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Original Research

Associations of intention to undertake physical activity among community dwelling British South Asian adults aged 60 years and over: a cross-sectional study

M. Horne ^{a,*}, R. Emsley ^b, A. Woodham ^c, A. Wearden ^d, D.A. Skelton ^e^a Faculty of Medicine and Health, School of Healthcare, University of Leeds, Leeds, LS2 9JT, UK^b Department of Biostatistics and Health Informatics, Institute of Psychiatry, Psychology and Neuroscience, King's College London, WC2R 2LS, UK^c Health Sciences Group - Primary Care, Institute of Population Health, The University of Manchester, University Place, Oxford Road, Manchester, M13 9PL, UK^d School of Psychological Sciences, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK^e Institute of Applied Health Research, School of Health and Social Care, Glasgow Caledonian University, Glasgow, G4 0HB, UK

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ABSTRACT

Objective: High prevalence of sedentary behaviour is seen in most immigrant groups in Western countries, particularly in those from the Indian subcontinent. The primary objective of this study was to determine the sociocognitive associations with intention to undertake physical activity (PA) among separate groups of Indian, Pakistani and Bangladeshi older adults aged ≥ 60 years in the North West of England, UK.

Study design: Cross-sectional survey

Methods: Using a cross-sectional survey, informed by the Theory of Planned Behaviour (TPB), 138 of 964 South Asian (SA) older adults completed a mailed questionnaire that assessed self-reported PA and TPB variables.

Results: Associations were seen in beliefs about PA and the amount of PA undertaken ($\rho = 0.18$, $P = 0.04$). Attitude was correlated with intention ($\rho = 0.29$, $P = 0.01$) and amount of PA undertaken ($\rho = 0.21$, $P = 0.02$). Subjective norm was correlated with intention to undertake PA ($\rho = 0.21$, $P = 0.02$). Between-group differences were seen between (1) Indian and Pakistani group's in subjective norm; (2) all ethnicities in intention to undertake PA; and (3) in the amount and attitude to undertaking PA between men and women. Comorbidity was associated with beliefs about PA uptake.

Conclusions: Subgroup differences between Indian, Pakistani and Bangladeshi older adults in subjective norm and intention to undertaking PA highlight the importance of tailoring

* Corresponding author. Faculty of Medicine and Health, School of Healthcare, Baines Wing, University of Leeds, Leeds, LS2 9JT, UK. Tel.: +44 (0)113 343 1230.

E-mail addresses: M.Horne@leeds.ac.uk (M. Horne), richard.emsley@kcl.ac.uk (R. Emsley), adrine.woodham@manchester.ac.uk (A. Woodham), alison.wearden@manchester.ac.uk (A. Wearden), dawn.skelton@gcal.ac.uk (D.A. Skelton).

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interventions to accommodate for subgroup differences when developing culturally appropriate PA interventions aimed at increasing uptake and adherence.

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Introduction

Increasing physical activity (PA) levels across the life span is a major public health challenge. About 60% of the world's population does not achieve the recommended minimum of 150 min of moderate-intensity PA over the week.¹ In England, only 19% of people aged 65–74 years and 6% of people aged 75+ years meet the recommended PA targets.² PA levels are lower amongst black and minority ethnic (BME) groups, particularly South Asian (SA) older adults (those originating from the countries of Bangladesh, India and Pakistan). Compared with European whites, British SA adults are 60% less likely to meet the recommended PA targets³ with only 11% of SA men and 8% of SA women aged 55+ years undertaking recommended levels of PA⁴ but are at increased risk of stroke and type-2 diabetes.⁵

Increasing PA among SA older adults can be difficult as a number of generic and sociocultural barriers exist. For example, many SA men and women report generic barriers such as cost, personal safety, lack of time outside of long working hours and career commitments as negatively influencing PA uptake and maintenance.^{6,7} Complex cultural beliefs about family roles/expectations, religious requirement for modesty, cultural rejection of a 'sporting' identity or dress, language barriers and health knowledge can make becoming more physically active challenging.^{6,8}

PA is also influenced by social cognitive determinants. Unwillingness to participate in PA is related to beliefs about and attitudes to PA and to perceived behavioural control (PBC). PBC refers to a person's confidence in their ability to carry out the intended action and may be influenced by perceived barriers to that action. To understand and explain PA intention and behaviour, the Theory of Planned Behaviour (TPB) is frequently used, and its predictive value is well-established.⁹ The TPB explains the process through which people change their behaviour, providing a useful starting point to identify possible behaviour change mechanisms, and how these can be addressed, when developing interventions.¹⁰ The TPB highlights the importance of beliefs in forming intention to change health-related behaviour and states that PA among adults is predicted by their intention to undertake PA. Behavioural intention can be explained by three social-cognitive determinants—attitude, subjective norm, and PBC.¹⁰ Attitude towards behaviour is determined by beliefs about the consequences of adopting that behaviour and is determined by behavioural beliefs, i.e. perceptions regarding the advantages/disadvantages of the behaviour. Subjective norm refers to the perceived social approval for the behaviour, determined by expectations regarding whether important reference individuals or groups will approve the behaviour.

SA subgroups vary in terms of religion, culture and language and demonstrate a mixed profile of health behaviours, including PA.³ Research relating to ethnicity and health needs to examine diversity within BME groups to avoid homogenisation.¹¹ Although studies have investigated the determinants of PA behaviour among SA older adults,⁶ none have explored subgroup variations using the TPB. To enable the development of effective PA interventions, tailored to the needs of Indian, Pakistani and Bangladeshi older adults, it is important to understand what determines PA intention in each subgroup. Therefore, this study aimed to determine the sociocognitive associations of intention to undertake PA among separate groups of Indian, Pakistani and Bangladeshi older adults aged ≥ 60 years using the TPB.

Methods

Participants were recruited from 10 general practices in the North West of England, UK. Given that minority groups are less likely to respond to surveys,¹² we purposively sampled practices with a greater number of people from SA ethnic groups than in the general population. Patients who were terminally ill, had severe mental illness, had moderate-to-severe dementia, had moved away or were recently deceased were excluded.

The questionnaire was developed from previous qualitative work exploring SA older adult's culturally determined beliefs in relation to PA, using strategies promoted by Ajzen¹³ for construction and presentation. Hunt and Bhopal's¹⁴ translation or adaptation procedures were used to ensure cultural appropriateness and substitution of English words with non-English words. For example, translation of items was conducted with bilinguals and monolingual people in the target languages and consulted on suitable word replacements where there was no English substitute e.g. the word 'joints' was translated to 'bones'. The questionnaire was pilot-tested in English, Urdu, Gujarati, Hindi, Punjabi, and Bangla and necessary revisions were made before finalising the survey. The survey assessed attitudes, beliefs, subjective norm and PBC in relation to undertaking and continuing with PA. Participants were asked their gender, ethnicity, marital status, year of birth, and how often they undertook PA.

Physical activity measures

Participants completed the four item Godin questionnaire,¹⁵ which provides a measure of type, duration and intensity of leisure-time PA. It provides examples of mild, moderate and strenuous exercise and asks how many times per week the respondent undertakes 15 min of each exercise category. A score of less than 14 is indicative of insufficient PA.

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