

# **An Overview of Recommendations for Women's Physical Activity Effecting on Health, Knowledge, Attitudes and Behaviour**

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## **Abstract**

Current article emphasizes on moderate amount of physical activity by women to make it possible to different activities to meet individual needs, preferences and life circumstances. Physical inactivity is more common among women due to insufficient consistent and positive social support from family and friends related to regular physical activity. Physical activity meanings portrayed women exercising in order to lose weight, shape their bodies, or improve their appearance of socioculture. Additional health benefits can be gained through greater amounts of physical activity and women who can maintain a regular routine of physical activity that is of longer duration or of greater intensity are likely to derive greater benefit. However, excessive amounts of activity should be avoided, because risk of injury increases with greater extents of activity. Evidence and examples of one of the cheapest and simplest of all physical activities presented is walking that may serve as a guideline for individuals. Women of all ages can benefit from a moderate amount of physical activity, preferably in longer sessions of moderately intense activities (30 minutes of brisk walking) as in shorter sessions of more strenuous activities (20 minutes of jogging) on five or more days per week. Regular physical activity improves aerobic capacity, muscular strength, body agility and coordination, and metabolic functioning. Physical activity gives benefits to many parts of body like heart, skeletal muscles, bones, blood cholesterol levels, immune system and nervous system, and can reduce many of risk factors. These risk factors include reducing of blood pressure, improving blood cholesterol levels and lowering body mass index. The physical activity plays role in many diseases, such as type-2 diabetes, heart disease and many cancers, and estimates that physical inactivity is the fourth-leading risk factor for global mortality and premature deaths per year in low and middle income countries. Women with chronic health problems, such as heart disease, diabetes, obesity, or who are at high risk for these conditions should first consult a physician before beginning a new program of physical activity. Women over an age of 50 years who plan to begin a new program of vigorous physical activity should first consult to a physician to be sure that they do not have heart disease or other health problems. This information might change people's knowledge about benefits of physical activity, increase awareness of opportunities for increasing physical activity, explain methods for overcoming barriers and negative attitudes about physical action to ultimately increase physical activity.

## **Keywords**

Women, Health Goals, Disease Prevention, Human Attitudes, Exercise, Women's Health

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## 1. Introduction

Personal responsibility for one's own physical health is the beginning of self-reliance and true self-reliance comes as individuals achieve a balance of physical and emotional health, education, employment, financial management, building a reserve, and spiritual strength. Peoples are usually happy and productive when they are in good health. However, many peoples of the world suffer unnecessarily from illnesses that could have been prevented or could be easily corrected. One way to prevent disease is to be careful about what somebody eats and drinks. Common diseases of the stomach and intestines are caused by eating food or drinking water that is not clean. Unclean food and water can cause diarrhoea and fever, but they can also cause more serious problems as well. Many diseases and health problems can be prevented very easily. Scientists have developed immunizations that will prevent many diseases. Other serious health problems can be caused by not eating enough food or by not eating the right kinds of food. Sociocultural thinness and beauty norms and pressure (by their healthcare providers to exercise for weight control or health motives) provide the context for exercise, and are a likely source of influence in women selecting physical activity goals related to appearance and shaping their bodies. Predominant images of physically active women in media target improvements in body shape and appearance that can be gained from exercising (Blaine and McElroy, 2002; Doran and O'Brien, 2007).

## 2. Benefits of Physical Activity

No doubt that there is enough population of peoples, which are not physically active adequately, so, recommendations for increasing physical activity for improving styles have been made for individuals and for clinical settings. In this segment, benefits are presented for increasing physical activity through interventions in the community settings. The increasing benefits of physical activity involve reduce in the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes. Physical activity helps to maintain healthy bones, muscles, and joints, controls weight, builds lean muscle, and reduces body fat, and controls joint swelling and pain associated with arthritis. It may enhance the effect of estrogen replacement therapy in decreasing bone loss after menopause. This reduces symptoms of anxiety and depression, and fosters improvements in mood and feelings of well-being and can help to reduce blood pressure in some women with hypertension. It provides environmental inducements to physical activity, such as safe, accessible, and attractive trails for walking and bicycling, and sidewalks with

curb cuts. It opens schools for community recreation, forms neighbourhood watches groups to increase safety, and encourages malls and other indoor or protected locations to provide safe places for walking in any weather. This encourages employers to provide supportive worksite environments and policies that offer opportunities for employees to incorporate moderate physical activity into their daily lives. Such activity provides community-based programs to meet the needs of older women, women with disabilities, women of racial and ethnic minority groups, and women with low incomes. It also includes child care arrangements to encourage the participation of women with children. Physical activity encourages health care providers to talk routinely to female patients about incorporating of physical activity into their lives (Ball et al., 2006; Yeats, 2011; Sarwar et al., 2013; 2014; 2015 a; 2015 b; 2015). It helps in a risk reduction for breast cancer of approximately 20-40 percent for those who do vigorous physical activity for 30-60 minutes on five days each week (Lee, 2003).

