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**Understanding Physical Activity in the
Lives of Women in Mid-life**

by

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A Thesis

**Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements**

For the degree of

MASTER OF ARTS

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UNDERSTANDING PHYSICAL ACTIVITY IN THE LIVES OF WOMEN IN MID-LIFE

BY

AMANDA MACRAE

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of
Manitoba in partial fulfillment of the requirement of the degree
of
MASTER OF ARTS**

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ABSTRACT

Understanding Physical Activity in the Lives of Women in Mid-life

Despite the increased awareness and public campaigns promoting physical activity and its associated health benefits, women in mid-life are still not participating in regular physical activity. It cannot be assumed that a woman's experiences of physical activity early in her lifespan will reflect the same qualities and components throughout; therefore, it is important to accurately represent the physical activity needs for this cohort of women. Little research exists regarding physical activity patterns for women in mid-life and how these relate to both activity patterns and health in later years.

This qualitative project was designed to explore and describe the experiences and interpretations of physical activity as held and practiced by women in mid-life. Qualitative research compliments the feminist theory employed as the theoretical orientation used to guide this research. Woman - centred interviews were used as - method to capture the experience of physical activity as voiced by the women themselves. Fifteen interviews were conducted over a period of seven months. Data analysis revealed the factors that "moved" women away and toward physical activity throughout the life course. In addition, the data analysis process gave rise to five main themes: Defining physical activity - what's all the fuss about? Barriers to physical activity - the saboteurs, Pressures to participate in physical activity, Outcomes of "inadequate" exercise and, The forgotten cohort.

The findings of this study suggest that major life events across a woman's lifespan determine patterns of physical activity and inactivity. Secondly, a "user friendly" definition of physical activity is offered for women in mid-life, one that addresses the range of skill levels, comfort level, physical ability and overall health that is represented within this cohort of women.

DEDICATION

**To the women who participated in this study
Through your voices you gave this study meaning**

And

**To my soul-mate Neil, my parents Barry and Charlotte, and my sister Vanessa,
For always believing in me, even when I didn't believe in myself**

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Chapter 1

The Problem

Statement of the Problem

Inadequate physical activity is considered a major health issue for women today (Wells, 1992). In Canada, only 15% of females over the age of ten report an activity level sufficiently frequent and intense to develop fitness benefits (Sports Canada, 1994). Despite the advancement of access and opportunities for women in health enhancing physical activity, few women are active enough to benefit their health. There have been extensive government campaigns used to educate the public regarding the benefits of physical activity and exercise, yet still fewer women than men participate in every age group (Vertinsky, 1998). Something is wrong when there are so many benefits to be accrued with regular physical activity and exercise and yet few middle-aged women participate. There is virtually no information regarding physical activity patterns for women in mid-life and how it relates to both activity patterns and health in older years. There is evidence that older women demonstrate a significantly low rate of participation in active living pursuits and low self-esteem regarding physical capabilities and health (O'Brien & Vertinsky, 1990). Individual control over the degenerative effects of aging related diseases may be increased through physical activity. Some researchers have suggested that 50% of aging decline is preventable through improved life-style habits including participation in regular physical activity, yet physical activity as a resource for healthier survival is ignored by many women (e.g., Gillette, White, & Caserta, 1996; Kerschner & Tiberi, 1978; O'Brien & Vertinsky, 1991; Thierry, 1998). Women's voices

are conspicuously absent in helping policy makers understand that the lack of regular physical activity and active living pursuits remain all too often the norm for aging women, and in particular, women in mid-life. There have been few qualitative studies conducted within this domain.

Purpose of the Study

This research project explores and describes physical activity as experienced in the lives of women between the ages of forty-five to fifty-five years of age.

Research Questions

The research questions providing direction for this study were:

1. How do women forty-five to fifty-five define physical activity?
2. What are the major life events amongst these women that move them toward and away from physical activity?

Operational Definitions

Within the context of this study the following operational definitions will be used:

- **Middle aged / mid life** - will include women between the ages of forty-five to fifty-five years of age (World Health Organization, 1996)
- **Physical Activity / Exercise** – Is a behavior that consists of accumulating sixty minutes of physical activity every day to maintain or improve health. Frequency of participation may be reduced to thirty minutes, 4 days a week once an individual progresses to moderate activities. Participation in a well balanced exercise program consists of three components: 1) Endurance activities are continuous activities for the heart, lungs and circulatory system and should be participated in 4-7 days a week. 2) Flexibility activities should be performed 4-7 days a week, consisting of gentle

reaching, bending and stretching activities to keep muscles relaxed and joints mobile.

3) Strength training should be implemented 2 - 4 days a week. These activities are performed against resistance to strengthen muscles and bones and improve posture (Health Canada, 1999).

This definition is challenged by the American recommendations for physical activity, which may be more in keeping with women's lives and contexts. The recommendations suggest that health benefits may be accrued through moderate activity. This may have important implications for women because women's lifestyles may more easily incorporate short bouts of activity throughout the day rather than a long block of time for continuous physical activity (Pinto, Marcus & Clark, 1996).

The definition provided by Health Canada and the American recommendations for physical activity as outlined by Pinto, Marcus and Clark, 1996 will be used as both an initial working definition and recommendation. Women's perspectives are not evident in either the definition, or the American recommendations for physical activity. A final definition and recommendations will emerge based on the interviews with women forty-five to fifty-five.

Theoretical Orientation

A research project examining the experiences of women, drawing on women as participants, and conducted by a woman provides a strong rationale for implementing feminist theory as a conceptual framework. One of the goals of this study is to give a voice to middle aged women regarding the role physical activity plays in their lives. Therefore, feminist theory appears to be the most appropriate foundation to build from.

Feminist theory is a generalized, wide-ranging system of ideas about social life and human experience developed from a woman-centred perspective (Lengermann & Niebrugge, 1996). In the literature, four dominant varieties of feminist theory are addressed: Liberal feminism, Marxist / Socialist feminism, Radical feminism (includes Ecofeminism), and Contemporary or Poststructural feminism (Lengermann & Niebrugge, 1996). Feminist theory is a family of theories, and the members of this family often disagree on philosophy and strategies. Although feminist research is founded upon a variety of theoretical perspectives, there are some common epistemological and methodological characteristics of the feminist approach to research. It is contrary to feminist thought to attempt to filter out theoretical essences. Therefore, the common goals and shared views of different varieties of feminisms under the umbrella of feminist theory will be presented in this research.

Characteristics of a feminist approach to theory and research identified by Lengermann and Niebrugge (1996) include a woman centredness in that (1) women's experiences are the major "object" of investigation, (2) the goal of inquiry is to see the world from the vantage point of a particular group of women, and (3) it seeks to promote change and improve the situation for all women and all individuals. In addition to these characteristics, dominant threads emerge within feminist writings, which include (1) unity and relatedness of perception, (2) contextual orientation, and (3) emphasis on the subjective.

Unity and relatedness of perception according to Campbell and Bunting (1991) refers to the feminist worldview that everything within the context of life is inter-related. Values and ways of knowing are not dependent on circumstance, space, or time; rather,

they are constant and interwoven. Separate, distinct categories do not exist unto themselves instead, these categories cross over and a blurring of the genres is produced.

Contextual orientation according to Hall and Sevens (1991) is characteristic of the world view of women in that they seek out and selectively perceive relationships between objects, ideas and actions. Feminist thought is oriented to the power of the whole rather than towards the power of the individual.

Emphasis on the subjective refers to the significance of the lived experience of women. Therefore, truths are multiple and contextually based on the individual's perception and interpretation of a given event. Parker and McFarlane (1991), cite that the lived experience encompasses the feelings of the women under investigation and extends out toward other women. The interpretation of "feelings" by feminists as valuable sources of knowledge have been criticized by positivists as not being "hard" data (Campbell & Bunting, 1991). It is the subjective realities of women that have open the doors to the multiple ways of "knowing" that are represented within feminist research.

Gender (as a construct versus sex as biology) influences everyday life and how a woman views the world in which she lives. Women provide both the object of study, planning and concern and the subjective framework through which to view the world. The emphasis of knowing the world is on the transformation of it. According to Campbell and Bunting, "Feminist theorists struggle to communicate their dream, because they have hope for a better future for women and for all. The emphasis is on development, growth and change- always change for the better- promoted by nonviolent means (1991)."

Feminist theory seeks to raise consciousness. According to Vertinsky (1998), feminists view physical activity and health as central to women's emancipation. Physical

activity has the capacity to empower women and deconstruct societal expectations and assumptions of women and their roles. In the context of this research, a transformation or increased understanding is expected among the researcher, participants and reader of this study. The objective of this research is to increase awareness regarding the integral role of gender in the understanding of experiences, relationships and social systems. It is hoped that participants together with the researcher will come to a new understanding regarding the context and concept of physical activity in the lives of women in mid-life as experienced by the women themselves.

Summary

Middle aged women are not participating in regular physical activity despite the increased awareness and public campaigns promoting physically active behaviors and their associated health benefits. There has been little to no research conducted in regards to understanding physical activity within the lives of women in mid-life. Therefore, a qualitative research project using a feminist lens and woman-centred interviews as method has the potential to answer some of these unanswered questions. Feminists view physical activity as a source of emancipation for women, in that it deconstructs societal expectations and assumptions of women and women's places within society. We cannot assume that physical activity and its application will reflect the same qualities and intensities across the life span. Women's movement across the lifespan is dynamic hence, physical activity needs to reflect this process. Therefore, to understand physical activity as experienced in the lives of women in mid-life is paramount.

Chapter 2

Literature Review

Review of Findings

Physical activity and health is an area of concern for the successful aging of women in mid-life. However, the research addressing the health and fitness needs of this cohort is virtually non-existent. According to the World Health Organization (WHO)(1996), it is difficult to define the different stages in the life course of aging because women are taken into consideration from across the globe. Therefore, the stage of a country's development will reflect the rate at which women make the transitions across the life span. When defining "old" for the general population, demographers have made distinctions between "mid-life", "young old" and "old-old". However, women are considered to be in old age five years before their male counterparts, even though women have a greater life expectancy (WHO, 1996). The WHO employs an arbitrary cut-off point of fifty-five to sixty to denote the older female population. Therefore, for the purposes of this research "middle aged" or "mid-life" will include women between the ages of forty-five to fifty-five years of age.

The majority of the articles examined address women's health and fitness issues as they relate to old and very old women. The existing research includes broader areas such as the examination of the general health and exercise habits of older and very old women. Old age falls approximately between the ages of fifty-six to seventy-nine years of age. Very old age is a classification used for those individuals who are eighty years of age or older (WHO, 1996).

Health promotion and fitness education for middle-aged and older women are important areas that are beginning to emerge. In the past, the majority of research in this area was directed toward very old women. Some of the articles address physical activity as a form of disease and symptom intervention for old and very old women. The majority of the studies claim that exercise has the capacity to reduce or eliminate symptoms of various illnesses, as well as decreasing pain and discomfort associated with many different diseases. The implementation of exercise programs is addressed within the research. Some of the articles focus specifically on exercise program implementation for old and very old women. The determinants of exercise participation and adherence are investigated in some of the research. Older women are considered within some of the studies when examining the issue of exercise adherence and lifestyle choices. Within the research, the psychological impact of exercise is examined, with specific reference to older women. Throughout the studies, there appear to be similar findings that associate regular participation in an exercise program with an overall improved psychological state. Lastly, the theoretical, historical and demographic factors that relate to exercise and the overall health of older and very old women are addressed within some of the literature. It appears that the female aging experience is bound in cultural and social stereotypes that have been historically constructed, which reinforces the need for further research using a feminist lens.

General Health and Exercise Habits

There is a growing interest and awareness among researchers and health professionals regarding the importance of physical activity throughout the life span, particularly in old age and very old age among women. According to Pinto, Marcus and Clark, (1996) little is known about the effects of physical activity levels of role changes (parenthood, employment, retirement, children leaving the home) across a woman's life-span. Despite the increased knowledge and research available regarding the important health benefits related to participation in physical activity, older women demonstrate a low rate of participation in physical activity of any type (Kolanowski & Gunter, 1985). According to Vertinsky, (1995) the majority of women over the age of 65 do not exercise on a regular basis. "Women are profoundly underrepresented among today's physically active elderly, despite exercise intervention- studies showing that older women can benefit from exercise to much the same degree as men" (Vertinsky, 1995, p.224). A lack of participation in active living pursuits and low self-esteem regarding physical capabilities and health among older women is evident in the study by O'Brien and Vertinsky (1990). "So long as elderly women do not readily perceive the advantages to be accrued from regular exercise patterns and do not believe they are capable of vigorous physical activity, government policies and plans to disseminate information about health and exercise are unlikely to generate large scale action toward health promotion" (p.349-350). It is evident that the research within the area of older women's health, and the effect that physical activity plays is of little consequence unless this cohort of women choose to put this information into practice (Kolanowski & Gunter, 1990, O'Brien & Vertinsky, 1990).

Some middle-aged, older and very old women are not participating in physical activity and exercise because of beliefs that exercise may contribute to the deterioration of an already frail and declining body. Some women have learned to accept the process of aging as being a time to slow down. This is evident in the study by Vertinsky, (1995) where it is noted, "They accept persistent stereotypes that link aging with physical decline and remain or become sedentary because they believe that it is inappropriate or dangerous to be physically active" (p.224). The aging female is not valued within today's society, as is evident in the following, "...that to be old and female is a sort of double jeopardy, and that social and cultural factors perpetuate the progressive discouragement of females from sports and physical activity as they age..." (O'Brien & Vertinsky, 1990, p. 52). The consequences experienced by many women are disuse and inactivity. This skewed social definition of the older individual appears to be perpetuated in Kolanowski and Gunter's article (1985), where it is stated that, "As people age they trade away old behaviors for more useful ones and become more selective in their use of energy. One's physiology may be less important than one's societal concerns and legacies" (p.352). These social expectations of what the older woman is capable of continues to be perpetuated through the various forms of medical prescriptions for activity or lack of activity given to middle- aged and older women. The medical prescriptions for the aging woman include advising her "to adopt a well-regulated regime in which a combination of rest and gentle exercise might render her body less susceptible to senile illness. Overexertion was sternly warned against, for it might easily lead to cardiac arrest and a host of other life-threatening conditions" (Vertinsky, 1995, p.231). It appears that there are some differences of opinion regarding the participation of elderly women in physical

activity. The majority of the researchers assert the need for women to break free from learned roles and stereotypes regarding aging (O'Brien & Vertinsky, 1990; Vertinsky, 1995). However, Kolanowki and Gunter's (1985) research leans toward acceptance of the inevitable physiological degeneration of the body which inevitably perpetuates the oppression of women. In so doing, such research provides minimal guidelines toward the empowerment of older women, specifically middle-aged women in relation to their physical health. Feminism deconstructs society's expectations and assumptions regarding women and their roles within society and carefully examines contributing forces and factors. Again, the need for feminist inquiry is established.

There has been little attention related to women and physical activity. Every women's experience of aging and the impact that physical activity can have on the process is unique. Generalization of one woman's experience of aging is not applicable to all women. Torrez addresses this in the following; "... health of older women cannot be presented as a homogenous experience. If the health care issues of older women are to be effectively addressed, the heterogeneity of this group, with its significant differences in health, education and income, must be acknowledged" (1997, p. 132). Qualitative research attends to context, where both the nomothetic and idiosyncratic perspectives are investigated and given voice.

The consistency of exposure to physical activity that women have experienced in childhood relates strongly to their participation in physical activity in later life. The exercise patterns that carry over from a women's childhood to her old age are related to opportunities and social support that aid in the development of physical skill and sport related activities. In childhood, some of today's women experienced being challenged

physically in domestic or farm labour. Therefore, physical activity in later life plays an important role in their lives (O'Brien & Vertinsky, 1995). Older women, who have had such experiences as well as increased social support during their childhood, are more likely to value physical activity and allow it to play an important role in their later life. There are limited studies that examine the "forces" that move women in and out of physical activity.

Currently there is increasing research and interest in the area related to aging women and exercise participation, however, women within this cohort are not increasing their participation in physical activity. There appears to be a learned or accepted decline of health and activity as one ages. Through the examination of the research, those older women that engage in physical activity are more likely to be the individuals who experienced some form of physical activity in their childhood (O'Brien & Keating, 1995).

Health Promotion and Fitness Education

According to the research in the area of health promotion and fitness education there is a strong emphasis on the exclusion of older and disabled women within society. Thierry (1998), states "Healthcare providers may focus on a women's disability and ignore many primary health care issues"(p.505). In addition, programming for older women with disabilities has been overlooked. According to O'Brien and Vertinsky (1991), programming for older women has been disregarded by fitness specialists. This has had a negative impact on this aging cohort. In particular, the health care system has devalued women and not provided the level of care necessary to meet the needs of all women. Women in mid-life are faced with similar prejudices that result in their exclusion

from health and fitness education and access to effective health care that addresses the needs of this cohort.

There are many issues regarding exercise and health for aging women. However, some of the literature reviewed appeared to centre around the issue of health and fitness education for older and very old women. Kerschner and Tiberi (1978), suggested peer teaching as a tool to increase awareness regarding exercise and health benefits among this cohort. As noted in the following, women need to be involved in the process of their own health promotion, "Disability is a complex issue, and women with disabilities are the most knowledgeable source of information about their own health care needs. Therefore, it is imperative that women with disabilities participate in all phases of research, including setting research priorities, designing the questions, conducting the research, participating as subjects, and disseminating the results" (Thierry, 1998, p. 506-507).

Gillett, White and Caserta (1996), observed that long term participation in exercise has an impact on physical independence as well as physical health. Individual control over the degenerative effects of aging may be reduced through physical activity. "Some researchers have suggested that about 50% of aging decline is preventable through improved life-style habits such as participation in regular exercise, yet exercise as a resource for healthier survival is being ignored by many aging women" (O'Brien & Vertinsky, 1991, p.347). Positive life-style changes are promoted throughout the majority of the studies, with particular emphasis on older women and women with disabilities. However, these life-style changes do not address the diverse life contents of all women, hence, these changes may not speak to many women's lived realities.

While health promotion and fitness education for older women were addressed in some of the studies, once again, the cohort comprised of middle -aged women is overlooked in this domain. While not specifically addressing women in mid-life, Kerschner and Tiberi (1978); Thierry (1998); Gillett, White and Caserta (1996); O' Brien and Vertinsky, (1991) examined issues related to exercise, quality of life, and the intervention of experts within the related fields. Exercise has increasingly been promoted as a means to address disease prevention and to contribute to an overall improved quality of life.

Exercise as Disease and Symptom Intervention

Physical activity has been linked to the prevention and treatment of age related diseases in middle aged women. The prevention and treatment of osteoporosis is a reoccurring theme where the researchers seek to improve bone mass density (BMD) through different types of exercise. "Osteoporosis is a major underlying cause of bone fractures, disability, and premature death in the elderly, and particularly in older women" (Nichols, Nelson, Peterson and Sartoris, 1995, p.26). Physical activity positively influences the formation of stronger, denser bones. Exercises for perimenopausal and postmenopausal women seem to prevent bone mass degeneration; as well exercise can be a therapeutic modality with respect to bone loss (Danz et al. 1998).

While it appears that intervention in the form of physical activity has the potential to improve a women's fitness level it may not reduce or prevent a women's individual likelihood of experiencing diseases, and the varied symptoms with which they are associated. Sternfeld, Quesenberry and Husson (1999), studied menopausal symptoms, which are not disease related, however, they were interested to see if increased physical

activity decreased menopausal symptoms. There were no significant decreases in menopausal symptoms due to increased physical activity. A research study examining aquatic exercise suggests a positive relationship between exercise and arthritis symptom reduction. This is evident in the following, “ The basic 6-week Arthritis Foundation Aquatic Program (AFAP) protocol appears sufficient to induce strength and range of motion (ROM) changes in joints affected by arthritis...” (Suomi & Lindauer, 1997, p.341). Lastly, in a study that analyzed injuries sustained by older women, walking was identified as one of the most popular forms of exercise for older adults. Walking was associated with cardiovascular and metabolic health benefits (Rippe, Porcari & Freedson, 1988).

In summary, physical activity has the capacity to reduce or eliminate symptoms of varied illnesses, as well as decrease pain and discomfort associated with some diseases. The majority of the literature deals with studies and interventions that are directed at controlling diseases and symptoms through various exercise programs. More than 50% of the studies reviewed address the degeneration of bone mass in middle aged and older women. The conclusions vary regarding the effect of physical activity on improving or maintaining BMD. The variation in the literature may be attributed to the age of the subjects studied as well as the type of exercise intervention employed.

Implementation of Exercise

There is a need for the implementation of various types of exercise programs to address the diverse needs of old and very old women. Women in mid life and older women who have chronic health problems and therefore may benefit most from physical activity are least likely to be active and to be targeted in public health interventions

(Pinto, Marcus & Clark, 1996). The literature demonstrates that exercise is necessary for this cohort because it has the potential to reduce falls and injuries, improve cardiovascular fitness, improve body composition and promote an overall improved quality of life. However, literature about the implementation of regular physical activity for middle aged women is virtually non-existent.

There is a large body of research based on exercise studies investigating fall reduction within the cohort, of old and very old women. In a study by MacRae, Feltner and Reinch, the implementation of an exercise program to assist in the reduction of falls among older women was examined. "Exercise interventions to improve muscle strength of older adults are promising, although no actual reductions in falls have yet been documented" (MacRae, Feltner & Reinsch, 1994, p.128). The subject of fall reduction was also addressed in the research, which focused on the components of fitness for older women. "Strength, flexibility and balance are probably much more important than measurements of cardiovascular fitness in an aging population because the ability to lift, reach and climb stairs may help prevent falls and enhance performance of activities of daily living in older adults" (Gillett, 1993, p.50). The prevention of falls among this cohort of women through the implementation of exercise is an area of major importance to researchers and practitioners within the field.

The remaining studies examined exercise programs for overweight older women, sedentary older women, and the health related benefits of exercise for older adults. The studies share similarities regarding the perceived benefits of exercise for older adults and older women. Improvements in mental and physical states are fundamental factors identified in determining an individual's participation in an exercise program (Myers,

Malott, Gray, et al., 1999). According to Gillett, "Exercise motivation and education are central issues for the older person" (Dept of Health and Human Services [DHHS], 1980, p.51). Physiological improvements were observed with exercise participation.

Improvements in sleep, energy level and mood were the most frequently mentioned benefits of exercise for many older adults (Myers, Malott, Gray, et al., 1999). Most research investigating exercise implementation has depicted the needs of older and very old women as well as older adults in general.

In summary, knowledge exists about the implementation of exercise programs primarily directed toward older women. The majority of studies in this area have focused on establishing clearly defined physical activity programs for old and very old women. The studies examine potential programs that will result in an overall improved fitness level for this cohort of women. There is, however, little existing literature directed toward middle aged women and exercise implementation.

Determinants of Exercise Participation

Physiological factors are related to whether or not an individual continues to participate in physical activity. This was evident in a study by Emery, Hauck and Blumenthal, (1992) when they performed a one-year follow-up study among older adults. They discovered that participants reflected adherence behaviors because exercise kept them in good shape and good health as well as improved their energy levels and alertness. Of the studies that examined exercise compliance and older women, physiological factors appear to be strongly associated with whether or not older women continue to include exercise as part of their lifestyle. Williams and Lord(1995), suggest, individuals who adhere poorly to exercise programs are usually those with the poorest physiological

function, and yet they are the ones who would benefit most from exercise. Older women who comply with exercise are more fit, non-smokers, at a lower body weight and lower body fat content than those who do not adhere to exercise (Kriska et al., 1986). In the study conducted by Williams and Lord, (1995) participants who continued to adhere to exercise regimes performed better on strength and stabilization tests. Greater cardiovascular endurance was associated with higher levels of activity as reported in Emery, Hauck and Blumenthal, (1992). If those individuals who “need” physical activity as interventions toward achieving increased health are not able to adhere then perhaps we need to reconsider the appropriateness of these interventions. In summary, exercise adherence is associated with overall improved physical health.

According to Kriska et al., (1986) illness is the variable that best differentiates between compliers and non-compliers toward physical activity and exercise among older women. The limiting factors about exercise among this cohort appear to be different from factors that limit physical activity among the young. Illness needs to be considered when examining factors that may determine lack of compliance toward an exercise program among older women. “ Studies looking at the association between medical problems and exercise prescription have been done in the past, but they usually utilize men with documented coronary heart disease or men at a high risk for its development”(Kriska et al., 1986, p. 561). Compliance toward an exercise program among older women may be influenced by the onset and duration of various illnesses. Illness is a consideration that must be noted when programming for this specific cohort, as exercise compliance issues will vary from the experience of younger participants.

