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Sport As A Tool For Building Political Alliances: The Olympics Of Emerging Powers (GANEFO) Level of Elderly Participation in Recreational Soccer Activities: A Study of Arnstein's Ladder of Participation

Rachmad Irfan Nur Maliki[1]✉ , Heny Setyawati[2]

[1] Universitas Negeri Semarang, Indonesia; rachmadnur@students.unnes.ac.id
[2] Universitas Negeri Semarang, Indonesia; henysetyawati@mail.unnes.ac.id

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Abstract

This study aims to analyze the level of participation of older adults in recreational soccer activities based on Arnstein's Ladder of Citizen Participation (1969). Given the rapid growth of the older adult population in Indonesia, this study is important to support sustainable active aging strategies. A descriptive qualitative approach was used with 8 active elderly participants aged 60-65 years in Kediri Regency, specifically at the Mitra Muda Blabak and Amphibi Sambi clubs. Data were collected through in-depth interviews, participatory observation, and documentation over a period of 2-4 weeks, then analyzed using the Miles and Huberman model. The results showed that 75% of participants fell into the Citizen Power category, 25% into the Tokenism category, and none into the Non-Participation category. These findings indicate that recreational soccer serves as an effective means of social empowerment for older adults, supporting the principle of active aging. However, the presence of tokenism among some participants indicates the need for greater delegation of authority in decision-making. It is recommended that the development of sports programs for older adults focus more on strengthening participant agency and social integration to improve their quality of life in a sustainable manner and reduce participation gaps. Policy implications are needed to ensure more equitable access for older adults to community physical activities.

✉ Address correspondence:
Universitas Negeri Semarang, Kampus Sekaran, Gunungpati, Semarang
E-mail: (rachmadnur@students.unnes.ac.id)

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INTRODUCTION

The elderly population in Indonesia is growing rapidly in line with the ongoing demographic transition in the country. The Central Statistics Agency (2023) projects that the proportion of people aged 60 and above will reach 15.5% or around 28 million by 2035, indicating that Indonesia is facing a major challenge in meeting the welfare needs of the elderly (Basrowi et al., 2021). This phenomenon raises various significant issues in terms of the physical, mental, and social health of the elderly, whose vulnerability is often exacerbated by contextual factors such as geographical location, gender, and access to health and recreational services (Bagus et al., 2022).

The vulnerability of older adults also varies based on geographic location, with rural older adults in Indonesia showing a higher risk of disability than urban older adults (Munawaroh et al., 2025). Analysis from the National Socioeconomic Survey (Susenas) indicates that factors such as low education, insufficient balanced protein intake, and lack of recreational activities are the main causes of this vulnerability, which ultimately increases dependence and reduces independence (Handayani et al., 2020). Gender aspects further exacerbate the situation, especially for older women who face gender bias in their living arrangements. Families are the main source of care, but gender bias hinders their access to essential services, creating challenges for healthy and independent aging (Dogra et al., 2021).

One of the main issues faced by Indonesian elderly people is the prevalence of depression and emotional mental disorders, which require family support and better medical care to improve their quality of life (Idaiani & Indrawati, 2021). Wardhani (2024) found that risk factors such as social isolation and lack of emotional support contribute significantly to high rates of depression among the elderly, which not only reduces subjective well-being but also accelerates cognitive decline. The Indonesian Family Life Survey (IFLS-5) study revealed that 44.6% of elderly respondents reported poor cognitive function, which was influenced by various factors including poor sleep quality (Asri et al., 2024). This condition is further complicated by coping strategies for loneliness that depend on cultural elements, such as community, tradition, and spirituality, where gender differences are evident in that elderly women tend to rely more on spiritual support, while men rely more on social interaction (Indrawati, 2023).

Although recreational activities play a crucial role in improving the physical, mental, and social well-being of older adults, participation among older adults in Indonesia remains low, which has a negative impact on their overall quality of life (Susanty et al., 2024). Data from the Indonesian Family Life Survey (IFLS-5) shows that only about 20-30% of urban older adults regularly engage in active physical activities, while in rural areas this figure drops to less than 15%, with the majority choosing sedentary leisure activities such as watching television due to health and access limitations (Leo et al., 2023). Arifin (2023) found that many Indonesian older adults prefer passive or sedentary activities, such as watching television or resting, to active activities that involve physical movement or social interaction, often due to health and environmental factors.

