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**Research Article**

# Tourism and Elderly well-being: Unpacking Silver Tourism Preferences and Constraints

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**ABSTRACT**

The ageing population is an unquestionable fact. It results from a demographical shift in the world marked by longer life expectations and nuclear families. This research aims to explore the multifaceted impact of tourism on the elderly healthy ageing, focusing on both psychological and physical benefits, as well as understanding the motivations, preferences, and barriers faced by older adults in engaging with tourism activities. The study employs a sample survey methodology to gather data from 288 respondents, leading to several key findings. The results indicate a strong preference among participants regarding the positive effects of travel on personal growth. The research also highlights the psychological benefits of travel, with happiness and stress reduction identified as the most significant. The SEM analysis was conducted to confirm the positive relationship between psychological, physical and motivational factors with healthy ageing. The study also shed light on the barriers to participation in tourism activities among older adults. This study underlines the importance of understanding and facilitating the participation of the elderly in tourism activities, aiming to improve their quality of life and support healthy ageing.

**Keywords:** healthy ageing, psychological benefit, senior market in tourism, silver tourism.

## Introduction

The landscape of the worldwide demographic features is undergoing a profound transformation, characterized by an increasing number of older adults who are living longer and healthier lives. The number of individuals aged 65 and above are increasing rapidly compared to those younger than 65. As a result, the population of the world aged 65 and above is expected to grow from 10% in 2022 to 16% by 2050. United Nations Department of Economic and Social Affairs, Population Division (2022). This shift in the features of the world population is not merely a representative of statistics; it manifests a significant change in societal structures, family dynamics, and economic patterns. The concept of silver tourism has emerged as a vital response to this demographic evolution, focusing on the travel needs and preferences of elderly individuals.

The increasing number of older adults is expected to become a crucial market for many industries, especially for tourism. They have become a significant segment in the tourism market due

to changing demographics and growing travel trends (Huber, Milne, & Hyde, 2018; Schröder & Widmann, 2007). With the ageing global population, silver tourism is set to emerge as a major economic force, creating opportunities for regional growth and improving the quality of life for older adults. Studies (Balderas-Cejudo & Leeson, 2020) show that tourism can help address challenges like social exclusion and diminished status among seniors by offering enriching experiences that foster social interaction and engagement. A study conducted by Patterson, Balderas-Cejudo, and Pegg (2021) also highlights that the travel preferences of older adults play a crucial role in promoting healthy ageing. They also point out that engaging in travel not only encourages physical activity but also fosters social connections, contributing to a healthier lifestyle; therefore, tourism engages a crucial part in improving the general health and wellness of older people.

Research on destination preferences among older travellers is vital for several reasons. Understanding these preferences can help the tourism industry cater to the unique needs of this demographic, which is increasingly significant as the ageing population grows. For instance, a study by Ekiz, H. E., & Khoo-Lattimore, C. (2014) focusing on families travelling to Goa found that various destination attributes significantly influenced tourists' loyalty, with price and accessibility being less important factors. This suggests that older travellers prioritise different aspects compared to younger tourists, necessitating targeted marketing strategies. By examining the preferences of older travellers, stakeholders can develop adult-friendly destinations that address their specific needs, such as safety, accessibility, and leisure facilities.

Finally, this research can lead to more inclusive travel experiences that improve older individuals' health and wellness while also encouraging tourist growth. Studies (Xiang & Qiao, 2022) reveal that travel motivation increases positive emotions and engagement. Motivation to travel significantly influences healthy ageing by promoting wellness and enhancing overall well-being. Research indicates that positive expectations regarding wellness travel motivate older adults to engage in travel behaviours that contribute to their health. These environments foster social connections and give chances for physical activity, both of which are essential for maintaining a healthy lifestyle. By prioritizing destinations that emphasize health and wellness without excessive technological distractions, older travellers can experience enriching journeys that support their physical and mental well-being. ( Tiwari, R., & Hashmi, H. 2022)

Despite being recognized as essential for the future success of tourism, older travellers are often not effectively marketed (Kelly et al., 2020). Ageing presents significant challenges for policymakers, technologists, marketers, and service providers. However, the diversity among older adults means they should not be viewed as a homogeneous group (Guo et al., 2017). Understanding the behaviours and connections of older individuals is crucial for marketing to this varied demographic without relying on stereotypes. Negative perceptions of ageing, typically associated with decline and vulnerability, can overshadow the genuine needs, insights, and expectations of this population.