Aging women and the issue of exercise adherence to both formal and informal exercise programs has been an area where very little research has been conducted. Increased barriers toward exercise participation among older and middle aged women may be responsible for irregular or non-existent exercise adherence. Poor exercise habits learned in adolescence may also contribute to a lack of exercise adherence across the life span (Emery, Hauck & Blumenthal, 1992). Some of the studies included research on older adults, intercollegiate female athletes and undergraduate females. According to the existing literature, it seems that exercise adherence is dependent upon physiological factors, psychological factors, and the experience of illness within the life of the participant. Adherence to exercise, according to O'Brien, (1994), is dependent upon the potential health incentives, social support, self-efficacy/movement confidence, outcome expectations and one's health locus of control. O'Brien, (1994), suggests that health incentives relate to the motivation to live a long and healthy life. Social support is essential among older women to produce continued adherence to an exercise program. The strongest support appears to come from peers who are participating in the same or similar exercise programs (O'Brien, 1994). Self-efficacy of movement relates to how confident an individual feels when executing a particular skill. Lastly, the health locus of control refers to the participants feeling of control over their own health or belief that their health is controlled by external factors. Social support especially from peers; self-efficacy and perceived control are factors that can determine whether or not a middle aged woman participates in exercise on a regular basis. According to Dishman, Ickes and Morgan, (1980) " Adult fitness programs have typically reported adherence rates of only 40-65%, indicating a substantial dropout percentage among those who volunteer to enter

an exercise program” (p.116). The factors that determine why women in mid-life drop out from physical activity are not completely understood.

Psychological Aspects of Exercise

Psychological effects of exercise are examined with specific reference to older women. Studies focus on the implementation or investigation of various forms of physical activity and how participation in the activity affects the individual's psychological state. Some of the literature provides a general overview of how physical activity can promote an overall sense of well being in older adults. An individual's psychological state may influence their readiness to become physically active. Again, there is little existing literature that addresses the psychological aspects of exercise for middle aged women.

Psychological factors are also closely linked to whether an individual will adhere to physical activity and exercise. A participant is more likely to adhere to exercise if they demonstrate a lower state anxiety level (Emery, Hauck, & Blumenthal, 1992). According to Dishman, Ickes and Morgan, (1980), “... self motivation proved to be the best discriminator between exercise adherers and dropouts among psychological variables employed and was strongly related to program adherence in both exercise settings” (p.115). Self-motivation is an independent factor that an individual must possess prior to participation in an exercise program. The exercise program itself is not responsible and will not be able to provide an individual with increased self-motivation at the onset of the program (Dishman, Ickes & Morgan, 1980). Reasoning ability improves with continued adherence to physical activity (Williams & Lord, 1995). Exercise adherence has the potential to give rise to the improvements in participant's cognitive functioning.

Regular high intensity participation in physical activity among older women produces a strong sense of well being, and reduces both anxiety and depression (Neiman et al, 1993; Williams & Lord, 1995). Herzog (1989) elaborates further on the benefits of regular exercise, which include stress reduction, increased morale and an overall improved self-concept. Misra, Alexy & Panigrahi (1996), state the following "Older women with high self-esteem report using more positive coping mechanisms and having greater confidence in their ability to cope with future health problems than women with lower self-esteem" (p. 82). However, older women appear to be particularly susceptible to lower self-esteem. All of these factors are rooted in physiology or psychology, women's voices are conspicuously absent from this research. There is a need to understand the factors and forces that arise from the lives of women which accounts for their histories, life contexts and moral worlds. Feminist (woman- centred interviewing) research will fill in the gaps where there is missing knowledge.

Some studies reveal that women and older individuals are influenced by cognitive barriers related to societal expectations that they be less active. In addition to this social expectation to reduce physical activity as one ages, there also exists a concern regarding the potential detrimental effects of participating in physical activity. The belief that exercise has the potential to be detrimental appears to be shared by some women in mid-life. This is evident in O'Brien's study (1996), where women were not sure what their physician's opinion would be if they participated in vigorous exercise and others thought their physicians would not approve of them participating in vigorous exercise at all. Further risks and lack of confidence regarding different forms of exercise were expressed by the participants in O'Brien's study, (1996), " Over 13% claimed they couldn't do brisk

walking for 20 minutes. The activity rated by the women with little overall confidence was an aquafit class of 50 minutes. Almost 65% of the women claim that they were unsure or knew they couldn't do this activity....about half of all women reported they couldn't do 5 modified pushups" (p.136-137). According to Paxton, Browning, and O'Connell, (1997), women have been told that exercise in old age is risky, which relates to the discouragement from participation in physical activity some females experienced in their youth. Further perceived risks identified by O'Brien and Vertinsky, (1992), include, "Vague fears that too much exercise will precipitate injury, catastrophic exhaustion or overt illness bedevil the situation and have fostered disapproval of all but the mildest exertion" (p.174). Middle aged women are not represented as a cohort that participate in regular physical activity. Exercise for this cohort is still shrouded in myths that paint exercise participation as something painful and strenuous. This negative image turns middle aged women away from participating in exercise because they begin to question their capabilities and self worth. According to Pinto, Marcus and Clark, (1996), "Most exercise interventions have been designed for the minority of individuals (10% of the population) who are ready to begin regular exercise. Ironically, as a majority of the population, sedentary individuals who are not ready to begin a program of regular exercise would benefit the most from interventions tailored to their stage of preparedness for exercise" (p. 397).

Historical Significance

As identified by Vertinsky, (1995) older women have continued to remain "invisible" even among feminist historians. Women in their reproductive years have largely been the focus among feminist historians. Currently, a new history of old age has

emerged, this history includes the subjective experiences of aging individuals themselves (Vertinsky, 1995). There are a number of historical stereotypes regarding women, specifically the aging woman that continue to persist within today's society. The historical stereotypes of the gendered female role run deep, this is evident in the following: "...old men in Athens worked out in the gymnasias even when wrinkled and not pleasant to look at, but any proposal that younger or older women exercise in the palaestras with the men was seen as preposterous and not worth discussion" (Vertinsky, 1995, p. 225).

Demographic Factors

Because women are living well into old and very old age it is important to understand exercise in the lives of middle aged women. Understanding exercise in the lives of middle aged women has the potential to influence health and reduce degenerative diseases associated with aging. Demographic factors indicate that the elderly female population has increased in size and is expected to increase in the future at a faster rate than the elderly male population (Gee & Kimball, 1987). According to Gee and Kimball, (1987) the number of individuals 65 years of age and older, of both sexes has increased dramatically, surpassing that of the total population for the period of 1941-1981. A similar trend is predicted for very old females during the period of 1981-2021. During this time very old women will significantly outnumber very old men. According to Vertinsky, (1995) "...older women, many of whom are outliving their male counterparts by 7 or 8 years, are vastly underrepresented among today's physically active elderly, despite exercise intervention studies showing that older women can benefit from exercise to much the same degree as men" (p.224). Women's longevity can be attributed to both social as well as biological factors (Gee & Kimball, 1987). Social factors refer to

gender role behaviors that are associated with being female along with the expectations associated with being a woman. These expectations and behaviors have been dominant practices throughout history and continue within some circumstances to exist in society today. Gee and Kimball (1987) state, "...males are socialized in ways that encourage behaviors that lower their survival chances. Such behaviors include: suppression of emotional expression; risk taking actions that can result in accidental death; smoking and drinking as symbolic of masculinity; and aggressive and competitive type A behavior. In other words, the literature has tended to focus on what men do wrong, rather than what women do right" (p.24). Biological factors are also attributed to the longevity of women. Chromosomal differences between men and women are identified; the female genetic make-up lends itself to a higher survival rate over the male genetic make-up. According to Gee and Kimball, (1987) this is related to a variety of factors including: "...protection from X-linked recessive conditions, greater fetal viability; lower levels of infant mortality; superior functioning of the immune system and female hormonal protection from heart disease" (p. 23). Both biological and social factors influence the demographics and life expectancy of middle aged, old and very old women.

Qualitative Research

Qualitative methods were used with older women, albeit to a lesser extent. This is evident in the article by Kerschner and Tiberi (1978), where they presented qualitative research findings in which the knowledge base regarding health issues of older women was investigated. In-depth interviews were used to establish exercise regimes of female participants. Nichols et al. (1995) also adopted qualitative research methods where they implemented in-depth interviews of active older women to determine bone mineral

density responses to high intensity strength training. O'Brien and Keating (1995) used interviews along with focus groups in order to explore the later life- course physical activity experiences of elderly women. Everard (1999) employed the use of interviews and the organization of themes and terminology frequently referred to by participants regarding physical activity and well being as a qualitative approach to data collection and analysis.

Feminist Research and Physical Activity

There is little feminist research that attends to women's physical activity, let alone women in mid-life and their experiences with physical activity. The following studies while not all directly representative of physical activity speak to fundamental issues that determine or impact physical activity for women. Feminist studies that relate to physical activity include a discourse on women's fitness magazines that initially appear to speak to women from a feminist perspective, when in reality they undermine women's emancipation. Women's experiences with leisure constraints are studied through a feminist lens where gender differences and the female role are explored. Lastly, the aging woman and the real and perceived barriers toward participation in strenuous activity such as marathon running is presented in relationship to the historically perpetuated patriarchal views on the ways women could and should use their bodies.

Eskes, Duncan and Miller's (1998) study represents today's women's preoccupation with fitness as a means to achieve beauty over health benefits. These are the messages that women are bombarded with through fitness magazines and advertising that supposedly promote fitness under the guise of health. These messages are presented to women in an underhanded manner that is akin to a "wolf in sheep's clothing". Women

face enormous pressures to look good which is deeply rooted in our masculine-centred culture where women are consistently evaluated on their physical appearance (Eskes, Duncan, & Miller, 1998). According to Eskes, Duncan, and Miller this skewed interpretation of physical activity continues to hold women back from achieving real health benefits and progress within the public arena (1998). These magazines assume a pro-woman stance by featuring texts that show women how to alter their bodies as a means to provide empowerment. In reality, the goals of feminism are undermined in these texts, they do not achieve any collective good for women. The bottom line is that the fitness industry is a billion-dollar industry and the reason it has gained so much power is due to its success in playing on women's insecurities. These insecurities develop as a result of an unrealistic definition of femininity that 99% of the female population cannot achieve. As long as this industry continues to espouse the "virtues" of maintaining a "controlled" female body size the more successful they will continue to be in subordinating women and reinforcing the traditional patriarchal order (Eskes, Duncan & Miller, 1998).

According to Henderson (1991) there is a need for feminist research in relation to women's leisure constraints. Women's lives are structured in such a way that leaves little time for leisure pursuits, which includes opportunities to engage in physical activity. Through the use of a feminist framework women become more "visible" within society and the implications regarding leisure constraints speak to women's lives. Henderson identifies that the barriers to leisure for women are a result of their life contexts where gender role association, definitions of leisure, and social and cultural factors may result in different perceptions and behaviors of leisure experiences (1991). Henderson reported

that “the feminist analysis, with a focus on critique, correction, and transformation, offers a useful framework for exploring constraints on women’s leisure and implications for constraints research” (1991).

Vertinsky’s (2000) research looks at the obstacles that women, and particularly older women, have had to overcome in order to compete in the marathon race. Vertinsky uses feminist inquiry and methods of analysis as a means to understand why women in the past have not shared in the same levels of activity as older women today. According to Vertinsky, older women in the past did not experience encouraging societal messages promoting physically active behaviors, older women were exposed to messages that reinforced traditional understandings of women’s primary roles within society as that of child bearing, rearing and parenting (2000). Once women were no longer physiologically able to bear children their value to society had “run out” and they were expected to accept the physical decline of their aging bodies. Vertinsky uses feminist theory to challenge society’s notions and expectations of the aging woman and her physical capabilities.

Based on the findings and breadth of this research there is merit in pursuing further feminist research, specifically addressing the phenomenon of physical activity within the lives of women in mid-life.

Summary

Although there have been some attempts to understand the experience of physical activity for women there has been little feminist qualitative research and absolutely no research that has considered women in mid-life. Previous research has largely attempted to medicalize or psychologize women and the factors that have either “moved” them toward or away from physical activity.

Barriers to physical activity have not been identified by women in mid-life, however, some studies have presented barriers that exist among other cohorts. The factors that determine why women in mid-life engage or refrain from participating in physical activity across the lifespan and from their life contexts have not been investigated.

Due to this “unexplored territory” within the existing research a strong case can be made for further qualitative research using a feminist lens and conducting woman - centred interviews – as - method in order to understand physical activity as experienced within the lives of women between forty-five and fifty-five years of age.

Gaps/Limitations of the Research

The Canadian Fitness and Lifestyle Research Institute, (CFLRI) has statistical evidence that demonstrates women between the ages of forty-five to sixty-four have significantly increased their levels of physical activity from 1988 to 1995 (CFLRI, 1996). The overall decline in physical activity among women who are of retirement age, however, is an area of concern for the CFLRI. Age fifty-five is considered eligible for retirement as well as part of the cohort considered middle aged based on the WHO definition. It appears that there may be some variation within the categorization of middle age and old age across the literature. However, the specific cohort of women between the ages of forty-five to fifty-five still remains underrepresented within the majority of the research.

There is limited research related to health promotion, fitness education, and general physical activity and its occurrence across the lifespan among middle aged women. Qualitative research methods are also lacking when investigating women’s health promotion and fitness education. Again, women have not been asked for their

experiences concerning health promotion and fitness education. The literature reports inconsistencies regarding women's awareness of health issues. For example, Kerschner and Tiberi (1978), claim that "Today's older woman anticipates far more knowledge of health problems than does her late middle-aged counterpart" (p. 13). In contrast, the lack of knowledge regarding exercise implementation for this cohort is stated by O'Brien and Vertinsky (1991), "Among elderly women, important contributing factors to an avoidance of exercise are fears of wearing out the body, concerns about the likelihood of serious injury, and the threat of sudden death caused by physical exertion" (p. 351). There is a larger existing body of recent research that states that women do not have adequate information regarding health and fitness promotion. There is potential for further research using a broader scope in the area of health promotion and fitness education for women of all ages and abilities.

There is a general lack of research and minimal reporting of exercise program facilitation designed for middle aged women. The majority of the literature focuses on research and physical activity programming for old and very old women. Middle aged women's exercise programs have not been addressed and little research has been conducted to examine exercise programs that may benefit this cohort of women. Based on the limited information regarding exercise implementation for middle aged women there appears to be potential for future research within this area, specifically addressing the needs and concerns of women between 45 and 55 years of age.

According to Kriska et al., (1986) "... the current knowledge concerning exercise compliance is derived from exercise programs comprised of principally male populations. There has been little research on compliance in women, especially older women" (p.557).

Williams and Lord, (1995) found that body composition was unrelated to exercise participation. This contradicts Kriska et al (1986), and Emery, Hauch and Blumenthal (1992), who found a relationship between body composition and exercise adherence. Gender was not a significant predictor of physical activity in the study by Emery, Hauk and Blumenthal, (1992). These findings differ from other reports that indicate that women are particularly at risk for reduced activity levels. However, women in this particular study may have been unusually active or the exercise intervention was particularly effective at increasing their motivation. Also, Emery, Hauk and Blumenthal (1992) employ self-reported measures of exercise participation, which may lead to bias in self-reports of exercise that may alter the data regarding exercise maintenance.

Smoking status and exercise compliance was a research gap that is addressed within the research conducted by Kriska et al. (1986), where non-smokers were not necessarily more likely to comply with an exercise program. There is potential for future research, particularly employing qualitative research methods, in order to explore what it is middle aged women require in order to increase exercise adherence. The subjective experience of exercise compliance or non-compliance among older women needs to be considered in order to provide effective exercise intervention strategies for this cohort.

There are mixed findings reported in the research that examine specific types of exercise and exercise programs. It appears that older women who have been exceptionally active and conditioned demonstrate the highest levels of emotional well being. This is evident in the study by Nieman et al., (1993) where they state, “ ... exceptionally active, highly conditioned, relatively lean elderly women who regularly competed in endurance activities had general well being and profile of mood state scores

that were superior to those of sedentary elderly women” (p.31). In contrast, Everard (1999) did not find that increased activity among the elderly had a positive impact on the well being of older women. He found that there is the potential for a diminished sense of well being or the experience of a negative psychological state. According to the research of Nieman et al (1993), and Everard (1999), physical activity and general activity do not provide the same conclusions. It appears that intense physical activity has a direct effect on improving emotional well being in older women. However, increasing routine activities in older adults has the potential to be detrimental toward an individual’s sense of well being. Future studies might examine the direct relationship between activities of daily living and physical activity and how they are related to the well being of middle-aged women. It may be important to consider past history of physical activity in relation to well being in order to determine whether or not it will be a positive form of intervention for this cohort of women.

There is a lack of research concerning the general health and exercise habits among middle aged women. The majority of the research focuses on the physical activity and health of old and very old women. Middle aged women have not been asked for their experiences related to their physical activity and health pursuits. It appears that there are some differences of opinion regarding the participation of elderly women in physical activity. The majority of the research asserts the need for women to break free from learned stereotypes of aging. In contrast, some studies lean toward the acceptance of the inevitable physiological degeneration of the body and provide little or no guidance about the empowerment of older women relative to their physical health. Kolanowski and Gunter (1985), refer to aging as a time when individuals accept the decline of physical

activity along with the degeneration of their physiology. However, O'Brien and Vertinsky, in an investigation of elderly women's exercise and aging patterns, state that "Older women are involved in everything from figure skating, Hawaiian dancing, tap dancing, ballet and line dancing, to outdoor bicycle tours, nature walks and mountain hikes"(1990, p. 57). The majority of the articles share a perspective similar to O'Brien &Vertinsky. Therefore, similar research needs to be conducted, focusing on middle aged women's varied needs and concerns regarding the role of physical activity and health within their lives as they age.

Chapter 3

Methods

Introduction

In this section I will outline the research method used to guide this study. A qualitative approach is warranted to provide an understanding of physical activity in the lives of middle aged women where empirical research is limited. Qualitative research compliments the feminist theory employed as the theoretical orientation used to guide this research (Parker & McFarlane, 1991). Woman-centred interviewing was used to explore the phenomenon of interest. This qualitative method is in keeping with the tenets of feminist research which requires interaction between the researcher and the participant; nonhierarchical relation between the researcher and the subject, expression of feelings, and a concern for values. Participants were recruited from the YM-YWCA in the city of Winnipeg. Field notes were additional sources of data.

Feminist Methodology

“Epistemology and methodology and the paradigms from which they spring, not the information gathering techniques (i.e., methods), give research investigations the characteristics of feminist research....” (Campbell & Bunting, 1991, p. 8).

Feminist methodology examines a problem that relates to all women. According to Campbell and Bunting (1991), feminist methodology must include eight methodological conditions. The first condition states that research should be based on women’s experiences and the validity of women’s perceptions as the “truth” for them should be recognized. Through this research middle aged women’s voices will be heard, thus providing insight to the experience of exercise within their lives. This women-

centred data provides insight toward the potential development of physical activity programs geared to meet the needs of this cohort.

Due to the scope of this research it is important to understand that there are many factors that impact the lives of middle aged women. These factors need to be understood because they determine what “moves” women toward and away from physical activity. As a researcher, it would be inaccurate to assume that one factor is solely responsible for middle aged women’s exercise behaviors. Artificial dichotomies and sharp boundaries are suspect in research involving women and other humans and should be carefully scrutinized (Campbell and Bunting, 1991).

The third methodological condition provided by Campbell and Bunting emphasizes the context and relationships of the physical activity phenomena for middle aged women. The researcher must be cognizant of history and concurrent events in the design and formal conduct and interpretation of the research (1991),

Fourth, Campbell and Bunting (1991) state the need for the researcher to be aware of the questions that he or she asks to acquire an appropriate answer. Therefore, the cohesiveness and clarity of the question is key and just as significant as the answer sought. The research questions providing direction for this study were:

1. How do women forty-five to fifty-five define physical activity?
2. What are the major life events amongst these women that move them toward and away from physical activity?

Fifth, the experience of physical activity in the lives of middle aged women fits nicely into the methodological requirements of feminist research in that the research

should address questions women want answered (research is conducted for women, and by women) (Campbell and Bunting, 1991).

According to Campbell and Bunting the researcher's biases and background should be included as part of the data. This ensures that the researcher is on a plane with those being researched (1991).

I am a female researcher seeking to understand exercise in the lives of middle aged women. I am a 29 year old white middle class graduate student. I hold a Bachelors degree with a double major in Physical Activity and Sports Studies and Sociology. I work part time as a personal fitness consultant where the majority of my clients are middle aged women who have a history of leading inactive lifestyles. Based on the literature and my personal background I believe that regular exercise within the lives of middle aged women is a necessary investment that has the potential to decrease and control the degenerative effects of aging related diseases. I believe that regular participation in physical activity has the potential to improve ones quality of life. I believe that middle aged women themselves are the best source of information to understand their own experiences of physical activity, which is why I have conducted women-centred interviews.

Seventh, feminist methodology states the need for research to be nonhierarchical; middle aged women were considered "co-researchers" or partners with the researcher. Therefore the term "participant" is an appropriate term for the middle aged women who participated in this research study (Campbell and Bunting, 1991).

Lastly, each participant will be provided with a summary of the recommendations. This area is addressed further in the section that addresses ethical considerations.

Research Design

In looking at the experience of physical activity in the lives of middle aged women, a qualitative study grounded in a feminist framework employing woman centred interviews – as - method has the capacity to capture the experience as voiced by the women themselves. According to Bunkers, Petardi, Pilkington and Walls (1995),

Qualitative research identifies the characteristics and the significance of human experiences as described by participants and interpreted by the researcher at various levels of abstraction. In qualitative research the researcher's interpretations are inter-subjective, that is, given the researchers frame of reference, another person can come to a similar interpretation. Qualitative data are processed through the creative abstractions of the researcher as the subjects' descriptions are studied to uncover the meaning of human experiences (p.33).

Feminist anthropological projects attempt to listen, to translate, to give women a voice and to provide a forum for the documentation and presentation of the conflicting, contradictory and heterogeneous experience of women cross-culturally (Cole & Phillips, 1995). This research project employed woman-centred interviews to gain a deeper understanding of the physical activity needs of women between the ages of forty-five to fifty- five years of age. According to Lengermann and Niebrugge (1996) woman-centered interviews share the same principles as feminist theory in that the interviews seek to hear the voices of the women themselves as the primary "object" of investigation. Secondly, this approach treats women as the central "subjects" in the interview process, seeking to understand how middle aged women experience the phenomenon of physical activity within their context. Finally, woman-centred interviews seek to understand how physical

activity becomes or does not become integrated within middle aged women lives. These findings are communicated in such a way that might improve the situation for some middle aged women and potentially women of other cohorts regarding their physical activity needs across the lifespan.

A semi-structured interview guide was used to gather data. Informal interviews appear to be casual conversations, however, they are guided by a specific research agenda (Fetterman, 1989). One interview was conducted with each woman. Each interview lasted approximately 45 minutes to 1 hour in duration. There were 15 women who participated in the women-centred interviews. This group was blended, representing both women who were currently participating in some form of physical activity as well as those who were not currently participating in any form of regular physical activity.

The Sample

Sampling was a convenience sample of women who were affiliated with a YM-YWCA. The women were required to meet the following inclusion criteria: between the ages of 45-55, English speaking, and willing to be interviewed. The desired number of participants was to be between fifteen and twenty. However, it was discovered during the data collection process that fifteen woman centred interviews was sufficient due to the thick rich data set that they offered. Saturation of the data was identified after the fifteenth interview indicating that further data collection was not required.

Recruitment letters and consent forms to participate were made available to all of the women prior to the commencement of the individual interviews. The majority of the participants contacted the researcher personally by telephone if they were interested in participating in an interview. At this time an interview date and time were scheduled.

Participants who were recruited through snowball techniques were provided with the name and phone number of the researcher and independently contacted the researcher to arrange for an interview. The first two participants (Participants A and B) were both obtained by a snowball technique through the coordinator of the women's resource centre. Participant's C to L, and N to O were recruited through postings displayed at a YM-YWCA facility. Participant M was obtained by snowball technique through Participant A.

The first two interviews took place within a few days after providing the women's resource coordinator with a letter requesting permission to recruit participants from the YM-YWCA. The first interview was conducted on Monday, August 28, 2000 and the second, on Friday, September 1, 2000. The first ten interviews were completed by the end of November 2000. However, the month of December along with its holidays proved to be a challenge when attempting to schedule interviews. After the holidays passed, it was much easier to schedule the final five interviews, which were held between the end of January, 2001 and the middle of February, 2001.

The Setting

The location of the women-centred interviews was determined by the participant(s). They were given the option of participating in the interviews at their homes, their place of work, or in a private meeting room at the YM-YWCA.

Ethical Considerations

Access to the YM-YWCA's membership required that the facilities manager be approached for formal permission to conduct my study, using female Y members as participants (refer to Appendix A). The manager accepted the Faculty of Physical

Education and Recreation Studies Ethical Review committee's approval (refer to Appendix B).