Health status is a major predictor of low participation in recreational activities among older adults in Indonesia (Hakim, 2020). Observational studies reveal that older adults in poor health tend to engage in sedentary or passive activities, while those with disabilities are disadvantaged in participating in both active and passive leisure activities (Puspitasari et al., 2021). This is exacerbated by the vulnerability of rural elderly people, where Susenas analysis shows that participation in recreational activities is lower than that of urban elderly

people due to lower education levels, insufficient balanced protein intake, and limited opportunities for leisure activities (M. D. Puspitasari et al., 2021). As a result, rural elderly people face a higher risk of disability, creating a vicious cycle in which a lack of recreational activities further worsens their physical condition and social isolation.

Recreational team sports, such as soccer, basketball, or volleyball, offer great potential as a means to encourage regular physical activity and improve holistic well-being, especially for older adults who often lead sedentary lifestyles (Duncan et al., 2022). Larsen (2025) states that these team sports not only promote cardiovascular, metabolic, and musculoskeletal health, but also strengthen social connections, mental well-being, and emotional resilience across all age groups. In the context of prevention, treatment, and rehabilitation of non-communicable diseases such as diabetes, hypertension, and depression, recreational team sports have proven effective because they combine physical elements with enjoyable social interaction, encouraging long-term participation without excessive competitive pressure (Mowle et al., 2022).

Castagna (2020) shows that various types of team sports, including soccer, handball, floorball, basketball, touch rugby, futsal, and volleyball, significantly improve cardiovascular fitness and other related health variables in previously inactive adults and older adults. These recreational programs, which are typically conducted 2-3 times a week at moderate intensity, can reduce the risk of chronic diseases, improve body composition, and increase physical endurance without straining the joints or muscles of older adults. This potential is particularly relevant for older adults in Indonesia, where low participation in physical activity contributes to vulnerability to disability, especially in rural areas (Puspitasari et al., 2021).

In addition to physical benefits, recreational team sports have a stronger positive impact on mental health and social outcomes than individual sports (Eather et al., 2023). A systematic review by Crossman (2024) on adults shows that participation in team sports improves symptoms of depression, anxiety, and stress, while strengthening self-confidence, social support, and community engagement. The conceptual model "Mental Health through Sport" proposed in the study emphasizes that team elements such as cooperation and communication make this sport more effective in building emotional resilience, which is crucial for older adults who are vulnerable to isolation and loneliness.

Boithias (2024) found that a soccer program as a recreational activity for 8-12 weeks not only reduced body mass index and fat mass, but also increased self-efficacy and life satisfaction in older adults, with a strong osteogenic effect on lower limb bones to prevent osteoporosis. These mental benefits are more pronounced in older adults because soccer provides a sense of purpose and achievement, which is often lost in old age, making it an enjoyable holistic therapy (Martín-Rodríguez et al., 2024). The social benefits of soccer also include strengthening community bonds and cooperation skills, which for older adults are key tools for reducing isolation and building support networks (Reardon & Hitchcock, 2024).

Although this potential is clear, its application among Indonesian seniors remains limited, with studies focusing more on general benefits than on specific adaptations for older adults (Jenkin et al., 2021). Specifically for team sports such as recreational soccer, senior participation is even lower, at less than 5% according to a survey by the Kemenpora (2022), where PSSI programs are more focused on youth, leaving older adults with limited options. Cultural challenges such as gender norms and regional access hinder participation, despite the significant potential to support active aging (Ismahmudi & Fakhrurizal, 2020).

Specific barriers to older adult participation are often multidimensional, encompassing physical, psychological, and social factors (Fulmer et al., 2021). Physically, frailty and MCI cause decreased mobility and fatigue, making team activities such as soccer seem risky for injury, so older adults prefer sedentary leisure activities (Hanipah et al., 2025). Psychologically, age stereotypes and low self-efficacy, where older adults feel "too old" for dynamic sports, hinder competence, exacerbated by post-pandemic emotional isolation (Valenzuela et al., 2023). Social barriers include weak networks, low environmental cohesion, and limited access, especially in rural Indonesia where PSSI infrastructure is not elderly-friendly (Fitri et al., 2022).

In Indonesia, these obstacles are even more complex due to cultural integration challenges, such as ethnic, religious, and racial conflicts that reduce community cohesion, so recreational soccer programs need to adopt SDT to build relatedness through intergenerational dialogue (Geigl et al., 2023). Although SDT has been proven effective in increasing physical participation among older adults globally, its application in recreational soccer for older adults in Indonesia, considering frailty, MCI, and low socioeconomic context, is still limited (Palombi et al., 2025). Research exploring factors of older adult participation in soccer and specific barriers is needed to design adaptive interventions to maximize the potential of team sports in supporting healthy aging and social integration (Sugie et al., 2022).

