

Non-Participation: How Age Influences Inactive Women's Views of Exercise

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Physical activity studies have often excluded women, resulting in limited information regarding the influences on women's non-participation. The present study aimed to explore the exercise views and cognitions of inactive adult women. Forty women aged 25–75 took part in the focus groups. Themes that emerged from the interviews included merits of exercise, thoughts and feelings, knowledge, barriers, and strategies. Results indicated that inactivity is due to a variety of culminating factors; health-promotion strategies need to specifically target different age groups. These strategies include increasing awareness of the social and psychological benefits of exercise, exercise as a supplement to activities of daily living, changing the perception of what constitutes exercise, and representing exercisers as a variety of ages and body shapes.

Introduction

The positive relationship of physical activity to health is well known, yet physical activity statistics reveal that the majority of adults age 20 and older remain inactive (Colley et al., 2011). Predominantly, more women than men are physically inactive and women's activity rates decrease with age (Colley et al., 2011). This is of particular concern because women are more prone to suffer from chronic illnesses and functional disabilities (e.g., osteoporosis) later in life (Ainsworth, 2000; Huang et al., 1998).

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Limited research has explored the reasons why women of various ages do not initiate and maintain healthy levels of physical activity (King et al., 2000). Women and men report different experiences with respect to both opportunity and level of participation in physical activity (Henderson & Bialeschki, 1991) as well as perceived barriers to exercise (Eyler, 2003). One concern that, although present for men, is particularly salient for women is one's level of social physique anxiety (SPA). SPA refers to concerns about the evaluation of one's body (Hart, Leary, & Rejeski, 1989) and is associated with motives, preferences, and attitudes toward physical activity (Conroy, Motl, & Hall, 2000; Hausenblas & Martin, 2000). Consequently, women's differing experiences with exercise and physical activity would affect their perceptions of exercise, thus influencing their participation choices. Exercise and physical activity studies have tended to exclude women (Scharff, Homan, Kreuter, & Brennan, 1999). As a result, limited information is available as to the reasons and circumstances influencing women's leisure time inactivity.

In quantitative studies that have focused on women, lack of time (Ansari & Lovell, 2009; Johnson, Corrigan, Dubbert, & Gramling, 1990), lack of support (Ansari & Lovell, 2009; Johnson et al., 1990), family obligations (Ansari & Lovell, 2009; Verhoef & Love, 1994), and age (Ansari & Lovell, 2009) have all been negatively associated with participation in leisure time physical activity. While these studies are descriptive, they fail to reveal the cognitions behind the relationship of these factors to exercise behavior, and do not incorporate the voices of what individuals actually think about exercise involvement (O'Brien Cousins, 2003).

Cropley, Ayers, and Nokes (2003) believe that in order to influence health behavior in the non-exercising population, it is necessary to explore the cognitions (i.e., views, thoughts, images, perceptions) of individuals who do not exercise and who have no intention to exercise. That is to say, an understanding of the cognitions individuals have of themselves and their exercise behavior, as well as the situational factors that influence these cognitions may determine the effectiveness of exercise interventions (Whaley & Schrider, 2005). Moreover, Bandura (1997) proposed that an individual's choice to lead an active lifestyle is influenced by his/her cultural knowledge and values, internalized beliefs, and ongoing experiences with physical activity. The culmination of these experiences, knowledge, and beliefs can then create the precondition for behavioral change.

Leith and Shaw (1997) conducted one of the few qualitative studies aimed at an in-depth understanding of leisure time inactivity in young women. They interviewed 12 relatively inactive undergraduates aged 18–24 years. Based on the responses provided, it was concluded that the women's low participation could be explained in terms of their view of physical activity as *work* and not an enjoyable leisure time activity. Demands on their time combined with a negative perception of experiences associated with physical activities contributed to their low leisure

time participation. The research of Leith and Shaw provides initial insight into female non-exercisers' perceptions of exercise and how they internalize factors associated with exercise participation (e.g., barriers, motivators to exercise). There is evidence that the determinants of health-related behaviors such as physical activity in women vary across life situations (Henderson, 1990). That is, exercise has different meanings across the lifespan (O'Brien Cousins, 1996).