Participants were informed of their voluntary agreement to participate in this study through a letter of intent that explained the study in detail (refer to Appendix C). It also provided information regarding what was expected from the participants. After reading the letter, potential participants chose to sign or not sign the consent form (refer to Appendix D). Participants also had the choice to withdraw from the study at any time. Signing the consent form did not mean that the women were obligated to participate. The participants in this study were informed about my expectations through the "Letter to the Participants". The letter included information on the data collection process. The participants were selected based on the concerns they shared regarding physical activity in the lives of middle aged women. Based on this common interest, women were invited to participate in this study. It was communicated that the answers provided by the women will assist in increasing the existing knowledge base surrounding physical activity in the lives of middle aged women. The responses to the questions were confidential, and the participants were not identified in any dissemination of the results. There were no potential risks (physical or psychological) associated with this study. All verbal and written data collected throughout this course of research were kept confidential. Participants were informed that the research findings may be used for future academic purposes (i.e.: educational purposes, conferences, presentations, scholarly journals, expanded research and publications for the general public).

Participants will be provided with information regarding the results of this study. A one-hour personal training session will be offered to all participants as an

acknowledgement of their contribution toward this research project. At this time I will provide the participants with a brief written summary of the findings from this study. Participants were encouraged to contact my advisor or myself if they had any questions or concerns at any time prior, during or after the study.

Recruitment Procedures

Following the approval from the Ethical Review Committee, Faculty of Physical Education and Recreation Studies, University of Manitoba, and the approval for access to the YM-YWCA, a letter of explanation was distributed to the coordinator of the women's resource centre. Posters and word of mouth were also used as methods to recruit potential participants. Participants who were interested in participating in interviews contacted me personally to arrange meeting dates, locations and times. I introduced and explained the research topic by meeting with the women individually. All of the women were provided with a written explanation of the study and were asked to indicate if they were willing to participate in audio taped woman- centred interviews. If they indicated an interest in participating we continued to review the consent form.

Data Collection

Data collection occurred through 15 women-centred interviews, one per participant. The interview consisted of an introduction to the purpose of the study, an opportunity to begin talking about physical activity. As the interview progressed there was a focus on defining what constitutes physical activity according to the interviewee. A signed consent was obtained prior to the women-centred interviews (refer to Appendix D). The content and continuous nature of informed consent was reviewed immediately before the interviews. The interviews were tape-recorded and transcribed verbatim.

Data Collection Tools

As previously stated, one interview per participant was conducted. Informal interviews were conducted using a semi-structured interview guide (refer to Appendix E). This interview guide was developed based on the literature, expert opinion and my own personal background as a fitness consultant working with middle aged women. A pilot study was conducted with two middle-aged women. This ensured that the interview schedule was clear and sufficiently addressed the issues that I wanted to understand. Semi-structured interviews, according to Fetterman (1989), "... are verbal approximations of a questionnaire with explicit research goals. These interviews generally serve comparative and representative purposes-comparing responses and putting them in the context of common group beliefs and themes" (p.48). Each interview was approximately 45 minutes to one hour in length, however, this was flexible based on the complexity and the potential interest in the topic area. Through the use of women-centred interviews, there was an opportunity to understand exercise in the lives of middle aged women. Brief notes were taken during the interviews to note any significant visual aspects of the woman's behavior. Written notes were made as soon as possible after the women-centred interviews. These field notes included my impressions of the behavior of the participant, comments on the interaction between the respondents and myself, comments on any visual behaviors that were observed, and comments on my reaction to various parts of the interviews (Levy & Hollan, 1998).

Data Analysis

In most qualitative research, data collection and analysis occur simultaneously (Morse, 1989). Data collection and analysis require a fluid, flexible, and somewhat

intuitive interaction between the researcher and the data. I used a process of reflection to examine the notes, typed transcripts, and audio tapes to facilitate ongoing interpretation of the findings. The most extensive interpretation occurred following the data collection phase through reading and re-reading transcripts and listening to the taped interviews. The interviews were transcribed verbatim by the researcher.

An open coding system similar to that described in Burnard (1991) was used.

Burnard discusses fourteen stages of data analysis. These stages have been reduced and modified in the following table.

Table I
Stages of Data Analysis

Stage#1 - Field Notes	<ul style="list-style-type: none"> ▪ Served as data ▪ reminder of certain events or interactions
Stage #2 - Reading transcripts	<ul style="list-style-type: none"> ▪ Notes on general themes ▪ Immersion in data
Stage #3 - Re-reading of transcripts	<ul style="list-style-type: none"> ▪ Developed categories • “open coding”
Stage #4 - Reviewed Categories	<ul style="list-style-type: none"> ▪ Categories were collapsed • Reduced the number of categories
Stage #5 - Reviewed categories and sub-headings	<ul style="list-style-type: none"> ▪ Repetitive headings were removed
Stage #6 - Validity / Reduction of researcher bias	<ul style="list-style-type: none"> ▪ Colleagues developed their own categories ▪ Compared with researcher’s ▪ Adjustments were made
Stage #7 - Re-read transcripts	<ul style="list-style-type: none"> ▪ Ensured categories accurately represented the interviews ▪ Adjusted if necessary
Stage #8 - Coded transcripts	<ul style="list-style-type: none"> ▪ Identified categories and sub-headings
Stage #9 - Clustering	<ul style="list-style-type: none"> ▪ Grouped coded transcript sections
Stage #10 - Placement	<ul style="list-style-type: none"> • Coded sections were placed into groups with the appropriate heading and sub-headings
Stage #11 - All themes and categories were filed together	<ul style="list-style-type: none"> ▪ Served as a direct reference when writing up findings
Stage #12 - Writing process	<ul style="list-style-type: none"> ▪ linking data, categories and commentary together
Stage #13 - Writing up the findings	<ul style="list-style-type: none"> ▪ Included comparing findings to existing work

Note. Modified from “A method of analyzing interview transcripts in qualitative research” by P. Burnard, 1991, Nurse Education Today, p. 1-4.

Trustworthiness

Trustworthiness focuses on whether or not the findings of the study are believable. Lincoln and Guba (1985) refer to four primary questions when judging the findings of qualitative research. What is the truth value of the findings? Can these findings be applied to other contexts (in part or in whole)? Do the findings remain consistent over time? and, Can the neutrality of the findings be established?

Qualitative research assumes the existence of multiple realities, therefore, truth value can be determined by establishing credibility of the representation of the constructions of the realities. According to Sandelowski (1986), a sign of validity may be detected if individuals are able to “connect” on some level with the experiences of the participants through reading the written word regardless of their own personal life contexts.

Credibility was established through working closely with committee members during the data analysis phase in order to ensure accurate coding and thematic analysis. The criteria of credibility was also established through the tape-recorded interviews that were transcribed verbatim by the researcher. According to Hall and Stevens, research findings and interpretations are “... coherent if they are well founded in and consistent with the raw data, systematically connected in a logical discourse, and faithful in principle and interests to the stories women tell, the behaviors they demonstrate, and the statements they communicate” (1991, p 23). Peer debriefing has the potential to increase the awareness of the researcher regarding possible biases and values that may influence inquiry. The method of woman-centred interviews where the interviews were conducted by a woman established a rapport and trust that strengthened the credibility of this research process.

Feminist theory and methodology require that the researcher state biases up front in order to ensure rigor. This has been addressed previously in the methodology section. Rigor was ensured by testing out the interview guide with two pilot interviews to assess if the fundamental issues regarding physical activity for women in mid-life were addressed sufficiently. This provided the opportunity to modify the interview guide to develop more focused and thought provoking questions for the subsequent interviews. Modifications to the interview guide were the only changes made during the course of the data collection process. In addition, the pilot studies provided confirmation that the phenomenon of physical activity was meaningful for women in mid-life and that the relationship between myself and the participants was comfortable and conducive toward understanding their experience of physical activity (Hall & Stevens, 1991). The pilot interview data were included within the study.

Field notes were kept throughout the recruitment and interview phases of this research. The field notes served as a record of how the project was generated, my interpretations of the participants, identification of the purpose, explanation of the recruitment procedures, relationship between participants and researcher, and the step by step details of data collection and analysis (Sandelowski, 1986). Field notes provide a clearly traceable outline of the decisions made by the researcher throughout the course of the project.

Practical Applicability

Empirically based research exploring physical activity interventions for middle aged women is virtually non-existent. Further research may help to explore the diversity of physical activity and the related needs for middle aged women. The understanding of physical activity in the lives of middle aged women has the potential to influence the programming of possible exercise interventions. With this information, effective exercise programs could be created that are appealing to middle aged women and thus serve as a benchmark for future physical activity programs geared towards this cohort. Physical activity programs that are developed based on the needs and concerns expressed by middle aged women themselves have the potential to possibly attract more women in mid-life to follow and realize the positive effects that participation in physical activity will have on their experience of later life.

By providing women in mid-life with a voice, this research will seek to increase the awareness of policy makers regarding the lack of exercise and physical activity within the lives of this cohort. With increased awareness policy makers could promote fitness education for the general population of middle aged women and in turn lessen the demands on an already overburdened health system.

Chapter 4

Findings

This chapter contains two sections. The first section provides a general participant overview followed by a demographic table profiling the fifteen participants. Women's stories of physical activity across their lives are presented followed by their individual exemplars.

The second section is comprised of the categories and themes, which emerged during the interviews where each woman shared her individual story surrounding her experiences of physical activity across her life span. Initial opening coding of the transcripts occurred over a period of two months, followed by the clustering of codes into multiple categories. The major themes were formulated as the categories were reviewed. Multiple categories were subsequently collapsed into fewer categories that clearly supported each of the themes. The themes provide the structure around which the transcript data cluster.

Participant Overview

Table II provides a demographic and health related overview of the fifteen women who participated in this research study. Pseudonyms are used to maintain anonymity. Six of the fifteen women in this study identified themselves as "exercisers". On average, this group of women participated in some form of physical activity three to six times per week. The remaining nine women self-identified themselves as "non-exercisers". The age of the women ranged from forty-four to fifty-five years of age. The mean age of the fifteen women who participated in this study was 48.5. Despite best efforts to attract a

diverse group of participants none of the women reported any ethnic relations and thus they were a homogeneous group. This lack of diversity was unexpected therefore; the results will speak only about white middle class women.

Table II
Participant Profiles: Women Participating in Physical Activity

Name	Age	Height	Rel'n Status	Children	Aging Parents?	Employment	*Weight	S/NS	Health Concerns
Linda	48	5'9"	Divorced	2	N	Social Worker	A	NS	Injury prevention / Anemia
Sarah	52	5'5"	Single Parent	1	Y	Social Worker	OW	NS	Weight Mgmt
Rolanda	44	5'5"	Married	0	Y	Policy Analyst	OW	NS	Weight Mgmt
Victoria	55	5'5"	Married	0	Y	Manager	OW	NS	Disease prevention
Belinda	47	5'6"	Divorced	2	Y	Retail	A	S	Injury prevention
Janet	49	5'7"	Married	2	Y	Business Analyst	OW	NS	Wt Mgmt / Anxiety Disorder

Table III
Participant Profiles: Women Not Participating in Physical Activity

Name	Age	Height	Rel'n Status	Children	Aging Parents?	Employment	*Weight	S/NS	Health Concerns
Murielle	51	5'5"	Widow	0	N	Counselor	OW	S	High cholesterol
Cheryl	50	5'9"	Married	2	Y	Pgm. Coordinator	OW	NS	Phlebitis
Colleen	46	5'4"	Divorced	1	Y	Clerk	OW	NS	Hypo- thyroid / Wt Mgmt
Arlene	45	5'9"	Single Parent	1	N	Sales	OW	NS	Diabetes / Wt Mgmt / Arthritis
Larisse	48	6'0"	Married	2	N	Accountant	A	NS	Disease prevention
Charlotte	46	5'3"	Married	1	N	Manager	OW	NS	Disease Prevention
Doris	45	5'3"	Partner	0	N	Bookkeeper	OW	S	Disease/ injury prevention
Maroha	52	5'7"	Married	2	Y	Social Worker	A	NS	High cholesterol / high BP
Danielle	50	5'5"	Married	2	Y	Nurse	OW	NS	Injury prevention / Wt Mgmt

Note. Y's indicate participant's who are currently physically active; they also indicate participants with aging parents. N's indicate participant's who are not currently participating in physical activity, they also indicate participant's who do not have aging parents.

Rel'n = relationship; A = average weight; OW = overweight; S/NS = smoker / non-smoker; Pgm = program; Wt = weight; Mgmt = management; BP = blood pressure. * Weight – Women self identified as being "OW". Otherwise, the researcher noted "A".

The height of the majority of the women was between 5'3" and 5'5. However, the remaining seven women ranged in height from 5'6" to 6'0". Eleven of the fifteen women, "exercisers" and "non-exercisers" alike were visibly overweight, while four women appeared to be of average body weight.

The fifteen women were in a variety of different relationships. Eight women were married, three divorced, and two of the three women were living with new partners. Two women were single parents, one woman was living with her partner. One woman had been widowed for the last seventeen years.

Three of the fifteen women were smokers. Two of the women who smoked identified themselves as non-exercisers. It was surprising to learn that one of the women who identified herself as an avid "exerciser" was also a smoker. According to this participant profile table, there did not appear to be any specific patterns between smoking status and health care concerns or other variables.

Eleven of the fifteen women who participated in this research study had children. Seven of the eleven women had two children each. The remaining four women had one child each. Lastly, four of the fifteen women did not have any children.

All fifteen women who participated in this study were employed. No unemployed women responded to the recruitment posting. Interestingly, six of the fifteen women were employed within the social services and care giving fields. The employment profiles for these six women include three social workers, one counselor, a program coordinator, and one registered nurse. The other nine women were employed in various retail; management and government related positions. Participants represented diverse employment sectors and socioeconomic strata.

Health concerns for this cohort of women centred on the reduction of degenerative diseases associated with the aging process. The majority of the fifteen women expressed their concerns about the maintenance and control of their personal health. Eight out of the eleven women who self-identified themselves as over weight reported health problems. Two out of the four women who the researcher noted were average weight also had health problems. These health problems and concerns included anemia, diabetes, thyroid conditions, weight management, control of cholesterol and blood pressure levels, and general concerns regarding injury and injury prevention.

Physical Activity across the Lifespan - Exemplars

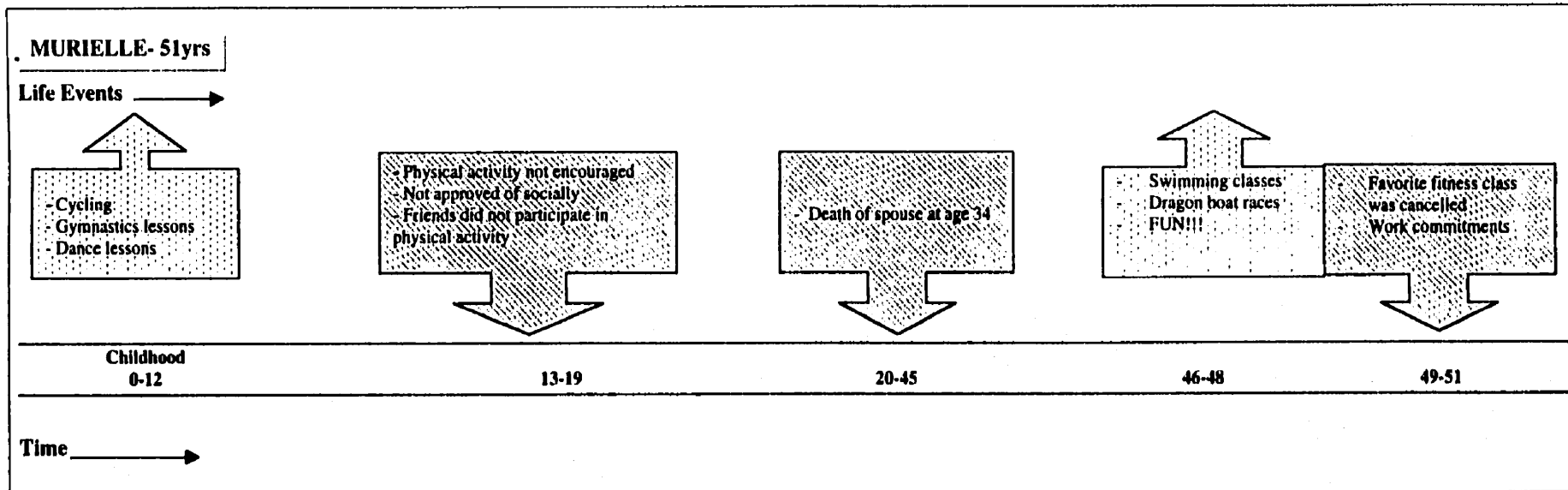
The following stories and exemplars illustrate the women's experiences of physical activity across their lives. Major life events influenced whether or not a woman continued, eliminated or began to participate in physical activity. The following exemplars illustrate the patterns of physical activity from childhood to the present for all fifteen participants. Each participant's experience with physical activity across their life is followed by an exemplar that provides a visual depiction of the circumstances and events that determined whether the woman initiated, terminated or continued their participation in physical activity.

Murielle

Murielle is fifty-one years old. Murielle works as a coordinator and counselor in a non-profit organization. Murielle identifies herself as a non-exerciser. Murielle is approximately 5' 5" and is slightly overweight. Murielle has been a widow for seventeen years and does not have any children. Murielle is a smoker and therefore her apparent lack of energy and deep gravelly laugh exhibit it's toll and indicate that this may be a long-term habit.

Physical activity within Murielle's life has been limited with the exception of a two-year bout of physical activity when she was in her mid to late forties. As a teen-ager Murielle and her peers did not participate in any type of physical activity. Physical activity was not something that was encouraged and promoted to Murielle as she was growing up. Murielle expressed a lot of happiness and enjoyment when she spoke about the two-year period when she was active in swimming lessons and participated in the dragon boat races. However, by forty-nine years of age Murielle found herself inactive once again. The lack of time, work commitments and the cancellation of her favorite fitness class were cited as reasons for her current level of inactivity.

Murielle frequently expressed feelings of guilt for not participating in regular physical activity, which she defined as 5-6 days per week. It appeared that Murielle placed and expected very high standards of herself however, she does not place these same expectations on others.



Exemplar I. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



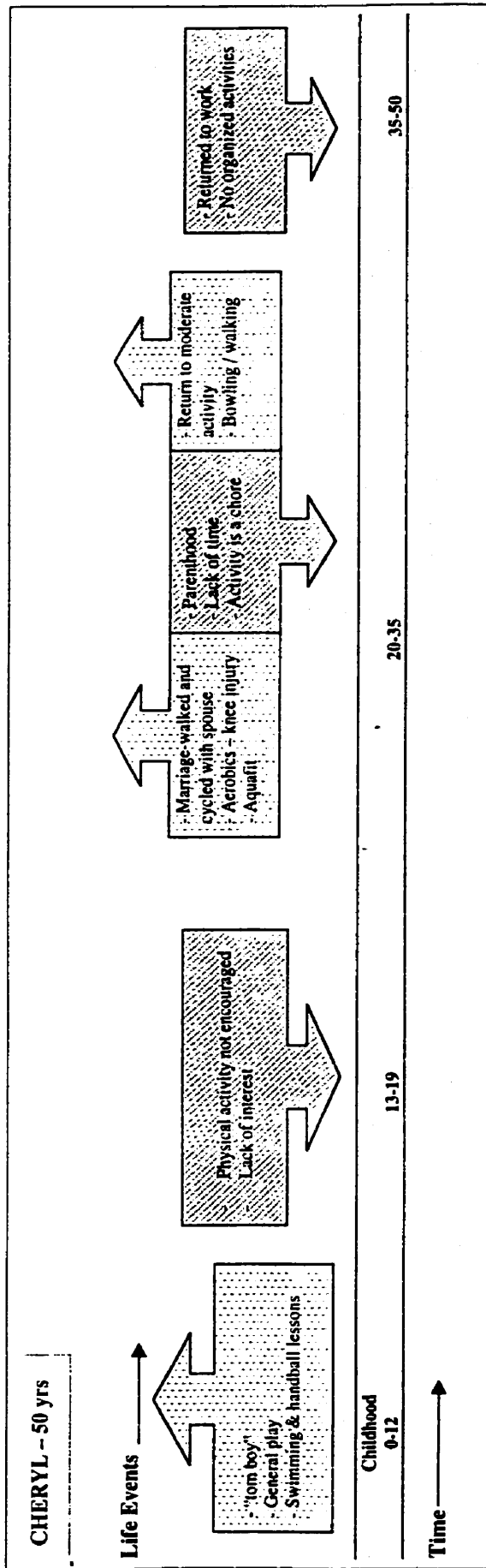
Life events / age spans where women did not participate in physical activity

Cheryl

Cheryl is fifty years old. Cheryl operates a non-profit community service program. Cheryl is approximately 5'9", has a large frame and is overweight. Upon meeting Cheryl she was wearing bright burgundy corduroy pants, an over sized plaid shirt and underneath the plaid shirt was a cotton candy coloured pink T-shirt. Cheryl's brightly coloured clothing seems to reflect her energetic, intense personality. Cheryl wore glasses and had short dark hair.

Cheryl was animated and candid with her feelings; throughout the interview she used hand gestures and body language in conjunction with her words to express her feelings to me. Cheryl's speaking voice was very loud and seemed to compliment her frequent laughter and smiles.

Cheryl has experienced inconsistent patterns of physical activity throughout her life. Cheryl experienced significant declines in physical activity during her youth, when she became a parent, and then again when she returned to work once her children had grown. During Cheryl's childhood and teen-age years, physical activity was not actively encouraged and promoted by either her educators or her family. Cheryl appeared defensive when speaking about regular physical activity. On one hand she mentioned the need to fit physical activity into her daily life and at the same time she felt that it did not need to be a regular three day a week commitment. There is a sense of frustration between what Cheryl can currently manage in regards to physical activity and what she feels that society expects her to do.



Exemplar II, Patterns of physical activity across the lifespan

 Life events / age spans where women participated in physical activity

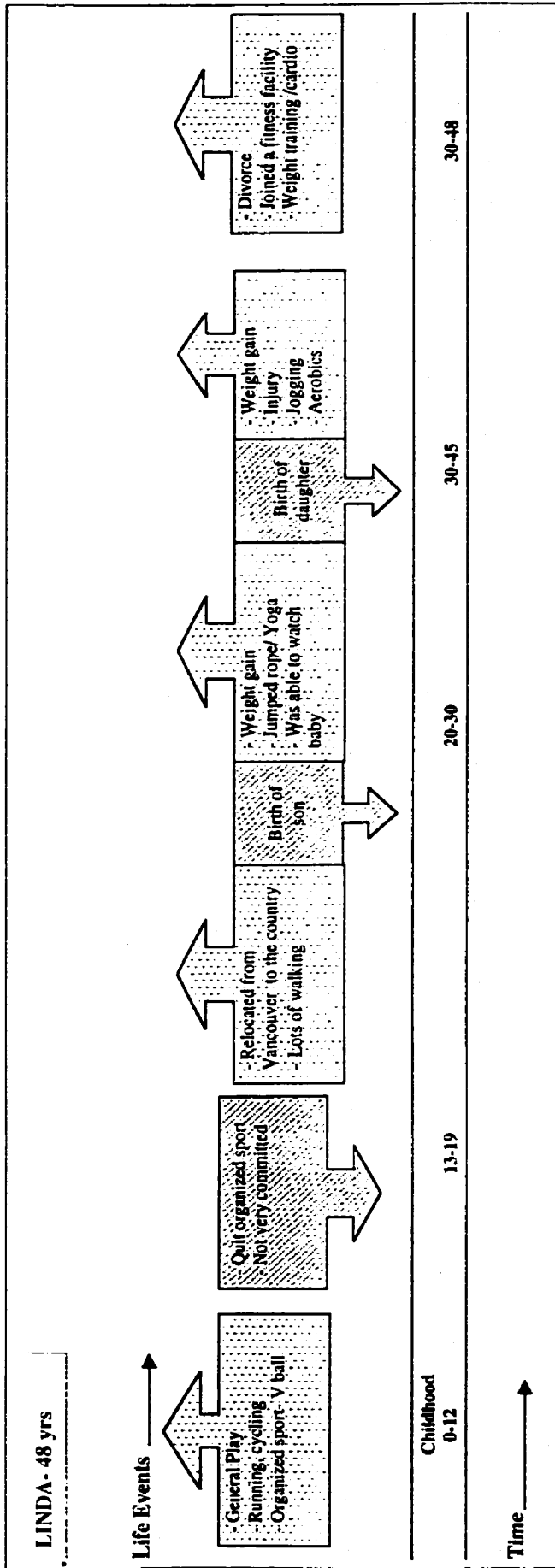
 Life events / age spans where women did not participate in physical activity

Linda

Linda is forty-eight years old. She is the manager of a Human Services Program. Linda is divorced and currently living with her partner. Linda has two grown children, a son and a daughter who both live on their own. Linda identifies herself as an “exerciser” and also makes note of the important role physical activity has played throughout her life. Linda was very tall, (approximately 6’ 0” feet), slender, and appeared to be in good physical condition.

