

Physical activity, perceived health and active ageing: An exploratory study in older adults

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Abstract:

Active ageing represents a growing priority for health care systems, as increasing life expectancy shifts the focus from longevity alone to the quality of years lived. Physical activity is widely recognised as one of the main determinants of functional capacity and well-being in older adults. However, most studies have focused on quantitative exercise indicators, often neglecting the perceptual and subjective dimensions. The aim of this study was to explore, in a non-institutionalised older population, (i) levels of physical activity and related subjective perceptions, (ii) the association between physical activity, perceived health and sedentary behaviours, and (iii) the role of functional difficulties and socio-demographic variables in physical activity engagement. A cross-sectional observational study was conducted on 29 older adults (≥ 65 years) using a questionnaire assessing socio-demographic characteristics, chronic conditions, physical activity levels, functional difficulties, perceived health and perceptions of active ageing. Associations were analysed using non-parametric tests (Spearman's correlations, Mann-Whitney U test and Fisher's exact test). Approximately half of the participants reported regular physical activity. Physical activity frequency was inversely associated with time spent watching television and with daily sedentary hours ($p < 0.01$). A positive, although non-significant, trend was observed between physical activity frequency and perceived ageing-related benefits ($p = 0.318$; $p = 0.092$). The presence of functional difficulties was strongly associated with physical inactivity ($p = 0.016$; Cramer's $V = 0.648$), whereas educational level showed no significant association. These findings highlight the importance of integrating subjective health perceptions into the assessment of active ageing in support of promoting physical activity among older adults.

Key Words: healthy ageing; functional capacity; sedentary behaviour; self-rated health; physical activity perception; active lifestyle

Introduction

Population ageing is widely recognised as one of the most significant demographic transformations of the 21st century. Ageing is a complex and multidimensional process involving biological, psychological and social aspects, characterised by a progressive decline in functional capacities and an increased vulnerability of the organism (WHO, 2015). In recent years, this demographic shift has placed increasing pressure on healthcare systems, making preventive interventions aimed at promoting health and maintaining functional independence and quality of life essential, as these have become primary objectives of public health strategies targeting older populations (Lee et al., 2012). Although it is a universal, irreversible and progressive phenomenon, ageing does not occur uniformly but is highly heterogeneous and strongly influenced by genetic, environmental and, above all, lifestyle-related factors (Rowe & Kahn, 1997). A large body of scientific evidence has shown that lifestyle-oriented interventions, particularly regular physical activity, can lead to significant improvements in functional capacity, reducing age-related physiological decline and contributing to the maintenance of autonomy in non-institutionalised older adults (Esposito et al., 2025a; López et al., 2023), while also improving perceived health, emotional balance and quality of life (Aliberti & Raiola, 2021). From this perspective, the transition from adulthood to old age does not necessarily imply an inevitable decline but may instead represent a modifiable process through health promotion strategies and active ageing policies (WHO, 2002).

In this context, increasing life expectancy has reinforced the relevance of population ageing as a major health and social challenge, shifting the focus not only towards longevity but, above all, towards the quality of years lived. Within this framework, the concept of active ageing, promoted by the World Health Organization, is defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (World Health Organization, 2002). This perspective was later expanded by the Healthy Ageing paradigm, which emphasizes the maintenance of functional ability rather than the mere absence of disease (Beard et al., 2016).

Within this theoretical framework, physical activity plays a central role. Extensive scientific literature demonstrates that regular physical activity contributes to the preservation of musculoskeletal, cardiovascular and cognitive function in older adults, reducing the risk of disability and supporting functional autonomy (Warburton et al., 2006; Paterson & Warburton, 2010). In parallel, prolonged sedentary behaviour has been identified as a health risk factor independent of physical activity levels and has been associated with poorer health and well-being outcomes in older populations (Owen et al., 2010; de Rezende et al., 2014). Reducing sedentary time and increasing time spent in physical activity represent distinct and independent behavioural targets within health promotion strategies for older adults. In addition to its physiological benefits, physical activity also contributes to psychological well-being and social participation, which are essential components of active ageing (Hou et al., 2024).

