour (SD)	1.6 (1.7)	1.5 (2.1)	1.7(1.6)	1.7(1.5)	0.49			
Other physical activity <sup>c</sup> %	36.1	33.3	33.3	40.6	0.40			

<sup>&</sup>lt;sup>a</sup> Participants could choose multiple answers.

<sup>&</sup>lt;sup>b</sup> Active dancing group was these danced ≥5 days/week for 30 min/time or achieved a total 150 min/week of moderate exercise, the others were grouped as irregular or low intensity group.

<sup>&</sup>lt;sup>C</sup> Percentage of participants who conducted physical activity in additional to square dancing.