Overall, the holistic benefits of recreational activities, as documented by Ye (2021) provide a strong basis for promoting recreational soccer as a specific intervention for older adults. This team sport is unique because it combines physical activity with social interaction, which can be adapted to the local Indonesian context to overcome barriers to participation (Pinheiro et al., 2022). However, understanding of elderly participation in recreational soccer in Indonesia is not yet deep, with empirical data on participation patterns such as frequency, duration, and preferences still minimal (Syaukani et al., 2024).

This study not only fills the scientific gap regarding the participation of older adults in recreational soccer activities, but also makes a real contribution to the development of active aging programs and policies in Indonesia. This study aims to understand the factors that influence the participation of older adults in recreational soccer activities, as well as to identify existing barriers and potential in order to design sports programs that are tailored to the physical, psychological, and social needs of older adults. The ultimate goal is to develop practical recommendations for the development of recreational soccer programs that are older adult-friendly, adaptive, and have a positive impact on their well-being.

METHODS

This study uses a descriptive qualitative approach with an exploratory design to understand the level of participation of older adults in recreational soccer activities. The theoretical basis used is Arnstein's Ladder of Citizen Participation (1969), which classifies participation into eight levels ranging from manipulation and therapy (non-participation), informing, consultation, and placation (tokenism), to partnership, delegated power, and citizen control. This theory allows researchers to analyze the extent to which older adults are involved in decision-making in recreational activities, ranging from non-participation to true participation that gives them full control. This study focuses on three main levels, namely Degrees of Citizen Power (equal partnership and citizen control), Degrees of Tokenism, and Non-Participation, to assess how older adults participate in recreational ball game programs (Arnstein, 2019).

Data collection was conducted in two inter-village clubs, namely Mitra Muda Blabak and Amphibi Sambi, located in Blabak Village and Sambi Village, Kediri Regency. Data was obtained through semi-structured in-depth interviews and participatory observation of eight elderly people active in recreational ball games. The interviews used a question guide related to the elderly's experience in decision-making, such as the ability to choose game rules, lead warm-ups, or set training schedules. Observations were conducted during training sessions and matches, paying attention to social interactions, the role of the elderly in decision-making, and their level of independence in participating. Documentation in the form of photos and videos of activities supported the data obtained in the field.

Data collection was carried out through semi-structured interviews, participatory observation, and documentation over a period of 2-4 weeks. The research instruments were developed based on the Ladder of Citizen Participation indicators, including open-ended questions about decision-making and observation sheets to record social interactions and enthusiasm. Primary data was obtained directly from participants and administrators, while secondary data in the form of club reports and activity archives was used to complement field findings and avoid subjectivity bias in the analysis.

Data analysis used the Miles and Huberman (1994) model with three main stages: data reduction through theme coding based on Arnstein's Ladder of Citizen Participation, presentation of data in a matrix to identify patterns of participation, and drawing conclusions with verification through triangulation. Triangulation was conducted by combining data from interviews, observations, and documentation to ensure the credibility of the findings (Abdussamad, 2022). Ethical considerations included written informed consent, data confidentiality, and the participants' right to withdraw from participation at any time. This study aims to identify the level of elderly participation in Recreational Soccer Activities and provide recommendations to increase genuine participation that supports the quality of life and well-being of the elderly.

RESULTS AND DISCUSSION

The research data was obtained through in-depth interviews with nine respondents who were members of a senior soccer team in the neighborhood. The following is a brief profile of the research participants:

Table 1 Participant Profile

O	NAME	INITIALS	GE	POSITION
	Hadi Kuswanto	L1	1 yo	Midfielder
	Miftahul Huda	L2	1 yo	Wing Back
	Samsul Huda	L3	0 yo	Goalkeeper
	Wiwit	L4	2 yo	Winger
	Kharis	L5	4 yo	Midfielder
	Wanto	L6	3 yo	Striker
	Kanan	L7	5 yo	Midfielder
	Huda (Kanil)	L8	1 yo	Wing Back