Despite the recognized protective role of physical activity, traditional approaches to the study of movement in older age tend to prioritise objective and quantitative parameters, such as frequency, duration and intensity of exercise, often neglecting the subjective dimension of the motor experience. In particular, limited attention has been paid to how older adults perceive their own physical activity, their level of activation and the meaning attributed to movement in everyday life (Ceruso et al., 2019; D'Elia et al., 2020). Psychosocial theories of ageing suggest that well-being in later life depends not only on maintaining active behaviours, but also on the perception of competence, control and continuity of the self, which are fundamental elements for positive adaptation to ageing (Havighurst, 1961; Atchley, 1989). This gap limits a comprehensive understanding of how physical activity is experienced and internalised by older individuals, potentially reducing the effectiveness of interventions that do not account for these subjective dimensions.

From this perspective, the subjective perception of physical activity may represent a key factor in the active ageing process, potentially influencing perceived well-being independently of the objectively measured level of exercise. Recent evidence suggests that training programmes that enhance not only performance but also bodily awareness and movement perception can positively affect adherence, motivation and the quality of the motor experience, highlighting the central role of perceptual dimensions in motor learning and adaptation processes (Raiola et al., 2025a). Feeling active, autonomous and functional may strengthen self-efficacy, motivation and adherence to healthy lifestyles, even in the presence of age-related functional limitations. In line with this perspective, several studies have shown that perceptions of competence, control and self-efficacy are key determinants of physical activity adherence and maintenance in later life, positively influencing not only psychological well-being and perceived health, but also the way physical activity is internally represented and evaluated by individuals (Bandura, 1997; McAuley et al., 2003; Raiola et al., 2025b).

However, despite the well-established role of physical activity in active ageing, much of the existing research still appears limited in its analysis of the perceptual and subjective dimensions of movement in older adults, predominantly focusing on quantitative and objective indicators of physical activity, such as frequency, duration, and intensity. As a result, important subjective dimensions—such as individual perceptions and self-rated health—are often overlooked, even though they may significantly influence adherence to physical activity and overall well-being (Beswick et al., 2008). Perceived health is a reliable and comprehensive indicator of an individual's overall health status, as it integrates physical, psychological, and social dimensions and can predict functional decline, healthcare utilisation, and mortality (DeSalvo et al., 2006).

Consequently, it is still unclear whether and to what extent the perception of being physically active may influence well-being and quality of life in later life. Furthermore, functional limitations and chronic health conditions represent major barriers to physical activity participation in older adults, negatively affecting engagement in active behaviours even in the presence of positive motivation (Schutzer & Graves, 2004; Bauman et al., 2012). The interaction between physical activity, sedentary behaviour, functional limitations, socio-demographic factors, and subjective perceptions remains insufficiently explored, particularly among non-institutionalised older populations. A more integrated approach is therefore needed to better understand these relationships and to support the development of targeted interventions.

In light of these considerations and the limited available evidence on the subjective dimension of physical activity in older age, the present work is conceived as an exploratory study aimed at investigating the relationship between physical activity, subjective perceptions of physical activity and perceived well-being in older adults. Specifically, this study aims to explore, in a non-institutionalised older population: (i) levels of physical activity and associated subjective perceptions; (ii) the association between physical activity and perceived health; and (iii) the role of functional difficulties as potential barriers to physical activity engagement.

Material & methods

Study design

The present study was designed as a cross-sectional observational exploratory study aimed at investigating the relationship between physical activity and the subjective perception of active ageing in older adults.

A cross-sectional design was considered appropriate for the exploratory objectives of the research, as it allows the analysis of associations between motor and perceptual variables at a single point in time without influencing participants' behaviours.

No experimental manipulation or structured physical activity intervention was implemented; the study relied exclusively on the collection of self-reported data. Data collection was conducted between May 2026 and July 2026 through an online questionnaire administered to participants living in non-institutionalised settings.

Participants

The study sample consisted of 29 older adults, recruited on a voluntary basis, aged 65 years or older. A convenience sampling strategy was adopted, in line with the exploratory nature of the study. Participants were recruited through local community centres, social networks, and informal contacts, with the aim of reaching independently living older adults.

Inclusion criteria were:

- age ≥ 65 years;
- ability to understand and independently complete the questionnaire;
- absence of acute clinical conditions that could prevent participation in the study.

Participants with severe neurological or cognitive disorders that could compromise comprehension of the questions or the reliability of responses were excluded.

The sample was predominantly composed of women and showed variability in age and educational level, reflecting the heterogeneity typical of non-institutionalised older populations. All participants lived with family members or partners and did not use walking aids. The presence of chronic diseases was variable, reflecting the typical condition of a non-institutionalised older population.

