Women, Physical Activity, and Leisure: Jeopardy or Wheel of Fortune?
AAHPERD Invited Scholar (April 12, 2002) Presentation
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Introduction

The extent and strength of the evidence linking physical activity, leisure, and health is growing. People of all ages benefit from physical activity and exercise. Further, people enjoy leisure. Most significantly, regular physical activity reduces the risk of dying from coronary heart disease. It also reduces the risk of other diseases such as some forms of cancer, osteoporosis, and hypertension. Beyond physical health benefits, however, physical activity and leisure have many other positive outcomes such as stress reduction, ameliorating mid-to-moderate depression, enhancing psychological well-being, and encouraging prosocial behaviors (RQES, 1995). Physical activity can be beneficial regardless of whether done in backyards, on the streets, in neighborhoods, in parks, or at community facilities.

The similarities and differences among the terms related to physical activity and leisure begin to provide some links among these concepts. Casperson, Powell, and Christenson (1985) defined physical activity as any bodily movement produced by skeletal muscles that results in energy expenditure. It includes, but is not limited to, occupational, sports, exercise, household, or other daily and leisure activities. Exercise refers to the actual movement usually done with some type of structured program. Importantly, health is not just the absence of illness but a continuum representing all levels of vitality leading to well-being (Paffenbarger, Hyde, & Dow, 1991). Wellness is associated with integrated states of physical, psychological, and spiritual health and related to notions of leisure as self-actualizing a person (Ragheb,
Leisure is used to describe a positive state of mind in which self-determined activities are undertaken that are intrinsically rewarding. One can see by these definitions that all these ideas are associated in various ways.

**Benefits of and Constraints to Physical Activity**

A landmark review of the literature and comprehensive study in the US that addressed many of the benefits and concerns regarding physical activity and exercise was the Report of the Surgeon General (United States Department of Health and Human Services, 1996). This study addressed the public health concerns of low activity and the benefits of physical activity involvement. Despite all the positive evidence, current levels of physical activity among many people in North American cultures are low. Recent concerns have been expressed particularly about the inactivity of children, people with disabilities, some ethnic minorities, women, and people who live in rural areas (United States Department of Health and Human Services, 2000). The good news is that all people can benefit from even moderate levels of activity. Health benefits are achievable even for those individuals who dislike vigorous exercise and who have been discouraged in the past by the difficulty of adhering to a program of vigorous exercise. For people who are already achieving regular moderate amounts of activity, additional benefits can be gained by increasing the activity level.

If physical activity is beneficial, then we must ask why people are not more physically active. The answer lies in focusing on some of the determinants of physical activity, which includes categories referred to as enablers and constraints. An enabler might be defined as a facilitative or motivating factor that links opportunities to behaviors (Eyler et al., 1998; Henderson et al., 1996). Other terms that might be associated with enabling are motivation, perceived benefits, and exercise adherence. King et al (1992) found that a belief in value of health is important. Family and social support were among the biggest determinants of involvement. Elements that can be enablers such as social support or the availability and adaptability of opportunities, however, can also be constraints.

Constraints can prevent an individual from obtaining the frequency,