Inactive older adults (55–92 years) view exercise as a low priority, not necessary if healthy, and overall prefer to pursue other leisure time activities (O'Brien Cousins, 2001; Smith & Storandt, 1997). Barriers to leisure time physical activity such as lack of energy and/or fatigue have been reported as constraints for older women; a lack of time has been reported as more of a barrier for younger women (Booth, Bauman, & Owen, 2002). Netz and Raviv (2004) found that gender and age differentiated between individuals aged 18–78 with respect to their self-efficacy levels, outcome expectancies (decisional balance), and self-evaluated satisfaction or dissatisfaction with respect to physical activity. Notably, older women reported lower expectations of better health as a result of physical activity than younger women.

An enhanced understanding of the reasoning behind women's lack of leisure time exercise participation is certainly warranted. The changing roles characteristic of the life span can influence the decisions made by women regarding their health behaviors (King et al., 2000; Notman, Klein, Jordan, & Zilbach, 1991; Trujillo, Brougham, Walsh, 2004). A broad age range of individuals representative of both the general working population and retired women should be represented. Therefore, the purpose of the present study was twofold: (1) to examine the exercise-related views and cognitions of inactive women 25–75 years of age; and (2) to examine the relationship of age with respect to these views and cognitions.

Method

Participants

Forty female non-exercisers volunteered to participate. Each focus group was comprised of five to seven women with two groups for each of the following age categories: 25–35, 45–55, and 65–75 years. These age categories were chosen to represent women in three different stages of life: young adult, middle age, and older adult. A summary of the characteristics of the women interviewed is included in Table 1.

The women were recruited through posters requesting the participation of non-exercisers who have engaged in exercise activity once per week or less in the past 6–12 months. This criterion was chosen on the basis of the Canadian Physical Activity Guidelines (<http://www.csep.ca/guidelines>). All of the women

Table 1

Demographic Characteristics of Focus Group Participants

Age category	25–35 (<i>n</i> = 11)	45–55 (<i>n</i> = 13)	65–75 (<i>n</i> = 16)
Highest education level			
Some high school		1	4
High school	9	2	
College		2	5
University	11	1	5
Employment status			
Employed part time	7		1
Employed full time		11	0
Retired		2	15
Other	4		
Marital status			
Never married	9		4
Married	2	7	11
Divorced		2	
Widowed		5	
Ethnicity			
Caucasian	100%	70%	100%
African–American	0%	30%	0%
Health condition			1

indicated that they did not engage in any structured strenuous physical activity and did not intend to start such activity in the immediate future (i.e., next 4 weeks); however, their daily activities did involve short bouts of mild walking (e.g., walking to the bus stop). The participants listed reading (*n* = 9), walking (*n* = 7), and gardening (*n* = 8) as their most frequent leisure time activities, but these activities were not performed daily.

Interview Guide

An interview guide was developed following the procedures recommended by Patton (2002). Open-ended questions were generated based on literature that

described thoughts and images related to exercise and physical activity (Gammage, Hall, & Rodgers, 2000; Hausenblas, Hall, Rodgers, & Munroe, 1999) and physical inactivity (Leith & Shaw, 1997). The interview guide was pilot tested on a focus group, not included in the present study, comprised of female non-exercisers from a range of ages. Feedback from the pilot group resulted in minor refinements to improve the clarity and flow of the interview questions. The interview guide¹ comprised three sections. The first section welcomed the women, provided an overview of the topic, and explained the procedure to be followed. To put everyone at ease, the women then introduced themselves and indicated their favorite leisure time activity. Section two was the main part of the interview and questions asked concerned healthy lifestyles, physical activity, and exercise. Section three provided the women with the opportunity to ask questions about the interview experience and to discuss any issues that may have been omitted.

Procedure

The study was approved by a University research ethics board. Signed informed consent was first obtained from each participant. The women completed a demographic information sheet indicating their age, level of education, employment status, marital status, and whether they had a health condition that prevented them from engaging in exercise. The women seated themselves around the table with name cards in front of them.

The focus groups were conducted by a trained interviewer who guided each session for approximately 90 minutes, while a second researcher (the technical assistant) audio recorded and took field notes. The primary interviewer followed the interview guide as described above, but the women were encouraged to expand the discussion into other related areas of interest if they wished. In addition to the guided interview questions, specific probes were used to prompt the women about the frequency of their exercise-related thoughts, specific examples of these thoughts, thoughts that facilitate or impede exercise, and feelings that accompany these thoughts about exercise (e.g., Is exercise something you actively think about? Probes: *If yes, what do you think about exercise? How often do you think about it?*). The probing technique facilitated more detailed responses, and greater understanding and clarity around particular points expressed in the focus group interviews.