The present study is part of the research project entitled "Psychophysical perception and body awareness in school and sports contexts through observational and non-invasive tools", approved by the Ethics Committee of Pegaso University (Prot./E 004726, dated 15/07/2025). All participants provided informed consent prior to participation, in accordance with the principles of the Declaration of Helsinki.

Data collection

Data were collected using a structured ad hoc questionnaire specifically developed for this study to assess socio-demographic characteristics, physical activity levels and perceptual dimensions related to health status and active ageing in older adults.

The questionnaire included several sections designed to collect information on:

- demographic characteristics (age, sex, educational level, marital status and living situation);
- presence of diagnosed chronic conditions;
- physical activity practice (weekly frequency, average session duration and type of activity performed);
- possible limitations or difficulties in performing physical activity;
- subjective perception of health status;
- perception of physical activity and its role in the active ageing process.

Items were formulated in a simple and clear manner, mainly using closed-ended questions and ordinal scales, in order to facilitate comprehension among older adults and to ensure response reliability. The questionnaire was not derived from a previously validated instrument but was constructed in accordance with the exploratory aims of the study. However, the development of the questionnaire was informed by existing literature on physical activity, perceived health, and active ageing, in order to ensure content relevance and conceptual coherence with the study objectives.

The questionnaire was administered anonymously in digital format and distributed through online channels, including email and social platforms. Participants completed the questionnaire independently and without time limits. No interpretative guidance was provided during data collection in order to minimise potential response bias. Completed questionnaires were subsequently digitised and entered into an electronic database for statistical analysis.

Statistical analysis

All statistical analyses were conducted using JASP software (version 0.95.4). Ordinal variables were described using median and interquartile range, while categorical variables were reported as absolute frequencies and percentages. Given the small sample size and the predominantly ordinal nature of the variables, non-parametric statistical tests were used.

The association between weekly frequency of light-to-moderate physical activity and subjective variables (perceived health and perceived beneficial effects of physical activity on ageing) was assessed using Spearman's rank correlation coefficient (ρ). Comparisons between independent groups (physically active vs inactive participants; presence vs absence of functional difficulties) for ordinal outcomes were performed using the Mann-Whitney U test.

The association between regular physical activity (yes/no) and the presence of health-related difficulties in performing physical activity (absence vs presence of any difficulty) was analysed using Fisher's exact test. For each analysis, appropriate effect size indices were reported (Spearman's ρ ; rank-biserial correlation for the Mann-Whitney U test; Cramer's V for associations between categorical variables). The level of statistical

significance was set at $p < 0.05$. Given the exploratory nature of the study, no correction for multiple comparisons was applied and results were interpreted in a descriptive manner. No missing data were observed for the variables included in the analyses. All responses were complete and suitable for statistical processing.

Results

Sample characteristics

A total of 29 older adults participated in the study. The socio-demographic and clinical characteristics of the sample are reported in **Table 1**. The sample consisted predominantly of women, with most participants aged between 65 and 79 years. The majority lived with a partner or family members and reported at least one diagnosed chronic condition. Self-rated health scores were predominantly in the medium to good range, with 51.7% of participants reporting a score of 3 and 48.3% a score of 4.

Table 1. Socio-demographic and clinical characteristics of the sample (n = 29)

Variable	n	%
Age group (years)		
60–65	3	10.3
65–69	14	48.3
70–79	9	31.0
80–89	3	10.3
Sex		
Female	18	62.1
Male	11	37.9
Education level		
Primary school	3	10.3
Middle school	9	31.0
High school	17	58.6
Living situation		
With partner/family	29	100.0
Marital status		
Married	24	82.8
Widowed	3	10.3
Other	2	6.9
Diagnosed chronic conditions		
Hypertension	13	44.8
Hypothyroidism	4	13.8
Osteoarthritis	3	10.3
Back/joint problems	3	10.3
None	6	20.7
Self-rated health		
Score = 3	15	51.7
Score = 4	14	48.3

Note. Values are expressed as absolute frequencies and percentages.

Physical activity and subjective perceptions

Physical activity habits and subjective perceptions related to active ageing are summarised in **Table 2**. Fourteen participants (48.3%) reported engaging in regular physical activity, while 15 (51.7%) were classified as inactive. Most participants (69.0%) reported no difficulties in performing physical activity, whereas 31.0% indicated the presence of functional limitations. From a perceptual perspective, the majority of participants (89.7%) reported that physical activity contributes to improving quality of life in older age, while 10.3% partially agreed. A high proportion also attributed a strongly positive role to physical activity in the ageing process, as indicated by high scores for the perceived benefits effect of physical activity on ageing.

