

# PERCEPTIONS OF PHYSICAL ACTIVITY, ACTIVITY PREFERENCES AND HEALTH AMONG A GROUP OF ADULT WOMEN IN URBAN GHANA: A PILOT STUDY

Y. A. TUAKLI-WOSORNU<sup>1</sup>, M. ROWAN<sup>1</sup> and J. GITTELSON<sup>2</sup>

<sup>1</sup>Department of Physiatrist, Hospital for Special Surgery, New York, USA; Department of International Health and the Centre for Human Nutrition, <sup>2</sup>Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

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*Corresponding Author:* Dr. Yetsa .A. Tuakli-Wosornu

*Email:* yetsa.kehinde@gmail.com

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## SUMMARY

**Background:** Obesity and other lifestyle-related chronic diseases impact urban West African women at high rates. Physical activity (PA) can improve these health outcomes, but there is little published data on the associated psychosocial predictors in this population.

**Objectives:** We aimed to explore preliminary associations between perceptions of PA, PA behaviours, and health in a group of Ghanaian women.

**Methods:** Non-experimental, cross-sectional case study using a mixed-methods approach. Focus groups and in-depth interviews with a convenience sample of Ghanaian women, fitness trainers and clergy comprised the qualitative phase. A self-administered survey (n=218) comprised the quantitative phase. Constant comparative method, logistic regression, component and factor analyses were used for analysis.

**Results:** Women viewed activities of daily living like housework as PA; rarely utilized organized fitness facilities; understood "rigorous" PA as professional male athleticism; and took interest in socialized PA. Mean age was 49.4 years. Mean body mass index was 30.3 kg/m<sup>2</sup>. The majority (75.9 %) reported exercising sometimes or often. Half (48.4%) reported a lifestyle-related chronic disease. "Weight loss," "health concerns" and "increased energy," were top motivators for PA. "Can't find the time," "work/family obligations," and "don't have a facility" were top barriers. Presence of hypertension, hypercholesterolemia and prior weight loss correlated with the slimming motivator (adjusted odds ratio 2.59, p=0.008; AOR 3.56, p=0.012; AOR 3.36, p=<0.001).

**Conclusion:** Among those surveyed, PA motivators and barriers were associated with demographics, PA exposure, and health status. Further research on unique PA perceptions, behaviours and health could catalyze health promotion through culturally relevant fitness programming.

**Keywords:** physical activity, Ghana, women, facilitators, barriers.

## INTRODUCTION

Regular physical activity (PA) and proper nutrition are the two major determinants of a healthy lifestyle. Taken individually and collectively, they can help reduce obesity-related risk of chronic disease, and improve indicators related to chronic disease (e.g., blood lipid and glucose levels).<sup>1</sup> The socio-cultural climate of urban West Africa, increasingly defined by technological advances in transportation and food, enables a sedentary lifestyle and related diseases.<sup>2,3,4,5</sup>

The regional prevalence of obesity is approximately 10% and rising: trend analyses demonstrate obesity prevalence has more than doubled in the past decade and a half.<sup>6</sup> Women (versus men) and urban dwellers (versus rural) have the highest rates of obesity.<sup>6</sup> The regional prevalence of physical inactivity is 13%. Women (versus men), older adults (> age 50) and urban dwellers (versus rural) have the highest rates of inactivity.<sup>6</sup> In Ghana, the prevalence of obesity is between 10.7% and 14.1%. Women are disproportionately affected.

Obesity and overweight are increased among married, non-smoking and employed Ghanaian adults.<sup>7,8</sup> Of the 1.6 million residents in Greater Accra (capital city), 16.1% are obese.<sup>8,9</sup> These are the highest rates of obesity in Ghana. No PA or inactivity data is available for women living in Accra.

Studies indicate that culture is a key determinant of behaviors associated with overweight and obesity. Specific cultural beliefs about PA, which often arise from unique ethnic identities and exposures, play a strong role in women's decision to adopt and maintain regular