Analysis

Following the procedures outlined by Côté, Salmela, Baria, and Russell (1993), the analysis was independently undertaken by two investigators. The

¹The interview guide is available from the corresponding author.

women's responses were transcribed verbatim and then divided into text units. A constant comparison technique was used in which the text units were categorized inductively and deductively into common themes (Patton, 2002). When the categorization of new data or text units fit adequately into the preexisting framework, theoretical saturation was reached (Miles & Huberman, 1994). Two group meetings were held and the investigators' codes were compared and contrasted with one another and agreement on the various text units was sought. When disagreements occurred, the text units were reread and discussed until a consensus was reached.

Several procedures were followed in an effort to establish an accurate, reliable, and valid representation of the women's perceptions of exercise. The use of line-by-line coding by the researchers allowed for the triangulation of evidence by multiple observers and the analysis of negative or discrepant findings (Sparkes, 1998). A third party, unaffiliated with the present investigation, conducted an independent audit of the raw data quotes (Lincoln & Guba, 1985). This researcher created identical themes and successfully classified 91% of the raw data. Consistent with the recommendations of Sparkes (1998), quotations from the women are presented to represent their views of exercise and to allow readers to judge the accuracy, trustworthiness, and transferability of the authors' conclusions.

Results

From the six focus groups, 1335 text units were classified into five dominant themes that emerged from the women's comments: merits of exercise and physical activity (362 text units), specific thoughts and feelings about exercise (127 text units), exercise knowledge (168 text units), barriers to exercise (134 text units), and exercise triggers (328 text units). Each theme is discussed separately and the three age categories are identified as: (25–35), (45–55), and (65–75).

Merits of Exercise and Physical Activity

The women's viewpoints regarding the merits of exercise and physical activity were represented in five key topics: activity and health, exercise and physical activity, necessity of exercise, benefits of exercise, and benefits of not exercising.

Physical activity and health. Discussions by the focus groups on this theme centered on the components required to live a healthy lifestyle. All of the women agreed that being healthy and sustaining a healthy lifestyle (maintaining mental

and physical health) is extremely important. Specifically, maintaining proper mental health includes having a positive attitude and controlling the amount of stress in your life and maintaining physical health includes monitoring dietary issues and being active. When asked to elaborate on the meaning of being active, the consensus from each age group was that exercise and/or physical activity play an integral part in being healthy and leading a healthy lifestyle. Some sample quotes are: (25–35) “A healthy lifestyle means being in a job I like, having good friends, and being a bit physically active.” (45–55) “Leading a healthy lifestyle is eating well, drinking water and exercising.” (65–75) “A healthy lifestyle I think is diet and exercise, general care of yourself, seeing the doctor.” When asked what activities fit into a healthy lifestyle, the women in each age group listed various activities such as walking, gardening, and swimming.

Exercise and physical activity. Responses in this theme describe how the women define exercise and physical activity. The majority of the women ($n = 36$) described exercise as “structured,” “more intense,” “planned,” “specific” activity. For example, one participant said: (65–75) “Well, with exercise, you are doing specific exercises, using different muscles, for a certain amount of time in an artificial situation.” The women described physical activity as “informal play” or “anything that gets you moving.” The women felt that physical activity is predominantly comprised of the incidental movements or activities that occur in daily life. For example, one participant said: (25–35) “Physical activity can be just everyday things that come up, you know, walking to a meeting, just the non structured activities.” According to the women, the most important distinction between exercise and physical activity was that they viewed physical activity as more enjoyable. One participant said: (45–55) “You think of physical activity as more fun, the activities are more fun than just exercise.”

Necessity of exercise. The women were given a definition of exercise and physical activity² and asked to comment as to whether they believe exercise is necessary if an individual is currently physically active. Three participants from the 25–35 age category believed that exercise is not necessary if you are physically active. For example one participant said:

(25–35) I do not think we were put on this planet to follow an exercise routine. I think that we are not physically active enough and that is why

²Exercise can be considered a subcategory of physical activity. Physical activity (a) requires bodily movement via skeletal muscle, (b) results in energy expenditure that continues from low to high, and (c) is positively correlated with physical fitness. Exercise is all of these plus (a) is very positively correlated with physical fitness, (b) is planned, structured, and repetitive bodily movement, and *most importantly* (c) has an objective, the maintenance or improvement of physical fitness.

we have to exercise. We can set a time aside everyday, 20 minutes a day, five times a week and maybe that is not even enough to be using the body. The body was meant to be active.