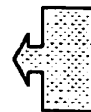
Fashionable would be one way to describe this woman, dressed from head to toe in a variegated soft gray appeared to add length to an already statuesque woman. Very short blonde, beige hair along with a trendy pair of wire framed glasses were fashionable choices Linda had made for herself.

Linda has participated in physical activity throughout the majority of her life. Lapses in physical activity occurred when Linda was a teen-ager and not particularly interested in participating in the limited variety of organized sports that were available to her at that time. Physical activity declined after the births of both her children. Weight loss was a motivator after both of Linda’s pregnancy’s to resume physical activity. During her late thirties Linda found herself turning to physical activity as a way to cope with her divorce. This period of physical activity was identified by Linda as very intense and all encompassing. Linda continues to attend a fitness facility four to five times a week, however, physical activity is no longer her primary focus now that her personal life is back on track. Linda identified physical activity as contributing to her total well being.



Exemplar III. Patterns of physical activity across the lifespan

Life events / age spans where women participated in physical activity



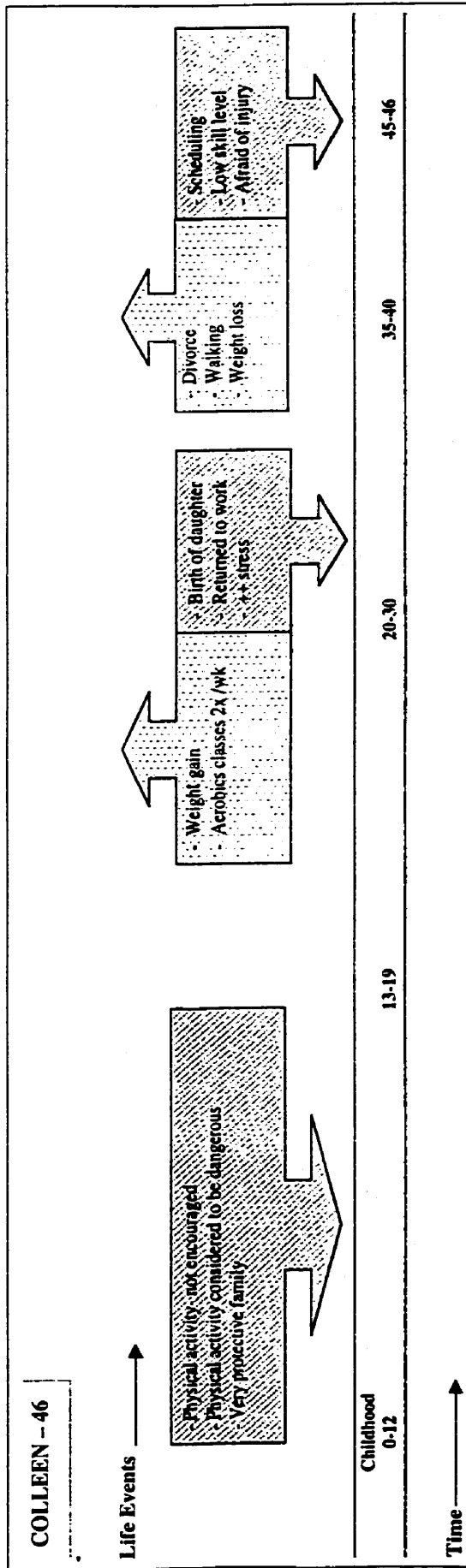
Life events / age spans where women did not participate in physical activity



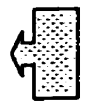
Colleen

Colleen is forty-six years old. Colleen is an accounting clerk for an insurance company and has a background in teaching and education. Colleen was approximately 5'4" overweight, and had short blonde curly hair. Colleen is divorced and lives in an apartment with her 19-year-old daughter. Colleen indicated that she has a boyfriend whom she sees on a regular basis. Colleen felt responsible for her aging parents who continue to live independently in their own home. Weekly visits and daily phone calls to check in with her aging parents are part of Colleen's daily routine and responsibilities that she feels obligated to maintain.

Physical activity was not encouraged in Colleen's family. Colleen described her family as being particularly protective and concerned that Colleen might injure herself if she participated in any form of physical activity. It was not until Colleen experienced a significant weight gain in her early twenties that she decided to begin participating in organized aerobics classes twice a week. After the birth of her daughter and returning to work Colleen's attempt to engage in physical activity quickly diminished. Colleen's marriage ended during her mid-thirties and she found herself walking on a regular basis as a way to deal with her emotions. Due to the increased physical activity Colleen experienced a weight loss. Currently, Colleen is having a difficult time adhering to physical activity. This difficulty is attributed to her busy schedule, a lack of confidence in her skill level and fear of injury when participating in certain forms of physical activity. Colleen feels obligated or expected to participate in some form of physical activity.



Exemplar IV. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



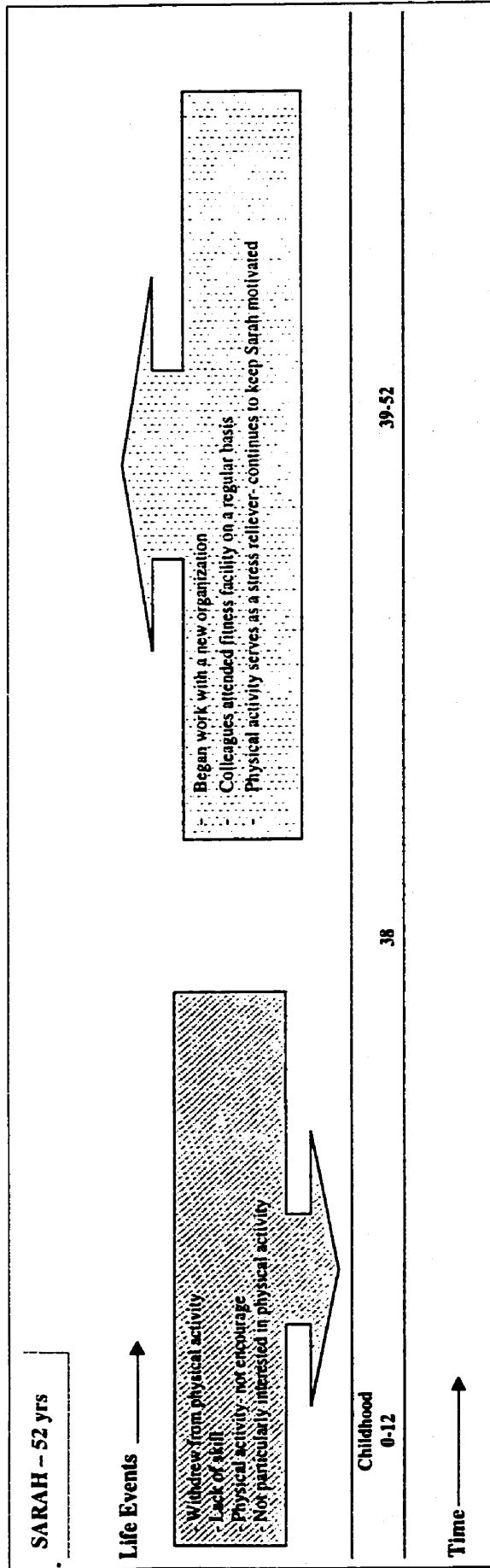
Life events / age spans where women did not participate in physical activity

Sarah

Sarah is fifty-two years of age. She is employed as a social worker at a health clinic. Sarah was approximately 5'5", slightly over weight and had short salt and pepper coloured hair. Sarah was dressed casually in denim overalls, a white T-shirt and hiking boots. Sarah was approachable and appeared to have a calm and attentive demeanor. Sarah is a single parent with a 17-year-old son who lives with her in her home. Sarah's mother is a healthy 83-year-old who lives on her own in an apartment block. Sarah explained that she has some responsibilities toward her aging mother however they are not overwhelming.

Sarah was not particularly active as a child or in her teen-age years. Physical inactivity dominated Sarah's life until she was 39 years of age when she found herself working for a new organization. Sarah's colleagues would frequently attend the gym over the lunch hour. Sarah recalls the afternoon where she asked if she could come along. Since that afternoon, Sarah has continued to attend the gym five to six times a week over the lunch hour. Initially Sarah participated in aerobics classes and more recently she has been participating in the Aquafit classes.

Because of Sarah's career as a social worker, she identified stress reduction and accessibility to a fitness facility as primary motivators toward her adherence to physical activity.



Exemplar V. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



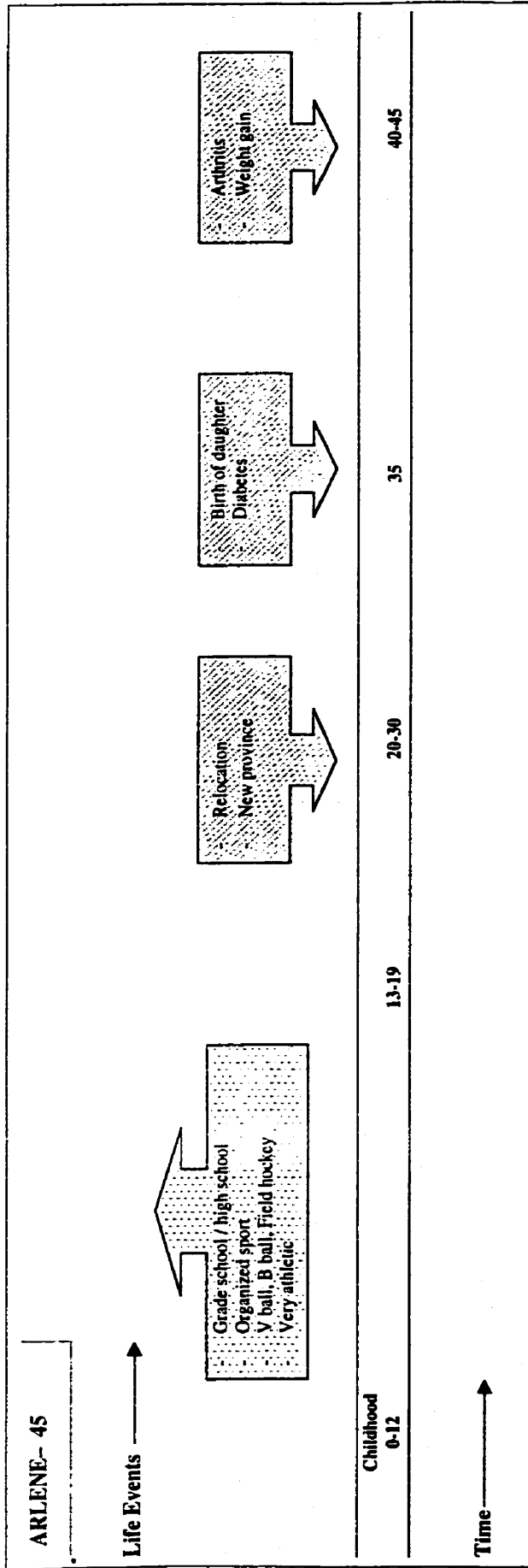
Life events / age spans where women did not participate in physical activity

Arlene

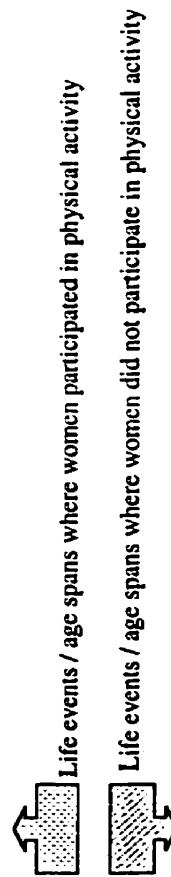
Arlene is forty-five years old. Arlene worked downtown in a non-profit organization where she was employed as a sales and services representative. Arlene is a single parent who lives in an apartment with her 10-year-old daughter. Arlene was approximately 6'0" tall. Arlene became diabetic after the birth of her daughter in 1990. Arlene is overweight and has a large frame. Layered chin length, silver gray hair complimented her very large silver coloured eyeglasses that repetitively slipped down the bridge of her nose.

Arlene identified herself as a "non-exerciser" and it was visibly apparent that this distressed her. From this interview it became clear that Arlene's passion in life is her daughter and being able to actively take part in and enjoy her childhood. Arlene possesses an understanding of the importance of physical activity in managing her diabetes. More importantly, Arlene expressed the understanding that physical activity would enable her to take part in more activities with her daughter.

Arlene's pattern of physical activity started out strong during her childhood and teenage years. Arlene enjoyed all forms of physical activity; she was active and excelled in organized sport through both junior and senior high school. Again, life events and change interrupted Arlene's participation in physical activity. As a young woman Arlene relocated to a new province and simultaneously entered a life of inactivity. The onset of diabetes after the birth of her daughter, arthritis and a significant weight gain have all impacted the inactive lifestyle that Arlene continues to lead. Arlene demonstrated a sense of frustration between what she can currently manage in regards to physical activity and what she feels society expects her to do.



Exemplar VI. Patterns of physical activity across the lifespan



Rolanda

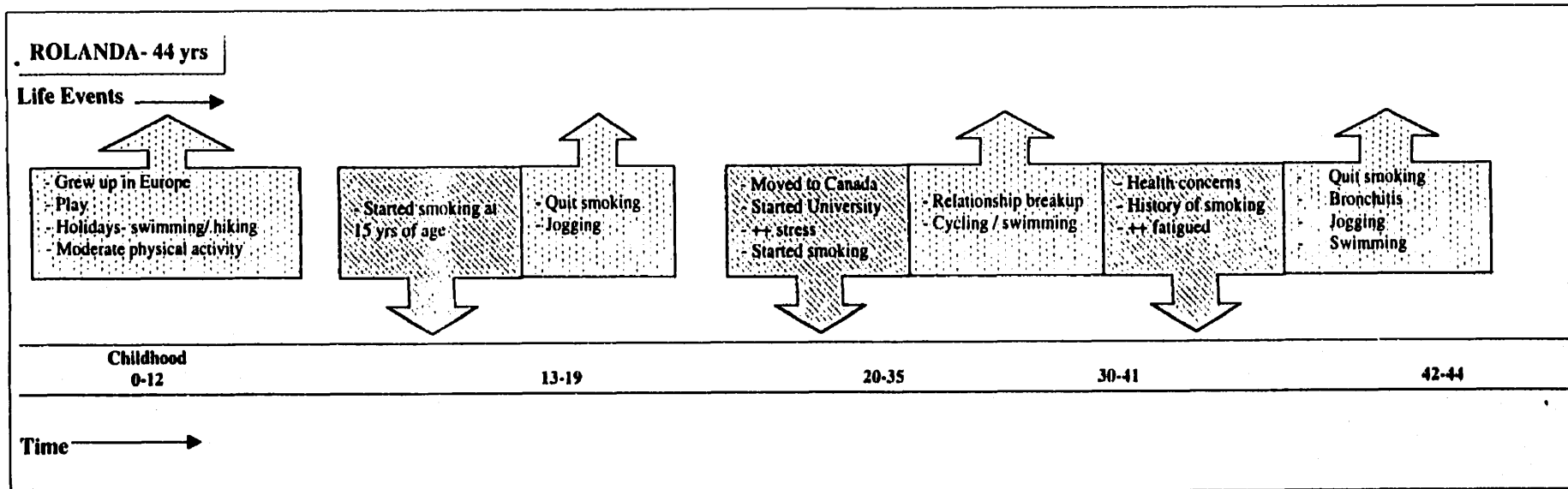
Rolanda is forty-four years old and is employed as a Policy Analyst. Rolanda is married and does not have children. Rolanda's mother is in a nursing home with advanced stages of Alzheimer's disease. Therefore, Rolanda often spends time visiting her mother and ensuring that she receives proper care.

Rolanda was approximately 5'5" tall and slightly overweight, she had wiry, dark brown, jaw-length hair. Growing up in France has left Rolanda with a charming accent that has remained quite prominent.

Rolanda has experienced inconsistent patterns of physical activity. Physical activity appears to be something that Rolanda has always tried to integrate into her lifestyle, however, it appeared that her most recent attempt has been the most successful.

As a child, Rolanda participated in outings usually associated with family holidays. Rolanda started smoking at a very young age and with this new habit physical activity diminished. During her late teen years Rolanda decided to quit smoking and take up jogging. As a young woman Rolanda moved to Canada to attend university. With this move came increased stress and the habit of smoking. Rolanda found an emotional outlet in physical activity when dealing with difficult personal crisis, such as the end of a relationship where she decided to take up cycling and swimming.

A history of smoking eventually caught up to Rolanda to the point where she was too fatigued and uncomfortable to participate in any form of physical activity. Over the last two years health concerns have motivated Rolanda to quit smoking and pursue an active lifestyle. Currently Rolanda is training to complete a half-marathon.



Exemplar VII. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



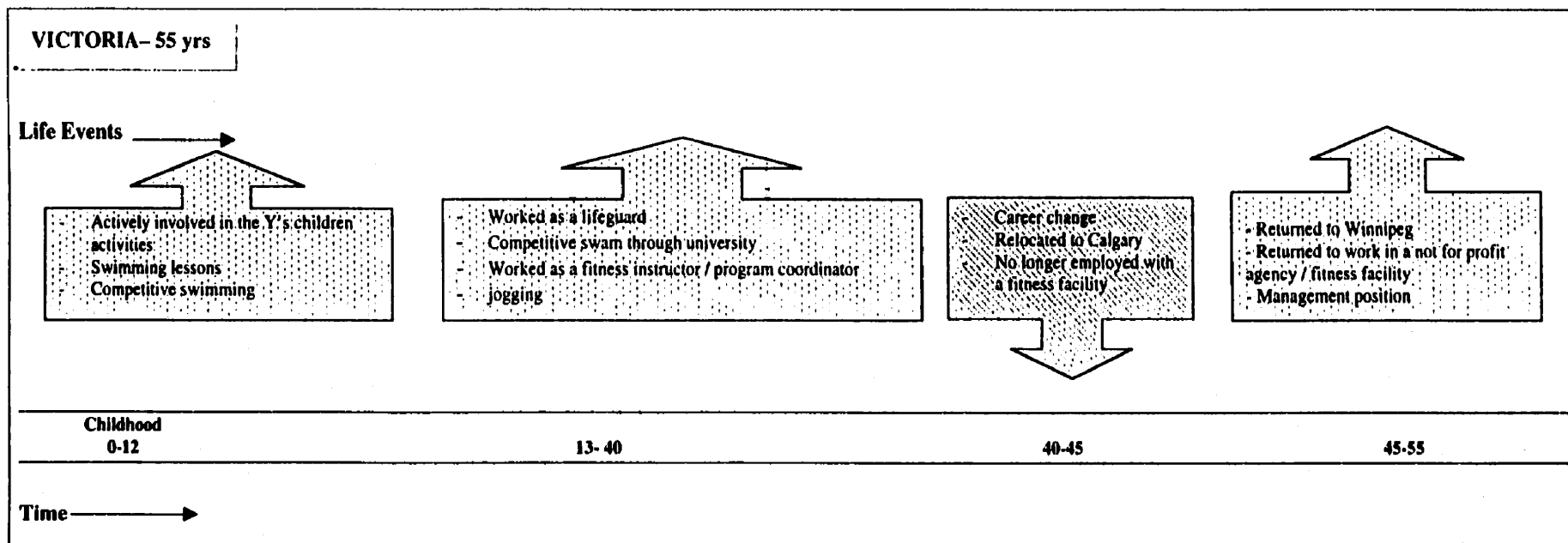
Life events / age spans where women did not participate in physical activity

Victoria

Victoria is fifty-five years old. She is a general manager for a non-profit organization. Victoria is married and does not have any children. A significant amount of Victoria's time is spent visiting her ninety-one-year-old mother who lives in a nursing home to ensure that her care is adequate.

Victoria is approximately 5'5", has short dark brown hair, and is business like in her personal appearance and demeanor. Victoria identified herself as an "exerciser" and acknowledged the fact that receiving a complimentary fitness facility pass through her work place, and the constant exposure to a fitness environment are positive motivators that enable her to maintain her own participation in physical activity.

Physical activity has been a significant part of Victoria's life. Her life long connection both as a participant and as an employee with fitness facilities have maintained an active way of life for Victoria. Victoria participated in competitive swimming as a child and continued until she graduated from university. At the age of forty Victoria accepted a position in a different province that was not affiliated with a fitness facility. This brought about a five-year period where Victoria became physically inactive. Upon returning to Winnipeg Victoria resumed work with the non-profit organization in a new position. Once again Victoria found herself participating in physical activity. Victoria identified the good examples set by others serve as motivators toward her own participation in physical activity. Victoria participated in physical activity with a friend and together they encourage and motivate one another.



Exemplar VIII. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



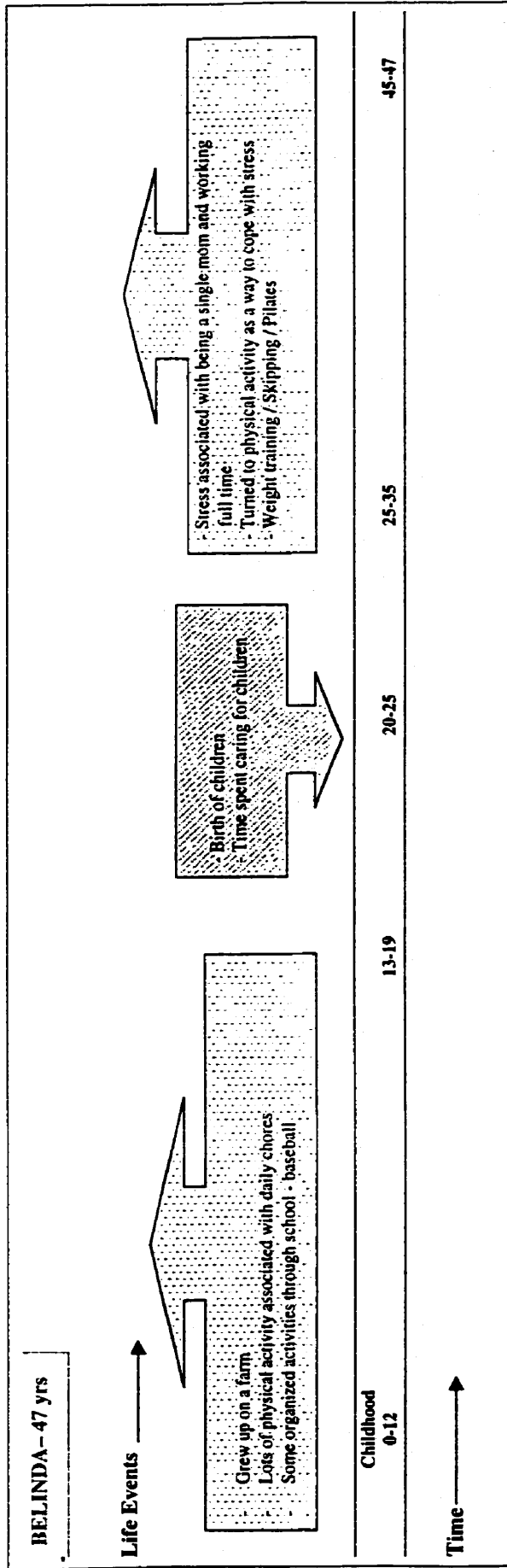
Life events / age spans where women did not participate in physical activity

Belinda

Belinda is forty-seven years old. Belinda is a jewelry designer and sales associate. Belinda has been divorced twice and is currently living with a partner. Belinda's twenty-five-year-old son has recently been living with her and her partner in their condominium. Belinda also has a daughter who is twenty-eight years old and lives on her own. In addition, Belinda attends to the care of her aging father who lives in an apartment block supported by Manitoba housing.

Belinda was dressed in black, her chestnut brown hair was tied back into a sleek bun, and she spoke in a very gravelly voice suggesting that she may be a smoker. Belinda identified herself as an "exerciser" and this identification has been with her for the majority of her life.

Belinda remembers herself as always being active. Belinda grew up on a farm and therefore, physical activity was part of her daily life. Belinda attended a private school where the majority of activities were conducted outdoors; there were not a lot of organized sports to choose from with the exception of baseball. Physical activity significantly declined when Belinda was a young mother with two children. At approximately twenty-five years of age Belinda realized that she needed to participate in some form of physical activity as a way to cope with her stress. This was a very hectic time in Belinda's life, she was a single parent who had to work full time and she needed an outlet to channel her frustration in a constructive way. Belinda joined a fitness facility and has continued to participate in weight training, skipping and Pilate's classes. According to Belinda physical activity is an essential component of her life, and she equated physical activity as vital to her well being as the food she eats.