While many studies(e.g.,Buzulukova & Lobova, 2023, Patterson et al., 2021, Xiang & Qiao, 2022) have looked into silver tourism and its benefits for healthy ageing, there's a noticeable gap in research specifically exploring how physical, psychological, and motivational factors in tourism affect the healthy ageing of older travellers. Most researches have concentrated on the economic aspects of silver tourism or the travel habits of older adults, without thoroughly examining the complex connections between their travel experiences and healthy aging.

This study attempts to fill the research gap by analysing how physical, psychological, and motivational factors in tourism impact the healthy ageing of older travellers. By focusing on these specific factors, the research intends to offer a deeper grasping of how different elements of the travel experience contribute to the overall well-being of seniors. The findings could help create tailored tourism services and products that meet the unique requirements and preferences of elderly travellers, enhancing their travel experiences and supporting healthy ageing.

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### Research Methodology

A structured schedule of questions was used to gather primary data directly from the senior citizens in Thrissur District as part of the cross-sectional research design used in the study. The method of Multi-stage sampling was used in deciding the respondents for the study. Stage one of the sampling included 10 wards (Ward Nos. 32, 33, 34, 35, 36, 47, 48, 49, 50, and 51) chosen randomly from 55 wards in Thrissur district. From the results, details of senior citizens were sorted in the second stage of sampling by perusing the voters list. As the final stage of the sampling, data was conveniently collected from 228 senior citizens randomly selected from the voters list.

With a standard deviation of .54 and margin of error 6%, obtained from the piloting with 30 samples, the final sample size of 228 was finalised. The study heavily dependence upon primary data and is aided with secondary sources of information from journals, internet etc.

Statistical measures such as mean, standard deviation and non-parametric tests such Mann-Whitney U test were used. Additionally, to assess the relationship between variables Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM) were executed through JASP software.

### Literature review

The opportunity to for elder people to travel aids them to break their mundane schedules and has primary effect on their mental wellness. Russell's (2023) study briefs that travel has an aptitude to improve personal growth, connection and sense of accomplishment. Interacting with various new experiences allow the seniors to improve their self-esteem and confidence by uncovering to the challenges in their new experiences. The study captions the outcomes psychological wellness leading to a positive outlook, which is one among the crucial for healthy ageing

Vada et al. (2020) studied the factors, experiences and outcomes of the well being of tourists through a conceptual framework focusing through the psychology lens to admire the potential elements that impact tourist well being. The study also puts forward suggestions to improve the results of marketers in tourism industry by promoting tourist well being.

According to Vigolo (2017), improvements in nutrition, healthcare, education, and economic conditions have resulted in increased life expectancy, lower infant mortality rates, and longer lifespans. Consequently, there is a growing proportion of older individuals in the population. Travel involves various activities that require moving between different locations. Specifically, a tourist is someone who visits a destination outside their usual environment for at least one night and less than a year for non-work-related reasons. Tourism enables older adults to actively engage in society, thereby enhancing their quality of life. The chapter begins by examining global demographic trends and the challenges associated with aging, followed by a discussion of the active aging approach. It also analyzes how older adults are portrayed in marketing literature and concludes with an exploration of the potential effects of population aging on the tourism industry and future trends.

Vega-Vazquez (2021) identified that leisure activities can improve the older people's physical and mental health.

#### *Psychological Benefits of Tourism for Older Adults*

Traveling can leave a profound influence on the psychological wellness of older adults. Crompton (1979) suggests that visiting different destinations can significantly influence mental health, implying that travel itself can boost psychological well-being, regardless of the specific experiences encountered during the trip. This insight sheds light on how tourism can contribute to happiness and improve the quality of life for seniors, an area that has not been extensively explored. Recent studies have highlighted the connection between travel and positive emotions, particularly among older travelers. Research indicates that travel can effectively reduce stress and promote mental clarity, which is especially beneficial for seniors who may face anxiety or depression. Anvayaa (2023) found that travel combats stress-related conditions, including cognitive decline and heart disease, by fostering relaxation

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and peace of mind. This stress relief is crucial for maintaining mental health and enhancing overall well-being.

### *Physical Benefits of Tourism for Older Adults*

Travelling has been shown to have positive effects on physical health by promoting exercise. Activities such as walking tours, hiking, and exploring new cities require physical movement, which can help seniors stay active. According to McConkey and McCullough (2006), even moderate physical activities while traveling can significantly benefit older adults' health by improving cardiovascular fitness and maintaining mobility. This aligns with the activity theory of aging, which emphasizes the importance of staying active for successful aging. Furthermore, travel provides an opportunity for relaxation, offering a valuable break from daily routines and stressors.