The remainder of the women in the 25–35 age category, all participants in the 45–55 age groups, and the women in one of the 65–75 age groups believed that exercise is necessary to work on muscles and areas of the body that physical activity does not strengthen. One participant said: (45–55) “If you are active you are only doing a certain routine. You do not cover everything with your job for example, if that is what you do. One exercise or one activity does not cover it all.” The women in the other 65–75 age group believed that exercise is only necessary for the younger generations because of the influx of modern conveniences. They believed older individuals achieve enough physical activity doing household chores. One comment was: (65–75) “It is a new thing where all of the baby-boomers all exercise in a structured place where in our age group we do everything all the time, and we have to be strong to do it. More physical like that.” Another said:

For me it [exercise] is something that the baby-boomers started and we did a lot of physical things before that . . . like washing laundry on the line and jumping up to turn on the television. You [younger generation] are all so lazy that you don’t do it.

Benefits of exercise. Discussions by the women concerning this theme highlighted the women’s awareness of the benefits of exercise. Women in both the 25–35 and 45–55 age categories indicated that exercise produces several physical, social, and psychological benefits. The women in the 65–75 age category listed only physical benefits to exercise. The physical benefits included: decreases heart disease, builds muscles, prevents osteoporosis, helps metabolism and breast cancer, and increases circulation. For example, one woman said: (45–55) “Heart pumping . . . I don’t know the technical terms but I know your heart pumps better and your lungs are bigger, you can breathe deeper. It is easier to run up three flights of stairs.” The social benefits included meeting new people and being part of a group: (25–35) “You get to meet new people, the whole social aspect.” The psychological benefits included lower stress levels, feeling more optimistic, feeling generally happier, and increased self-esteem. One participant said:

(25–35) I think that the end result is that it makes you feel happy. I know that is something that people toss around. It sends out the happy hormones and I honestly believe it does. It makes you more optimistic. I get so depressed every day thinking about that my fitness level has gone down because I am not doing it.

Benefits of not exercising. While discussing the benefits of exercise, five women in the 25–35 age category, and four women in the 45–55 age category mentioned that there were benefits to not exercising. For the women in the 25–35 age category, benefits of not exercising included having more time to participate in other activities, or to just relax. Additionally, the women in the 25–35 age category believed that a benefit of not exercising was not having to take on the persona of an *exerciser* and be subject to comparisons against society’s ideal model of an exerciser. The following quote portrays this viewpoint:

I find that if you are not exercising you don’t have to worry about how your body looks in comparison to other people that are in the gym, and that kind of a thing, cause if you are not seeing it, it’s ok to be yourself you know what I mean. So it’s not stressful that way you know what I mean.

For the 45–55 age category, the benefits of not exercising included more time to spend with family or performing household duties (laundry, cooking). One participant said, “You can justify it [not exercising] by saying the time I would spend exercising I could spend more time with my family.”

Specific Thoughts about Exercise

The women’s specific thoughts about exercise centered on two main topics: frequency of thought, and thoughts and feelings toward exercise.

Frequency. There were mixed responses between the age categories as to how often the women thought about exercise. The women in the 25–35 and 45–55 age categories stated that they do think about exercise, and the possibility of becoming more active quite frequently. They reported thinking about exercise multiple times during the day, while at work or at school. Most often, thoughts about exercise occurred when the women were required to perform some type of activity, or when they saw others engaging in activity. For example, one participant said;

(25–35) I think about exercise all the time . . . that I need to do it. Even if I am just walking up three flights of stairs I think holy cow I’m a little winded, I need to do some exercise. It is just constantly on my mind just that I need to do it.

It must be emphasized that while some of the women reported thinking that they needed to exercise, none of them actually intended to do so in the immediate future.

The women in the 65–75 age category stated that they do not deliberately think about exercise during the day. As one participant mentioned, “I just do

things, I do not actively think about exercise. I have a big apartment and I have to walk around so I think about cleaning and housework because I have to do it myself." The women in this group indicated that they do not think about exercise because they do a lot of physical things during the day (e.g., housework, yard work), so there is no reason to make an extra effort to think about exercise.

Thoughts and feelings associated with exercise. The women in each category used common descriptors such as "boring," "not enjoyable," "monotonous," "causes soreness," "is time consuming," and "is often lonely" to describe exercise.

