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# Bumps and bicycles: Women's experience of cycle-commuting during pregnancy <sup>☆</sup>

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## ABSTRACT

*Introduction:* despite the known health benefits of physical activity during pregnancy and national efforts to promote active travel, pregnant women face obstacles to continued bicycling. This study explores women's experiences of cycle-commuting in the context of pregnancy.

*Methods:* three individual interviews were conducted, and three focus group discussions: with a group of women who had stopped cycling early, a group that had carried on into later pregnancy, and a mixed group. All were recorded and transcribed. Line-by-line thematic, discursive and conversational analysis of transcripts led to the development of five principal themes: 'the body', 'reasons to continue or desist', 'changes in cycling practice to minimise risk', 'medical advice' and 'perceptions of others'.

*Findings:* type of bicycle, physical comfort on the bike and the degree of social support factored into women's decisions to renounce or continue cycling. Ongoing experiences were shaped by the nature of medical advice and the ways in which women perceived and managed concepts of risk.

*Conclusion:* this study identified obstacles and benefits to continued cycle-commuting. The findings can be used to support informed decision-making during pregnancy. Meanwhile, safe cycling infrastructure should remain an overarching goal.

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## 1. Introduction

### 1.1. Physical activity and pregnancy

Physical activity plays a role in the prevention of leading causes of morbidity and mortality, among them cardiovascular diseases, hypertension, type 2 diabetes, and some cancers, and in support of mental health and wellbeing (Warburton et al., 2006). Regular exercise during pregnancy is linked to reduced risk of pregnancy complications such as preeclampsia and gestational diabetes, lessened pregnancy-related discomfort, fewer complications during labour, and improved mood throughout pregnancy (Brown, 2002). Thus, pregnant women in the UK are advised to engage in at least 30 minutes of moderate-intensity exercise, daily (NICE, 2010).

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## 1.2. Active travel and pregnancy

UK strategies to promote physical activity emphasise active travel (Public Health England, 2013) that is, modes of transportation that require the expenditure of the traveller's energy, such as bicycling. However, active travel during pregnancy is rarely, if ever, addressed. Antenatal guidelines on physical activity remain general, and make no mention of cycle-commuting specifically. They are framed in negatives, as in 'continuing a moderate course of exercise during pregnancy is not associated with adverse outcomes'. They caution against 'high-impact sports' that 'may involve the risk of falls', endorse 'recreational' low-impact exercise (NICE, 2008), or suggest advising women to 'choose activities that will minimise the risk of loss of balance' (RCOG, 2006). The relevance to cycle-commuting is debatable. Though low-impact, cycling for transport is not necessarily 'recreational', and there is always a small risk of a fall. Only the National Health Service (NHS) website refers directly to bicycling, though together with horse-riding and skiing, and to urge caution (NHS, 2015). Meanwhile, Transport for London (TfL) initiatives to support women's cycling do not take pregnancy into account (Transport for London, 2013). A TfL webpage on pregnancy is dedicated to ensuring a less strenuous journey (Transport for London, 2016).

## 1.3. Academic literature

A lack of clarity on physical activity recommendations, and the scarcity of available, precise and consistent sources of information is a finding of the broader literature (Ferrari et al., 2013). In later pregnancy, friends and family wielded influence, often seeking to dissuade women from exercising (Clarke and Gross, 2004). Overall, women tended to prioritise 'rest and relaxation' over exercise (Doran and O'Brien, 2007), a decision frequently linked either to physical challenges (Hanghoj, 2013), or to anxiety about risks to the foetus (Stengel et al., 2012). Some women relied on somatic intuition in their decision to forego exercise (Neiterman, 2013), while others confessed to a lack of motivation (Connelly et al., 2015). Lack of time was a commonly cited obstacle (Johnson et al., 2013), while in the United States, lower-income African-American women raised the financial and environmental barriers (Groth and Morrison-Beedy, 2013; Krans and Chang, 2011).

However, there is no literature on how city cycle-commuters, for whom physical activity is embedded in daily life and practice, navigate vague, sometimes conflicting recommendations. This study, undertaken as part of a public health MSc, aims to explore women's experiences of cycle-commuting in the context of pregnancy.

## 2. Methods

### 2.1. Study design and methodology

Three semi-structured interviews and three focus group discussion (FGD) were conducted in July 2015, with women who were cycle-commuting when they became pregnant. Focus groups consisted of three to four women: a group of women who had quit cycling earlier in their pregnancies ('early'), a group that had carried on into later pregnancy ('late'), and a mixed group ('mixed'). Groups were kept deliberately small to ensure the active participation of all members, breadth and depth in the discussion, and therefore higher quality data, as well as practical ease with transcription and analysis.

Qualitative methodologies were appropriate to the exploratory nature of the research question, and the social phenomena it addresses. The intention, in using both interviews and focus groups, was to capture different facets of the subject matter. Interviews tend to elicit information on subjective and individual decision-making, while focus groups highlight interaction, and the ways in which participants bridge private and public realities. The differently constituted focus groups enable a comparison of the dynamics. The expectation was that homogeneous groups ('early' and 'late') might display different forms of interpersonal communication to diverse groups ('mixed'); those conforming to implicit cultural expectations ('early'), once again, different to those explicitly resisting those expectations ('late'). Taken together, the nature of interactions can test the pervasiveness and force of social and individual values.

### 2.2. Sampling and recruitment

Women were eligible if they had, since 2003, become pregnant whilst using their bicycle as a principal mode of London transportation. Convenience and snowball sampling were used to recruit participants in order to approximate, to an extent, the kinds of social groups that can form between women during pregnancy, and which can, in turn, lead to a more naturalistic interaction within groups.

Women were contacted via the London Cycling Campaign, subsidiary London cycling clubs, or university Bicycle Users Groups, all of which included recruitment materials in email circulars. Word of mouth was used opportunistically. Those who responded with interest were provided with a study information sheet, and invited to share it with others who might be eligible. Participants were allocated to an 'early', 'mixed' or 'late' group according to when, in relation to the median stop-date of 28 weeks, they had ceased cycle-commuting. FGD were scheduled when at least three group participants confirmed attendance, using the online scheduling tool 'doodle'. Given the relative ease of scheduling individual interviews, these were offered to those who could not attend a FGD, or to

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