Factors Related to the Adoption of Exercise Among Older Women

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The role of exercise in promoting health is well documented; however, older women have the lowest rates of aerobic exercise of any community group. This paper examines psychological variables relevant to women's initial adoption of exercise. While the evidence is limited, it appears that middle-aged and older women have positive attitudes to exercise but seem unable or unwilling to take action. The influence of practical barriers and of broader social attitudes is considered. It is concluded that social psychological variables have had limited success in explaining sex differences in physical activity. An understanding of practical and societal constraints on behavior choice in a broader social context may provide direction for the development of strategies to improve the exercise levels of this community group.

KEY WORDS: women; aging; exercise; attitudes.

INTRODUCTION

The health benefits of regular physical activity are clearly established. Exercise has been shown to reduce the risk of coronary heart disease (e.g., Powell et al., 1987). Regular exercise reduces blood pressure (Martin et al., 1990) and obesity (Buskirk, 1986) and may contribute to the prevention of osteoporosis (Smith et al., 1990).

The majority of adults in developed countries do not exercise, and although estimates of exercise rates vary depending on populations and definitions used (Stephens et al., 1985), surveys consistently find age and

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sex differences. Women report less exercise of all types than men, and exercise participation drops sharply with age (e.g., Bauman et al., 1990; Caspersen et al., 1986; Stephens and Craig, 1990). While recent evidence (e.g., Foster et al., 1989) suggests that low to moderate levels of exercise can produce some health benefits, particularly among older and more sedentary people, age and gender differences exist even for moderate activity (e.g., Australian Bureau of Statistics, 1992). The majority of older women may thus belong to the most sedentary population group, who have the most to gain from adopting even moderate levels of exercise (Powell et al., 1986).

Physiological research (e.g., Juneau et al., 1987; Morrison et al., 1986) indicates that women can gain the same benefits from exercise as men and that these benefits still occur if exercise is adopted in later life (e.g., Ehsani, 1987, Hagberg, 1987). Despite arguments that hormonal changes associated with menopause may reduce the responsivity of the cardiovascular system to physical training (Plowman et al., 1978), postmenopausal women respond to aerobic training in the same way as premenopausal women (e.g., Cowan and Gregory, 1985; Morrison et al., 1986). Hormonally influenced increases in the risk of osteoporotic bone loss and coronary heart disease, both of which may be alleviated by exercise (Dubert and Martin, 1988), mean that older women are a particularly important group for exercise intervention (Lee, 1991).

This paper reviews evidence from a number of industrialized countries on psychological variables relevant to the initial adoption of exercise, with particular reference to middle-aged and older women. The psychological research on women’s attitudes and perceptions does not generally categorize women by menopausal status; thus, the paper reviews literature concerned with a range of age groups from late thirties to over-sixties and considers approaches to investigating the adoption of healthy levels of activity among these women.

Recent years have seen a considerable amount of research on exercise interventions with small groups of adult volunteers (e.g., King et al., 1988; Martin et al., 1984; Owen et al., 1987). This research indicates that many standard behavior-change strategies are effective, at least in the short term, in exercise programs with motivated men and women, and there is no evidence for gender-related differences. However, they fail to deal with what is arguably the most crucial stage of the behavior-change process, that of motivating the indifferent, sedentary adult, who may have the most to gain (Powell et al., 1986), to initiate the change process.

The transtheoretical model of behavioral change (e.g., Prochaska and DiClemente, 1986) argues that the process of behavior change occurs in a series of overlapping stages: precontemplation, contemplation, action, and