Table 2 Participation Rate Profile per Participant

Partisipan	*Citizen Power*	*Tokenism*	*Non-Participant*	*ategori Domination*
Hadi (L01)	4/4 (100%)	0/4 (0%)	0/4 (0%)	Citizen Power
Miftahul Huda (L02)	4/4 (100%)	0/4 (0%)	0/4 (0%)	Citizen Power
Samsul Huda (L03)	0/4 (0%)	2/4 (50%)	2/4 (50%)	Tokenism
Wiwit (L04)	4/4 (100%)	1/4 (25%)	0/4 (0%)	Citizen Power
Kharis (L05)	4/4 (100%)	3/4 (75%)	0/4 (0%)	Citizen Power
Wanto (L06)	3/4 (75%)	1/4 (25%)	0/4 (0%)	Citizen Power
Kanan (L07)	0/4 (0%)	4/4 (100%)	2/4 (50%)	Tokenism
Huda (L08)	3/4 (75%)	1/4 (25%)	0/4 (0%)	Citizen Power

This study was conducted to examine the level of participation of older adults in recreational soccer activities using Arnstein's Ladder of Citizen Participation Theory as a theoretical framework. Data were collected through in-depth interviews and participatory observation of eight respondents who were members of a local older adult soccer team. The participant profiles showed that their ages ranged from 60 to 65 years old with various positions, including goalkeeper, wingback, midfielder, and winger. The youngest participant was Samsul Huda (60 years old) while the oldest was Kanan (65 years old), indicating that recreational soccer programs for the elderly can still be participated in well even at an advanced age.

4.1.1 Findings on Participation in Decision Making

The first finding relates to the extent to which older individuals play a role in decision-making within the team. Based on the interview results, there are varying levels of participation, ranging from very active to completely following the decisions of others. Hadi Kuswanto (L1) revealed that as older team members, friends exchange views and opinions, but the final decision is made through a deliberative process. This shows recognition of experience and age as factors that legitimize the expression of opinions. Miftahul Huda (L2) stated that in senior teams, decisions are made collectively. In contrast, Samsul Huda (L3) stated that he was just an ordinary player where the rules of the game were determined by the referee. Wiwit (L4) revealed that he did not contribute to the technical aspects of the game, but contributed to finding opponents and determining the schedule. Kharis (L5) showed a role in selecting the time of the match and selecting the referee, although schedule changes were often only informed without involvement in the decision-making process. Wanto (L6) and Kanan (L7) showed the lowest level of participation, stating that they only followed the team's decisions without having any authority. Huda (L8) provided a situational perspective in which involvement in decision-making depended on certain circumstances.

4.1.2 Findings on Consultation Experiences

The second finding relates to participants' experiences when their opinions were sought, but it was unclear whether those opinions influenced the final outcome. This phenomenon represents a form of symbolic participation or what Arnstein

refers to in his theory as "tokenism." L1 revealed that consultations did take place, but the final outcome was still determined through teamwork and could not be decided by one individual. L2 explained that as a senior player, his opinion was indeed sought individually, but the final decision was still determined through discussion. L3 stated that sometimes opinions about opponents or strategies were sought, but as a goalkeeper, he felt he did not have much influence in terms of strategy. Wiwit (L4), who most often sought information about opponents, stated that he was often asked for advice, but that advice was not always implemented in the final decision. L5 provides a clearer example where his opinion is sought about infrequent training sessions, but the final decision remains beyond his control. L6 and L7 show different experiences by stating that they are never asked for their opinions

about training or matches. L8 states that his opinion is often important because he often proposes rational things, even though his suggestions are sometimes not used.

4.1.3 Findings on Exclusion in Decision Making

The third finding relates to participants' experiences when they expressed their opinions, but the final decision remained in the hands of others. L1 shared his experience during the All Star game, where he suggested not playing due to heavy rain and a muddy field, but his friends insisted on playing because they had come from far away. L2 stated that all decisions were definitely discussed, although there were no specific instances where his suggestions were not used. L3 revealed that he once wanted to suggest who should fill the be k position, but couldn't because they had to take turns and maintain team harmony. L4 stated that he had experienced a situation where an opponent had been found but his friends were unavailable, so the match date could not be set. L5 gave a specific example of the phenomenon of "pseudo-participation" where he suggested focusing more on physical training because the opponents were strong, but the team remained focused on technique with mediocre results. L6 and L7 stated that they did not have similar experiences, while L8 shared an experience where he suggested going home because it was late and approaching Maghrib, but they continued to train with fewer players out of sympathy for those who lived far away.

Arnstein's Participation Theory (1969) classifies participation into eight levels grouped into three main categories: non-participation, tokenism, and citizen power. Based on the results of the study, it can be observed that the participation of older adults in recreational soccer programs is generally at a high level. Of the eight participants, six (75%) fell into the Citizen Power category, two (25%) fell into the Tokenism category, and none fell into the Non-Participation category.