The women in the 25–35 and 45–55 age groups admitted that their thoughts about exercise were predominately negative and/or associated with negative feelings about exercise. For example, one participant said: (25–35) "Yeah I think about it but it is unwilling. I am not happy to be thinking about it. I am happy to be thinking about yard work, that makes me happy, but going to the gym, it is not fun." The women stated that they do not consider exercise "fun" or "enjoyable," and therefore do not enjoy thinking about it. Additionally, the women stated that thinking about exercise often results in feelings of extreme guilt, as exemplified by the following quote: (45–55) "I always feel guilty about not doing it. I know that I should do it, I know it should happen and I feel guilty for missing it." The women revealed that these feelings of guilt often stem from society and its overbearing views on exercise. They felt that society exudes a certain pressure to exercise, that translates into feelings of guilt when they do not. The women also reported that they know they should make time to exercise, but would rather do other things with their time. One participant commented: (25–35) "Sometimes I am just lazy. That's the main thing for me. If I am going to be honest, I am just lazy. I could make the time; I just choose not to exercise."

The women in the 65–75 age category did not experience feelings of guilt toward exercise, but voiced a feeling of disconnect to the idea of exercise in general. They did not relate to the idea of going to the gym to exercise or intentionally having to exercise because they grew up in a time when resources were not available for organized fitness programs and facilities. Exercise and physical activity were obtained by doing chores and walking instead of using motorized transportation. Therefore, they felt unfamiliar with fitness centers as they exist today, as illustrated by these quotes: "There were not the treadmills and exercise places around to go to" and "We grew up in a war where there was no food, much less exercise facilities."

Exercise Knowledge

When asked what they knew about exercise or exercising, the women in each age group commented that their exercise knowledge was extremely limited:

(25–35) “Hum . . . Not a lot actually. I can’t say that I know a lot at all.” The women indicated that they acquire their exercise information from magazines, television, internet, friends, and occasionally their family physician. All of the women reported that the exercise information they receive from the media most influences their decision to exercise. For example, the women in the 25–35 age category believed that media portrays certain images of what an individual should look like and these images are filtered down and accepted by the general public. If you do not look similar to these images, you are looked upon disapprovingly, as described by this participant:

I think that imagery [from the media] does not help either. Like you see a lot of the popular people on the screen and you hear comments being tossed around by men or by women and then it just puts the mental image in your head “she’s very skinny, maybe I need to do something.

Additionally, the women in both the 25–35 and 45–55 age categories stated that the media often presents misleading and confusing information thereby clouding the reliability of the information. One participant stated:

(45–55) It is deceptive. The media is a trap because they pick something today, advertise it, and then move on to something else tomorrow, even if it does not have any benefits. They [the media] do not promote the true benefits of exercise.

The women felt that the media promotes so many quick fix diets and exercise schemes that it is difficult to know what to do. In addition, the participants were aware that realistic results are not presented: (45–55) “The media warps the benefits of exercise to make people think that minimal exercise will make you a skinny mini. It’s discouraging.” On a positive note, the women in both groups mentioned that occasionally the media introduces a new exercise activity (e.g., zumba), or a healthy lifestyle choice (e.g., diet information) that they may not have been aware of. For example, one woman stated: “Then there is positive like Body Break³ like it is still on and that’s a pretty positive promotion of healthy living, and they make it pretty accessible for everybody like ‘eat stir fry and go for a walk.’ ”

The women in the 65–75 age category also indicated that the media provides information regarding new exercises, but they felt that everything is geared toward a younger population. One participant said:

I tend to ignore it [media]. I just feel guilty and when you look at the little girls on there, none of them are our size or weight, and none of them have

³Body Break is a 90-second informative television show intended to provide practical information on a wide variety of opportunities to be active everyday.

any problems. I just think will I look like that if I do that. We had figures like that at one time.

The women felt that the media actually discourages exercise participation because the programs presented are not appropriate for their age group. While some of the women in this age group did mention that they would consider participating in exercise activity if the instructors resembled their age group or shared similar health conditions (e.g., medical or functional), a few women continued to demonstrate their disconnect with exercise as demonstrated by the following quote: “I know it [exercise] is there and if you want to do those exercises you can follow instructions or lessons or whatever, but it will not influence what I think about exercise.”

Barriers to Exercise

Responses from the interviews indicated that each age group of women share several barriers to exercise that influence their participation. The first barrier to exercise mentioned was lack of time. The women in the 25–35 age group indicated that it is often hard to find time to exercise when they have to work, go to school, or juggle both. One participant said:

Things pile up so right now there is not a lot of time and there is nothing to make me say that I would spend this hour instead of doing work going to the gym. It is just different priorities. I would rather get an A than have good biceps.

