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Attitudes and beliefs to the uptake and maintenance of physical activity among community-dwelling South Asians aged 60–70 years: A qualitative study

M. Horne^{a,*}, D.A. Skelton^b, S. Speed^a, C. Todd^a^a University of Manchester, Faculty of Medical and Human Sciences, School of Nursing, Midwifery and Social Work, Manchester M13 9PL, UK^b Glasgow Caledonian University, School of Health and Life Sciences, Glasgow, UK

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SUMMARY

Objectives: To identify the attitudes and beliefs associated with the uptake and adherence of physical activity among community-dwelling South Asians aged 60–70 years.

Study design: A qualitative research study using an ethnographic approach.

Methods: Focus groups and in-depth interviews were conducted to explore motivational factors associated with initiating and maintaining physical activity. Data analysis followed the framework approach.

Results: Health, maintaining independence and social support were important in terms of initiating physical activity. Social support, psychosocial elements of activity, health and integrating physical activity within everyday activities were important for adherence to physical activity. The need for gendered physical activity sessions was important to initiating exercise among Muslim South Asians aged 60–70 years.

Conclusion: Promoting active lifestyles and building physical activity in and around day-to-day activities are important strategies in increasing activity levels. However, the needs for culturally appropriate facilities, peer mentors who could assist those with language barriers, specific tailored advice, advice on integrating physical activity in everyday life and general social support could promote uptake and subsequent adherence among this population group.

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Introduction

Increasing physical activity levels in older adults is a key concern of health policy.^{1–3} Regular physical activity has many benefits for older adults.^{1–6} People who are physically active can reduce their risk of developing major chronic diseases by up to 50% and the risk of premature death by 20–30%.^{1,2,6} However, sedentary behaviour among older

adults remains common despite the fact that a majority of older people report positive attitudes to physical activity.⁷ Recent recommendations advise adults aged ≥65 years to undertake at least 150 min of moderate–intensity activity, in bouts of 10 min or more, or 75 min of vigorous activity per week or a combination of these.¹ They should also aim to perform activities that promote strength and balance twice each week.¹

* Corresponding author. Tel.: +44 (0) 161 306 7680; fax: +44 (0) 161 306 7707.

E-mail address: maria.horne@manchester.ac.uk (M. Horne).

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Older adults from ethnic minority groups are less likely to undertake physical activity, with only 11% of South Asian men and 8% of South Asian women aged ≥ 55 years meeting the recommended levels of physical activity.⁸ Sedentary behaviour is common among older South Asians in the UK, and may contribute to an increased risk of coronary heart disease, stroke, non-insulin-dependent diabetes mellitus and mental health problems.^{9–12} The negative health effects of these conditions can be reduced through regular participation in physical activity.^{1–6}

Studies of physical activity determinants among older adults in general have identified many personal and environmental factors that may influence participation rates for those aged ≥ 50 years,^{13–17} but South Asian groups (Indian, Pakistani, Bangladeshi) have seldom been investigated despite the fact that they form a sizeable proportion of the UK population.^{18–21} Factors that affect uptake and adherence to activity regimens within an essentially White population of older people include perceived barriers, the person's physical condition, medical concerns, and the structure and convenience of the available exercise programmes.^{14,16,17} Social support from family, friends, programme staff and doctors are also reported to be potential facilitators of physical activity.^{14,16,17} Qualitative studies have found that misperceptions exist among older adults about their physical activity levels; namely, older adults feel that they have relatively high levels of physical activity when actually they fall well below the recommended minimum to sustain health benefits.^{22–27} Although many important determinants of physical activity uptake and adherence have been identified, few studies have focused on factors associated with initiation and adherence to physical activity among older South Asians.^{18–21,27}

The aim of this study was to identify attitudes and beliefs associated with uptake and maintenance of physical activity among South Asians aged 60–70 years. It informs our understanding of how programmes could be designed and presented to motivate this group of older people to take up and adhere to regular physical activity programmes and/or integrate physical activity into their daily lives.

Methods

Detailed study methods are reported elsewhere.²⁷ To summarize, an ethnographic approach was used^{28–30} to explore the attitudes and beliefs of older adults about uptake and maintenance of physical activity.

Participants and settings

South Asians aged 60–70 years were identified and recruited during a period of fieldwork observation in several statutory and voluntary leisure groups and social settings (e.g. leisure centres, walking groups, luncheon clubs, community social and Ageing Well groups).