### *Motivational Factors for Older Adults in Tourism*

In the realm of older adulthood, travel emerges as a vital component for cultivating a rich and wholesome lifestyle, fueled by an array of incentives that elevate overall wellness. The decision of seniors to embark on journeys is rooted in their longing for novel encounters, which actively stimulates their mental faculties and contributes to cognitive well-being through exposure to unfamiliar customs and culinary delights. Furthermore, the prospect of forthcoming travels wields substantial influence, as the preparatory phases imbue a sense of direction while profoundly shaping their emotional state and perspective on life. Coupled with the immersion in diverse cultures through activities such as trekking, culinary workshops, or local festivities, travel not only bolsters physical well-being and vitality but also broadens their horizons. In essence, travel is instrumental in nurturing mental, emotional, and physical welfare, serving as a poignant reminder to older adults that life brims with possibilities, irrespective of age.

## Theoretical Framework

An integrated approach has been used in the study to put on view of the significance of Tourism, in the nurturing and healthy ageing of older adults. The frame work of Positive Psychology and Wellness Tourism which haven been coined venerably in several studies illustrates the ideas of personal growth, prosperous mind through happy experiences.

Amalgamation of positive psychology with the ideas of wellness tourism among the elderly people, showcases how travel and tourism can benefit the senior citizens to promote physical wellness and mental placidness

The current study has used latent variables such as Psychological Benefits, Physical Benefits, and Motivation represented as multiple variables observed namely PSY1, PSY2, PHB1, PHB2, MOT 1 etc. which broadly presents the compositions resulting healthy ageing.

The study is relied on the fact that the latent variables depict the unnoticed constructs derived from quantifiable indices, permitting a more compound correspondence.

The regression analysis employed in the study shows the interrelatedness of the latent variables and the cynosure of the constructs propounds to varied ascendancies of travel on wellness and health of old stagers.

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Figure 1. Proposed model

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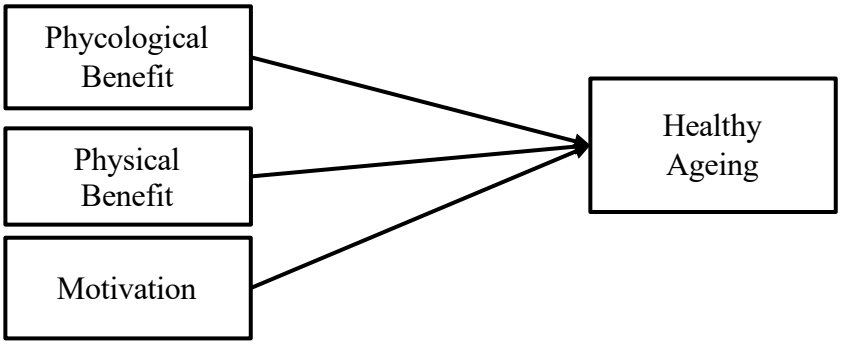


***Hypothesis in the study***

*Hypothesis1*

Ho: Psychological factors (PSY2, PSY3, PSY5) do not positively influence the latent variable "Psychological Benefit."

H1: Psychological factors (PSY2, PSY3, PSY5) positively influence the latent variable "Psychological Benefit."

*Hypothesis 2*

Ho: Physical health indicators (PHB2, PHB3, PHB5) docnot positively influence the latent variable "Physical Benefit."

H1: Physical health indicators (PHB2, PHB3, PHB5) positively influence the latent variable "Physical Benefit."

*Hypothesis 3*

Ho: Motivational indicators (Mot1, Mot2, Mot3) do not positively influence the latent variable "Motivational Factors."

H1: Motivational indicators (Mot1, Mot2, Mot3) positively influence the latent variable "Motivational Factors."

*Hypothesis 4*

Ho: Healthy ageing indicators (HA1, HA2, HA3) do not positively influence the latent variable "Healthy Ageing."

H1: Healthy ageing indicators (HA1, HA2, HA3) positively influence the latent variable "Healthy ageing."

***Interrelationships Among Latent Variables:***

*Hypothesis 4*

Ho: Psychological factors do not positively correlated with Physical benefits.

H1: Psychological factor are positively correlated with Physical benefits.

*Hypothesis 5*

H0: Psychological factors are not positively correlated with Motivational factors.

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H1: Psychological factors are positively correlated with Motivational factors.

*Hypothesis 6*

H0: Psychological factors are not positively correlated with Healthy Ageing.

H1: Psychological factors are positively correlated with Healthy Ageing.

*Hypothesis 7*

H0: Psychological factors are not positively correlated with Healthy Ageing

H1: Psychological factors are positively correlated with Healthy Ageing

*Hypothesis 8*

H0: Physical health is not positively correlated with Motivational factors.