## 3. Factors That Contribute to Physical Inactivity

Many factors come together to contribute to a person's health or ill health including factors at the societal level which cannot be changed by the individual, and this is especially the case for women. Significant technological changes in the domestic, community and workplace environments have resulted in peoples spending more and more time in sedentary behaviours. The modern environment has been described obesogenic which refers to factors that contribute to increased levels of obesity in the population through less physical activity due to labour saving devices, increased passive entertainment and access to low cost energy dense food. As work and domestic environments involve less manual labour, to achieve the same levels of physical activity as previous generations, it is necessary to be more active in leisure time. An obesogenic environment is not the only factor that has contributed to increased obesity, as links have also been made to socioeconomic status. In a recent study, the proportion of men who are overweight or obese do not differ across socioeconomic groups, however this is not the case for women. Forty five percent of women in the lowest socioeconomic group are overweight or obese compared with percent of women in the highest socioeconomic group. A World Health Organisation study found that obesity is more common among poorer women compared with richer women in all participating countries. These differences across socioeconomic groups are related to varied access to resources and educational opportunities, safe working conditions, effective services, living conditions in childhood, racism and

discrimination. A further explanation for the discrepancies in obesity rates is income inequality. This is supported through low rates of obesity among countries where the gap between richest and poorest is small and high rates of obesity where income inequality is far greater. Income inequality may contribute to the obesity epidemic exacerbated by inactive lifestyles (Seacat and Mcikelson, 2009; Hancock, 2011; Sarwar *et al.*, 2013; 2015 a; 2015 b).

## 4. Physical and Mental Health and Well-Being

The ensuing facts might be helpful to families for understanding how they can be healthy while going through a very stressful time in their lives. These can introduce information on the mental, physical and spiritual health and well-being, as well as offer strategies for staying healthy while dealing with a disaster. Living in a healthy lifestyle by taking care of mental, physical and spiritual health is critical to protecting oneself from physical and emotional stress during any disaster. A healthy body copes better when is confronted with stressful conditions. It is important to follow the food guide pyramid to adopt good eating habits. For optimum health, it is better to get rid of all hydrogenated fats, read food labels and select foods with fats that are mono-unsaturated and poly-unsaturated. Try to avoid saturated fats and trans fats, select good quality meat and fish, consume fresh fruits and vegetables, eat legumes (beans), and select natural carbohydrates and proteins. It is also important to know what a serving size is because many peoples consume too many calories per day since they are not aware of the amount they consume (Stuart, 2004; Mughal *et al.*, 2015; Khalid *et al.*, 2015).

## 5. Increasing Physical Activity

Being physically active plays an essential role in ensuring health and well-being, and there is a large body of research investigating for the benefits of exercise (Wilson and Dollman, 2007; Pretty and Barton, 2010).

### 5.1. Leisure Time Activities

These are activities to be done in periods of time outside of work and essential domestic activities. The strategy is to encourage sport participation or different social groups which engage in physical activity (e.g., walking groups, cycling groups, or community gardening).

### 5.2. Active Transport

It refers to walking or biking as a means of transportation and not purely as a form of recreation. Encouraging walking or

biking to work or school, or going about daily activities such as shopping are great ways to maintaining an active lifestyle.

### 5.3. Active Living

This is a way of life in which exercise is fully integrated into daily activities. The goal is to accumulate 30 minutes of physical activity a day in 10 minute stints. This can be done in various ways such as through leisure-time activity, active transport, household chores, taking the stairs and walking with a pet.

## 6. Physical Activity Guidelines

The following case studies might deliver information that provides the rationale for action and ideas for tackling of physical inactivity in many different setting (James *et al.*, 2004; Williams *et al.*, 2008):-

### 6.1. Moderate Intensity Activity

To promote and maintain good health, adults aged of 18-65 years should maintain a physically active lifestyle. They should perform moderate-intensity aerobic (endurance) physical activity for a minimum of 30 minutes on five days each week or vigorous intensity aerobic activity for a minimum of 20 minutes on three days each week. Moderate-intensity aerobic activity, which is generally equivalent to a brisk walk and noticeably accelerates the heart rate, can be accumulated toward the minimum of 30 minutes by performing bouts each lasting 10 or more minutes.

### 6.2. Vigorous Intensity Activity

Vigorous intensity activity is exemplified by jogging, and causes rapid breathing and a substantial increase in heart rate. In addition, at least twice each week adults can benefit by performing activities using the major muscles of the body that maintain or increase muscular strength and endurance.

### 6.3. Combinations of Moderate and Vigorous Intensities

Combinations of moderate and vigorous intensities of physical activity can be performed to meet the recommendation, for instance, a person can meet the recommendation by walking briskly for 30 minutes twice during the week and then jogging for 20 minutes on two other days. These moderate or vigorous intensity activities are in addition to the light intensity activities frequently performed during daily life (self-care, washing dishes, using light tools at a desk) or activities of very short duration (taking out trash, walking to parking, or at store or office). Because of the dose-response relation between physical activity and health, persons who wish to further improve their personal fitness, reduce their risk for chronic diseases and

disabilities, or prevent unhealthy weight gain may likely benefit by exceeding the minimum recommended amount of exercise.