Data collection

Older South Asians were purposively sampled into gender-segregated focus groups, so that the sample incorporated

diversity with different experiences of participation/non-participation in exercise and physical activity (i.e. included people who could be described as 'regularly active' through to 'sedentary'), and to acquire a full range of attitudes and beliefs about initiating and maintaining physical activity.

Subsequent sampling for interviews was driven by the emerging themes, and sample size was determined by theoretical saturation.^{31,32} In-depth interviews were conducted to accommodate older adults who were not necessarily part of formal exercise or physical activity groups, or those who did not feel happy speaking in a group. Translated literature/information sheets and interpreters were used.

Data analysis

Focus group discussions and interviews were audio recorded (with respondents' permission) and transcribed verbatim. Data analysis and classification followed the framework analysis approach³³ and the ATLAS/ti5.0³⁴ qualitative analysis software program assisted in data coding, cross-referencing, storage and retrieval.

Results

Twenty-nine South Asian men and women (mean age 66.1 years) responded to oral invitations to attend focus groups, and 17 South Asian men and women (mean age 65.2 years) responded to oral invitations to be interviewed (Table 1). Gender, age, marital status, medical history and reported levels of physical activity are reported in Table 1.

Themes

Three main themes emerged related to promoting uptake of physical activity: health and allied health professional advice and support; anticipated health benefits; and social support. Four themes emerged related to promoting adherence to physical activity: social support; psychosocial benefits; health; and physical activity incorporated into everyday activities. Tables 2 and 3 summarize these findings and provide illustrative quotations to support these themes.

Factors promoting initiation

Anticipated health benefits

The potential for future well-being, the anticipation of feeling better physically and mentally, and the link with fitness acted as a spur to initiate some form of regular physical activity. The prevention of weakness and/or improving strength in limbs to improve mobility was often reported as motivator to initiate physical activity. Direct links were made between the benefits of physical activity and maintaining independence.

Social support

Participants commented on how general social support and encouragement were key factors in motivating them to initiate physical activity. This support came from family, friends and peers, and other sources including statutory and voluntary workers. Social support seemed to provide the

Table 1 – Demographics and characteristics of South Asian sample by focus groups and interviews.

Interview type	Ethnicity	n	Gender	Mean age (range)	Marital status (%)	Medical history ^a (%)	Reported activity levels ^b (%)
Focus groups	Indian	7	3 female 4 male	66.1 (60–70)	Married/cohabiting: 24 (82.8) Widowed: 5 (17.2) Divorced: 0 (0) Single: 0 (0)	19 (65.5)	Active: 4 (13.8) Less active: 3 (10.3) Sedentary: 0 (0)
	Pakistani	22	10 female 12 male				Active: 10 (45.5) Less active: 9 (40.9) Sedentary: 3 (13.6)
In-depth interviews	Indian	6	4 female 2 male	65.2 (60–70)	Married/cohabiting: 12 (70.6) Widowed: 4 (23.5) Divorced: 1 (23.5) Single: 0 (0)	15 (88.2)	Active: 4 (23.5) Less active: 2 (11.8) Sedentary: 0 (0)
	Pakistani	11	6 female 5 male				Active: 4 (23.5) Less active: 2 (11.8) Sedentary: 5 (29.4)

a Those reporting a history of myocardial infarction, angina, osteoarthritis, rheumatoid arthritis, hypertension, asthma or Parkinson's disease (or a mix).

b Using Department of Health guidelines of regular activity¹ and adding a 'less active' category.

necessary confidence for participants to initiate exercise. For South Asian women, the confidence to initiate some physical activity was actively facilitated by a South Asian Ageing Well worker, who encouraged and assisted them to attend gender-specific and culturally sensitive exercise groups. Having a South Asian Ageing Well worker also assisted those who experienced language barriers to starting exercise classes.

For Muslim women, religious practices requiring gender segregation could influence initiation of exercise and physical activity. Gender segregation was possible in most areas, although there were variations in facilities offered.

For some participants, healthier activities met their needs for support and interaction. For others, social groups and other recreational activities provided ways of meeting such needs.

Table 2 – Factors promoting uptake of physical activity in older South Asians.