H1: Physical health is positively correlated with Motivational factors.

*Hypothesis 9*

H0: Physical health is not positively correlated with Healthy Ageing.

H1: Physical health is positively correlated with Healthy Ageing.

*Hypothesis 10*

H0: Motivational factors are not positively correlated with Healthy Ageing.

H1: Motivational factors are positively correlated with Healthy Ageing.

*Hypothesis 11*

H0: There is no difference in psychological benefits for male and female respondents

H1: There are higher psychological benefits for female than male respondents

*Hypothesis 12*

H0: There is no difference in physical benefits for male and female respondents

H1: There are higher physical benefits for female than male respondents

*Hypothesis 13*

H0: There is no significant difference in motivation between male and female respondents

H1: There is a significant difference in motivation between male and female respondents

*Hypothesis 14*

H0: There is no difference in perception of healthy ageing for male and female respondents

H1: There is a difference in perception of healthy ageing for male and female respondents

## Analysis and Discussions

The measurement model has been validated through Confirmatory Factor Analysis (CFA), and the hypothesised relationships within the proposed research model were examined using Structural Equation Modelling (SEM). SEM is particularly suited for analysing non-scientific constructs, like benefits, attitudes, and intentions, which are not measured directly.

Table 1 presents descriptive statistics related to age, gender, and marital status. Cronbach's alpha and zero-order correlations have been arrived at using the Statistical software JASP. It was also used to conduct the confirmatory factor analysis (CFA). We employed the two-step approach proposed

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by Anderson and Gerbing (1988) to evaluate the theoretical model. First, a CFA was carried out, followed by testing the structural model. In the CFA, the validity of the model of the measurement was assessed by running a single-factor model and hypothesized four-factor model, where each study construct was treated as an individual factor. The model fit is evaluated employing several fit indices which include chi-square ratio, goodness of fit index (GFI), comparative fit index (CFI), root mean square error of approximation (RMSEA), and Akaike information criterion (AIC). According to Hair et al. (2009), the desired cut-off values are GFI and CFI >0.9. In the book *Multivariate Data Analysis*, the authors suggest that while RMSEA values less than 0.08 are preferred, values up to 0.10 can still be considered acceptable in some cases, particularly when dealing with complex models or smaller sample sizes. Hair et al. (2010). Observed variables PSY1 from psychological benefit, PHB1 and PHB4 from physical benefits and Mot4 and Mot5 were omitted from SEM analysis because of their poor loading.

Table 1. Demographic statistics

| Demographic Variable | | FREQUENCY | PERCENT |
|---|---|---|---|
| **Gender** | Male | 165 | 57.3 |
| | Female | 123 | 42.7 |
| | Total | 288 | 100.0 |
| **Age** | 60-65 | 106 | 36.8 |
| | 65-70 | 54 | 18.8 |
| | 70-75 | 63 | 21.9 |
| | 75-80 | 42 | 14.6 |
| | 80 and above | 23 | 8.0 |
| | Total | 288 | 100.0 |
| **Education** | Up to SSLC | 76 | 26.4 |
| | Plus two | 81 | 28.1 |
| | Graduate | 101 | 35.1 |
| | Post graduate | 23 | 8.0 |
| | others | 7 | 2.4 |
| | Total | 288 | 100.0 |
| **Occupation** | Business | 66 | 22.9 |
| | Professional | 72 | 25.0 |
| | Unemployed | 88 | 30.6 |
| | Retired | 62 | 21.5 |
| | Total | 288 | 100.0 |
| **Marital status** | Married | 229 | 79.5 |
| | Unmarried | 59 | 20.5 |
| | Total | 288 | 100.0 |
| **Type of earning** | Self-earned income | 192 | 66.7 |

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| | | | |
|---|---|---|---|
| | Income other than self-earned | 96 | 33.3 |
| | Total | 288 | 100.0 |
| **Monthly income** | Less than 25000 | 156 | 54.2 |
| | 25000-50000 | 82 | 28.5 |
| | 50000-75000 | 32 | 11.1 |
| | 75000-100000 | 13 | 4.5 |
| | Above 100000 | 5 | 1.7 |
| | Total | 288 | 100.0 |
| **How often do you travel** | Annually | 125 | 43.4 |
| | Monthly | 32 | 11.1 |
| | Rarely | 111 | 38.5 |
| | Never | 20 | 6.9 |
| | Total | 288 | 100.0 |
| **Travel alone or with companions** | Alone | 19 | 6.6 |
| | With companions | 142 | 49.3 |
| | Enjoy both | 127 | 44.1 |
| | Total | 288 | 100.0 |