For the 45–55 age group, time constraints centered around work, family commitments, and duties as a woman. The combination of working outside of the home and domestic responsibilities leaves little time for leisure activities as outlined in this quote: “Work is a big one for me as well as taking care of the family. It is hard enough to find time for myself than to find time to exercise.” For the women in the 65–75 age group, a lack of time meant that they would rather fill their day doing other things as illustrated by this quote, “Going shopping, going to the mall, [I rather do] things like that.” The women in the 25–35 and 45–55 age categories also mentioned that they would rather engage in other activities or hobbies with the little free time that they have, (25–35) “I could watch an hour of T.V and go to bed, or go for a walk and go to bed or go to the gym. I choose to watch T.V. or read a book or something.”

For all three age groups, time also included the season. The women indicated that it is much harder for them to be active in the winter than in the summer. One woman said, (45–55) “Winter is my main problem. When I come home in the winter, I don’t feel like going outside to exercise. I would rather stay home and sleep.”

The next barrier shared by all of the age categories was a lack of exercise knowledge. As mentioned earlier, the women indicated that their exercise knowledge was very limited. More specifically, the women were unaware of how much exercise they should achieve each day, what exercises they could or should incorporate in their exercise routine, or how to distribute exercise time throughout the day. The women also revealed that they hold very narrow views with respect to exercise activity. For example, the women indicated that when they think of exercise activity, they usually think of walking, running, the treadmill, or the elliptical trainer, as illustrated by the following text unit, (45–55) “When I picture exercise time, I see people walking, cycling, or running.” For the women in the 25–35 age category, lack of exercise knowledge also included not knowing how to perform certain exercises or how to operate gym equipment, as one participant said:

I know it’s like totally my imagination but I just, cause I don’t really know what I am doing so I just feel like everyone is staring at me when I go in there [the gym]. That’s just how I feel.

Lack of a social group was another barrier mentioned by all three age groups. One participant said, (45–55) “I think having someone to do it with makes it easier. If I had a next door neighbor who wanted to go walking every morning, at this time of year then I would probably make the effort to do it.” The women in the 45–55 and 65–75 age groups reported health concerns as a barrier to exercise. More specifically, the women mentioned that arthritis pain often prevents them from exercising. For example, one participant stated, (45–55) “I have arthritis so I use that as an excuse. When you have arthritis you have to exercise, but it hurts when I exercise so I don’t want to do that.”

The women in the 25–35 age group mentioned that intimidation in the gym environment restricts their exercise participation. The women indicated that they often felt uncomfortable exercising in both weight room and group exercise class situations because they felt intimidated by the presence of other people, as expressed by the following quote:

Not having the same muscle tone as everyone in there. I went to a cardio class and I was the fattest girl in there, and I did not feel very happy to be there. So that kind of comparing myself with the other people in the room.

Strategies to Improve Exercise Participation

Discussions about this theme by the groups centered on what would or could get them to start exercising regularly. Interestingly, the women in each age category mentioned some of the same exercise catalysts (see Table 2). The first strategy for exercise the women mentioned was the presence of another person.

Table 2

Strategies to Improve Exercise Participation by Age Group

25–35 year olds	45–55 year olds	65–75 year olds
Social support (exercise partner)	Social support (family exercise)	Social support (exercise partner)
Enjoyable activity	Enjoyable activity	Enjoyable activity
Health issue	Health issue	Health issue
More financial resources	More financial resources	
Convenient location*	Convenient location*	Convenient location*

Note. *Only about 25% of participants endorsed this strategy.

One woman commented, (45–55) “That is what I need, a buddy. I think that would help me . . . someone to work out with.” All of the women communicated the idea that having a partner or a buddy would make exercising easier and more enjoyable because at present, they do not feel motivated to exercise.

The next strategy mentioned by the women was finding an enjoyable fitness activity to join. They indicated that if they could find an activity that they enjoyed, they would definitely exercise more often as illustrated by the following quotes, (25–35) “Yes I would exercise more often because when I do enjoy something, I do it” and (45–55) “Yes, [I would exercise] if I could go to salsa lessons and it was considered a physical activity, I would go all the time.” When asked specifically why an enjoyable activity would help them to exercise more often, one participant said, (45–55) “It’s fun, it makes you feel good, and it helps to relax you after a long day.”