Sub-themes	Findings	Illustrative quotes
Health and allied professional advice and support		South Asian female, 60 years; less active: <i>The doctor advised me that the more movement I can do with my body it will keep me better...because my back was stiff and everything and the doctor said that the more movement I can do in the gym the better.</i> South Asian female, 60 years; active: <i>Well X [Ageing Well Co-ordinator/link worker] makes you go and do it!</i>
Anticipated health benefits	Improving health a key trigger to initiate some form of activity	South Asian male, 68 years; less active: <i>If I do exercises and all that it would support me to have good health.</i> South Asian male, 70 years; active: <i>To maintain my health that is why I started to exercise.</i>
	The hope of reducing the effects of chronic conditions was a powerful stimulus to keep trying some physical activity	South Asian female with osteoarthritis, 60 years; less active: <i>It's just that I hope to feel better physically after I start to exercise.</i>
	Physical activity important for the prevention of weakness and/or improving strength in their limbs	South Asian male, 67 years; less active: <i>I'll gain the strength [from exercising]... the more strength like for walking.</i>
	The desire to maintain independence	South Asian male, 70 years; active: <i>I like to be fit...I don't want to need anybody's help. I like to do everything myself if I can...to stay independent..</i>
Social support	Roles and responsibilities	South Asian female, 60 years; less active: <i>I am a carer. I have a mother who is 100 years old. Exercise is very important for me so I can look after my mum.</i>
	General social support	South Asian female, 68 years; active: <i>I would not go on my own [exercise classes]. My friends come to pick me up and then I will go.</i>
	Encouragement and motivation	South Asian female, 60 years; active: <i>I did not want to exercise in mixed sessions. X [Ageing Well Co-ordinator/link worker] encouraged me to go.</i>
	Provision of confidence	South Asian male, 63 years; less active: <i>I need a bit of confidence, somebody to 'pull me out'. If I had been alone, by myself, I couldn't have done that [group exercise].</i>

Table 3 – Factors promoting maintenance of physical activity in older South Asians.

Sub-themes	Findings	Illustrative quotes
Social support	General and physical activity social support as a motivator	South Asian male, 66 years; active: <i>They're very supportive [wife and family]. It gets me out...my wife has not got any tension about me because I'm fit but my wife is not well so I help her out in the house...She is very supportive.</i> South Asian female, 62 years; sedentary: <i>I felt the support. Someone would be there to pick me up and go there. I felt supported by them and that's why it was nice to go with them.</i>
	Group support, social element and social benefits of group activity	South Asian female, 62 years; sedentary: <i>In the group, everybody is doing it [exercise] so I like to do it with them, but in the house I'm alone and I don't have the motivation.</i> South Asian male, 63 years; less active: <i>I think when you see somebody doing something you have to challenge yourself, 'come on, those people are doing that. Why can't you do that?'</i> South Asian female, 68 years; active: <i>...because you say 'well if they're doing it, why don't I do it'.</i>
	Social activity	South Asian female, 60 years; active: <i>We meet regularly as a group. It's the social thing as well as the exercise.</i> South Asian female, 68 years; active: <i>But I just think, it's necessary for our age to do a bit of exercise is important and to go on a bit of an outing and things like that.</i>
Psychosocial aspects	Quality time	South Asian female, 62 years; less active: <i>Exercise is time for ourselves, for just us women.</i> South Asian female, 62 years; sedentary: <i>The culture now approves of older people being active. Attitudes have changed because they are a bit wiser now and they actually approve of older people having exercise whereas before they didn't really consider it. Before you got old and stayed in the home.</i>
	Enjoyment	South Asian female, 60 years; less active: <i>Socialise, walk. Helps you enjoy life.</i> South Asian female, 63 years; less active: <i>I enjoy the group exercises as I live on my own.</i>
Health	Maintaining good physical and mental health	South Asian female, 66 years; active: <i>I gain my health by keeping physically active and mental health...and I don't get any pressure or tension or anything.</i> South Asian male, 70 years; active: <i>Everything is right [when you exercise]. Blood circulation, heart, everything. It helps you....That's why my health is alright.</i> South Asian male, 66 years; active: <i>With exercise, you gain a lot of benefits. You keep your mind occupied physically and mentally.</i>
Integrating physical activity within everyday activities		South Asian female, 66 years; active: <i>I don't like to be idle. Even when I do go to my son's house I will cook the dinner myself... I take the grandchildren to school and I'll do the housework and everything.</i> South Asian male, 66 years; active: <i>I've got into this habit and I will never ever change my routine or break my habits.</i>

Factors promoting adherence

Social support

Whilst health was discussed as a primary motivator to initiate physical activity, social support and physical activity social support appeared to be the strongest motivator to maintain physical activity.