Exemplar VIII. Patterns of physical activity across the lifespan

 Life events / age spans where women participated in physical activity

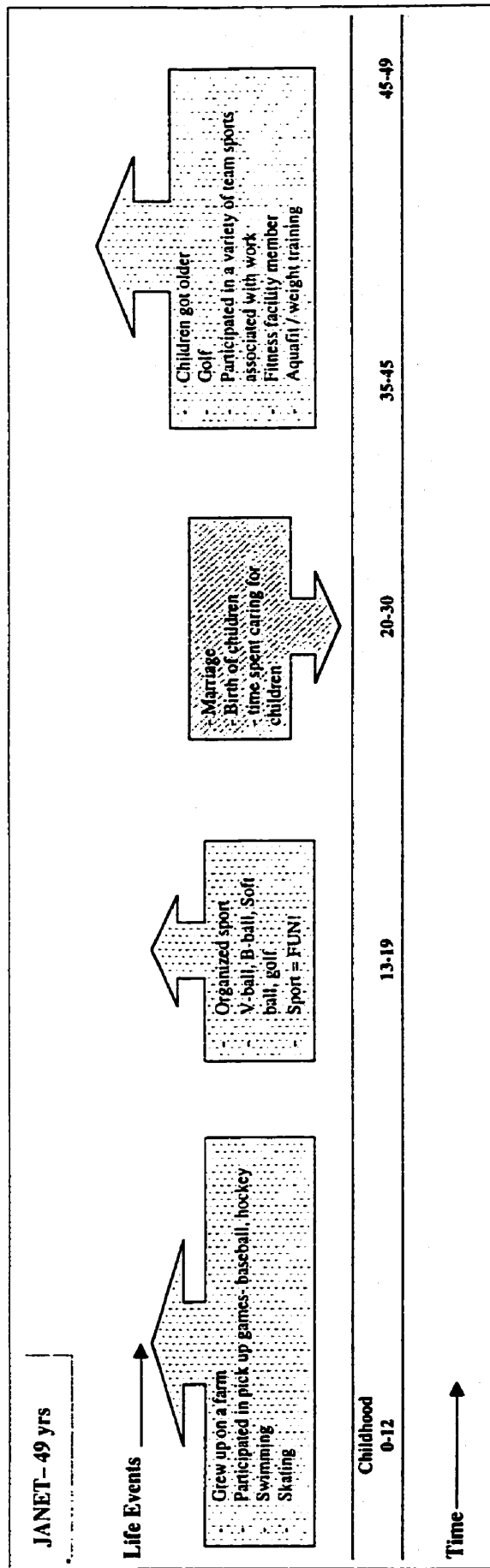
 Life events / age spans where women did not participate in physical activity

Janet

Janet is forty-nine years old. Janet is employed as a senior business analyst for the provincial government. Janet is married and has two sons, the younger son is twenty-three and the eldest is twenty-six years of age. Both sons no longer live at home with Janet and her husband. Janet is approximately 5'6" and had short blonde highlighted hair. Janet was somewhat overweight, however, she presented herself as a strong, fit individual who carried herself well.

Janet's eighty-year old mother lives with her and her husband on the second floor of their home which has been designed as a separate suite with all of the necessary amenities. Janet felt responsible to be home at the end of the day to spend dinnertime with her mother and to keep an eye out for her safety and general well being.

Janet has always identified herself as an "exerciser" especially when the experience of physical activity is married to sport. Janet grew up on a farm and her experiences of physical activity revolved around informal pick-up games of baseball and hockey. During high school Janet became active in organized sport where she participated and excelled in volleyball, basketball, softball and golf. Marriage and the birth of children found Janet physically inactive and focused on raising her children. At thirty-five Janet returned to work and physical activity. Participation in organized sport continued through Janet's work place where they would form leagues and play over the lunch hours. Janet also acquired a fitness facility membership where she participates in weight training and Aquafit classes. Janet continues to be an avid golfer. Janet's senior position at her place of work in conjunction with the proximity of her work place to the fitness facility allows her to have a more flexible schedule to come and go as she sees fit.



Exemplar X. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



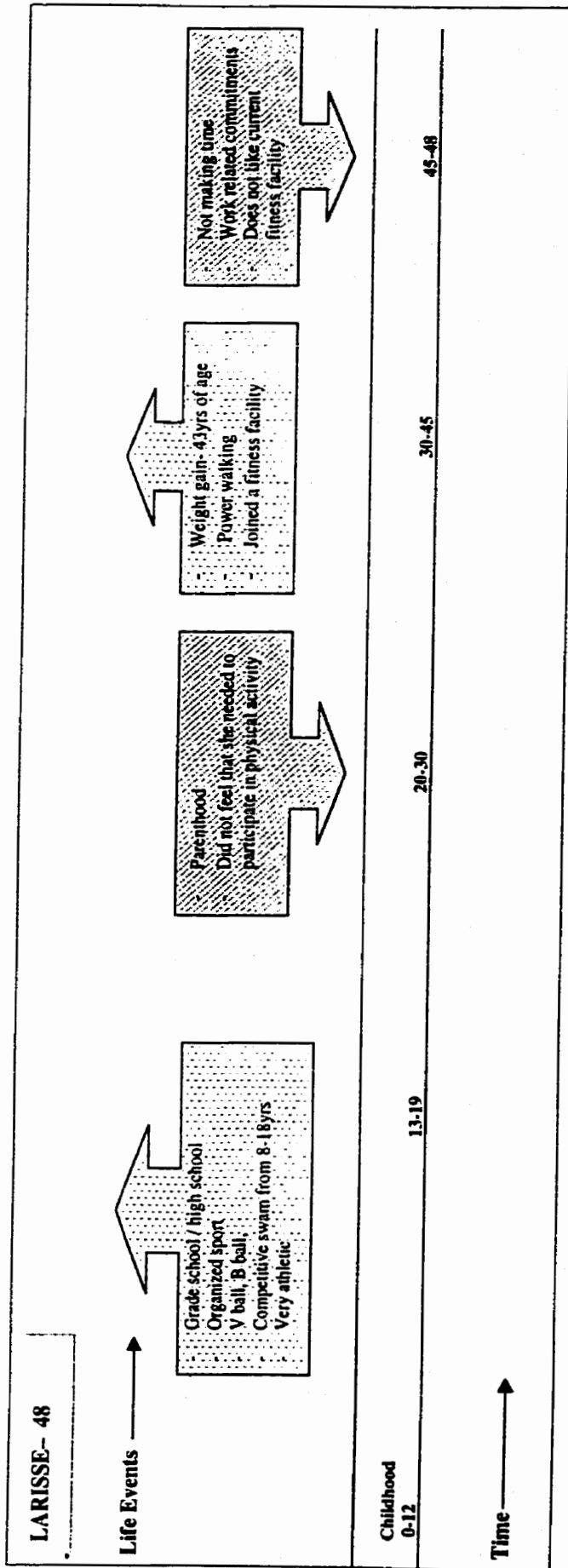
Life events / age spans where women did not participate in physical activity

Larisse

Larisse is forty-eight years old. Larisse works as an accountant for the provincial government. Larisse is married and has two children, a twenty-four year old daughter who just moved back into her home and a twenty-seven year old son who lives on his own. Larisse was wearing a tailored monochromatic charcoal suite with light gray pinstripes. She was an exceptionally tall woman (6'0") with shoulder length sandy blonde hair.

Larisse made reference to being physically active as a young woman and is currently finding that she is more of an "on again, off again" participant when it comes to physical activity. Larisse was exceptionally active during her childhood and adolescent years. Larisse excelled in organized sports such as volleyball and basketball, she also participated in competitive swimming from the age of eight to eighteen.

As a parent Larisse found herself no longer participating in physical activity, her time was devoted toward raising her children. Larisse also expressed that she did not particularly feel that she needed to participate in physical activity because she was thin and felt that she was fit at that stage in her life. Ironically, at the age of forty-three Larisse gained a significant amount of weight for the first time in her life and this motivated her to begin power walking and later to join a fitness facility. Two years later Larisse found herself no longer adhering to physical activity. A lack of time, work related commitments and unsatisfactory fitness facilities were the reasons Larisse provided for her poor adherence to physical activity. Larisse has not been participating in physical activity for the last three years.



Exemplar XL. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



Life events / age spans where women did not participate in physical activity

Charlotte

Charlotte is forty-six years old and is employed as an office manager. Charlotte is married and has one daughter who is twenty-eight years old and lives on her own.

Charlotte is approximately 5'2", overweight and had short dark brown hair cut in a page boy style. Charlotte was dressed in a teal green outfit that consisted of leggings and a comfortable looking hip length, long sleeved top.

This woman did not identify herself as an "exerciser"; she communicated that her participation in physical activity was limited. Physical activity was not encouraged throughout Charlotte's childhood or into her teen-age years. Charlotte did not participate in any form of organized sport or physical activity during high school. As a parent Charlotte became physically active engaging in activities such as walking and cycling that she could do with her daughter. In her early thirties Charlotte had a desire to meet new people and enrolled herself into Scottish country dancing lessons. At this time she also attended the odd aerobics class. The last six years of Charlotte's life have not been associated with physical activity. Lack of time, work demands and the lack of "down time" are the factors that Charlotte identified as preventing her from becoming physically active.

CHARLOTTE- 46

Life Events →

Physical activity was not encouraged by educators
Did not participate in organized sport

Parenthood
Walking & cycling
Activities that can be
done with a child- FUN

Wanted to meet new
people
Scottish country dancing
Irregular participation in
aerobics

Lack of time
Work demands
Not enough "down time"

Childhood
0-12

13-19

20-30

30-40

40-46

Time →

Exemplar XII. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



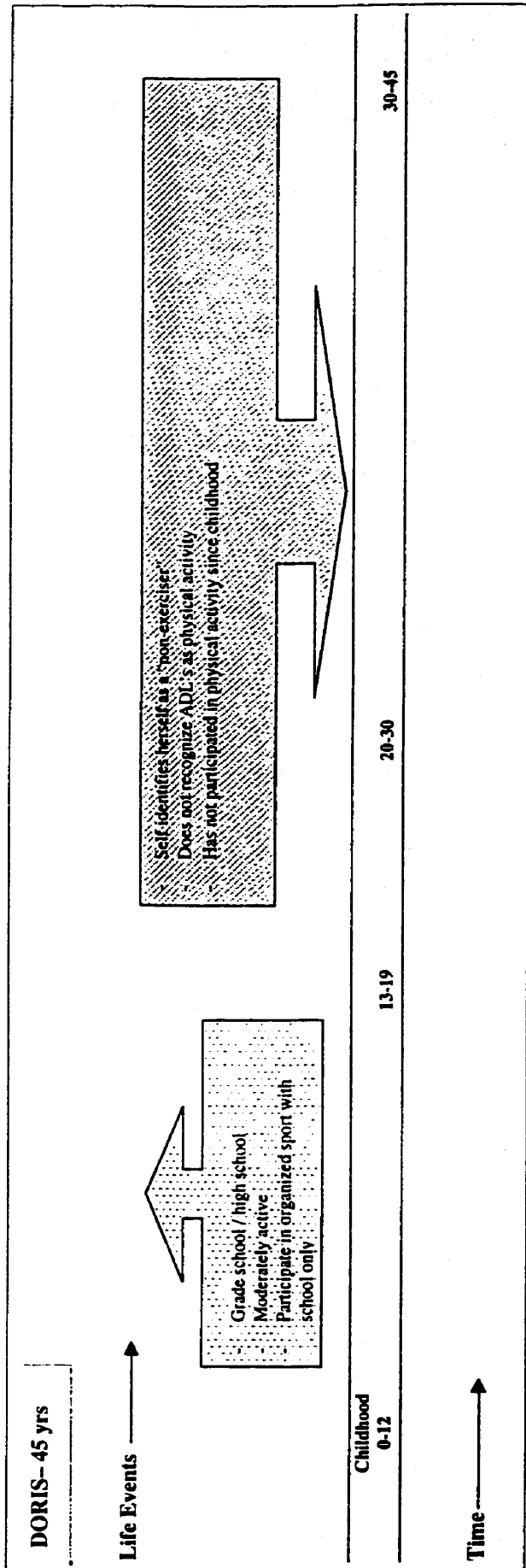
Life events / age spans where women did not participate in physical activity

Doris

Doris is forty-five years old and works as a bookkeeper for a furniture store. Doris lives in the country with her partner and stays with a friend in the city Monday through Thursday due to the proximity to her work place. Thursday's after work Doris commutes back to her home in the country.

Doris was approximately 5'3" and had a very gravelly speaking voice and a gruff laugh, which suggests that she smokes. Doris appeared to be relaxed; she wore a pair of baggy tan corduroy pants with a multi-coloured paisley shirt that was not tucked in. She also wore a pair of moccasin style fur trimmed slippers. Her haphazard graying short brown hair did not appear to be of concern. Doris's personality was consistent with her appearance. She was very laid back and easy to speak with.

Doris did not identify herself as an "exerciser". Doris was somewhat active during her childhood and youth participating in some organized sport through school and general play. After high school ended so did Doris's participation in physical activity. Doris does not identify activities of daily living (ADL's) as physical activity. Some regret was expressed regarding her lack of physical activity throughout her life as Doris is now realizing that through exercise she might be able to continue to do the things she enjoys such as gardening. With this increased awareness, Doris has not made any initiative to become physically active.



Exemplar XIII. Patterns of physical activity across the lifespan

 Life events / age spans where women participated in physical activity

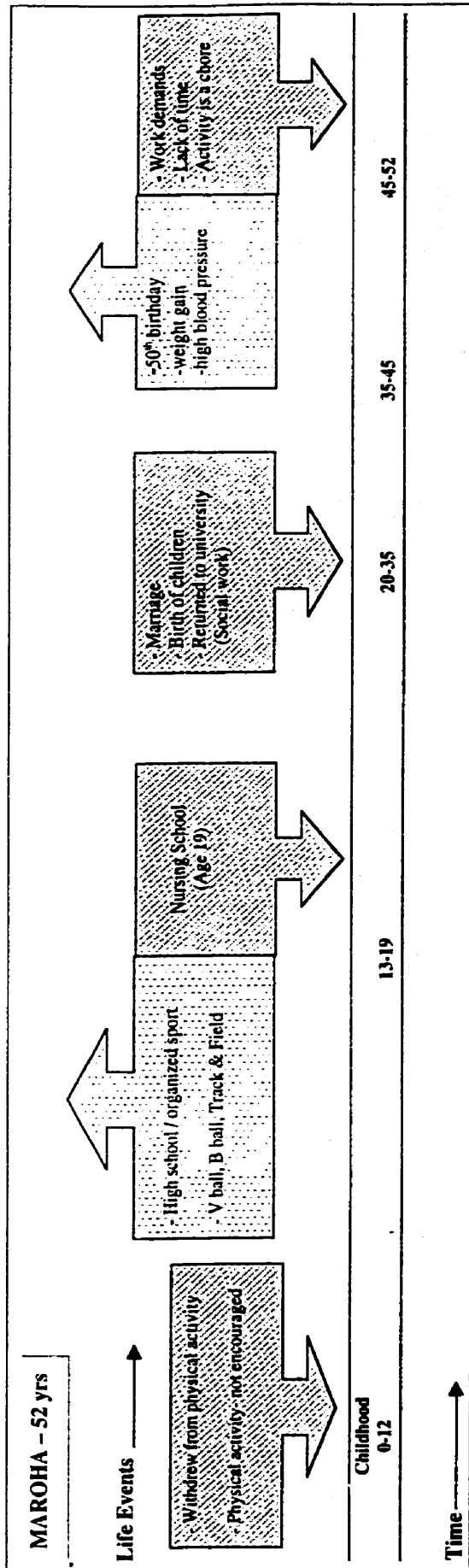
 Life events / age spans where women did not participate in physical activity

Maroha

Maroha is fifty-two years old. Maroha is a social worker, employed by the government of Manitoba. Maroha is married and has two sons who live at home, the youngest is twenty and the eldest is twenty-two years of age. Maroha sets aside four hours a week to visit with her eighty-year-old mother who lives independently in her own apartment.

Maroha is approximately 5'7" and has short curly salt and pepper coloured hair. Maroha appeared to be very energetic and focused when it came to her professional career as a social worker, this same focus was apparent during the interview process.

Maroha's participation in physical activity throughout her life has been interrupted or initiated by different life events. As a child Maroha did not identify herself as being particularly active. Physical activity was not something that was encouraged or actively promoted throughout Maroha's childhood. Organized sport in high school brought about regular participation in physical activity, however Maroha recalls that it was never something that she really enjoyed. During the years when Maroha sought a post secondary education in nursing and later in social work physical activity was virtually non-existent. An inactive lifestyle persisted until Maroha's fiftieth birthday where she had experienced a significant weight gain and learned that she had high blood pressure. Maroha began participating in regular physical activity due to these health concerns. This pattern of regular physical activity lasted for approximately one year. Currently, two years later, Maroha is not participating in physical activity. She identified that she was having a difficult time adhering to regular physical activity and attributed the infrequent participation to a lack of time.



Exemplar XIII. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



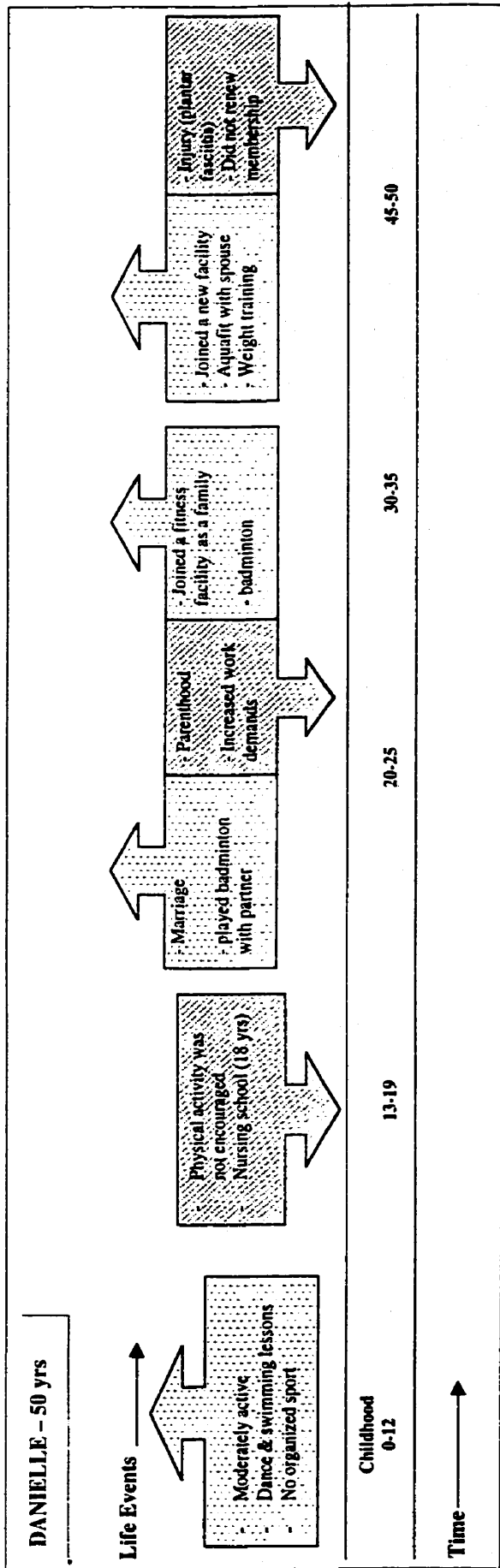
Life events / age spans where women did not participate in physical activity

Danielle

Danielle is fifty years old and works as a registered nurse. Danielle is married and has two children, a twenty-one year old daughter who is currently living at home and a twenty- three-year-old son who lives on his own. Both of Danielle's aging parents reside in nursing homes. Due to her mother's Alzheimer's disease it was necessary to place her in a separate facility from her husband where the specialized care she requires can be provided. A large portion of Danielle's time is divided between visiting both parents as well as ensuring that they are both receiving proper care and attention from their respective nursing homes.

Danielle is approximately 5'5" and is slightly overweight. Danielle has short dark brown hair and was dressed very fashionably in a long wool dove gray skirt with a coordinating dove gray and white striped top. Danielle was friendly and appeared to be interested in the subject area of physical activity.

Danielle has been physically active on and off throughout her life. As a child Danielle participate in swimming and dancing lessons. Physical activity was not encouraged during Danielle's teen-age years. Physical inactivity continued during the years Danielle was in nursing school. Marriage brought about increased physical activity in Danielle's life where she participated in badminton and cycling with her spouse. Parenthood and work demands brought little time for participation in physical activity. As her children grew up Danielle and her family joined a series of fitness facilities. Danielle has not been participating in physical activity for the past five years due to the lack of time and injuries that have set her back. Danielle expressed feelings of frustration with her current lack of adherence to regular physical activity.



Exemplar XV. Patterns of physical activity across the lifespan



Life events / age spans where women participated in physical activity



Life events / age spans where women did not participate in physical activity

Physical Activity Across the Lifespan

Looking across the fifteen exemplars there are common threads that determine patterns of physical activity and inactivity throughout a woman's life. Five women experienced increased participation in physical activity as children, which was primarily unstructured; followed by little to no activity during their teen-age years. Only two of the women from this group of five have continued to participate in physical activity.

Six of the fifteen women experienced increased physical activity that spanned both their childhood and teenage years. Interestingly, four out of the six women were very involved in organized sport throughout their older childhood years and highly competitive during their teenage years.

Three women out of the total fifteen experienced little to no physical activity throughout the entirety of their childhood and teen-age years. However, physical activity increased during their mid twenties to early thirties. Only one woman out of this group of three has continued to participate in physical activity.

Lastly, one woman experienced little physical activity as a child and then found herself involved in organized sport as a teenager. Currently physical activity has not been integrated into this woman's lifestyle.

The exemplars illustrate a common pattern among nine of the eleven women who are mothers. The birth of children brought about the cessation of participation in physical activity. For all nine women physical activity no longer had a place within the context of their new parental roles.

Table IV

Major Factors : Facilitating and Inhibiting Physical Activity Across the Lifespan

<u>Facilitating Factors</u>	<u>Inhibiting Factors</u>
<ul style="list-style-type: none"> ▪ Organized activities - in childhood and teen years - dance, gymnastics and swimming lessons - competitive sport 	<ul style="list-style-type: none"> ▪ Parenthood - child bearing, child rearing and parenting - * only one participant recognized parenting as contributing to physical activity
<ul style="list-style-type: none"> ▪ Body Image / Health - desire to reclaim pre- pregnant body - desire to loose weight / control weight - desire to quit smoking - stress relief 	<ul style="list-style-type: none"> ▪ Bodily Ailments and Conditions - afraid of injury - diabetes /arthritis /weight gain
<ul style="list-style-type: none"> ▪ Relationships - encouraged by partner to participate - termination of relationships - increased participation in activities 	<ul style="list-style-type: none"> ▪ Relationships - not encouraged by partner - not encouraged by educators - peer pressure
<ul style="list-style-type: none"> ▪ Work Related - encourage by colleagues to participate - nature of work 	<ul style="list-style-type: none"> ▪ Work and Education - increased demands and commitments - decreased time for activity - increased stress
	<ul style="list-style-type: none"> ▪ Smoking - during teen years and later

Exposure to physical activity and more specifically to organized sport during childhood may be a catalyst toward adherence to physical activity throughout a woman's life. Positive associations and experiences with physical activity in childhood significantly impact whether or not women maintain physical activity lifestyles.

Body image, or the motivation to re-claim personal control over ones own body at a level where the individual feels comfortable and "at peace" in their "own skin" was reported as an enabling factor toward participation in physical activity. Some women

cited participation in physical activity as a resource toward achieving their goal of smoking cessation.

Relationships proved to be very powerful toward facilitating or inhibiting participation in physical activity. Physical activity was more readily adopted into the lives of women who identified supportive partners who shared a common interest in pursuing physical activity. In some instances the end of relationships were viewed as opportunities toward becoming physically active because of an increase in available time and decreased personal demands. Partners who did not provide support were cited as inhibiting participation in physical activity for the women. Peer pressure particularly during the teenage years was identified as a barrier toward participation in physical activity. Pressure to “fit in” during the teen year’s lead to sedentary lifestyles among some of the women. Many women indicated that physical activity was not encouraged during their formative years by either their educators or families.

For some women the work place was a potential “haven” in promoting physically active lifestyles. Other women attributed their participation in physical activity to witnessing colleagues who enjoyed physically active lifestyles. The nature of the women’s work appeared to influence physical activity across the lifespan. Women who experienced employment within physically active jobs were more likely to recognize the benefits of physical activity and continue to participate throughout the life course. In contrast, increased work and educational demands (for those women who returned to university later in life) were also identified as significant barriers to physical activity. With new careers and educational pursuits some women found themselves with increased

stress levels due to the multiple demands placed on their time and energy and this resulted in decreased physical activity.

Parenting was frequently cited as an inhibiting factor to physical activity. The entire process of child bearing, rearing, and parenting was identified as a full time “job” preventing women from engaging in physically active lifestyles. Interestingly, only one woman identified parenthood as an opportunity toward engaging in physically active pursuits with her child.