This finding is very positive because it shows that recreational soccer programs for the elderly have provided sufficient space for the elderly to participate meaningfully. This can be seen from indicators such as equal partnership (75%), control over certain aspects (75%), and delegation of power (75%), which show a high level of approval. In this context, the elderly are not just passive recipients of programs designed for them, but play an active role in shaping and directing the programs according to their needs and desires.

1. The Phenomenon of Tokenism Among Some Elderly People

Although most participants showed high levels of participation, there were two participants who showed different patterns of participation, namely (L03) and (L07). These two participants tended to be at the level of tokenism. Participant L3 showed an interesting pattern in that he did not show any indicators of citizen power (0 out of 4), but also did not fully display the characteristics of a non-participant. He

showed 2 out of 4 indicators of tokenism, namely consultation without real impact and discussions that ended without change. However, he also reported the dominance of trainers in decision-making.

2. Analysis of Community Strengths

The results showed that most participants (75%) were involved in collective decision-making with the trainer. This indicates an equal partnership between older adults and trainers in running the program. Six participants (75%) reported having control over certain aspects of the program, such as leading warm-ups and even participating in determining the schedule or duration of activities. These findings support Arnstein's theory that true participation occurs when citizens have real power to influence decisions.

However, it should be noted that the indicator "activity outcomes reflect older adults' input, demonstrating full control" only scored 50%. This shows that although older adults participated in decision-making, not all of their input was fully realized in the program outcomes. This phenomenon reveals a gap between the participation process and the final outcome, which is a challenge in implementing citizen participation.

3. Partnership level

The highest level in Arnstein's theory includes partnership, delegation of authority, and citizen control. Research findings show that the participation of older adults in recreational soccer has largely reached the partnership level. This is evidenced by collective decision-making efforts, although these do not always run optimally. Some participants stated that decisions were made jointly within the elderly team. However, others stated that decisions were made without consulting the elderly players. This condition shows that partnership has not yet fully developed in all aspects of decision-making.

For the level of delegation of authority, the research findings do not indicate that participants have full authority in decision-making. Even participants with roles such as L4, who seek opponents and determine the schedule, still do not have full authority because the final decision remains in the hands of the team. The highest level of participation, namely citizen control, was not identified in the research findings. No participants stated that they or their group had full control over the recreational soccer program. Decisions regarding the rules of the game, for example, were determined by the referee and match officials.

4. Implications for Program Development

The findings of this study have important implications for the development of recreational soccer programs for older adults in Indonesia. First, this program has succeeded in creating an environment that supports meaningful participation for older adults, as evidenced by the majority of participants who are at the community level. Second, there is still room for improvement in terms of more meaningful participation by giving older adults greater authority in decision-making. Third, the phenomenon of tokenism that still occurs among some participants needs to be addressed by improving consultation mechanisms and implementing the aspirations expressed by the elderly.

Overall, this study shows that recreational soccer programs can be an effective means of increasing social participation among the elderly. High participation at the citizen empowerment level shows that the elderly are not just passive recipients of the program, but are actively involved in the decision-making process. This is very important to support active and healthy aging in line with the Indonesian government's policy in dealing with the elderly population. These findings suggest that recreational soccer activities can serve as a platform for empowering the

elderly, providing them with opportunities to express their agency and contribute to program development while maintaining their physical health and social well-being.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that the level of participation of older adults in recreational soccer activities is predominantly in the Citizen Power category at 75%, while the rest is in the Tokenism category at 25%, and no participants were found in the Non-Participation category. This finding indicates that the recreational soccer program developed in the inter-village environment has succeeded in creating a meaningful space for participation, where the elderly are not only passive objects but also have an active role in collective decision-making, from selecting opponents and schedules to game strategies. Intrinsic motivation driven by the need for autonomy, competence, and relatedness according to Self-Determination Theory (SDT) is the main driver of this sustained participation, which is in line with the principles of active aging.

However, the fact that some participants fell into the tokenism category shows that there is still a gap between the consultation process and the actual implementation of decisions. This implies the need for a more inclusive program management strategy to increase the delegation of authority to older adults, so that participation can shift from being merely symbolic to full citizen control. Overall, recreational soccer has proven to be an effective means of social and physical empowerment for older adults. Therefore, the development of national sports policies needs to consider this community-based participation model to support the welfare of older adults, with a focus on strengthening social bonds and increasing the agency of older adults in managing their recreational activities. Further research is recommended to expand the sample and examine the long-term impact of this participation on the quality of life of older adults more comprehensively

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