Many participants indicated that not letting the group down was an important factor in adhering to an exercise programme. For others, being part of a group enabled them to get through challenging elements of exercise and allowed them to undertake it in a light-hearted manner, preventing embarrassment and disappointment, and facilitating adherence. This contrasted with social factors for initiation, which were about general encouragement and facilitation by family and friends. Even when a particular activity was disliked, they could 'endure' it if other, more pleasurable aspects were associated with it. Thus when self-motivation is low, the social element of group-based physical activity could increase motivation.

Unlike social support for initiation, which was about getting support and confidence from others, for adherence, it

was more about the development of self-confidence. For the majority of participants, the most important element of group exercise and physical activities was social benefits. The social benefits associated with physical activity provided a sense of belonging, which influenced adherence to exercise regimes.

Some participants disliked the task-orientated nature of exercise programmes, but this could be tempered by the inclusion of social interaction during activity, making the task more enjoyable. Therefore, they would be more willing to keep exercising. The inclusion of social activity in some exercise groups could be an important motivating force to help people adhere to some moderate-intensity activity. This particular facet of the data differs from social support in relation to initiation in that it is the added extra of people finding social networks outside of the home, which seems to be important in adherence to physical activity.

Psychosocial aspects

A sense of achievement and accomplishment in performing certain activities motivated some participants to maintain

physical activity. For South Asian women who had exercise programmes facilitated by a South Asian link worker, some cultural norms seemed to be changing. Finding time to do something just for themselves, and not related to issues around women's perceived role in society, seemed to be a motivator for these women to adhere to exercise. The majority of South Asian women in this study had been brought up in India and Pakistan, where participating in exercise would not have been considered appropriate. The fact that they were actively facilitated to attend and take advantage of physical activity programmes, and felt the benefits, strengthened their self-determination and motivation to continue with the activity. Such activity previously met with disapproval.

A further psychosocial benefit for some participants came from achieving or mastering a specific activity, which then boosted their confidence in their own physical ability. Hence, mastering an experience of exercise seemed to be a motivator to continue with physical activity.

Enjoying physical activity was an important psychosocial motivator in adherence. Making exercise fun and not necessarily a competitive event was a good motivator to continue; for many, walking with others was more enjoyable than walking alone. Therefore, experiencing the psychosocial benefits of physical activity could encourage older adults to continue with the activity.

Health

For some participants, there was a determination to strive for longevity; keeping active was seen as the mediator of this goal. Maintaining good physical and mental health was also cited as a motivator for adherence to physical activity. In this study, it is particularly noteworthy that the health benefits seemed to take a subordinate position to social and psychosocial factors in long-term maintenance of physical activity. Unlike health as a motivator for initiation, which was more about anticipated health benefits and reducing the effects of chronic conditions, the quality of life and living a socially active life appeared to influence long-term adherence to physical activity.

Integrating physical activity within everyday activities

For some participants, integrating physical activity within everyday activities, so that it became an enduring part of life, appeared to be an important predictor of adherence.

South Asian men and women reported that they had not established a routine for sport and exercise as a consequence of working to bring up the family, or because they had domestic and caring roles from an early age. They also had a lack of knowledge about exercise and sports activities. Those who reported being active had managed to integrate physical activity within everyday life through walking for shopping and taking children and grandchildren to and from school.

For some South Asian participants, a link to the benefits of prayer (*namaz*) in relation to exercise was made. In Islamic prayer, the physical act of praying can involve considerable coordination and physical exertion. However, caution should be used in terms of promoting prayer as exercise, as the effects of this form of activity on physical or mental health are not proven.

Discussion

This study has demonstrated that the initiation of physical activity among older South Asians appears to be motivated by a desire to avoid bodily weakness and to increase strength, as this was important in terms of maintaining independence. Other motivators include promoting and maintaining health and social support. Although parallels are seen in the literature,^{21,24,35} this is the first time this has been shown among older South Asians. Previous qualitative studies have found that the prevailing belief of White, Black and Minority Ethnic older adults is that physical activity has benefits for general health and well-being,^{6,18–21} but the beneficial use of physical activity to improve or limit disease progression remains largely unrecognised by older South Asians.¹⁸ Furthermore, older South Asians may not be aware of the recommended levels of physical activity to produce health benefits.²⁷

Social support for physical activity provided the necessary motivation to start a physical activity programme. This is congruent with evidence on the positive effect of general social support on physical activity among older White adults.^{26,35–38}

Rather than health or general well-being, the most important factors in maintaining physical activity were the role of family and peer support, the perceived psychosocial benefits and integrating physical activity into everyday activity. Social support was a strong motivator in adhering to exercise. The sense of commitment to the group and developing self-confidence were integral to successful continuation. Hence, the success of interventions to maintain health behaviours may be dependent on family, friends or acquaintances. This finding concurs with existing literature.^{18,26,36} For example, Sport England¹⁸ found that, among recently retired South Asian and White adults, the motivation provided by friends enhanced their physical activity.