The data from 288 respondents reveals that the majority are male (57.3%) and aged between 60-65 years (36.8%). Most respondents have a graduate-level education (35.1%) and are either unemployed (30.6%) or professionals (25.0%). A significant proportion are married (79.5%) and earn their income through self-employment (66.7%). More than half of the respondents (54.2%) have a monthly income of less than 25,000. Regarding travel habits, 43.4% travel annually, and nearly half (49.3%) prefer travelling with companions. Additionally, 44.1% enjoy both solo and group travel, indicating a flexible approach to travel companionship. This demographic profile suggests that this research paper deals with a predominantly older-aged, educated, and financially moderate group with varied travel preferences.

**Table 2: Descriptive Statistics, Cronbach Alpha, and Correlations**

| Variables | Mean | S.D. | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| Physical Benefit | 3.70 | .943 | **.94** | - | | |
| Phycological Benefit | 4.17 | .651 | 0.520** | **.84** | | |
| Motivation to travel | 3.74 | .781 | 0.657** | .530** | **.84** | |
| Healthy Ageing | 3.73 | .955 | 0.651** | .358** | 0.416** | **.91** |

Note: N=288, **p<0.01, S.D.- Standard Deviation and diagonal values are Cronbach alpha values.

Table 2 presents the data of 288 respondents on four variables: Physical Benefit, Psychological Benefit, Motivation to Travel, and Healthy Aging. The values of the mean range from 3.70 to 4.17, and standard deviations fall between 0.651 and 0.955. Cronbach's alpha values indicate high reliability for each

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variable, ranging from 0.84 to 0.94. Significant correlations ($p<0.01$) are observed, with Physical Benefit strongly correlated with Motivation to Travel (0.657) and Healthy Aging (0.651). Psychological Benefit shows moderate correlations with Healthy Aging (0.358) and Motivation to Travel (0.530), which testify to meaningful associations among the variables.

Table 3. Measurement model comparison results

| Model | $X^2$ | df | $X^2$/df | GFI | CFI | RMSEA | AIC |
|---|---|---|---|---|---|---|---|
| Hypothesized four factor model[a] | 107.797 | 48 | 2.245 | 0.995 | 0.973 | 0.066 | 7018.948 |
| Three factor model[b] | 476.924 | 51 | 9.351 | 0.988 | 0.807 | 0.170 | 7382.074 |
| Two factor model[c] | 657.643 | 53 | 12.41 | 0.980 | 0.726 | 0.199 | 7558.793 |
| Single factor model[d] | 908.554 | 54 | 16.82 | 0.971 | 0.613 | 0.234 | 7939.571 |

Note(s) [a]All the factors are considered as an individual factor, [b] physical and psychological benefits are combined into a single factor and rest all other factors are considered as individual factor. [c] Physical , psychological and motivational factors are combined into a single factor and rest all other factors are considered as individual factor. [d] All factors are combined into a single factor

To evaluate the model fit, a hypothesized four-factor model was compared with three-factor, two-factor, and single-factor models. The four-factor model demonstrated the best fit with the data ($X^2$ = 107.797, d.f. = 48, $X^2$/d.f. = 2.245, GFI = 0.995, CFI = 0.973, RMSEA = 0.066, AIC = 7018.948). In comparison, the three-factor model ($X^2$ = 476.924, d.f. = 51, $X^2$/d.f. = 9.351, GFI = 0.988, CFI = 0.807, RMSEA = 0.170, AIC = 7382.074) and the two-factor model ($X^2$ = 657.643, d.f. = 53, $X^2$/d.f. = 12.41, GFI = 0.980, CFI = 0.726, RMSEA = 0.199, AIC = 7558.793) showed poorer fit, with higher RMSEA values indicating greater error. The single-factor model performed the worst, with the highest $X^2$ value (908.554) and the lowest GFI (0.971) and CFI (0.613), along with an RMSEA of 0.234 and AIC of 7939.571, confirming that the four-factor model is the most appropriate.

Two methods were employed to assess common method bias: Harman's single-factor test and an unmeasured method factor test (Podsakoff et al., 2003). In Harman's test, the first factor did not account for more than 50% of the variance, indicating no significant bias. The unmeasured method factor test, however, could not converge due to a model identification issue. Based on the results from Harman's test and comparison of measurement models, it was concluded that the data are free from common method bias (see Table 3). The hypothesized four-factor model fit the data well, and when a three-factor model was tested, the fit values significantly declined, further confirming the absence of method bias.