Table 2. Physical activity habits and subjective perceptions related to active ageing (n = 29)

Variable	n	%
Regular physical activity		
Yes	14	48.3
No	15	51.7
Use of mobility aids		
No	29	100.0
Yes	0	0.0
Difficulties in performing physical activity		
No	20	69.0
Yes	9	31.0
Main reasons for difficulty in performing physical activity*		
None	20	69.0
Osteoarthritis	3	10.3
Prosthesis	3	10.3
Other health-related reasons	3	10.3
Medical advice to perform physical activity		
Yes	12	42.0
No	17	58.0
Weekly frequency of light/moderate physical activity		

Almost never	6	20.7
1–2 times	20	69.0
> 5 times	3	10.3
Duration of each session		
< 15 minutes	9	31.0
15–30 minutes	3	10.3
≥ 31 minutes	17	58.6
Most common type of physical activity		
Walking	26	89.7
Stationary cycling	3	10.3
Preferred activity modality		
Group-based	22	75.9
Individual	7	24.1
Main reasons for practicing physical activity†		
Health	23	79.3
Health and weight control	3	10.3
Health and socialization	3	10.3
Belief that physical activity improves quality of life		
Yes	26	89.7
Partly	3	10.3
Perceived benefit of physical activity on ageing (1–5)		
Score = 3	6	20.7
Score = 4	3	10.3
Score = 5	20	69.0
Suggestions to promote physical activity in the community†		
Formation of homogeneous groups	13	44.8
Postural exercise gym for seniors	5	17.2
Lower costs	3	10.3
Organized outdoor paths	3	10.3
More cycle paths	3	10.3
Equipped outdoor spaces	2	6.9

Note. Values are expressed as absolute frequencies and percentages.

Correlational analyses

Spearman's rank correlations showed that weekly frequency of light-to-moderate physical activity was inversely associated with self-rated health status ($\rho = -0.577$, $p = 0.001$) and with daily time spent watching television ($\rho = -0.741$, $p < 0.001$). No significant association was observed with average daily sitting time ($\rho = -0.095$, $p = 0.622$). A positive but non-significant association was found between physical activity frequency and perceived benefits effect of physical activity on ageing ($\rho = 0.318$, $p = 0.092$).

Table 3. Spearman's rank correlations between weekly physical activity frequency and health-related variables ($n = 29$)

Association (Spearman)	ρ	p-value
Frequency of light-moderate PA (times/week) $\times$ Perceived benefits effect of PA on aging	0.318	0.092
Frequency of light-moderate PA (times/week) $\times$ Self-rated health status	-0.577	0.001
Frequency of light-moderate PA (times/week) $\times$ Hours spent sitting/day	-0.095	0.622
Frequency of light-moderate PA (times/week) $\times$ Daily time spent watching TV	-0.741	< .001

Note. Spearman's rank correlation coefficient (ρ). Negative coefficients indicate an inverse association based on variable coding. Statistical significance was set at $p < 0.05$.

Group comparisons

No statistically significant differences were observed between physically active and inactive participants in self-rated health or perceived benefits of physical activity ($p > .05$).

In contrast, statistically significant differences were found for sedentary behaviour variables. Physically active participants reported fewer daily sitting hours ($U = 180.0$, $p < .001$, $r = -0.71$) and less time spent watching television ($U = 156.0$, $p = .005$, $r = -0.49$).

Table 4. Differences between active and inactive participants in health perceptions and sedentary behaviors

Outcome (Active vs Inactive)	U	p-value	Effect size (rank-biserial r)
Self-rated health	130.5	0.208	-0.243
Perceived benefits of PA on aging	90.0	0.437	0.143
Hours spent sitting per day	180.0	< .001	-0.714
Daily time spent watching TV	156.0	0.005	-0.486

Note. Differences between physically active and inactive participants were tested using the Mann-Whitney U test. Effect size is reported as rank-biserial correlation (r). Negative values indicate the direction of rank differences according to group coding in JASP. Statistical significance was set at $p < .05$.

Education, functional difficulties and physical activity

No statistically significant association was found between education level and physical activity status ($\chi^2(2) = 4.03$, $p = .133$), although a moderate effect size was observed (Cramer's $V = 0.373$). In contrast, a significant association emerged between functional difficulties and physical activity participation (Fisher's exact test, $p = .016$), with a large effect size (Cramer's $V = 0.648$). Participants reporting osteoarthritis, prosthesis or

other functional difficulties were all classified as physically inactive, whereas a higher proportion of individuals without functional limitations were physically active.

