



Original article

Cultural factors associated with physical activity among U.S. adults: An integrative review



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ARTICLE INFO

Keywords:

Physical activity
 Culture
 Health promotion
 Exercise
 Chronic diseases
 Ethnicity
 Minority

ABSTRACT

AIM: The purpose of this integrative review is to identify the cultural factors associated with physical activity (PA) among United States (U.S.) adults.

BACKGROUND: Physical inactivity is a significant public health problem that requires comprehensive community-based efforts. Cultural factors influence behavior and attitudes towards PA. Therefore, identifying the cultural factors is a key requirement for the planning of specific measures to enhance the level of PA and are more promising than campaigns aimed at the general population. This integrative review examined existing research on cultural factors influencing adult PA to inform the development of culturally adapted PA interventions in adults.

METHODS: Literature searches were conducted in key scientific databases (PubMed, Cumulative Index to Nursing and Allied Health, and PsycINFO) using several key words related to both culture and PA. Fifteen peer-reviewed articles were identified, reviewed, synthesized, and critically analyzed.

RESULTS: Eight major categories of cultural factors were identified: 1) collectivism and cultural identity; 2) religiosity; 3) cultural attitudes and gender norms in regards to PA; 4) cultural perspectives on health in regards to PA; 5) cultural expectations of familism and lack of time; 6) lack of role models and lack of motivation; 7) lack of culturally appropriate exercise facilities; and 8) cultural expectations of body image and physical appearance.

CONCLUSIONS: Review findings emphasize the need for health promotion targeted toward improving cultural barriers to PA among U.S. Adults.

1. Introduction

Regular physical activity (PA) reduces the incidence and mortality rates of many chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, osteoporosis, stroke, and cancer (Durstine, Gordon, Wang, & Luo, 2013). Promoting PA for primary prevention of chronic diseases ultimately significantly reduces health care costs (Weiler, Feldschreiber, & Stamatakis, 2012). Although PA has defined health benefits (U.S Department of Health and Human Services, 2008), national data show that only about 50% of American adults achieve the recommended PA levels (Centers for Disease Control and Prevention (CDC), 2013). Research shows that health can be improved through PA,

yet physical inactivity continues to be a significant public health problem (Katzmarzyk, 2010) that requires comprehensive community-based efforts. A social ecological perspective of health suggests that social, biological, cultural, and environmental factors play an important role in the PA behavior of individuals, families, and communities (Sallis, Owen, & Fisher, 2008). Recent efforts to promote and increase PA at the population level have focused heavily on individual and behavioral interventions, yet rates of PA remain relatively static while sedentary activities have increased. This inactivity has contributed to increasing non-communicable diseases and obesity rates (Katzmarzyk, 2010).

Culture is defined as the set of attitudes, values, beliefs, and beha-

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vivors shared by a group of people, but different for each individual, communicated from one generation to the next (Matsumoto, 1996). Culture can affect the health behaviors, including PA, of individuals by influencing their thoughts, feelings, acceptance, and adoption of health education messages (Alberta Centre for Active Living, 2010; Caprio et al., 2008). The purpose of this integrative review is to examine the literature in identifying the cultural factors associated with PA among U.S. adults.

2. Background

According to the Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans, PA generally refers to movement of the body that enhances health (Centers for Disease Control and Prevention (CDC), 2015). Exercise is a subset of PA that is planned, structured, and often repetitive (Centers for Disease Control and Prevention (CDC), 2015). PA is therefore any body movement that works one's muscles and requires more energy than resting. Walking, running, dancing, swimming, yoga, exercise, and gardening are a few examples of PA.

Understanding the correlates and determinants of PA is essential in the development of a comprehensive population-based approach to the promotion of PA. Research suggests that a person's attitudes, behavior, and expectations toward and involvement in PA are shaped by cultural factors such as cultural beliefs (Caperchione, Kolt, & Mummery, 2009; Hoebeke, 2008), cultural perspectives on health (Caperchione et al., 2009; Thompson et al., 2002), literacy and language (Van Duyn et al., 2007), social acceptance, and inclusion (Belza et al., 2004).