Bodily ailments and conditions were viewed as roadblocks to physical activity. Fear of injury was frequently noted as a factor that kept women away from physical activities. The participants mentioned a number of health concerns that they felt prevented them from engaging in physically active pursuits. Some of the women who reported being uncomfortable with their weight did not feel prepared to engage in physical activity.

Lastly, those women who reported smoking at an early age were more likely to maintain sedentary lifestyles. The attempts to become physically active while continuing to smoke were frequently sabotaged by illness and discomfort. As mentioned previously, it was only when women were able to express a personal desire to quit smoking that they were able to maintain physically active lifestyles.

These major life events that either facilitate or inhibit physical activity across a woman’s life are discussed further in the recommendations section of the following chapter. In this section, possible interventions are offered related to the maintenance of physical activity across women’s lives.

Themes

Overall, five themes were developed from the typed interview transcripts (Figure 1: Physical Activity as Described by Women forty-five to fifty-five, page 86). Through the shared dialogue between the women and myself each woman's individual life context provided a lens through which she saw and defined physical activity, therefore the first theme is titled *Defining Physical Activity- what's all the fuss about?* The women identified what the components of physical activity were for them and discussed the life experiences and circumstances that have lead them to their particular interpretation of physical activity. *Barriers to Physical Activity- the saboteurs captured* the overwhelming number of obstacles that stand in the way of physical activity and women's participation within it. The incredible sense of obligation and duty toward participation in physical activity for women in mid-life is reflected in the third theme *Pressure to Participate in Physical Activity*. The women identified what the sources of pressure were for them, internal and external, as well as identifying that not all pressures were negative. *The outcomes of "inadequate" exercise* captured the intense feelings and emotions that manifested themselves as a result of the various pressures women in mid-life experience regarding their participation in physical activity. The last theme, *The forgotten cohort* described the women's experiences with physical activity and intervention programs and their analysis of what is missing for women of their cohort.

I read each transcript four times in their entirety and consistently referred back to the women's words during the data analysis and writing process. This immersion within the transcripts allowed me to review codes and add other thoughts as my familiarity with the interviews increased. Regular meetings with committee members provided fresh

perspectives on the thematic analysis and organization of the categories within the themes. In the discussion of each theme, excerpts from the interview transcripts are offered as illustrations of my analysis and interpretation. These excerpts are referenced as to the participant, participant number and the page number (e.g., Janet, p10, p1).

Figure 1. Physical Activity as Described by Women forty-five to fifty-five

- I. Defining Physical Activity - What's all the fuss about?
 - A. Activities of daily living (ADL's)- "just throw on your runners"
 - B. No pain no gain
 - C. The mind body connection

- II. Barriers to Physical Activity - The saboteurs
 - A. Environmental
 - B. The sandwich generation
 - C. Ailing and aching bodies
 - D. The mind game

- III. Pressures to Participate in Physical Activity
 - A. Forces from within
 - B. Mid-life women: Be thin be beautiful, and never age

- IV. Outcomes of "Inadequate" Exercise
 - A. A good person is an active person
 - B. Get over it already!

- V. The Forgotten Cohort
 - A. Where are our programs? - lack of outreach
 - B. It's a guy thing
 - C. I'm too old and I'm not old enough

Physical Activity – What's all the Fuss About?

The first theme that emerged was physical activity- what's all the fuss about? This theme was supported by three categories: activities of daily living, no pain no gain, and the wholeness of the mind and body. This theme represents the variations that exist when defining physical activity for women in mid-life. It is abundantly clear that each woman's

perception and understanding of physical activity is very unique to her own particular life context and background.

Activities of daily living (ADL's)

For Linda, Sarah and Janet, the experience of physical activity occurs in daily routine activities as well as within structured fitness classes or facilities. There was a sense that physical activity produced good feelings both physically and mentally.

Recently Linda started to recognize and appreciate activities of daily living as physical activity.

Well I guess when I think of physical activity I tend to think of working out at the Y. it's a major thing for me, but I also I guess in the last few years I've tried to think about it in a more routine way about the kinds of things that I do with my life I now think about walking for me is a physical activity that I really prize and I try to do as much as I can. The other day I was thinking I should be working out and then I realized I had just done two hours of house work so for me that's something that I would have never considered to be physical activity but now I'm going to count it (laughs). So yeah it really encompasses all that stuff. (Linda, p3, p1).

Well, I think physical activity is anything that you do that moves your body and I think it should be pleasurable and make you feel good. (Sarah, p5, p1).

It's a variety of things it's keeping active, it's walking my dog, it's playing golf, it's coming to the gym and trying to zone in on different things. (Janet, p10, p1).

Interestingly, Linda, Sarah and Janet have all managed to integrate physical activity into their lives as women in mid- life. All three women identified ADL's as physical activity. Linda found that her recognition of ADL's as physical activity has evolved, as she has moved into mid-life. Physical activity that accounts for ADL's appears to have a more holistic and gentle approach than the stereotypical "no pain no gain" version of physical activity that will be explored in the following category.

No Pain No Gain

This theme represented the antiquated beliefs and interpretations of what physical activity should be comprised of. Some of the women who experienced strict, regimented physical activity as children identified with this category.

I tend to think of physical activity as um... traditional fitness. Now I know it's more than that but you know I walk a lot and I don't really think of that as physical activity though. So it's when I make the effort to go to a fitness centre or a gym (Victoria, p8, p1).

Sweating... to me to be physical is to do something that would get my cardio working that I would be sweating or having a workout like I think of baseball or volleyball or something where I'm moving... at a greater pace than normal activity. (Arlene, p6, p1).

Its organized sports, location sports where you purposely go to a gym sort of thing, physical activity is everything you do outside what you do in your normal day to day, that's what it means to me. (Doris, p13, p1).

Physical activity to me... exactly the word active that you have to be physically active meaning um... if someone was physically active they would be exercising at least three to four times a week whether it's walking, running swimming... they would be doing something three to four times a week about an hour to an hour and a half span. (Colleen, p4, p1).

Victoria, Arlene, Colleen and Doris's interpretations of physical activity may be related to their earlier experiences during their childhood and teen-age years. Physical activity for these women is associated with fitness facilities and participation in organized sport. The need to physically exert oneself and a commitment to participate for a certain block of time are criteria associated with defining physical activity for these women. Victoria is the only woman from this group of four who was participating in physical activity.

The mind body connection

There was an intimate connection between the idea and experience of physical activity and a sense of emotional well being. The women did not speak of the separateness of physical activity, but how participating in physical activity meant being complete in body, mind and spirit.

Physical activity is an essential part of the basics for me. It's the same as my required rest, food, play it's all incorporated. If you're asking me what percentage I guess it depends on how you divide your life, it's a great portion of my life. (Belinda, p9, p1).

Umm, it covers a number of issues for me both physically and emotionally. Physically I've always had a tendency to be an overweight person so umm, I'm still overweight but at least I feel allot better about myself and uh...so it brings me good feeling about my body and things like that. Umm, also physically is that for a number of years I had an anxiety disorder and it helps me control that. And I have done things such as quitting caffeine and quitting smoking, which exacerbated my anxiety, and I haven't had anxiety for a number of years and I attribute that to quitting those you know stimulants and exercising. I would say emotionally it's all linked together to... it's you know it gives me good feelings about myself. (Rolanda, p7, p1).

Physical activity appeared to be a method of self-identification or a behavior that has significantly contributed to who they are as women for both Belinda and Rolanda. Physical activity for both women was woven into their lives because of the positive outcomes that they have continued to experience such as improved self-esteem and the emotional ability to cope effectively. For Belinda and Rolanda physical activity was identified as a necessary component toward a complete, fulfilling life.

In summary the meanings of physical activity were greatly influenced by the participant's life pursuits, experiences and familiarity with physical activity.

Barriers to physical activity – The saboteurs

The second theme that arose from the data concerned the many barriers that exist for women in mid-life and their participation in physical activity and how life contexts seemed to actively work against some of their efforts to become physically active. Categories that supported this theme were environmental, the “sandwich generation”, physical and the mind game.

Environmental

Environmental barriers toward participation in physical activity were numerous. Women currently participating in physical activity and those who were not cited similar factors that undermined their initiatives to become active. Lack of available time was most often the barrier standing in the way of participation in physical activity for this cohort.

To me it would just be the time, to like get off work...I mean I don't know if it's inconvenience. I guess for me... but I just think if I went after work and then finding the time and then having to get home and get my daughter and then get dinner. I never ever think of going home and them coming back, I've never ever. (Arlene, p6, p4).

I mean you have to make the time and you have to really... I've had to work, really work at structuring my life so that, I mean class starts at 12:05 I have to be in pool with my bathing suit on at 12:05. I can't be answering the phone at five to 12 and expect to get there. So there's a whole discipline about... I have to make sure I'm finished. I also have to eat before I exercise; I can't do a whole class and not eat. So there's a whole organizational thing that has to happen and there has to be big motivation to make the time... (Sarah, p5, p4).

Probably on a personal level it's sometimes hard to make myself umm, make that time for myself. There are other commitments, I am your basic over achiever, can't say no if people ask me to do things. Time is just unbelievable, and it gets worse as you get older. (Janet, p10, p3).

The cost to participate in physical activity and in particular the expense associated with belonging to a fitness facility was identified by Doris and Danielle as a barrier toward their personal participation in physical activity.

... if I'm going to go swimming to save money for a membership, it's not a way that I would choose to spend spare cash cause I don't have enough spare cash. (Doris, p13, p4).

The cost... I think that that shouldn't be an issue but it is an issue with my husband. I think that whatever you spend on physical activity is not a cost it's a benefit, that it is his thinking is a little bit different. Although I could arm-wrestle him with that one if I wanted to go to the gym and say well I'm going, I'm going to pay my five hundred bucks or whatever. But I think that is a potential barrier for people. (Danielle, p15, p4).

Sarah is currently participating in regular physical activity and belongs to the YM-YWCA where she participates in Aquafit classes five to six times per week. Sarah communicated her understanding that physical activity and in particular membership to a fitness facility is a luxury that may not be accessible to women of lower socioeconomic standing and to women who do not have the available time.

... and it does cost quite a bit of money. I mean the Y costs a lot of money you go through bathing suits really fast cause they rot. Now walking isn't as bad cause I have walking shoes but I ended up having problems with my feet so I got orthotics and at one point I had to pay for them. I mean there is a cost that poor women can't do and people who have more responsibilities can't do, so I think I am fortunate in some ways. (Sarah, p5, p4).

The lack of access and the proximity to fitness facilities was identified as potential barriers toward women participating in physical activity. Doris lives out in the country and does not participate in physical activity; she cited the lack of access to a fitness facility as a barrier toward her becoming active.

Access to a place to go to, the commitment to go... (Doris, p13, p4).

Linda participates in physical activity on a regular basis and relies on her membership with the Y fitness facility. The close proximity of the Y to her place of work is one of the factors that enable Linda to participate in physical activity on a regular basis.

Well, if my office moved and I mean that's... we have grown in the last few years and that's something that gets floated every now and then if we moved far away that would be a problem because again convenience is an issue for me even though I have more time than I have probably ever had it's still a thing.. and I'm sure I would get here anyway. I know it's the kind of thing where if it was going to take me fifteen minutes to drive as opposed to two minutes to walk if I'm tired and I'm hungry chances are I could choose to go home and eat and if I have gone home that's it, I'm not going out again (laughs). It's very weird but it's you know...I don't even feel like going to the corner store. (Linda, p3, p6).

Interestingly, one woman identified safety issues as a potential barrier toward participation in physical activity. Commuting to and from fitness facilities during the early morning or evening hours may prevent some women from adopting physical activity into their lifestyles. Women only have a certain amount of available time during the day in which they can schedule physical activity and if this opportunity is obstructed by fear then physical inactivity may dominate.

Umm, a lot .. I've met a lot of people that go to the gym at various times and a lot of them have said why don't you try going in the morning and just scheduling two mornings a week? So one morning I tried that.. and it's sort of a big safety issue with me in that I say to myself am I making this an excuse that I don't want to get up early and do this or is this a real concern? Cause it was around this time of year and I got up in the morning and I had to catch the bus, I don't take my car to work so I had to catch the bus between six and six thirty to get to the gym at seven to at least put an hour workout in. There was nobody at the bus stop hardly anybody around it was dark and I said to myself what if something happened there's nobody around at this time in the morning you know until a few bus stops down and then people start coming on the bus they were going to work. So that was sort of a barrier cause I kind of felt that as a woman it really relates to a woman more so you don't really have your freedom like you can't get up ... if you're not going to take the car you can't get up and

walk a block to the bus stop and hop on the bus at six in the morning not all areas of town will allow you to do that. ... (Colleen, p5, p4).

The sandwich generation

This category developed as a result of the overwhelming amount of care giving demands placed on women in mid-life. Women of this cohort experienced incredible expectations from all domains within their lives. These demands consumed a significant amount time and invaded personal time that might otherwise be used to pursue physical activity. Cheryl discussed what it meant to be a woman living in the “sandwich generation”

... you're looking at an age group where my parents for instance are also aging. So that becomes another major issue with “the sandwich generation” that does put a different kind of obligation on... and it's usually the woman who takes the lead, who has to take care of that individual, or it could be mother and father, it could be aunt and uncle it could be whatever. I mean you become that person who is going to be the caregiver ... So your time is even fragmented more, you know so you have your kids, then you have your parents, then you have your aunts and your uncles or whatever else you know, and your time is even split up more than it was, and if your working in there and you have whatever else I mean... It's like after awhile you go o.k. calm down., and that's why if you can go away (from work) that's even better, cause you don't have to worry about those things, you know the phone isn't ringing and your not trying to juggle and trying to find out how to work things out so that everybody can be happy. (Cheryl, p2, p7-8).

This feeling of responsibility and obligation toward family and in particular toward aging parents resonates in the voices of Danielle, Charlotte and Colleen.

I have aging parents, they're getting paneled, one's paneled, one's just been paneled so there's been allot of time dealing with that which is mostly ... so that's another barrier I suppose. (Danielle, p15, p4).

Your family, an aging mother who needs a bit of attention, a daughter who needs, who is 28 years old but still needs some of your time. So I think there are just certain expectations that you have of yourself to meet those things first. (Charlotte, p12, p3).

Now that my parents are a little more elderly, it's time restraints some days you get up and you say ok I don't have to visit today so I can go to the gym today because it is free (Colleen, p4, p4).

Rolanda expressed the need to maintain her participation in physical activity as an outlet that allows her to cope with her parents aging and particularly her mother's impending death.

I've dealt with a lot lately. Well, for example my mom has Alzheimer's and she's close to death at this point, she's very far advanced. And there will be times when you know things are especially hard and my father's getting old too. But for things like that now it's a part of my daily stress and I try to address it by making sure that I go swimming and it does help tremendously. (Rolanda, p7, p5).

For Victoria, the demands associated with her career were identified as barriers that at times stood in the way of her participation in physical activity.

It's usually work related. I have a project that I'm working on and a dead line and I have my job is very broadly focused so I have a lot of small businesses and programs that I work with, and I just seem to flip from one to another at times. So it's usually because of work, I feel that I need to get something done or get something accomplished in this particular day. Some of it is self imposed deadlines and some of it's deadlines that are imposed from outside. (Victoria, p8, p3-4).

Sarah and Maroha acknowledged that women are finding it more challenging to integrate physical activity into their schedules because of demanding careers that command a significant contribution of one's time and energy.

Umm, I think being tired, and overworked and over stressed can be seen as a barrier. I know that if you exercise more you feel less tired but people find that very hard to understand, I'm tired already how can I go exercise?...but for people who have tried it if they ever do it long enough to feel better they can get it. But people are tired, women are tired. (Sarah, p5, p5).

I'm "tireder", I mean I'm older so I'm "tireder" a day of work takes a lot of energy and you only have so much energy. Well, exercise is suppose to give you energy, it's also... it takes a lot of energy just to do one more

thing in the day rather than just go home and make dinner and get ready for the next day of work...(Maroha, p14, p4).

Some of the women talked about lack of social support as a barrier toward participation in physical activity. Colleen expressed the need for positive reinforcement and support within a fitness class environment in order to enhance her rate of adherence to physical activity.

I don't like that feeling of feeling intimidated umm even with an instructor, not demanding but umm.. kind of making comments to put you down like saying, oh come on you did it or you didn't do it enough. Things like that I don't respond well, I guess to that. I respond better to positive reinforcement and someone saying oh well that's great and tomorrow maybe you can do three more or I'd like to see you back ... you know? (Colleen, p4, p4-5).

Part of Larisse's physical inactivity was associated with a spouse who did not participate and support her in her attempts to become physically active. Working together, with her spouse toward a common goal was identified as a potential motivator toward Larisse becoming physically active.

I think if I had a partner that was committed with me I think I would go (participate in physical activity) more regular but he's not interested in going. So I have to rely totally on myself and I can get distracted. (Larisse, p11, p4).

Ailing and Aching Bodies

This category represents the various injuries and health problems that have prevented some of the women at certain times in their lives from becoming physically active or participating in physical activity. Danielle and Linda identify injury as the primary physical barrier that has significantly interfered with their ability to participate in physical activity.

A few years back I had a plantar fasciitis in my foot so I was quite limited as to what activity that I could do. So it wasn't just making the time it was I had to do something, which was pretty, much Aquacize and put on all of this proper foot gear before I could do something that was appropriate. When I had my fasciitis I couldn't walk on the track or anywhere, I could barely walk to the bathroom. (Danielle, p15, p1).

Oh, for me it is definitely injury and having this foot thing has just been ... until I got the orthotics it was so bad even walking home from work in a hiking boot which I have like an insole that has been built up by a physiotherapist. My feet would ache all night it was horrible, it actually kept me awake and it was really scary because I just thought what am I going to do now? So it's that kind of stuff to have something like that interfere with my ability to walk. I mean walking is just so important that I can't even imagine my life without it. So it's that kind of thing that would get in the way (of physical activity) for sure. (Linda, p3, p3).

Rolanda talked about her experiences of trying to become physically active and how the onset of illness and injury would set her back from achieving her fitness goals.

I was really sick, really, really sick. I had bronchitis all the time and stuff... at the beginning when I started exercising and at first it was just pure hell because my lungs would just scream in agony but I was having so many problems with my lungs that I decided to strengthen them and I did by starting really aerobic exercise. And it was kind of awkward at first you know I would start jogging for awhile and then I'd get injured...(Rolanda, p7, p2).

The mind game

Being unprepared to participate in physical activity was identified by many of the women as a barrier toward their own participation. A lack of motivation and self-reported laziness were frequently voiced as barriers to participation in physical activity.

Motivation probably, I find it really hard to stay motivated and there's just a lot of other things that I would rather do. I mean I'd rather... I mean I've run I've done everything... I've run, I've played tennis, I've done everything. I mean I've never really had much of a high from exercise ever! (Maroha, p14, p3)

My own motivation, largest over riding number one all other reasons are a pale second. (Doris, p13, p3).

Laziness... I would just it's just... getting the I don't know what it is that I need but I need something to get me in there and moving. (Arlene, p6, p4).

Laziness probably... just not wanting to do it, just not getting out the door you know not getting into the change room... (Muriel, p1, p4).

Interestingly, those women who were physically active also identified negative emotional energy as potential barriers toward their participation in physical activity. In particular, Belinda and Rolanda who engage in regular physical activity identified stress and negative thoughts as potential barriers toward their participation in physical activity.

So stress, like really high stress uh... not regular stress, regular stress I usually keep it up (physical activity) but when it's high stress. (Rolanda, p7, p5).

It's very easy to let emotional energy transfer into physical ailments by not being aware that that's happening and you have every excuse not to do it cause you don't feel well. If you go back and you take your present situation and you work it backwards a lot of times you're not feeling good because of low self-esteem because of a situation because of a...and all that transfers of the energy can sometimes give you every reason not to exercise. (Belinda, p9. p4).

Belinda communicated the importance of recognizing negative emotions and not allowing them to undermine participation in physical activity.

In summary, there were elements in the lives of these women that either persisted in pushing them away from engaging in physical activity or barriers that women recognized but refused to succumb to, and were able to forge ahead and continue in their pursuit of physical activity.

The frustration created by the lack of available time, cost to participate, access to facilities and the lack of safety toward the participation in physical activity were felt by the participants. Multiple care provider demands from work, aging parents, children and partners were identified as barriers that frequently undermined their efforts to engage in

physical activity. Physical injuries and illness were sources of frustration for some women during periods where they attempted to assume a physically active lifestyle. Lastly, women identified negative mental attitudes and feelings that had or could potentially interfere with physical activity.

Pressures to participate in physical activity

The third theme that became evident surrounds the coexistence of personal and societal pressures toward participation in physical activity that many of the participants found to be overwhelming. Categories that supported this theme were forces from within and forces on the outside.

The forces from within

When asked about whether or not women experienced pressure to engage in physical activity some of the participants felt that the only pressure they experienced personally was self imposed. Doris and Larisse voiced that the only pressure they experienced toward participating in physical activity was of their own doing.

I feel no pressure. Just within myself that's all, but nothing external no. (Larisse, p11, p4).

Uh the only pressure would be self-induced and it's not overly great I'm plenty capable of squashing it. I don't feel pressure from outside influences, I do understand where that pressure could come from though. (Doris, p13, p7).

Interestingly, Doris felt that her own aging may eventually become a source of pressure significant enough to motivate her toward participation in physical activity.

I am a little dismayed at how my body is beginning, very slowly to betray me. And that I think is going to end up being the motivator for me I want to continue gardening for ever and ever and ever. My own desire to keep on doing the things that I do for pleasure is probably the biggest thing that would get me to do things more physical activity ... yeah. (Doris, p13, p4).

The internal pressure of an aging body coupled with the desire to maintain leisure activities may have the capacity to motivate some women in mid-life to adopt physically active lifestyles.

Mid life women: Be thin, be beautiful, and never age

External pressures to participate in physical activity were abundant, including extrinsic pressures from society, the ever popular and insidious industries of media and advertising, and lastly the pressures imposed from health care providers. Charlotte held society accountable for turning herself and other women away from physical activity because she felt that it has become indoctrinated into the very fabric of our lives.

The inputs are coming in, you should! It's almost become a social responsibility, a cultural responsibility. I feel that I owe it to somebody and I don't think I have the... It's almost like my right to decide has been taken away. You're no longer doing it because you want to, you are doing it because you have to. Somehow the fun part of it is, you will do this and you will have fun but I've gone into it and not had the fun, the rote exercise kind of thing with aerobics. I think the pressure is external. There's that big brother thing like you should be doing that and I've always been bothered by that aspect whether its exercise or any other aspect. I just don't feel that I should be policed on something and somehow that's what this feels. (Charlotte, p12, p7).

Arlene felt that a negative societal judgement is passed on those individuals who refrain from participation in physical activity. Arlene went so far as to suggest that if an individual's physical attributes do not mesh with the demands set by society then that particular individual's ability to form meaningful relationships may be compromised.

I mean it's definitely society. I just know I mean we've grown that. That you don't when you are even looking at somebody to go out with you look at somebody who's... not necessarily in shape but that they're not overweight. I mean it's really sad... (Arlene, p6, p10).

Victoria identified the social pressures to participate in physical activity as a positive motivator towards the maintenance of health and the prevention of degenerative diseases associated with aging.

It's society, I think a lot of people know what exercise can do for you so. Also if you look at our medical system right now you want to keep out of the hands of the medical system if you can (laughs) so by keeping yourself healthy that's one way to do it. I think there is the external pressure there. And certainly I just feel the pressure from the fact that you know it's healthy, it's good for you, it helps prolong your life, it keeps you healthy, so as not to be a burden on society you should continue. I suppose that's where it comes from to some extent. (Victoria, p8, p8).

Interestingly, both Charlotte and Arlene were not participating in physical activity and did not support the social pressures to assume physical activity into one's lifestyle. In contrast, Victoria who was participating in regular physical activity viewed societal pressures as potential motivators toward participation in physical activity as a method to maintain health.

Media, advertising and body image issues were unanimously viewed by the participants as inherently negative devices used to promote physical activity among girls and women of all ages. Charlotte identified the impact of advertising and in particular it's association with promoting unrealistic ideals of the female body during her daughters teenage years.

And I found my daughter being subjected to it in her teenage years more than I was because in my teen years I was more, in my early teens more on the outside. And she was very social, involved in lots of things so I saw her being pressured (Charlotte, p12, p9).

Doris expressed anger and frustration toward the lack of evolution and the continued power society has allotted toward the media and the maintenance of what women are expected to emulate. Similarly, Colleen expressed feelings of intimidation

and low self-esteem on occasions when she found herself conceding to pressures that exist within society.

I'm really pissed off that not enough has changed. You know how many decades now have women been able to talk out loud about the things that piss them off and there still all there, not enough has changed! (Doris, p13, p8).