Table 5. Association between education, functional difficulties and physical activity

Variable	Category	Inactive n (%)	Active n (%)	χ^2 (df)	p-value	Effect size
Education level	Primary (Elementary)	0 (0.0)	3 (100.0)	4.03 (2)	.133	Cramer's V = 0.373
	Middle school	6 (66.7)	3 (33.3)			
	High school	9 (52.9)	8 (47.1)			
Functional difficulties	None	6 (30.0)	14 (70.0)	12.18 (4)	.016	Cramer's V = 0.648
	Arthrosis	2 (100.0)	0 (0.0)			
	Prosthesis	3 (100.0)	0 (0.0)			
	Other functional difficulties	3 (100.0)	0 (0.0)			
Total		15 (51.7)	14 (48.3)			

Note. Associations between education level and physical activity status were tested using the chi-square (χ^2) test of independence, whereas associations between functional difficulties and physical activity status were analysed using Fisher's exact test due to small cell sizes. Effect size is reported as Cramer's V. Physical activity status was classified as *active* or *inactive* based on regular engagement in light-to-moderate physical activity. Statistical significance was set at $p < 0.05$.

Discussion

The present exploratory study examined levels of physical activity, associated perceptions, and selected socio-demographic and functional factors in a sample of older adults, with the aim of identifying the variables most strongly associated with regular engagement in physical activity. Overall, the findings indicate that subjective and functional dimensions appear to play a more prominent role than socio-cultural characteristics alone.

A first relevant result concerns the relationship between physical activity frequency and the perceived beneficial effects of exercise on ageing and quality of life. In the present sample, a positive, although not statistically significant, trend emerged between physical activity frequency and the perceived benefits effect of physical activity on ageing. This finding suggests that, even in the absence of a strong linear relationship, more physically active individuals tend to develop more favourable representations of physical activity as a resource for active ageing.

This result is consistent with literature highlighting the central role of self-efficacy, perceived competence and body awareness in sustaining motivation and adherence to physical activity in later life (Bandura, 1997; McAuley et al., 2003). From this perspective, it is not only the motor behaviour itself that is relevant, but also the way physical activity is internally represented, evaluated and integrated into an individual's system of personal meanings. Experimental evidence shows that training approaches oriented towards perception–awareness development promote a deeper internalisation of the motor experience and improvements in performance (D'Isanto et al., 2025). In parallel, recent studies indicate that stretching- and resistance-based training programmes can enhance psychophysical awareness, suggesting that specific exercise modalities act not only on motor function but also on the quality of bodily experience and the subjective relationship with movement (Esposito et al., 2025b).

In this sense, the present data suggest that not only the availability of motor opportunities but also how physical activity is subjectively represented and valued influences engagement in physical activity, with direct implications for perceived quality of life and well-being (WHO, 2015). Interestingly, the inverse association observed between physical activity frequency and self-rated health should be interpreted with caution. Given the ordinal coding of the variable and the cross-sectional design of the study, this finding may reflect a compensatory behaviour, whereby individuals with perceived health concerns engage more frequently in physical activity as a strategy to maintain or improve their condition. Alternatively, it may indicate increased health awareness among individuals who are more attentive to their physical condition. Further research is needed to clarify the directionality of this relationship.

The comparison between physically active and inactive participants revealed marked differences in sedentary behaviours, particularly in daily television viewing time and total hours spent sitting. Physically active individuals reported significantly lower levels of sedentariness, with medium-to-large and large effect sizes, indicating that inactivity is not merely the absence of structured exercise but rather a broader sedentary lifestyle. This result is consistent with literature showing that physical inactivity and sedentary behaviour are distinct, although related, constructs. High levels of sedentary behaviour have been associated with adverse health and well-being outcomes independently of physical activity levels (Owen et al., 2010; Tremblay et al., 2017). Studies in older populations further indicate that prolonged sedentary activities, such as television viewing, are associated with poorer perceived health, reduced quality of life and an increased risk of functional decline (Harvey et al., 2013; Dogra & Stathokostas, 2012).