In response to the growing health care deficit that is created with managing obesity-related complications, national attention needs to focus on and expand prevention-based strategies to prevent chronic diseases and promote the health of Americans. Identifying and critically examining cultural factors is the first step in developing, comprehensive, culturally relevant intervention approaches to promote PA and thus helping to reduce PA-related health disparities in the U.S. (Joseph, Ainsworth, Keller, & Dodgson, 2015). Importantly, PA interventions can be ineffective and unsustainable if not developed as per the cultural relevance in mind. Effective lifestyle PA interventions require a deeper understanding of cultural values, norms, and beliefs of both men and women as well as the particular ethnicity or race with which they affiliate (Joseph et al., 2015). One's health may also be positively influenced by ethnic and mainstream cultures, and this influence is related to the idea that bicultural individuals may have more access to, and more knowledge about, health behaviors that are valued in each of these cultures and that shape their health practices (Swierad, Vartanian, & King, 2017).

Healthy People 2020 identified cultural factors as one of the societal determinants of health (US Department of Health and Human Services, 2017). Thus, Healthy People 2020 recommends the establishment of policies that positively influence these cultural environments that support changes in individual health behavior to reduce health disparities in U.S. (US Department of Health and Human Services, 2017). Understanding the barriers to and facilitators of PA from a cultural perspective is important for ensuring the effectiveness of interventions to improve levels of PA in adults.

The social-ecological model had highlighted the significance of cultural factors in understanding health behaviors. The socio-ecological model focuses on interactions between a person's physical, social, and cultural surroundings, and therefore we believe it to be the best approach in efforts to explore the cultural factors associated with PA behavior in adults (Sallis & Owen, 1999). The social-ecological model developed out of the work of a number of prominent researchers. In their Ecological Model of Health Behaviors, McLeroy, Steckler, and

Bibeu (1988) classified five levels of influence on health behavior, although the model did not include the physical environment, an essential element of a social-ecological model of PA. From a social-ecological perspective, health behaviors are acquired and maintained through a complex and interactive set of factors: intrapersonal (individual factors), interpersonal (social environmental factors), physical environmental, and policy and organizational (Sallis & Owen, 1999). The social environment comprises the relationships—that is, the culture and society with whom the individual interacts (Glanz, Rimer, & Viswanath, 2008). The social environment, including cultural norms and cultural background, has a significant influence on PA behavior. A desire to modify individual behavior may be impeded by economic, social, and cultural constraints (Stokols, 1996). In this study, the socio-ecological model of influences on PA (Sallis & Owen, 1999) provides a theoretical foundation to identify cultural factors that impede or promote PA in adults.

3. Research methods

3.1. Design

An integrative review was conducted to identify, synthesize, and critically analyze the existing peer-reviewed literature on the cultural factors associated with PA among U.S. adults. The integrative review was guided by Whittemore and Knaf's (2005) updated methodology for integrative reviews. The integrative review is the most comprehensive methodological approach among all reviews, and it allows the inclusion of experimental and non-experimental studies to fully understand the phenomenon analyzed. Whittemore and Knaf's updated methodological approach includes five stages that guide the review process: (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation of the results (Whittemore & Knaf, 2005).

The literature was searched using three databases in addition to ancestry searches; data quality was evaluated based on theoretical rigor and data relevance. For the analysis, data were categorized and synthesized using five steps: data reduction, data display, data comparison, conclusion drawing, and verification (Whittemore & Knaf, 2005). Data from each research article were organized into a chart according to the cultural factors identified, to facilitate systematic comparisons among the studies. Data synthesis led to a comprehensive portrayal of research question -cultural factors associated with PA among U.S. adults (Whittemore & Knaf, 2005). Also, the research team of three members reviewed the articles independently for eligibility based on study inclusion criteria using Rayann, a web application used to develop systematic reviews (Ouzzani, Hammady, Fedorowicz, & Elmagarmid, 2016), and this process was blinded. The search strategy and retrieved articles and abstracts were reviewed by the three researchers independently on two occasions to ensure adequate sampling.

3.2. Search methods

A medical librarian from the Texas Medical Center Library developed searches for PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO. The main search was conducted in PubMed using a combination of MeSH terms and other proportionate terminology entered in the "Title" and "Abstract" search fields. The terms were selected from core documents that fit the criteria of the research team. The terms were tested for relevancy, and the main search was finalized in PubMed on May 24, 2017, and then translated to CINAHL and PsycINFO on May 29, 2017. The specific keywords that were used for the literature search in the aforementioned databases are listed in Table 1. In the initial search, 5297 articles were retrieved from

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