



PRINCIPLES OF HEALTH PROMOTION FOR MOTHERS' EXERCISE PROGRAMS

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ABSTRACT

Exercise has long been recommended as an excellent way for mothers to increase health and wellbeing. However, research still points to lack of participation and effective antecedents to increase engagement. The creation of supportive environments will do much to assist mothers in their quest for leisure. Addressing the barriers to exercise participation for this group can have a greater influence compared with simply promoting the benefits of physical activity. In this Short Communication, the principles of best-practice, moral approaches to health promotion of community-based exercise programs designed for mothers are discussed. To best understand and design mothers' active leisure programs, we must do so by adopting a holistic approach acknowledging the complexities and structural impediments that exist in their lives. This means policymakers must take into account class, gender, social and agency constraints. The most effectively designed programs will help participants overcome such barriers caused by wider social and environmental determinants of health status.

KEYWORDS: Health promotion, policy, exercise, mothers.

INTRODUCTION

Personal health and wellbeing are ultimately an individual responsibility. Individual lifestyles affect individual health status. Access to active leisure such as exercise classes has been demonstrated as being health promoting for women, including mothers (Currie, 2018). While a certain amount of self-discipline is required for the mother to be able to adhere to the exercise program, policymakers also have to take into account, however, that not everyone has an equal capacity to choose certain lifestyle behaviours due to barriers or constraints in place. Health professionals are therefore faced with a dilemma in policymaking. Unless the individual takes some responsibility, it is impossible for them to enter the wellness/wholeness state. However, this needs to be balanced with recognition of the structural impediments. Addressing the barriers to exercise participation for this group can have a greater influence compared with simply promoting the benefits of physical activity (Adams & McCrone, 2011).

Structural constraints to mothers' participation in exercise

Structural constraints limiting mothers' opportunities for participation include:

- Socioeconomic discrimination, especially for single mothers;
- Inappropriate and inadequate media coverage;
- Lack of suitable programs available providing appropriate exercise intensities, a friendly, safe atmosphere or accommodation for childcare;
- Lack of time available due to current work and family arrangements;
- Lack of exercise partners or social support.

Ideological constraints arise from the traditional characteristics and expectations associated with the motherhood role. The ethic of care suggests responsibility by mothers for placing others' needs first. Therefore, ideological and social factors which may also limit mothers' participation in exercise include:

- Feeling responsible for domestic duties;
- Lack of self-confidence, or feelings of self-worth or entitlement;
- Not feeling 'sporty' or young enough to suit the activity;
- Feeling too fat, unfit or non-conforming with the slim, ideal standards existing in many commercial settings.

Principles of effective health promotion

Moral approaches to health promotion of community-based exercise programs for mothers will include the following principles in their design:

- Promotion of the acceptance of various individual female body shapes in exercise programs and description of them in neutral terms;
- A safe, embarrassment-free exercising environment with provision of private changing cubicles if required;
- Greater emphasis on the fun and social aspects of the exercise process;
- A manageable intensity level in exercise classes for mothers, including increased access to specific mothers classes which allow for mingling and conversation before, during and after the class, are not high-impact, and involve emphasis on strengthening abdominals, legs, chest, back plus improvement of cardiovascular fitness;
- Educating instructors and participants to not regard or promote exercise to participants as a ready means to drastically alter the shape of particular body parts;
- Regulating inappropriate advertising that attempts to intertwine health or exercise with unrealistic sex, beauty or youth messages;
- Providing positive physical education experiences at school which enhance the prospect of women wishing to engage in physical activity as a life-long pursuit;
- Allowing mothers discounted or concessional program rates, subsidised by the relevant government department/s, in order to improve participation;
- Developing a promotional campaign encouraging mothers to take part in community exercise classes which provide positive role models and helping to allay guilt feelings, while promoting friendship, relaxation and enjoyment.

RESULTS AND DISCUSSION

Mothers can enjoy the mental and physical benefits that exercise has to offer if they choose to participate or resist the constraints that may be present. However, to best understand and design mothers' active leisure programs, we must do so by adopting a holistic approach acknowledging the complexities and structural impediments that exist in their lives. This means policymakers must take into account class, gender, social and agency constraints such as:

- Increasing number of mothers engaging in full-time employment;
- The often-unchanging sexual division of labour in the home;
- Increasing fears, anxiety and risks associated with safety, crime or violence in society;
- The lack of female leisure spaces, appropriate programs and childcare facilities available to women as mothers;

- High costs of commercial leisure participating for women (the majority of low-income earners and sole parents); or
- Mass media images which stereotype or limit women's aspiration.

The creation of supportive environments will do much to assist mothers in their quest for leisure. For the mothers who are involved in outside work, a health break during the day may be the only chance they have of obtaining time-out to exercise or relax. There needs to be increased access for mothers in paid work to leisure facilities and space for their own exercise programs. Incentives to employers for establishing workplace programs are real. Studies of workplace health and wellbeing programs show remarkable benefits, including reduced absenteeism, decreased staff turnover and improved staff morale and job performance.

Worksite health programs will have to be designed with the workers' needs in mind, as many corporate gymnasiums are often under-utilised. Many workers also lack confidence in their ability to join in with healthy activities, so worksite health promotion programs must enhance workers confidence in their abilities to make lifestyle changes and be conducted at a level with which the worker feels comfortable. If flexible work practices and supportive environments such as provision of women's change areas and showers or flexible work schedules don't follow suit, then this can also inhibit progress. Thirty minutes 'donated' by the employer combined with 30 minutes of the worker's own lunch break time, three times per week would be desirable for program involvement.

Mothers who work at home need local spaces such as community halls provided for the conduct of exercise classes. There needs to be council-sponsored free childcare. The cost per person is so minimal compared with the regular prescription of drugs or medical treatment, that the cost of exercise classes could ideally be covered by compulsory national health insurance. As greater numbers of mothers enjoy feelings of wellbeing, there will be less pressure or demand on the medical system.

Physical education student teachers spend one semester completing a community field experience practicum. They could become involved in the instruction of classes. It would also be appropriate for the mothers themselves to be trained in fitness leadership for exercise or walking classes. Mothers who share a common interest can work together in the process of community development to improve their health and connectedness.

Building healthy public policy means that health is placed on the agenda of all policymakers in all sectors and at all levels. Health is affected by the response of a person to her/his environment. Healthy lifestyles can be supported and positively influenced by healthy policies

that increase opportunities available to people. Most people will make decisions to act (choices), from among the range of options (opportunities for making choices) available to them (Milio, 1983). Mothers will be most likely to choose the least costly option in deciding whether to exercise or not. This will involve evaluating factors such as costs related to dollars and time, compared with the perceived benefits and value associated with the activity.

All healthy decisions are affected by socioeconomic circumstances and ease of choice. Whilst we cannot ignore the repressive nature of structural constraints on women in society, it is possible for individual action and shifts of power at the micro-level. However, the most effectively designed programs will have helped participants overcome any barriers caused by wider social and environmental determinants of health status. In conclusion, to most effectively utilise existing fitness industry infrastructure and program offerings, the mental health and stress reduction benefits gained from participating in exercise to music classes have to be featured and promoted rather than the more superficial goals of the commercialised fitness industry and the pervasive images emanating from the media, which all pressure women to attempt to achieve an ideal body shape. Greater research and evaluation of policy action is needed to help promote health and wellbeing.

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