Another strategy to exercise was the influence of a particular health-related stimulus, e.g., if a doctor indicated that a health problem existed and it was crucial to start exercising. One participant said, (45–55) “If I went to the doctor and he said that it was critical that I walk two miles a day and it was a matter of life and death then I would get myself outside.”

Two strategies for exercise that generated mixed responses was the mention of having more money, and having a more convenient place to exercise (e.g., having a gym across the street). Five women in the 25–35 and 45–55 age categories felt that having more money would help them to exercise more often. For example, one participant said, “If I had more money I could hire myself a trainer and a cook to get me out of bed.” The remaining women felt that if they had more money they would spend it on something else, and that lack of money is just

another excuse not to exercise. One participant said, (65–75) “It does not cost anything to walk. Money should not stop you from exercising it is just an excuse.”

Eleven women from all three age categories indicated that a convenient location, having a gym across the street, or in their home would encourage them to start exercising consistently. One woman said, (45–55) “For me it would be great, it would be easier for me because I hate to come home and then get in the car and go back out again.” The remaining women felt that location on its own is not motivation enough to start exercising. Two participants said, (25–35) “There is a gym across from where I work right now and I don’t go” and (25–35) “I don’t need a convenient facility, just a couple of fun things to do.”

Discussion

The purpose of the present study was to provide information about the exercise-related views of inactive women and to determine if these views differ according to age group. The results revealed that regardless of age category, exercise participation was viewed in a limited and negative fashion. These negative thoughts of exercise, and the reasons behind these views, influenced the manner in which the women retained and processed exercise information, subsequently affecting their decision not to engage in exercise activity during their leisure time.

Women Ages 25–35

Despite expressed knowledge of the benefits of exercise, unfavorable thoughts of exercise and feelings of guilt for non-participation overshadowed any potential for involvement in exercise activity. Several factors contributed to the women’s negative thoughts of exercise, ensuing barriers to exercise and rationalizations for why they choose not to exercise. First, self-presentational concerns regarding the achievement and maintenance of an exerciser image was a major source of exercise apprehension for the women in this age group. Self-presentational research has noted that issues such as being perceived as overweight, uncoordinated, or unfit may deter exercise participation (Hausenblas, Brewer, & Van Raalte, 2004). Moreover, the pressure to achieve the *perfect body* coupled with an inability to attain this body has led to an increased prevalence of negative body image (Garner, 1997; Halliwell & Dittmar, 2006).

For the women in this age group, thoughts of exercise were not only associated with feelings of perceived societal pressure to conform to certain body image standards, but also exercise image standards. Leith and Shaw (1997) found similar responses from undergraduate females who indicated that their exercise

guilt commonly stemmed from the feeling that one should participate in exercise activity because of external pressures. Consequently, the women in this age group were more content to deal with the label of being a *non-exerciser* than face the thought of being labeled an *exerciser* and not perceived as one by the public.

Second, a lack of accurate exercise knowledge was a contributing factor to the women's negative perceptions of exercise. Their limited knowledge about exercise was mainly acquired from the media, which in turn further skewed their thoughts and views of exercise. The women felt that exercise-related advertisements enticed consumers to try certain merchandise under the guise that the results gained would resemble those of the models promoting the product. As a result, the women believed it is safer not to exercise than to potentially incur an injury following exercise direction from the media. This viewpoint corresponds with Shaulis (1998) who reported that typically exercise-related media messages have been restrictive and contradictory. That is, many exercise messages promote negative myths regarding exercise in its relationship with productivity, health and weight loss, and reinforce consumer desires and expectations for fast and easy results. Subsequently, the inability of the women to decipher between appropriate and misleading exercise information causes them to ignore many of the media's exercise messages. Unfortunately, this decision to discount exercise-related media messages limits the effectiveness of genuine exercise campaign and promotion messages (Berry, 2006).

Finally, the women expressed stereotypical views of exercise activity in general. The women were unacquainted with activities outside of typical gym-related activities (e.g., stationary bike, treadmill, aerobics classes) that could constitute exercise. These views were further exemplified in their statements that finding an enjoyable activity could encourage them to exercise. Conceivably, a more assertive effort should be undertaken to ensure that accurate health-promotion messages are distributed to the public. Although knowledge alone may not always translate into behavior, a third of Canadians report that more information about physical activity would make it easier to engage in exercise as a leisure time activity (Colley et al., 2011).