Image, image problems and you asked me previously what intimidates me... now I know, and it's probably sub-consciously image. Like you see a lot of jocks in the gym you see a lot of women that have perfect figures their about twenty years younger from you... if your self-esteem is low... you try to keep your self-esteem up but if it's a tinge low you feel that pressure... image is part of the answer to that question, that's the pressure to keep that image up, to keep looking good, you say you're there for the health but also you want to look good to. (Colleen, p4, p10).

Colleen felt that a significant amount of pressure to maintain or achieve a certain body image was reinforced by other women. Colleen offered a very powerful suggestion toward the reduction of external pressure surrounding body image and it's relationship to physical activity that women in mid-life have the power to change.

I think if we stop competing with each other and start supporting each other we might be able to see some healthy women that are exercising and feeling good about themselves. (Colleen, p4, p11).

One woman identified little support from a health care provider toward her participation in physical activity. Colleen's experience was negative; leaving her to feel defeated and personally attacked.

I have a gynecologist right now that I'm thinking of switching over because he is six foot four never had a weight problem, he's skinny as a rake and he says to me well, you must be eating ten bags of cookies a day because you haven't lost any weight ever since I've seen you and you're going to keep gaining weight, and he thinks that that's going to motivate me and I don't think so, I don't think so. And again that comes back to the image... the image of looking at a forty-six year old woman who is... I am a bit over weight but I'm not obese so what I'm saying is people have this image of people that are over weight that they must not be exercising, they

must be sitting at their desks at work and eating chips. People don't realize what they are saying to you it contributes to your self esteem your image and it almost deters you from wanting to try... (Colleen, p4, p10).

In summary, the experiences of pressure to participate in physical activity for women in mid-life may be attributed to self imposed tension emerging from the women themselves due a certain knowledge base and interpretation of what physical activity can contribute towards one's life. External pressures towards women's participation in physical activity are numerous. Society and it's internal factions of media, advertising and the health care system were identified as sources of pressure, both positive and negative toward women in mid-life participating in physical activity.

The outcomes of "inadequate" exercise

The fourth theme that emerged was the outcomes of "inadequate" exercise. This theme was supported by two categories: "A good person is an active person" and "get over it!"

A good person is an active person

This category illustrates the profoundly negative feelings that several of the participants expressed regarding occasions when physical activity was limited or virtually non-existent within their lives. Feelings of regret and guilt were talked about by Danielle, Arlene and Muriel due to their lack of participation in physical activity. For these women physical activity was viewed as a responsibility, something that they "should" be doing.

And I sort of have a regret that I'm not doing that and I should be doing more that's what I should be doing. (Danielle, p15, p10).

It bothers me because I know I should be... being a diabetic. Well here I don't know I just always, I guess I'm good at making excuses like I'm

going to try tomorrow and I don't know if I will or if I won't. (Arlene, p6, p9).

It makes me feel lazy, yes it does bother me, it makes me feel lazy, it makes me feel like I'm not doing what I should and not ... I'm not taking advantage of the capability that I have so you know I can get guilt from anything! (Muriel, p1, p6).

Doris talked about her experience not participating in physical activity making her feel inadequate and ashamed.

Well, if anything it would be a feeling of inadequacy probably, I'm guessing. I had mentioned earlier in my life there was a time when my fat ugly little body would not be shown off even in front of safe other women right. At that time inadequacy and shame and feeling sorry for myself, that kind of stuff I remember that. (Doris, p13, p8).

Get over it already!

Many of the women shared a common experience of moving beyond the negative feelings and pressures associated with "inadequate" participation in physical activity. For Linda, Victoria, Rolanda and Charlotte their own experiences of physical activity have evolved throughout their lives. Personal goals and objectives related to the pursuit of physical activity have matured and become refined along side these women throughout their life paths.

I guess for me now I just I feel like I can't .. it's a conscious effort to ignore that stuff because it has gotten so absurd it has no bearing to somebody my age and you really have to let that go. It's not really hard for me to let that go because I just kinda of look at it as you got to shake you're head and say forget about it. (Linda, p3, p9).

You tend to get to the point where you say this is the way I am. I am going to, for my own sake, I want to, you know I want to be healthy, I want to be fit, yeah sure I mean I want to loose another five, ten pounds but it's not the primary motivator anymore. I think at one time it probably would be the primary motivator and I guess and at one point to I would have been more angry and upset about the fact that there is this pressure in society

but I'm not... I guess I have kind of moved beyond it a bit... (Victoria, p8, p8).

I think twenty years ago that's what exercise meant a lot to me umm... that it was a lot more of an aesthetic thing...But I really see the change twenty to twenty-five years later that's not what it means as much it's... I'm not going to be young anymore and you know if anything I'm only going to get older so it doesn't have anything to do with that. It has to do with really feeling good. I'm not going to say no, I would like to look trimmer and stuff like that I still do but it doesn't have as much a hold. That's not the primary motivation but it is still there. (Rolanda, p7, p10).

But it did take me in my thirties to say to heck with it that's your pressure not mine and I was able to...it bothered me but I was able to ignore it and it just doesn't affect me. I did have to let go of it and I did have to get over it somewhere around age thirty. (Charlotte, p12, p9).

For these women, the motivation towards participation in physical activity has shifted from a societal pressure where many women struggle to emulate the unattainable stereotype toward personal feelings of being "comfortable in your own skin" linked ultimately to an overall sense of well being.

The forgotten cohort

The last theme relates to the lack of attention and little priority placed on physical activity for women in mid-life. Categories supporting this theme are "the lack of outreach", "it's a guy thing" and "I'm too old and I'm not old enough". Women between the ages of forty-five to fifty-five have experienced little educational outreach and health promotion initiatives. Physical activity has been put on the "back burner" because of social stereotypes regarding women's roles. Lastly, specific programming directed toward women in mid life is virtually non-existent.

The lack of outreach

This represented the limited education and instruction available regarding physical activity and its implications for women in mid-life.

I've had no outreach, I've had very few people talk to me about exercise, other than you know you should get you know 45 minutes twice a week of aerobic exercise. So there hasn't been a lot of information that is coming my way. (Charlotte, p12, p6).

No, no there isn't enough out there, I look at the gals around me and I can see that they're really not getting it... they only reflect from what it is that they know and if they know very little they really not reflecting from a lot. So they have to look at those leaders to take them beyond those little things that are holding them back... So there isn't anyone out there saying listen aligning yourself this way, bringing in the proper breathing, along with the motion or the activity creates the awareness of a balance, of a rhythm, if the breathing is wrong, the posture is wrong, the performance is mimicking, their mimicking, they really not understanding what it is that's happening when they're doing this particular performance. (Belinda, p9, p8).

Charlotte and Belinda identified that the physical activity and health promotion needs of women between the ages of forty-five to fifty-five have not been met. These women have experienced a lack of instruction geared towards their participation in physical activity. In addition, women in mid-life have experienced limited health promotion initiatives specifically geared toward their cohort. Danielle talked about health promotion programs not being geared towards women of her age group.

I don't think that there are programs that are specifically targeting these women, certainly not... (Danielle, p15, p8).

It's a guy thing

The women indicated that their experiences with physical activity have been interrupted by role responsibilities. Frequently, women have had to place their own needs behind that of others. Specifically, women have identified assuming physically inactive

lifestyles in order to meet the demands of their families and careers. However, women felt that their male counterparts have not had to sacrifice their participation in physically active pursuits due to role responsibilities. These women voiced that physical activity, and sport in particular, has always been accessible for men and that their participation within it has always been expected because they are men.

It's always sort have been part of their lives I think in terms of there were always more sports available, there was always better ice time available still is probably. More activities for them at whatever level I think and it certainly was more acceptable to be involved... And then later on in life it was the you know, the responsibility for hearth and home tended to be mine. And if my husband wanted to play squash he tended to do it you know and I would be with the kids where as I wouldn't be as quick to go and leave the kids with him. I don't think that's true with the younger generation but I think it was a little bit of mine and he is better able to build it into his work day to he has always been able to take the time. He's a lawyer and he has worked it into his workday in the morning and doesn't go in to work until ten or whatever if he wants to or at lunchtime or whatever, he can take two hours for lunch if he wants to work out one day. I think that women have actually just had to make the time, and men have just expected that they would be able to do that often and they do it. (Maroha, p14, p6).

It's still directed at what we do for the boys and they kind of shroud it with all of this "it's so good for you personally... crap, you want to look good (laughs) you want to look like the rest of the crowd. It's very different from women. (Murielle, p1, p10).

I can see the correlation where some of the younger people that I see are having children, the male counterpart continues on with the team sports and the female counterpart nests at home and takes care of children... (Charlotte, p12, p5).

When asked about future participation in physical activity many of the women who were physically inactive talked about integrating physical activity into their lives once they had the available time and were free from life's other extraneous demands.

I would have more leisure time. I guess that's the trouble though you can't just start you have to keep it going. But, I mean yes you can just start like if you haven't... (Danielle, p15, p9).

Actually as I have more time I see yep that I'll be maybe not doing anything well. I might be you never know, maybe I'll be a master's tennis player or something who knows! So yeah, I think I will be (physically active), yeah. (Maroha, p14, p7).

I would think maybe the same (types of physical activity) with a little more discipline and more consistency. I would hope that I am doing the same type of exercising but just more of it. (Larisse, p11, p6).

If anything I ... we'll be increasing the activity over the next couple of years because schedules are going to be easier. (Charlotte, p12, p7).

These women do not necessarily perceive physical activity as part of a bigger picture that is closely linked with life long wellness and participation across the lifespan. Physical activity appears to be perceived as an activity that is adopted when an individual has enough available time to fit it in, rather than a process of consistently allocating and scheduling time exclusively devoted toward participation in physical activity.

I'm too old and I'm not old enough

This category arose out of the emphatic feedback provided by the participants regarding the lack of opportunities for women in mid-life to engage in physical activity. The women felt that existing physical activity programs are generally geared toward young children, teens, women in their early twenties and seniors.

I think they are addressing the younger, and then the a lot older. But they are not addressing me cause I know like I'm telling you I could go into a seniors (fitness class), I would probably feel kind of funny at first and then but not there (referring to the gym) they want us to go "gung ho" or they are slowing us down an awful lot... (Arlene, p6, p9).

I'm ok but there maybe people who find it hard because people you know they may think everything is really young and their not seniors yet, so they can't go to the senior class umm... so I don't think things are set up for middle aged women. Sarah, p5, p7).

Yeah, there's a hole and it covers that whole range, It's like if your over eighteen and under sixty you can go and do this, but nothing targeted specifically. (Janet, p10, p6).

I see women here.. because when I come I come at lunchtime most of the time there seems to be a lot of older, older women umm.. I don't know what percentage of that population is actually represented here but there is obviously programming for older women there, here they're swimming I think that's the main thing that they do, that's neat to see. There's a lot of younger women umm.. who tend to use the actual aerobics classes as their major way to work out. But there doesn't seem to be many women at the age group you're looking at in aerobics classes and there are few using the fitness area.. I don't see that many on the cardio machines or lifting weights or whatever so relatively low numbers ..so yeah it doesn't seem to me that that's a group of women that are being served well. (Linda, p3, p8).

Because of the lack of specific physical activity programming available for women between the ages of forty-five to fifty-five, participants felt that they had few options. Some of the participants found themselves struggling to keep up with higher intensity fitness classes or gearing themselves down to participate in seniors physical activity programs where minimal health benefits were accrued. The last theme speaks to the limited opportunities toward physical activity and health promotion these women faced in their varied attempts to become or maintain activity within their lives.

Summary

Open coding and thematic analysis were used to develop the five themes from the multiple categories evident in the manuscript of the fifteen participant's stories. Excerpts from the transcripts were used to illustrate the various aspects of the five themes.

The first theme, *defining physical activity - what's all the fuss about?* reflects the different interpretations of what constitutes physical activity for women in mid-life. Life contexts significantly influenced the approach participants took when defining physical activity.

The second theme, *barriers to physical activity – the saboteurs*, embodies the barricades these women encounter in regards to their relationship with physical activity. External barriers beyond the control of these women made the engagement in and maintenance of physical activity challenging. The numerous demands and role expectations of women in mid-life presented itself as a significant roadblock toward participation in physical activity. Illness, injury and the power of one's own mental attitude had the potential to sabotage even the most genuine efforts to become physically active.

The third and fourth themes illustrate the experiences these women had with feeling pressure to participate in physical activity and the repercussions they identified resulting from these pressures. *The pressures to participate in physical activity* speak primarily to the internal pressure women place upon themselves to meet societies unrealistic expectations of women's bodies and women's health. *The outcomes of "inadequate" participation in physical activity* reflects both the human toll of shame, guilt and regret along side contrasting feelings of empowerment and moving beyond self defeating feelings associated with limited or no participation in physical activity.

The final theme, the forgotten cohort captures the lack of out reach, education, programming and health promotion initiatives that are available to women in mid-life. Physical activity has not been made available to women in the same way it has for men. The opportunities to engage in physical activity for women in mid-life was viewed as an "extra" or something that would become attainable once they had the available time, which was frequently associated with later life.

Chapter 5

Discussion of the Findings

In this chapter, I provide an overview of the study, discuss methodological, health promotion and programming issues, and link the findings with the literature. In addition, a discussion of the effect of the research on the researcher as well as recommendations for future research, health promotion and programming are offered.

The Study

This study sought to understand and explore the experience of physical activity within the lives of women between the ages of forty-five to fifty-five years of age. Participation in physical activity for women in mid-life has not been promoted with the same vigilance as it has been for other age and gender cohorts. Therefore, older women demonstrate a significantly low rate of participation in physical activity and health related pursuits (O'Brien & Vertinsky, 1990). Within today's society, it appears that women in mid-life are discounted. To be young and female in this day and age is frequently associated with reproductive ability, resilience and beauty, not necessarily in that order. Conversely, society perceives women in mid-life as past their prime, not young enough and at the same time not old enough to be bothered with. Little information exists regarding physical activity patterns for women in mid-life and how participation or lack of participation might impact later life. It is discouraging to recognize that women, not only those in mid-life, continue to feel that they must emulate the 20th – Century's ideals of femaleness.

The research questions providing direction for this study were:

1. How do women forty-five to fifty-five define physical activity?
2. What are the major life events amongst these women that move them toward and away from physical activity?

Feminist theory was the theoretical orientation and lens through which this research was conducted. Through the conceptual framework of feminist theory the voices and life contexts of women in mid-life and their relationship to physical activity were heard.

Physical activity was examined over the life course of each participant. Through individual exemplars it appeared that major life events occurred whereby women adopted physical activity or turned away from physical activity. Organized activities, work related support, positive body image and health concerns were identified as factors that facilitate physical activity. Relationships were noted to either facilitate or inhibit physical activity dependant on the nature of the relationship. The following inhibiting factors to physical activity were identified: parenthood, bodily ailments and conditions, work and educational commitments, and smoking. These factors are addressed further in the section on literature connections.

Five themes emerged from the interview data. The first theme is titled *Defining Physical Activity- what's all the fuss about?* The participants discussed what physical activity meant to them. It became evident that a broader working definition of physical activity encapsulating the needs and current circumstances of women in mid-life needed to be constructed. This will be presented in a later section of this chapter.

The second theme *Barriers to Physical Activity- the saboteurs* speaks to the continued invasive expectations of women's roles and responsibilities. In addition, this theme addresses the immense obstacles that frequently thwart women's efforts to become physically active or to maintain their participation within physical activity.

Obligation and expectation toward participation in physical activity are represented within the third theme titled, *Pressures to Participate in Physical Activity*. The women indicated that not all sources of pressure were negative and identified their personal experiences of feeling pressure to participate in physical activity.

The fourth theme discussed the feelings that the participants had experienced in regards to *The outcomes of "inadequate" physical activity*. These feelings were usually connected to the pressure women in mid-life experienced surrounding the expectations that they participate in physical activity.

Lastly, *The forgotten cohort represents* what is not being done for middle aged women in regards to specific physical activity programming and health promotion strategies. These five themes and their designated categories are discussed in more detail in the literature connection section found in this chapter.

Study Design

The theoretical context within which the study was situated was feminist in nature, which means that feminist principles were instrumental in designing the study itself (Campbell & Bunting, 1991; Lengermann & Niebrugge, 1996). There were six general features of feminist research that guided the process and provided a framework for developing the research proposal, namely:

- women's experiences and perspectives are the major focus of investigation
- the goal of inquiry is to see the world from the vantage point of a particular group of women
- seeks to promote change and improve the situation for all women and individuals
- unity and relatedness of perception among participants
- contextual orientation of the participants was considered
- emphasis on the subjective

These truths about feminist pursuits proved an excellent fit with the purpose of the study. The fifteen participants were selected because they were women who had an interest in physical activity. Throughout the interviews, it became clear that their lives were fundamentally defined by their experience of being female. Women's experiences were the focus of the investigation and so put women front and centre in the discussion. Consciousness-raising as a goal of feminist theorizing occurred on two levels. I became aware of how profoundly the experience of physical activity contributed to the participants' sense of self worth and the participants expressed surprise at how the interview questions caused them to regard their lives and relationship with physical activity from a unique perspective. All fifteen women spoke of an interest in physical activity and its relationship toward improved health and wellness. However, the participants indicated that they had not considered their views and values about the topic in such depth or so deliberately before. Each woman's narrative was a personal account of her own experience and relationship to her own life context.

My responsibilities as a feminist researcher reflected criteria developed by Campbell and Bunting (1991) for determining the extent to which feminist research meets certain

guidelines. First and foremost I brought my own feminist consciousness to the study. The actual topic emerged out of a desire to have the voices of women in mid-life heard and accounted for. Secondly, the methodology chosen allowed for the expression of ideas and experiences of women in mid-life about physical activity. The choice of a qualitative study grounded in a feminist framework using woman centred interviews - as - method presumes the existence of multiple truths and therefore the feminist ideal of acknowledging many views was appropriate (Hederson, 1991; Parker & McFarlane, 1991).

Woman centred interviews -as - method was most appropriate because it provided the women with an opportunity to speak and be heard. The majority of the interviews took place in a private meeting room at a YM-YWCA. However, three of the interviews were conducted in the participants' workplaces and one interview was held at a participant's home. Regardless of the interview location all of the fifteen women provided rich personal accounts of their experiences with physical activity.

Methodological Issues

Woman centred interviews was effective in understanding the idea and experience of physical activity for women in mid-life. Woman-centered interviews share the same principles as feminist theory in that the interviews seek to give women a voice, women were the central "subjects" in the interview process, and the women's experiences of physical activity within their context were investigated. Lastly, the woman-centred interviews sought to understand what circumstances impact the adoption of physical activity for some women mid-life and not for others. Through the union of feminist theory and woman centred interviews it is surmised that the findings will result in an

improved situation for women in mid-life and all women regarding their physical activity needs (Lengermann and Niebrugge, 1996). In this study, feminist theory as a conceptual framework found resonance in woman centred interviews - as – method in that it promoted a non-hierarchical relationship and open exchange between the researcher and the participants. The amalgam of feminist theory and woman centred interviews created a research environment that was conducive to expanding the awareness of both the participants and the researcher about the issues and concerns surrounding physical activity for women in mid-life.

The interview guide (refer to Appendix E) was an effective way of keeping the conversation focused and at the same time allowed different paths to be followed which, on occasion, lead to the discovery of precious gems of data. Through the implementation of the interview guide the various areas and related topics that spoke to women in mid-life and physical activity were discussed thoroughly and completely. The semi-structured interview guide also served as an organizational tool that allowed for rich, in depth responses to the questions while, at the same time adhering to the one hour time commitment requested of the participants.

Sampling

This research project employed convenience or volunteer samples. Convenience sampling is a non-probability sampling technique. In this type of sample, participants are selected if they are capable of enhancing knowledge and understanding of the phenomena under investigation (Polit & Hungler, 1991). According to Luborsky and Rubinstein (1995), convenience-sampling uses an open period of recruitment that continues until a set number of participants are enrolled. This approach is used in studies drawing on

predefined populations such as the investigation of women in mid-life and their perceptions of physical activity within the context of their lives.

Overall recruiting women in mid-life to participate in the study was not as difficult a process as originally thought. The reasons for this relative ease of recruitment are purely speculative and may relate to the contents in the letter of recruitment which indicated a complimentary personal training session for each woman as an acknowledgement and gesture of appreciation for her time and contribution toward the research. Participants were not aware of this complimentary personal training session until they met with the researcher prior to the interview process. It could be possible that participant's who were obtained through snowball techniques may have been informed about the complimentary personal training session through women who had previously met with the researcher and participated in an interview.

All of the women who participated in this research were employed however, there were no visible minority women represented in the sample. Therefore, these findings speak to employed, Caucasian women in mid-life. Although these findings can not be generalized there is the potential for transferability among other cohorts of women where certain findings may find resonance (Lincoln & Guba, 1985).

Inclusion Criteria

The inclusion criteria for middle aged female participants:

- Between 45 - 55 years of age
- Affiliated with a YM-YWCA
- English speaking
- Women in mid-life consenting to be interviewed

Literature Connections

The individual exemplars or life maps that represented each participant's life history and current relationship with physical activity revealed facilitating and inhibiting patterns to physical activity. Certain elements within the exemplars that were presented by the participants were fundamental in their movement toward and away from physical activity.

Some of the participants identified organized activities such as dance, gymnastics, and swimming lessons during their childhood and teen years, as influential experiences that have allowed them to continue to participate throughout their lives. Participation in active pursuits during childhood has been associated with increased adherence to physical activity in later life (O'Brien & Vertinsky, 1990; O'Brien & Vertinsky, 1991; O'Brien Cousins & Keating, 1995). Some of the participants in this study had histories of growing up on farms and experienced participating in physical activity as it related to farm work. Interestingly, these women have continued to participate in physical activity into mid-life. This finding is consistent with O'Brien and Vertinsky's (1995) research that examined physical activity patterns of older women, sixty years of age and older, who had grown up on farms as children. Due to this past history, these women were more likely to maintain active lifestyles during later life.

Positive body image and health concepts were additional factors identified that supported physically active behaviors among women in mid-life. The women expressed the desire to reclaim their pre-pregnant bodies, control weight, quit smoking and reduce stress as their motivations to pursue physical activity. The acquisition of health through

physical activity was given priority over physical activity as a device to achieve attractiveness (Eskes, Duncan, & Miller, 1998).

Smoking, although only identified by a few women, was a significant roadblock to physical activity (WHO, 1996). Frequent attempts to engage in active lifestyles while smoking were interrupted by health problems and frustration.

The investigation of physical activity across the lifespan and the implications for women in mid-life have not been well documented within the research. The work of Pinto, Marcus and Clark, (1996) supports the implementation of individual physical activity exemplars within this research. They recommend that future research should examine the milestones or life events that act as both enablers and obstacles towards women's participation in physical activity. It is through these diverse life experiences that physical activity for women in mid-life may be more clearly understood.

The first theme, *defining physical activity- what's all the fuss about?* articulated some of the existing variations when defining physical activity for women in mid-life. Women's experiences of physical activity represent a dynamic continuum throughout the lifespan where participation in certain "versions" (from ADL's to "no pain no gain") of physical activity are dictated by a woman's particular life context and stage along the life course. Physical activity was defined by the participants in one of three possible ways. The first definition of physical activity recognized activities of daily living as a valuable component toward leading an active, healthy lifestyle. The second definition encompassed more traditional views and expectations of what physical activity should be. Finally, the third interpretation of physical activity recognized that there may be more involved than the mere movement of the body toward the improvement of physical

health. For these women physical activity was cited as a vehicle associated with self-identity and wholeness.

The research on women and physical activity does not provide a definition of physical activity that may more accurately represent where women happen to fall within the life course. Women in mid-life require a more inclusive definition of physical activity that speaks specifically to the needs of their cohort. To apply Health Canada's (1999) rigorous definition of physical activity with its criteria and components for frequency, intensity and quality of activity does not serve as an appropriate guideline for most women in mid- life. However, the American recommendations for moderate physical activity as presented by Pinto, Marcus and Clark (1996) appear to be more in keeping with the life contexts and realities of women in mid-life. They do not speak of physical activity as a strenuous experience that must occur for a one hour block of time four to five times per week, but rather discuss integrating physical activity throughout ones daily life. This definition was shared with the participant's who identified (ADL's) as a component toward their participation in physical activity.

Both the definition and recommendations for physical activity cited previously in chapter one did not account for the notion of self identification and a deeper connection that some of the women expressed toward their experiences participating in physical activity. Therefore, women in mid-life require a working definition of physical activity that encapsulates the diverse life contexts that exist for this cohort. These unique life contexts influence whether or not women connect with the phenomenon of physical activity. A "user friendly" definition of physical activity for women in mid-life must

address the range of skill levels, comfort level, physical ability and overall health that is represented within this cohort of women

On the basis of the findings of this study, physical activity can be defined as follows: physical activity is a dynamic way of being in the world everyday that encompasses activities of daily living (ADL's). Physical activity includes cognitive pursuits that involve deliberate movement of the body such as participation in organized sport; participation in various forms of art - related human movement and fitness related activities. Physical activity is conceptualized as a continuum across the lifespan where ADL's, "no pain, no gain" perspectives, and any combination and permutation of the two were recognized as "legitimate" forms of physical activity by women in this study. To assume a physically active lifestyle should be an individual choice attributable to desire and an informed mind. Participation in physical activity is not merely aesthetic bodywork it has the potential to promote change, emancipate and empower all women of every cohort.

