



Research in action

Recognizing Barriers to Exercise among African American Women

Regular physical activity can help prevent poor health and promote wellness. However, despite its benefits, half of all Americans do not meet the national recommendations of 150 minutes per week of moderate-to-vigorous exercise. Most concerning is that only one-third of African American women meet these national guidelines. This is especially important as studies show African American women disproportionately suffer from health conditions associated with low physical activity, including obesity, Type II diabetes, heart disease, and colon cancer. While African American women recognize the need to exercise, many interventions are ineffective and unsustainable. To successfully increase physical activity among African American women, interventions need to address specific barriers, or reasons limiting the ability to exercise. Positive interventions must include an understanding of the importance of culture, as well as an understanding of women's values and beliefs, race and ethnicity. While many barriers to exercise may apply to women in general, they are of particular importance for African American women who may encounter an increased number of barriers as compared to other women.

Methodology

In order to identify barriers which hinder African American women's regular participation in physical activity, researchers at Arizona State University reviewed articles from five electronic databases, dating from 1998-2013. A total of 42 studies out of 16,851 studies were relevant. Most were carried out with women living in southern or eastern locations of the United States. Women over 70 years old or with Type II diabetes, hypertension or pregnancy were excluded. Barriers to exercise were classified into three groups: intrapersonal, (individual characteristics such as attitudes, beliefs, knowledge, and personality) interpersonal, (family, friends, cultural norms, and community/environmental, (public policy, physical social environment, community and weather).

Intrapersonal barriers to exercise include lack of time or knowledge, tiredness, health concerns, physical appearance, and the cost of using exercise facilities. Many women said they did not have time to work out because of busy work schedules or family/caretaking responsibilities. Some women were not sure how much exercise was required to attain positive health benefits or believed they achieved enough activity in daily life. Others said they did not exercise because they did not know how to use the equipment at the gym. Middle-aged to older women were afraid that they might harm themselves by over exercising, resulting in muscle soreness or injury. Others had pre-existing medical conditions and as the number of health problems increased, the amount of physical activity decreased. Women were also unwilling to exercise if they were concerned about maintaining their hair styles, did not want to change their current body shape or were concerned that outdoor activities might result in skin allergies or discoloration.

Addressing intrapersonal barriers

- Remind/educate women about the health benefits of physical activity in promoting wellness.
- Focus intervention on the health benefits of exercise instead of weight loss.
- Provide examples of hair styles and products that can support hair maintenance.

Interpersonal barriers to exercise include family/care giving responsibilities, lack of social support from family and lack of an exercise “buddy” or partner. African American women’s roles as wage earner, wife, mother, or caregiver and the household responsibilities for childcare, meal preparation, laundry, and cleaning may limit their time to engage in physical activity. Some women felt the time spent exercising was “selfish” because it took them away from the family. However, several studies showed that women with children were more likely to meet the national exercise standards than those without children. Lack of social support from family members and friends was also a commonly reported barrier. However, women who knew others who exercised were more likely themselves to engage in physical activity.

Community/Environmental barriers to exercise may include public policy and the physical and social environment. Women specified barriers including the lack of physically active African American female role models to positively influence them to take care of their health; concerns for personal safety including verbal harassment, physical harm and unsafe neighborhoods after dark, stray dogs and weather concerns. Many women stated that their neighborhoods did not have local fitness facilities. Women also reported that because their communities did not have sidewalks or the sidewalks were poorly maintained, they did not walk outside. Weather conditions were also cited as a barrier, as extreme hot, cold, and rainy conditions limited their ability to exercise.

Addressing interpersonal barriers

- Inform women that regular exercise reduces risk for chronic disease allowing for improved performance and physical functioning across the lifespan.
- Identify physical activities that can be done with the entire family.
- Find an exercise partner.

Addressing environmental barriers

- Work with policy level officials from the community, city leaders, law enforcement, and policy-makers and advocate for funding priorities in the community (examples: fix sidewalks, install street lights).
- Become an advocate for safe places to be physically active in the neighborhood.
- Provide informational support, childcare and transportation options.

Conclusion

African American women—as many other women from all ethnic and racial groups—may experience many barriers to regular physical activity and in order for interventions to be successful they need to incorporate specific strategies to overcome these barriers. For example, given the importance of family and caretaking roles, interventions might emphasize the fact that women who exercise regularly and have good health, reduce their health risks and are better positioned to take care of their families. Family based interventions that include a spouse or child may also be beneficial in fostering social support. In addition, providing informational support from health care providers, access to childcare facilities in gyms, access to transportation and fostering a sense of belonging to a group may help to promote physical activity.



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