Structural equation modeling (SEM) analysis was employed to test the theoretical model. The results of the SEM analysis show that the hypothesized theoretical model fit the data well ($\chi^2$ = 107.797, df = 48, CFI = 0.950, RMSEA = 0.066). Figure 2 illustrates the results of the hypothesis test.

Figure 2. Path diagram

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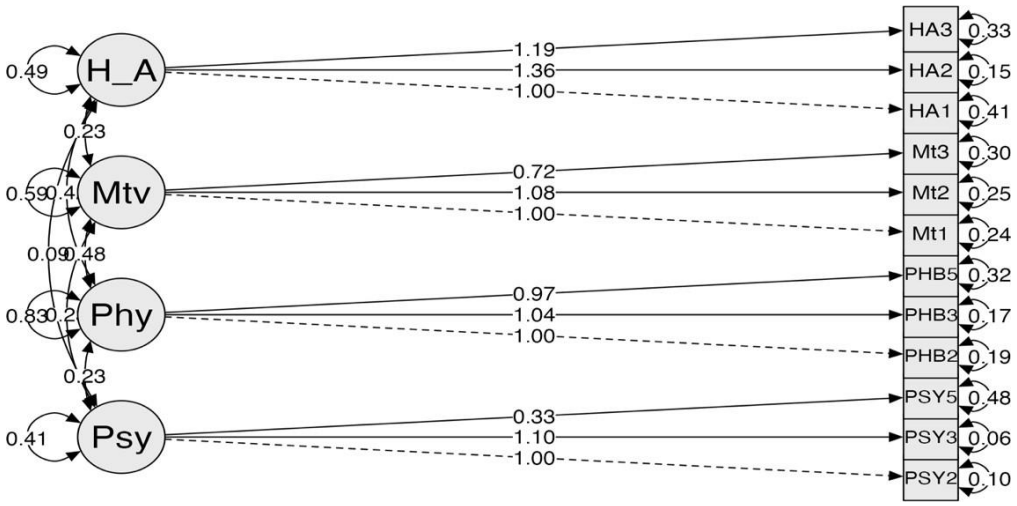


*Model Fit*

The structural equation model (SEM) was assessed for its fit with the observed data using various indices, indicating that the model fits the data well. The Akaike Information Criterion (AIC) was calculated as 7018.948, and the Bayesian Information Criterion (BIC) was 7172.792, both suggesting a good balance between model fit and complexity. The Chi-Square statistic ($\chi^2$) was 107.797 with 48 degrees of freedom (df), and a p-value of $1.730 \times 10^{-6}$, indicating that the model significantly deviates from a perfect fit, though this is common in large samples.

Key fit indices further support the adequacy of the model. The Comparative Fit Index (CFI) was 0.973, and the Tucker-Lewis Index (TLI) was 0.963, both of which are close to 1, indicating a good fit. The Root Mean Square Error of Approximation (RMSEA) was 0.066, for a 90% confidence interval [0.049, 0.082], which is within the acceptable range, suggesting a reasonable approximation error. The Standardized Root Mean Square Residual (SRMR) was 0.034, and the Goodness of Fit Index (GFI) was 0.995, both of which are well within the range indicating a good fit. Overall, these indices confirm that the model is a good fit for the data.

### Hypotheses Testing

The SEM analysis tested various hypotheses concerning the relationships between latent variables and their indicators, as well as the interrelationships among the latent variables.

***Psychological Factors (Hypotheses 1)**:* The psychological factors, measured by the indicators PSY2, PSY3, and PSY5, showed significant factor loadings, confirming that these indicators positively influence the latent variable "Psychological." The factor loadings were 1.000 (fixed) for PSY2, 1.100 ($z = 14.674$, $p < 0.001$) for PSY3, and 0.335 ($z = 4.972$, $p < 0.001$) for PSY5, thus supporting H1.

**Physical Health (Hypotheses 2)**: The physical health indicators, including PHB2, PHB3, and PHB5, also exhibited significant factor loadings, indicating a positive influence on the latent variable "Physical." The loadings were 1.000 (fixed) for PHB2, 1.040 ($z = 23.606$, $p < 0.001$) for PHB3, and 0.968 ($z = 20.013$, $p < 0.001$) for PHB5, supporting H2.

**Motivational Factors (Hypotheses 3)**: The motivational factors, represented by Mot1, Mot2, and Mot3, had significant factor loadings, demonstrating their positive influence on the latent variable

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"Motivational." The loadings were 1.000 (fixed) for Mot1, 1.085 (z = 15.656, p < 0.001) for Mot2, and 0.724 (z = 12.810, p < 0.001) for Mot3, supporting H3.