#### 6.4. Older Adults

For older adults (over 65 or those aged 50-64 years with chronic conditions such as arthritis), the recommendation is the same along with balance exercises also recommended. It is also the case that goals below this threshold may be necessary for older adults who have physical impairments or functional limitations.

#### 6.5. Children

Children (aged 6-17 years) should do at least an hour of physical activity every day. This can include either moderate-intensity aerobic activity or vigorous-intensity activity (although the latter should be included on at least three days each week). Muscle-strengthening activities (such as gymnastics) and bone-strengthening activities (such as running or skipping rope) are also recommended on at least three days a week.

### 7. Barriers to Physical Activity

Regular physical activity is vital for both women and men; however there are differences in the barriers to participating in physical activity. Social, cultural, economic and political factors impact on women's health and their ability to be physically active. Women experience many and varied barriers to participating in physical activity. These include time, caring demands, lower socioeconomic status, body image, safety and urban planning and existing health conditions. Often the barriers are connected, as is the case with caring demands and lack of time. Some women experience more than one difficulty when aiming to be physically active. Women's multiple roles both in and out of the paid workforce can be the cause of some of these barriers as women may put others needs before their own (Cadilhac et al., 2009).

### 8. Informational Approaches to Increasing Physical Activity

Informational approaches focus on increasing of physical activity by providing information to motivate and enable peoples to change their behaviour and to maintain that change over time. The interventions primarily use educational approaches to present both specific information about physical activity, exercise and general information (ways to reduce the risk of cardiovascular disease). The following information is intended to change people's knowledge about the benefits of physical activity, increase their awareness of opportunities for increasing physical activity, explain methods

for overcoming barriers and negative attitudes about physical activity, and ultimately increase in physical activity (Lock, 1990; Bertera, 1993; Wimbush et al., 1998; Calfast et al., 2000; Kerr et al., 2000; Hu et al., 2001).

#### 8.1. Community-Wide Campaigns

Community-wide campaigns involve many community sectors in highly visible, broad-based, multicomponent approaches to increasing physical activity. In addition to considering sedentary behaviour, most of the campaigns reviewed also addressed other cardiovascular disease risk factors, particularly diet and smoking. These campaigns are effective in increasing the level of physical activity and the fitness of both adults and children. They also increase knowledge about exercise and physical activity, as well as intentions to be more physically active.

#### 8.2. Mass Media Campaigns

These single component campaigns are designed to increase knowledge about physical activity, influence attitudes and beliefs, and change in behaviour by transmitting messages through newspapers, radio, television, and billboards, singly or in combination. Paid advertisements, donated time and space for promotions, and news or lifestyle features are used. Unlike the communitywide campaigns discussed above, these interventions do not include other components such as support groups, risk factor screening and education, or community events.

#### 8.3. Classroom-Based Health Education

These programs consist of health education classes in elementary, middle, or high schools whose goal is to help students to develop the skills they need to make rational decisions about adopting healthier behaviours. Class content is usually multicomponent, with teachers educating students about aspects of physical inactivity, nutrition, smoking, and alcohol and drug misuse. Behavioural skills components (role-play, goal-setting, contingency planning) can also be part of the classes. However, spending of additional time in physical activity is not usually a part of the curriculum.

### 9. Conclusion

This article summarizes conclusions and recommendations to date on interventions to increase physical activity using three types of approaches, informational, behavioural and social, and environmental and policy. To increase physical activity using informational approaches, it recommends community-wide campaigns and point-of-decision for prompt actions. Evidence is insufficient to determine the effectiveness in increasing of physical activity of mass media campaigns or classroom-based health education focused on providing the

information. Thus, the media, and the sociocultural norms and pressures they depict, provide a context within which women develop their physical activity goals and behavioural regulation. Importantly, poor planning and coordination of the campaigns, inadequately trained staff, and insufficient resources to implement a campaign of sufficient scope are all barriers to the success of community-wide campaigns. To change people's knowledge, attitudes, or behaviours, especially in high-risk populations, considerable exposure to campaign messages is required. Community buy-in (the involvement and acceptance of any targeted community) is also needed and achieving it usually requires considerable effort. In conclusion, the task force recommends community-wide campaigns on the basis of strong evidence of effectiveness in increasing both the number of peoples who are active and the energy expended by active individuals. The findings of this review should be applicable to most communities in the sphere, provided that the campaigns are adapted to the specific needs and interests of the target population. Increasing women's levels of participation in physical activity will take time, as change needs to be occurring at the societal level to address current gender roles and how they can affect women's ability to become physically active to increase physical levels and therefore women's overall health status.

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