The second theme *barriers to physical activity – the saboteurs* articulated some of the circumstances and barriers that exist toward women in mid-life participating in physical activity. The barriers toward women's participation in physical activity are well documented within the research. The findings of this study found resonance with the findings presented in the previous studies (Henderson, 1991); (Pinto, Marcus & Clark (1996); (Stelmack, 2001); (Vertinsky, 1998). Environmental factors were identified as barriers preventing women in mid-life from participating in physical activity. The lack of time was consistently identified by the participants in both the exemplars and within the thematic analysis as a barrier toward their participation in physically active pursuits.

Pinto, Marcus and Clark (1996), and Stelmack (2001) cited previously in the literature review that time constraints present roadblocks towards participation for both women and older persons.

Other environmental barriers were addressed including the cost, access, and safety issues associated with participation in physical activity for women in mid-life. These barriers obstructing the path toward assuming a physically active lifestyle are not new. Again, Stelmack (2001), and Pinto, Marcus and Clark's (1996) findings echo that these vary same barriers exist and come into play when women and older individuals choose either to adopt a physically active lifestyle or decide that the obstacles before them are insurmountable and hence, continue to maintain a lifestyle of inactivity.

The second aspect of the second theme surrounds the various role expectations that face women in mid-life. The role of caregiver continually emerged from the findings. The most consistent finding from the exemplars was the significant reduction or absence of physical activity after the birth of children, where a significant amount of time was dedicated to child rearing and parenting (Henderson, 1991). Some of the participants have assumed the role of care-giver not only towards their families, comprised of children and partners, but more recently toward their aging parents. This role of caregiver requires a substantial time commitment that might otherwise be used to pursue physical activity. Demanding careers were cited by participants as potential barriers that could prevent them from engaging in physically active lifestyles. Pinto, Marcus, and Clark (1996) identified decreased participation in physical activity among women who experience increased family obligations and work related pressures. However, they did

not investigate the phenomenon of women in mid-life assuming the role of caregiver toward aging parents specifically.

The work of O' Brien and Vertinsky, (1991), O'Brien (1994), Pinto, Marcus, and Clark (1996) all espoused the power of social support toward adherence to physical activity for women. Women in mid-life who were not participating in physical activity cited a lack of social support as part of the explanation why they chose to refrain from assuming physically active lifestyles. The exemplars illustrated that some of the participants did not have the necessary support within their relationships in order to become physically active. Lack of encouragement from educators toward physical activity was frequently cited as a barrier to participation. Participants also identified peer pressure experienced during their teen years as a barrier to becoming physically active.

The workplace and the nature of women's work were noted as factors that have the capacity to facilitate participation in physical activity for women in mid-life. The encouragement and physically active behaviors among colleagues was noted to be a powerful influence toward the pursuit of physically active lifestyles among some of the participants.

The third category within this theme relates to physical ailments and injuries that have presented themselves as barriers toward the participation in physical activity for women in mid-life. Similarly, Pinto, Marcus, and Clark (1996), Rippe, Porcari, and Freedson (1988) identified health problems and injuries as factors responsible for lapses or the complete withdrawal from physical activity for the general population of women and for old, and very old women.

Psychological barriers were commonly identified as undermining the participants efforts toward becoming physically active, Lack of motivation, self reported “laziness” and increased stress levels were frequently cited as barriers or restraints toward physical activity for women in mid-life. The women’s voices find resonance with the previous research of Emery, Hauk, and Blumenthal (1992), and, Dishman, Ickes, and Morgan (1980), where they investigated the psychological aspects of exercise adherence.

The third theme of *pressures to participate in physical activity* speaks to the personal pressures that women in mid-life place on themselves toward participating in physical activity. Aging was identified as an internal pressure that may have the potential to initiate participation in physically active pursuits for a sedentary woman. In this particular situation the internal pressure of aging was viewed as a catalyst toward the movement of women closer to physical activity. However, the question remains: How can we encourage and support women to pursue physically active lifestyles before they experience degenerative diseases associated with aging that ultimately impede their leisure pursuits and in some instances, eradicate them completely?

The majority of the participants expressed that external expectations made them feel obligated to participate in physical activity. Women experienced both moral and ethical pressures toward participation in physical activity; they felt judged by society. More recently, research and studies directed toward women and physical activity acknowledge the archaic, patriarchal expectations that society continues to perpetuate of women and women’s bodies (Allan, 1994; Eskes, Duncan & Miller, 1998; Gillett, White, and Caserta, 1996). Interestingly, Victoria who currently participates in physical activity on a regular basis recognizes the external messages from society as a positive pressure

toward the maintenance of a physically active lifestyle. It appears that this woman has accepted society's message regarding physical activity and "the promise" of health.

Women in mid-life are frustrated that not enough has changed despite the gains of the contemporary women's movement. Society's message to women is multi-vocal, at one level physical activity is touted to be good for your health. At another level society dictates that women must look good and remain eternally youthful (Allan, 1994; Eskes, Duncan & Miller, 1998; Vertinsky, 1995). To be valued within today's western culture women must be young, thin, and beautiful in order to be of any social worth. (Allan, 1994; Vertinsky, 1998). Women encounter these messages and choose to accept or reject them in part or completely. These messages are potentially destructive towards women and their self-esteem.

I'm really pissed off that not enough has changed. You know how many decades now have women been able to talk out loud about the things that piss them off and there still all there, not enough has changed! (Doris, p13, p8).

The whole notion of women competing with one another perpetuates the oppression of women as a whole. If women succumb to societies patriarchal ideals of womanliness then they have forfeited a degree of power over their own bodies and allowed the consumer society to prevail (Eskes, Duncan & Miller, 1998; Vertinsky, 1998). Women need to support women in order to move beyond negative social pressures, and come closer to change, change that will give rise to healthy, active women, women who feel good about themselves.

Lack of support from health care providers toward participation in physical activity was identified as an external pressure that impacted negatively on women in mid-life and their self-concept. Again, societal messages regarding lifestyle and body image

expectations for women have been exacerbated through clinical encounters with health care professionals (Vertinsky, 1995). It would be expected that “professionals” within the health care system would possess the necessary “tools” that would enable them to be supportive and provide direction toward empowering women with healthy lifestyle choices and guidance. Societal messages become potent when reinforced on a personal level, and particularly, when reinforced by an individual in a position of authority. These social messages are not ethereal or “floating” out there. They come as a collective (public) and profoundly impact upon a woman (the personal).

The fourth theme *outcomes of “inadequate” physical activity articulates* the feelings of women in mid-life related to the periods within their lives where they experienced little to no participation in physical activity. One group of women expressed that they experienced guilt, regret, and shame when they were unable to participate in physical activity. It appears that the extreme societal emphasis on body image and the social responsibility toward participation in physical activity has been internalized by women and used as a measuring stick to determine whether or not they are “worthy” productive members of society (Eskes, Duncan & Miller, 1998). Participation in physical activity needs to be an independent choice that women make because they enjoy engaging in a certain activity that ultimately makes them feel good about who they are, and their motivations for participating.

A sense of having overcome society’s pressures to participate in physical activity is the second component of this theme. Women in mid-life are coming to terms with the macro messages surrounding their own bodies, their lives and their individual life contexts. Women in mid-life are liberating themselves from society’s ideals about

women's bodies. The aging female body can be seen as a source of strength that has the capacity to challenge society's values about youth, thinness and unrealistic bodies (Vertinsky, 2000). Women in mid-life are choosing to pursue physically active pursuits as a strategy to improve their personal well being and experience more healthful aging. Women of this cohort are looking to find a balanced life and a balanced approach to their physical activity that accounts for the wellness of their spirit, mind and body. This process of coming to terms with one's body, life contexts and societal messages has not been a smooth journey, it has been a real struggle for these women (Eskes, Duncan & Miller, 1998).

The final theme *the forgotten cohort* addresses the lack of health promotion and educational opportunities available to women in mid-life related to physical activity. Physical activity has been a method of self-identification and a societal expectation for males. The existing physical activity programs are targeted toward the very young or the very old, leaving a large gap that overlooks the cohort of women between the ages of forty-five to fifty-five.

Health promotion and educational initiatives specific to women in mid-life have been virtually non-existent. Professional physical activity directives many times tend to be disassociated from everyday lived reality, especially the embodied experiences of women in mid-life (Vertinsky, 1998). Older women are not valued and recognized within society therefore interventions to address their physical activity needs have not been made a priority (O'Brien & Vertinsky, 1990; Pinto, Marcus & Clark, 1996; Thierry, 1998).

We know that some women have had fewer opportunities than men to participate in meaningful, healthy physical activity within and outside the confines of family and work (Vertinsky, 1998). Many women in mid-life identified that their roles as caregivers and domestic laborers have provided their male counterparts with the available time to pursue a variety of physically active pursuits.

Opportunities toward participation in structured physical activity programs are not readily available to women in mid-life. Fitness specialists have virtually ignored developing attractive physical activity programs for women in mid-life (O'Brien & Vertinsky, 1991; Torrez, 1997). The focus of physical activity programming has been directed toward children, youth, young women and the very old. It is imperative that an appropriate variety of programs accounting for a diverse range of physical abilities and skill levels be made available to women between the ages of forty-five to fifty-five years of age. We are moving through an age where there are more women in mid-life than ever before, if we continue to plow through unaware, we will be doing this cohort a great disservice. (WHO, 1996).

Reflection

Through the process of this research I have had the privilege to learn about physical activity as experienced by women in mid-life. From the outset of this study, I was concerned about my position as a thirty-year-old active woman investigating the phenomenon of physical activity within the life contexts of women between the ages of forty-five to fifty-five years of age. I was worried that my personal life context might block the establishment of rapport with the participants and limit my understanding of the subject under investigation. I wondered if my age and my own personal biases supporting

regular involvement within physical activity would interfere with my ability to relate to the women and their experiences. I came to understand that the experience of physical activity is not an isolated experience, it has an extensive network of “roots” that run deep. These “roots” have contributed to how women perceive physical activity in their middle years. The phenomenon of physical activity has the power to conjure up deep seeded feelings and emotions regarding one’s self-esteem and “effectiveness” as an individual. I have become extremely cognizant that my life context and position as a young, active, educated woman is the lens through which I see and interpret the world.

I also came to learn that the way in which we promote physical activity and health has to be “fine tuned” in order for it to relate to women in mid-life. The use of existing approaches for other cohorts is not appropriate for women between forty-five and fifty-five years of age. A “rah, rah” attitude may not be successful in making participation in physical activity attractive to women in mid-life. We have to give women of this cohort more credit, they are intelligent and well informed, they know what they want, and what it is that they need in regards to physical activity. However, the problem remains that the necessary resources are not readily available to them.

I was very appreciative for the women’s gift of time and willingness to participate in this research. I was emphatic about arranging interview dates, times and locations at the convenience of the participant, so as not to completely disrupt their daily routines. My research was dependant on the women’s participation they were not dependant on me for anything. This research afforded me the privilege to experience first hand the goodness that people are capable of. These women were busy women, yet they were willing to sacrifice their time and stories to a stranger.

I was concerned that the complimentary personal training session as an acknowledgement of the participant's gift of time and voice might become the primary motive for the women to see the interview through to its completion. The personal training session was promised once the manuscript had been completed and defended along with an abstract of the final discussion. The participants were very respectful and patient regarding the process involved with the compilation of the manuscript and refrained from contacting me. I felt that I had established a rapport with the participants that included a mutual trust. The participants understood that they would be contacted upon the completion and defense of the thesis to schedule personal training appointments.

I assumed the role of both researcher and transcriptionist. Initially the thought of transcribing each interview seemed overwhelming and tedious. However, I found that this process became very valuable toward enhancing my familiarity and immersion within the women's stories and life contexts. It became very apparent that the experience of physical activity was more than just running around and doing a few jumping jacks with the hopes that one's body might reap some physical benefits. The experience of physical activity elicited feelings and emotions that profoundly affected women in mid-life. Due to this research some of the participants were led to reflect on their own lives and the role physical activity played within it.

Reflexivity

It was not clear to me from the outset what potential the participation in this study might afford the women who volunteered. The opportunity to discuss and reflect on their experience and stories in relation to physical activity may have transformed the way in which they "see" and interpret physical activity as it relates to their own life contexts.

Women needed to be informed that through their participation in this research study that some ideas and thoughts may lead them toward self exploration and potentially promote lifestyle changes that they might not have considered previously. This information should be outlined in the letter of recruitment. Feminist work seeks to promote positive social change therefore; this should be indicated in the letter of recruitment as a potential benefit toward women volunteering in the research process. This study may have affirmed the thoughts and experiences of the women who volunteered in this study, thereby providing them with the sense that they are not alone in their feelings and frustrations toward physical activity. I believe that these women were driven to participate in this study due to their interest in the relationship between physical activity and mid-life, an more importantly to give something back, something of value so that other women might benefit from their thoughts and experiences.

Regular meetings with committee members were invaluable tools where ideas and interpretations of the data were shared and developed. It was through these meetings that the research process became manageable, breaking it down into smaller components where realistic goals could be achieved. Meeting with committee members allowed me to “see” things from a new perspective. This academic support system was incredibly powerful toward maintaining the flow of energy, motivation, and passion for the phenomenon under investigation.

Recommendations

Professional Education

It is clear from the participants that physical activity encompasses much more than esthetic body work. Professional education must be directed toward health care providers, fitness professionals, and physical educators who work with women in mid-life as clients or who's work significantly impacts this cohorts attitudes and perceptions of physical activity throughout the life course. These professionals require the appropriate tools and sensitivity toward women in mid-life and their diverse life contexts when prescribing physical activity. The diversity within the definitions of physical activity provided by women in mid-life presents important implications toward the types of interventions that are directed to this cohort. Opportunities toward physical activity for women in mid-life must reflect the range of interpretations and life contexts as experienced by these women. It is only through this increased awareness and understanding that appropriate, effective physical activity interventions for women's in mid-life can be achieved.

Health care providers must be aware of their social responsibility toward providing the best level of care, support and educational resources to women in mid-life. Health care providers are in a position of power, due to the nature of their roles and titles. Given this power differential, it is imperative that health care providers reexamine their personal perceptions and attitudes toward women in mid-life and their roles within society. It is important that women of this cohort and all women be treated holistically within the health care system, rather than being fragmented into faceless, emotionless bodies that require "fixing". Health care providers cannot take the power of their words

and attitudes for granted and dismiss the impact that they can have on women in mid-life, who have come to them as clients seeking care and support.

Fitness professionals have to be cognizant of this aging population of women. Women in mid-life require opportunities to engage in physically active pursuits that are specifically designed to meet their needs and concerns. Fitness professionals need to go out into their communities and communicate with women in mid-life and find out what types of programs would attract them to participate in organized physical activity programs.

As previously discussed some women in mid-life are feeling that the existing opportunities for participation in physical activity are either too intense or hold them back to the point where participation does not promote an increased sense of well-being and improved levels of fitness.

We have to move beyond the old preconceptions that opportunities to engage in physical activity are for the young and already fit or as a resource to improve the deterioration of the frail and very old. Through the provision of a variety of possible active living programs for women in mid-life, women of every other cohort would benefit due to the availability of opportunities to participate in physical activity across the life course.

Physical education must not be eliminated from the school curriculum for it has the potential to create a new era and experience of physical education and opportunities toward physically active pursuits that speak to females. Past experiences of physical education classes for some women in mid-life revealed unpleasant memories and set a pattern of inactivity throughout the years that followed.

Physical educators must be willing to communicate and listen to girls and women about their experiences with physical education. It is the responsibility of the physical educator to ensure that the voices of girls and women are reflected in the establishment of gender specific interventions within the domain of physical education. Physical education needs to be presented differently for girls. Differently, does not imply that the physical activity for girls should be any less skillful or intense than that of their male counterparts, it merely suggests that a different variety of activities might be offered. Physical activity that speaks to females may more likely be adopted as a lifestyle choice that is ultimately valued and maintained throughout the life course.

Health Promotion

Policy makers must promote physical activity toward the general population of women between the ages of forty-five to fifty-five years of age. Increased participation in physically active pursuits among women in mid-life will precipitate an increase in healthful aging among this cohort and, in turn, decrease the demands on an already overburdened health care system. In order for professional physical activity directives to be effective they need to be associated with the everyday lived realities of women in mid-life (Vertinsky, 1998).

Future Research

The first recommendation for future research addresses the need for more feminist research in the area of physical activity and its relationship to women. There are a substantial number of feminist studies within the disciplines of Nursing and Education, which may be attributed to these domains traditionally being female dominated where feminist issues and theory have been common place. In contrast, the discipline of

physical activity and sport have historically been male dominated with women's participation having only been considered more recently.

A possible study for future feminist research could emerge from this project through the development and implementation of a physical activity program designed specifically for women in mid-life by women in mid-life. This research would be a partnership between the researcher and women in mid-life. Women would be fundamental toward the development and organization of the intervention. The co-researchers would determine the complexion of the intervention, i.e.: the activities, duration, recruitment procedures, sample size, leadership and the educational opportunities that might be offered toward women in mid-life who agreed to participate. The outcome might identify increased adherence toward physical activity for this cohort due to increased social support among women that share in a common experience. In addition, activities would be offered based on the feedback from women of this cohort, therefore, providing an enjoyable atmosphere and activities that women have an interest engaging in. The outcome would be best identified by the group so as to be seen as a worthy endeavor, offering some way of improving the opportunities toward physical activity for women in mid-life.

Another possibility for further feminist research would be to conduct a similar study with unemployed women in mid-life of a visible minority. It would be interesting to see where and if their ideas about physical activity intersected those of White, employed women.

The feminist lens was the most appropriate and much needed framework for this study, based on what the women who participated within it shared about their experiences

with physical activity. Other “themes” that provide women in mid-life with a voice such as power or culture are just as valid.

Educators, practitioners, fitness professional and researchers need to appreciate the importance of attending to the needs and concerns of physical activity for women in mid-life. To be attentive to this cohort inevitably influences and improves the situation for other women who are moving along the life course.

In summary, it was not anticipated the extent to which this project might educate, inform and empower the women in this study. This project became a vehicle through which the experiences and voices of the women were ratified and given value. The concept of physical activity became transformed for the participants as the dialogue progressed. The phenomenon of physical activity was akin to that of how women perceived and value themselves. It had the capacity to nurture positive feelings within the women as well as the power to tear them away. Physical activity has had incredible implications for women as they have journeyed throughout their lives. These experiences are unique to the life contexts of these women in mid-life.

This study has given me the opportunity to share in the participant’s stories and experiences of physical activity throughout their lives and more specifically during their mid-life. It has illustrated that despite the initiatives to promote physically active lifestyles, opportunities for women in mid-life have been sadly overlooked. When looking at women’s health across the lifespan the WHO has recognized that “the pioneers of the second wave of feminism are advancing into middle age or beyond. In fact the whole postwar baby-boom generation is moving into midlife, which means that this will be an age group to reckon with in every sense of the word” (p,42). We have a social

responsibility to provide this cohort with the necessary tools to become physically active as a resource toward a healthy later life.

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Appendix A
Facility Access Request

August 25, 2000

Ms. X

Manager

YM-YWCA

Winnipeg,, Manitoba

Dear Ms. X

I am writing to request permission to approach middle aged women (45-55 years of age) from your facility to participate in my thesis research entitled "Understanding Physical Activity in the Lives of Women in Mid-life". My research proposal has been approved by the Ethical Review Committee, Faculty of Physical Education and Recreation Studies, University of Manitoba. A copy of the Ethical Review acceptance is enclosed for your examination.

The purpose of this study is to explore and describe physical activity as experienced in the lives of middle aged women. I would like to interview approximately 15- 20 women from your facility to explore their perception of physical activity. There will be one taped interview per participant that will last approximately one hour in length; they will be conducted at the participant's convenience.

Participation would be strictly voluntary. Participants will be assured that all information will be kept strictly confidential. Anonymity will be maintained through coding of

interview transcripts. The participants will be free to discontinue their participation at any stage of the research project. Informed consent will be sought from the individual women prior to the interview process.

A one-hour personal training session will be offered to all participants as an acknowledgement of their contribution toward this research project. At this time I will provide the participants with a brief written summary of the findings from this study. If desired, a copy of the study results will be presented to the YM-YWCA following the completion of my thesis.

If you have any further questions you may contact me at xxx-xxxx or my Thesis Committee Chairperson, Dr. Michael Mahon, Dean in the Faculty of Physical Education at the University of Alberta, at (xxx) xxx-xxxx

Thank you for your consideration in this matter. I look forward to your response.

Sincerely,

Amanda Macrae, B.A. M. A. (candidate)

University of Manitoba

Appendix B

Permission for Facility Access

August 2000

To: Amanda MacRae

Further to our meeting, I am writing to confirm that you have been granted access to the Downtown YMCA-YWCA facility and membership to recruit and interview female participants for your research study on "Understanding Physical Activity in the Lives of Middle Aged Women".

Should you need any assistance or require additional information, please do not hesitate to call me at

Sincerely,

Manager,

Appendix C

Letter of Recruitment

This study is being conducted as a partial requirement for a Master's degree in Recreation Studies. This research will seek to understand exercise as experienced by women in mid-life (45-55yrs). Women-centred interviews will be the research method employed for this study. This approach treats women as the central "subjects" of the interview process, seeking to understand how middle aged women experience the phenomenon of physical activity within their lives.

Women in mid-life associated with the YM-YWCA are being invited to participate in this study. The women-centred interviews will run approximately one hour in length. With your permission our interviews will be audiotaped for later transcription and analysis. All verbal and written data collected throughout this course of research will be kept completely confidential. You are free to refuse to answer any of the questions you are asked in this research. You are free to withdraw from the study at any time.

At the conclusion of this study each participant will be eligible for one, 1 hour complimentary personal training consultation provided by the primary investigator who is a certified personal trainer. It is my hope that this research will contribute to a thorough understanding of exercise as experienced by women in mid-life.

A written summary of the research results will be mailed out to all of the research participants. If you have any comments or concerns regarding this research study please contact Dr. Michael Mahon; thesis advisor at xxx-xxxx

This research project is approved by the University of Manitoba, Faculty of Physical Education and Recreation Studies Ethical Review Committee.

Principal Investigator
Amanda Macrae
Graduate Student
Faculty of Physical Education and Recreation Studies
University of Manitoba
R3T 2N2
(xxx) xxx-xxxx

Appendix D**Consent Form**

I understand that the University of Manitoba is conducting a study to understand exercise as experienced within the lives of middle aged women (45-55 yrs).

I have read the attached information sheet on this study. I understand that if I agree to participate in a woman-centred interview it will be audiotaped. The audiotapes will be kept secure at all times.

Consent to Participate

I agree to participate in this study and have been assured that:

- All information I provide will be treated with strict confidentiality
- I will not be identified personally when the results from the study are presented.
- I have the right to refuse to answer any questions in the woman-centred interview
- I have the right to withdraw from the interview at any time

Name: _____ Date: _____

(please print)

Signature: _____

Interviewer Name and
Number: _____

Appendix E

Semi Structured Interview Guide

- What does physical activity mean to you?
- Are you able to engage in physical activity? Yes? No?
- What conditions / circumstances (would or do) permit you to exercise?
- What type of exercise would you like to, or do you participate in?
- Were you active as a child?
- How has physical activity changed / occurred over your life?
- How long have you been (or not been) exercising?
- Where would you like to (or where do you) participate in exercise?
- If you participate in exercise, with whom do you participate? And why?
- Would you exercise if you had someone to exercise with?
- What enables you to engage in physical activity?
- What are the major barriers toward exercise?
- What are the minor barriers toward exercise?
- How could these barriers be reduced?

Maximum Response Questions

- What type of exercise have you done throughout your lifespan? (child, teen, young unmarried, married, 45-55)
- Do you feel being a middle aged woman results in a different experience of exercise from that of a teen-ager; young woman; old woman; very old woman; or male? Please explain

- Does exercise fit into the context of your life? If so, please explain. If not, please explain.
- Do you feel that the exercise programs that are available address the needs of middle aged women? Please explain
- Women who are not able to engage in physical activity- - how do you feel about that? Does it bother you that you cannot engage in physical activities? If so why?
- Do you see yourself physically active, 5 years down the road, 10 years, 20 years?
- Do you feel that you get a lot of pressure to exercise? (Society? Family? Where is the pressure coming from?) How does that make you feel?

Further Probe Questions

- Can you explain that in more detail?
- Tell me more about that.