**Healthy Ageing (Hypotheses 4)**: Indicators of healthy aging, namely HA1, HA2, and HA3, showed significant factor loadings, indicating a positive influence on the latent variable "Healthy Ageing." The loadings were 1.000 (fixed) for HA1, 1.363 (z = 14.718, p < 0.001) for HA2, and 1.192 (z = 13.803, p < 0.001) for HA3, thereby supporting H4.

**Interrelationships Among Latent Variables**

The SEM also tested the interrelationships among the latent variables:

- **Hypotheses 5**: Psychological factors were positively correlated with physical health (Estimate: 0.226, z = 5.468, p < 0.001), supporting H5.
- **Hypotheses 6**: Psychological factors were positively correlated with motivational factors (Estimate: 0.229, z = 6.077, p < 0.001), supporting H6.
- **Hypotheses 7**: Psychological factors were positively correlated with healthy aging (Estimate: 0.091, z = 3.031, p = 0.002), supporting H7.
- **Hypotheses 8**: Physical health was positively correlated with motivational factors (Estimate: 0.480, z = 8.252, p < 0.001), supporting H8.
- **Hypotheses 9**: Physical health was positively correlated with healthy aging (Estimate: 0.424, z = 7.745, p < 0.001), supporting H9.
- **Hypotheses 10**: Motivational factors were positively correlated with healthy aging (Estimate: 0.230, z = 5.570, p < 0.001), supporting H10.

This SEM analysis supports all the proposed hypotheses (Hypotheses 1 to Hypotheses 10). The model exhibits a good fit with the data and the relationships between the latent variables and their indicators and the interrelationships among the latent variables are statistically significant. These results underscore the robustness of the hypothesised relationships within the model.

### Preferences of senior tourists

Senior citizens' preferences are determined by the total points that a destination has earned.

**Table 4 : Preference of tourism destinations by senior elderly persons.**

| Destination | Points | Rank |
|---|---|---|
| Beaches | 1998 points | 1 |
| Pilgrim centres | 1978 points | 2 |
| Museums | 1976 points | 3 |
| Wildlife | 1967 points | 4 |
| Waterfalls | 1966 points | 5 |
| Monuments | 1844 points | 6 |
| Forts and palaces | 1783 points | 7 |
| Hills | 1658 points | 8 |
| Backwaters | 1652 points | 9 |

(Source: primary data)

Table 4 indicates that beaches are highly preferred and backwaters are least preferred.

**Travel barriers**

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**Table 5 : Average barriers while travelling**

| Statistics | | | | | | |
|---|---|---|---|---|---|---|
| | Worsening health | Family obligations | Lack of convenience | Financial constraints | Lack of free time | Overall travel barriers |
| Mean | 2.899 | 2.930 | 3.017 | 3.142 | 3.048 | 3.007 |
| Std. Deviation | 1.168 | 1.169 | 1.173 | 1.211 | 1.109 | 1.166 |

(Source: primary data)

Table 5 data indicates that respondents consider financial restrictions, lack of free time, family obligations, poor health, and inconvenience moderate travel barriers. Although there is some variation in the answers, especially when it comes to time limits and money, these variables often play a major role as travel barriers.

HYPOTHESIS TEST

**TABLE 6: Hypothesis test**

| Descriptive | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Group** | **N** | **Mean** | **SD** | **SE** | **Coefficient of variation** | **W** | **p** |
| Physical Benefits | Male | 165 | 3.568 | 0.934 | 0.073 | 0.262 | 0.949 | $1.144\times10^{-5}$ |
| | Female | 123 | 3.878 | 0.930 | 0.084 | 0.240 | 0.891 | $4.957\times10^{-8}$ |
| Psychological Benefits | Male | 165 | 4.006 | .594 | 0.046 | 0.148 | 0.947 | $7.972\times10^{-6}$ |
| | Female | 123 | 4.146 | .561 | 0.051 | 0.135 | 0.937 | $2.093\times10^{-5}$ |
| Motivation | Male | 165 | 3.695 | 0.751 | 0.058 | 0.203 | 0.958 | $6.791\times10^{-5}$ |
| | Female | 123 | 3.808 | 0.818 | 0.074 | 0.215 | 0.939 | $2.920\times10^{-5}$ |
| Barriers in tourism | Male | 165 | 2.881 | 1.011 | 0.079 | 0.351 | 0.972 | 0.002 |
| | Female | 123 | 3.177 | 0.951 | 0.086 | 0.299 | 0.977 | 0.030 |
| Healthy Ageing | Male | 165 | 3.607 | 0.948 | 0.069 | 0.247 | 0.943 | $3.171\times10^{-6}$ |
| | Female | 123 | 3.739 | 0.956 | 0.079 | 0.236 | 0.930 | $7.127\times10^{-6}$ |

*Note.* Significant results suggest a deviation from normality.