In this context, recent contributions underline how structured and conscious physical activity, including strength-oriented exercise, may promote meaningful psychophysical learning and counteract the negative effects of a sedentary lifestyle (Raiola et al., 2025). Moreover, the adoption of physical activity monitoring models allows for a more accurate evaluation of weekly movement levels in relation to World Health Organization

recommendations, supporting targeted health promotion interventions in adult and older populations (Ceruso et al., 2024). The large effect sizes observed in the present study suggest that reducing sedentary behaviours should be considered a primary goal of physical activity promotion programmes for older adults, alongside increasing regular exercise participation (WHO, 2015).

With regard to socio-demographic variables, no statistically significant association emerged between education level and physical activity status, although the effect size was moderate. While this finding should be interpreted with caution due to the small sample size, it suggests that, in this sample, educational level did not represent a discriminating factor in physical activity engagement. This result partially contrasts with previous literature identifying education as a key social determinant of physical activity, with higher education typically associated with greater adoption and maintenance of active behaviours (Beenackers et al., 2012; Gidlow et al., 2006). However, more recent studies indicate that this association may weaken in specific contexts or populations, particularly among older adults, where factors such as service accessibility, health conditions and the diffusion of health promotion messages may play a more prominent role than formal educational capital (Stalsberg & Pedersen, 2010; Van Holle et al., 2016). In this perspective, the lack of significant differences observed here may reflect the increasing pervasiveness of public health messaging that transcends traditional educational barriers.

In contrast, the presence of functional difficulties emerged as a strong determinant of physical inactivity, with a large effect size. This finding is particularly relevant, as it indicates that both perceived and objective physical limitations can represent concrete barriers to physical activity participation, independently of educational level or other socio-demographic characteristics. Previous studies have shown that reduced functional capacity, musculoskeletal pain and fear of falling are among the main predictors of sedentary behaviour in older adults (Paterson & Warburton, 2010; Bauman et al., 2012). Longitudinal research further suggests that functional decline can trigger a vicious cycle in which reduced physical activity accelerates the loss of autonomy and motor capacity (Tak et al., 2013). These findings support the need for highly individualised physical activity promotion strategies that take functional conditions into account and prioritise adapted, progressive and accessible exercise programmes in order to reduce perceived barriers and foster adherence even among more vulnerable individuals (Nelson et al., 2007; WHO, 2015).

Overall, these findings suggest that effective physical activity promotion strategies in adulthood and older age should integrate educational components aimed at strengthening positive exercise perceptions with interventions designed to reduce functional barriers, in order to enhance adherence and long-term sustainability.

Study limitations

Several limitations should be considered when interpreting these findings. First, the small sample size limits the generalisability of the results and the statistical power of the analyses. Second, the use of a non-validated questionnaire may have affected measurement accuracy, particularly with regard to perceptual dimensions. Third, the cross-sectional design does not allow causal relationships between physical activity, subjective perceptions and health status to be established. Finally, self-reported measures may be subject to recall and social desirability biases. Despite these limitations, the study provides useful preliminary evidence. Future research with larger samples and longitudinal designs could further investigate the role of subjective perceptions and functional difficulties in the adoption and maintenance of physical activity. In addition, validation of the measurement instruments would strengthen the reliability of the evidence.

Conclusions

In conclusion, this exploratory study indicates that regular physical activity in adulthood and older age is more strongly associated with functional and perceptual factors than with traditional socio-demographic variables, such as educational level. In particular, the presence of functional difficulties emerged as a key determinant of physical inactivity, highlighting how physical limitations can constitute concrete barriers to the adoption of active behaviours. At the same time, positive perceptions of physical activity, in terms of its benefits for ageing and quality of life, appear to promote greater adherence to an active lifestyle, whereas sedentary behaviours are more prevalent among inactive participants.

These findings reinforce the importance of considering physical activity not merely as a motor behaviour, but as an integrated component of a complex lifestyle, consistent with international health promotion frameworks and shaped by subjective, functional, and contextual factors. From a practical perspective, the results suggest that physical activity promotion strategies should prioritise personalised and adaptable programmes aimed at reducing functional barriers while enhancing positive perceptions and awareness of movement.

Although the exploratory nature and limited sample size of the study require cautious interpretation, the findings contribute to a better understanding of the multifactorial determinants of physical activity in adult and older populations and provide a useful basis for the development of targeted interventions and future longitudinal research in this field.

Conflicts of interest - The authors declare no conflict of interest.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work, the authors did not use any generative AI or AI-assisted tools. The authors take full responsibility for the content of the publication.

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