In terms of the psychosocial benefits of exercise, a sense of achievement and even mastery were important motivators to adherence. Enjoyment was a key driver. Whilst health benefits seemed less important (probably because they were less obvious in the short term), social and psychosocial benefits were essential components in terms of adherence. For South Asian adults, integrating regular and structured activity was a difficult enterprise when considering their duties and commitments to the family.

The motivating effect of group exercise appears to be that older people are able to gauge their own activity against that of others, providing the impetus to continue to exercise and develop, as well as becoming motivated by observing others and developing motivation to challenge themselves. Mutually supportive group exercise seems to be crucial in maintaining exercise among older South Asians. Likewise, the social benefits of group exercise and physical activity acted as a continued motivator for attending exercise groups and for getting through activities. The process of extending social networks through these activities seemed to promote adherence. The social support component of exercise programmes for some older adults, even from diverse backgrounds, seemed to be just as important as the exercise itself.

Therefore, social activity can act as a facilitator for maintaining physical activity.

The importance of social benefits from group exercise for older adults should not be underestimated in the promotion of exercise programmes. However, for Muslim women, religious practices requiring gender segregation could negatively influence initiation and, subsequently, adherence to physical activity. Gender segregation was possible in most areas, although there were variations in facilities offered. Thus, in order to ensure participation of older women from ethnic and religious minority groups, suitable facilities congruent with their practices and beliefs need to be available.

Health-related issues, the fear of losing independence or mobility, and the anticipated health gains seem to be the most influential factors in initiating exercise and physical activity among older South Asians. In order to maintain physical activity, general social support, physical activity social support within activity programmes, psychosocial benefits and integrating physical activity within everyday activities seem to be the most important variables for adherence. Evidence suggests that building physical activity in and around day-to-day activities can form a very sustainable form of exercise, rather than a separate structured programme.^{39,40} However, community exercise facilities and physical activity programmes provide a supportive environment to develop confidence and ability to uptake and maintain a regular physical activity programme.

Although the reasons for initiating and maintaining exercise and physical activity are similar to those of older White adults,^{13–17} language barriers, the need for culturally appropriate, gendered physical activity sessions and physical activity social support was evident among this group of older South Asians. This highlights the need for culturally sensitive provision of leisure services and the use of South Asian support workers as peer mentors.

Limitations

This study recruited older South Asians from an area where much health promotion work had been undertaken, which may have influenced their beliefs and health behaviour as a process of acculturation. Many had been in contact with a South Asian support worker and were therefore very aware of the benefits of activity and opportunities to be active in their area. There may be different views, barriers and motivators in older South Asians who have not had such previous contact.

It is also important to acknowledge that there is heterogeneity within South Asian populations. However, as there is a lack of evidence in this area, the authors felt that it was important to compare and contrast beliefs across groups, rather than focussing on a single, highly defined population. Thereby, the study addressed an area of public health that is largely unexplored.

Conclusion and recommendations

The findings offer important insights for the development of physical activity programmes for South Asian older adults

which may increase uptake and adherence to a regular physical activity programme. Given that older South Asians will represent an increasing percentage of the UK population, it becomes increasingly important to address this important area of public health. Having an awareness of the motivators for the uptake and adherence of physical activity among this group of older adults may ultimately improve culturally appropriate physical activity provision, increase uptake and adherence, and reduce inequalities in physical activity provision. The findings presented here begin to address a currently under-researched area of the beliefs of older South Asians regarding physical activity.

It is important for policy makers to consider the needs of black and minority ethnic groups in the design and set-up of exercise programmes for a diverse community. Allied and health professionals need to develop an awareness of the specific motivators for older South Asians, and thereby promote and provide specific guidance on the benefits and recommended levels of physical activity. It is also important that appropriate social support is identified to encourage uptake and promote long-term adherence of physical activity among this group of older adults.

Promoting active lifestyles and building physical activity in and around day-to-day activities are important strategies in increasing activity levels. However, the needs for culturally appropriate facilities, peer mentors who could assist those with language barriers, specific tailored advice, physical activity and general social support could promote uptake and subsequent adherence among this population group.

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Ethical approval

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Competing interest

None declared.

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