**TABLE 7: Mann-Whitney U test**

| | W | P |
|---|---|---|

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| | | |
|---|---|---|
| Physical Benefits | 8854.000 | 0.061 |
| Psychological benefits | 8102.000 | 0.003 |
| Motivation | 9075.500 | 0.121 |
| Barriers in tourism | 9172.000 | 0.159 |
| Healthy Ageing | 8374.500 | 0.011 |

*Note.* For all tests, the alternative hypothesis specifies that group *1(male)* is less than group *2(female)*

*Note.* Mann-Whitney U test.

The analysis (Table 6) indicated significant gender differences in physical benefits, psychological benefits, motivation, barriers in tourism, and healthy aging, with females consistently reporting higher mean scores than males across all areas. Specifically, males had a mean score of 3.568 (SD = 0.934) for physical benefits, while females scored 3.878 (SD = 0.930). In terms of psychological benefits, males reported a mean of 4.006 (SD = 0.594) compared to females at 4.146 (SD = 0.561). For motivation, males had a mean of 3.695 (SD = 0.751), whereas females scored 3.808 (SD = 0.818). Regarding barriers in tourism, males reported a mean of 2.881 (SD = 1.011), while females had a mean of 3.177 (SD = 0.951). In the context of healthy ageing, males scored 3.607 (SD = 0.948) compared to females' score of 3.739 (SD = 0.956). Notably, both groups exhibited significant deviations from normality ($p < 0.001$), with males displaying greater variability in their responses, particularly concerning barriers to tourism. These findings suggest that females perceive greater benefits and motivation in tourism while also encountering more barriers than their male counterparts.

The results of the Mann-Whitney U test (Table 7) revealed significant differences between males and females in several constructs. Notably, females reported higher psychological benefits ($W = 8102.000$, $p = 0.003$) and more positive perceptions of healthy ageing ($W = 8374.500$, $p = 0.011$) confirming statistically significant differences in these areas. Although the p-value for physical benefits was close to significance ($W = 8854.000$, $p = 0.061$), no significant differences were found. For motivation ($W = 9075.500$, $p = 0.121$) and barriers in tourism ($W = 9172.000$, $p = 0.159$), results suggest that both genders experience similar levels of motivation and face comparable barriers in tourism. These findings highlight the need for targeted interventions that address the specific needs of each gender, particularly in enhancing psychological benefits and perceptions of healthy ageing.

## Conclusion

The findings of the study give valuable insights into the demographics and travel preferences of older adults, as well as the relationships between physical benefits, psychological benefits, motivation, and healthy ageing. The sample consists predominantly of educated, financially moderate individuals aged 60-65, with varied travel habits and preferences. Correlation and confirmatory factor analysis confirm the validity and reliability of the constructs measured. The data reveals significant differences in perceptions between male and female participants. Females report higher levels of physical and psychological benefits, as well as fewer barriers to tourism, compared to males. However, both genders exhibit similar levels of motivation to travel. These gender-based differences highlight the need for tailored tourism offerings that cater to the needs and preferences of older adults. The strong correlations observed between physical benefits, motivation, and healthy ageing underscore the critical role that tourism plays in promoting the well-being of seniors. By engaging in physically and mentally stimulating travel activities, older adults can enhance their overall health and quality of life. The moderate correlation between psychological benefits and healthy ageing further emphasizes the importance of travel in fostering positive emotions and reducing stress, which are essential for successful ageing. Results also indicated that senior adults like to visit Beaches and then pilgrim centres as their choice of destination. This result contradicts the result of Zhang (2023) where senior adults preferred the countryside and learned about folk culture. The findings of this study have implications

for the tourism industry, policymakers, and healthcare professionals. By understanding the factors that influence the travel experiences and healthy ageing of older adults, stakeholders can develop targeted strategies to promote active and engaged lifestyles among seniors. This includes investing in age-friendly tourism infrastructure, providing educational resources on the health benefits of travel, and collaborating with healthcare providers to integrate tourism into holistic wellness programs. Future research should explore the long-term impacts of travel on the health and well-being of older adults, as well as the effectiveness of specific tourism interventions in promoting healthy aging. Additionally, cross-cultural comparisons and longitudinal studies could shed light on the evolving preferences and needs of this growing demographic. By continuing to prioritize research on silver tourism and healthy aging, we can ensure that older adults have access to enriching travel experiences that enhance their physical, mental, and emotional well-being.

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