Women Ages 45–55

The women in this age category reported several views of exercise similar to those given by the 25–35-year-old women. The 45–55-year-old women were knowledgeable of the benefits of exercise, yet feelings of guilt for non-participation, perceived social pressure to exercise, stereotypical views of exercise activities, and mixed media messages together influenced their negative views of exercise rendering exercise a low priority.

In line with quantitative research by Salmon, Owen, Crawford, Bauman, and Sallis (2003), the women mentioned that health concerns, a social group, and most importantly an enjoyable activity could facilitate their exercise participation. However, unique to this age group, the women believed that their limited free leisure time is better spent with family or completing household duties. This finding corresponds with research by Eyler et al. (1998) who found that family and household responsibilities were a major constraint to exercise participation in working semi-active women. Therefore, exercise information for the 45–55 age category should include techniques to incorporate exercise activity into a busy day (e.g., small 5–15 minute bouts of exercise achieved throughout the day). Additionally, family exercise activities should be encouraged, which can produce the mutual support necessary to promote long-term commitment to fitness (Sallis & Nader, 1990).

Women Ages 65–75

The women in the 65–75 age category revealed quite different views of exercise compared with the two younger age groups. This age category reported infrequent thoughts about exercise and no guilt with respect to exercise non-participation. They generally believed their daily activities were sufficient and additional exercise activity was not required. O'Brien Cousins (2001) demonstrated similar results in her study finding that inactive older adults acknowledge the benefits of exercise, and do experience triggers to exercise, but rarely demonstrate any intention to act because they are convinced that their current lifestyles are justified. As a result, it was not surprising that the older women were unaware of and not concerned with how much activity was necessary to be healthy. Interestingly, many of the women in this age group were unfamiliar with the concept of an exercise facility; there is a clear contrast between present day exercise ideals and the exercise ideals of women in this age group.

The media also influenced the older women's feelings toward exercise in that they questioned the age appropriateness of current exercise opportunities as displayed by the media. Posavac, Posavac, and Weigel (2001) have shown that when women observe models they engage in social comparison, comparing themselves to the image or individual. These comparisons can often lead to a perceived discrepancy between the self and the model and this seems to be the case for these older women. Furthermore, Estabrooks et al. (2004) and Fleming and Martin Ginis (2004) found that individuals prefer to see typical people and/or people with similar characteristics (e.g., age, gender, fitness levels) and conditions demonstrating exercises rather than the media ideal. Similarly, women in the 65–75 age group expressed that they would consider participating in exercise if the instructors and participants resembled their age group or

shared similar health conditions. As Latimer, Brawley, and Bassett (2010) highlighted, tailoring the message to the target population when presenting physical activity guidelines increases the probability that the participants will engage in physical activity. Thus, the communication of accurate exercise information—including a broader definition of what exercise encompasses and the social and psychological benefits of exercise—from reliable sources (e.g., family physician) coupled with establishing more appealing and appropriate activity programs could alter these women's thoughts of exercise, thereby encouraging them to dedicate a portion of their free time to exercise.

Concluding Comments

The strength of the present study is that it offers insights into the views of female non-exercisers across adulthood; future research should evaluate the content of the exercise-related thoughts of adult male non-exercisers. The primary limitation of the present study is its qualitative nature. Qualitative research is bound by the quality of the subjective formation, execution, and interpretation of the interview process by the investigator (Patton, 2002). This study was also limited to descriptive analysis and did not allow for inferences pertaining to causal relationships (Braun & Clarke, 2006). Furthermore, the methodology employed in the present study precludes any inferences concerning the relative importance of the women's reported exercise-related thoughts (e.g., the most vs. least important exercise strategy). This information would be useful for designing effective exercise promotion campaigns and interventions.

The experiences and feelings about exercise shared by the women in this study indicate that the choice to be inactive is the result of a variety of culminating factors. Further, examining a broad age span of women (25–75) and comparing responses between groups allowed us to pinpoint difficulties unique to each age group. It is evident that interventions and health-promotion strategies need to be tailored differently to target the needs of each age group. Overall, first steps to encouraging adult non-exercisers to become more active include increasing awareness of the social and psychological benefits of exercise, the benefits of exercise as supplementing activities of daily living, changing the perception of what constitutes exercise (e.g., Salsa dancing is fun and can be exercise!), and representing exercisers and healthy beings as a variety of ages and body shapes (e.g., Dove's Real Beauty Campaign). The quest to encourage participation among non-exercisers is undoubtedly complex; however, the issues discussed in the present study can provide a basis for future strategies and interventions geared toward increasing leisure time exercise participation in inactive adults.

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