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Towards developing understanding of the drivers, constraints from the consumption values underpinning participation in physical activity

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Abstract

Overall participation rates in physical activity across the UK have remained relatively static since the mid 1980s, with attendant causes for concern about the inequality of participation rates amongst various target groups that may be worthy of specific investigation. Behaviour change models from the fields of leisure studies, consumer behaviour and social psychology offer conceptualisation of a notion of exchange underpinning the expectancy-value process, noting that, in order to facilitate a voluntary exchange there needs to be a value proposition that induces action and/or motivates effort from the consumer. It is therefore reasonable to assume that such value expectations will also influence health behaviour intentions.

This paper therefore aims to offer a more developing understanding of the drivers, constraints and experiential consumption values underpinning participation in physical activity. Results suggest that, rather than focusing on the social and altruistic values of behavioural changes, and given that the functional value of participation is already well-known (if not always acted upon) through social marketing campaigns' educational efforts and through the media, it may be worth policymakers and leisure service providers focusing more on highlighting the emotional benefits to be gained, especially when targeting women to increase their participation in physical activity.

Introduction

Participation in physical activity can offer not only physical health advantages, but also can have a role to play in preventing and treating mental illness (Biddle, 2000), combating social exclusion, reducing social isolation (Driscoll & Wood, 1999), and enhancing community wellbeing (Biddle, 2000; Driscoll & Wood, 1999). The World Health Organisation (WHO, 2001) estimates that, in developed countries, physical inactivity contributes to a wide range of 'disability-adjusted life years', and on a global basis, at least 1.9 million people die each year as a result of physical inactivity. There are many sources that recommend various levels of physical activity according to frequency, duration and intensity, with a commonly cited recommendation that an adult should participate in thirty minutes of moderate-intensity physical activity in a seven day period (Heinonen & Sipila, 2007; Schechtman *et al.*, 1991; Whipple *et al.*, 2006). The

WHO recommends an hour a day of moderate to vigorous-intensity physical activity for individuals under the age of eighteen, and either thirty minutes of moderate-intensity physical activity five days a week, or twenty minutes of vigorous-intensity physical activity three days a week combined with muscular strength training for adults and the elderly (WHO, 2009).

However, while individuals may be aware of these various recommendations they may not be aware of, for example, what constitutes 'moderate-intensity', or the difference between that and 'vigorous-intensity'. Indeed a study by Behrens *et al.*, (2005) established that even with detailed, specific mass communicated guidelines, college students were still confused as to what was required from them in order to meet the physical activity recommendation. Despite public policy being focused on extending participation in physical activity amongst a range of 'targeted social groups' (GHS, 2004), since the mid 1980s, overall participation rates in physical activity across the UK have remained static, participation inequalities between various demographic groups have not narrowed, nor the participation base widened.

This paper therefore aims to ascertain the primary determinants that may either influence or prevent participation in physical activity in a way that moves beyond the traditional economic transactional view of value (cost-benefit trade-off), instead exploring the issue from a more experiential perspective which may offer insights to inform policymakers and improve leisure service providers' endeavours to affect behavioural change.

Literature review

The extant literature highlights a number of models that can help explain health behavior change, including the *Health Belief Model* (Rosenstock, 1966) proposing that people are motivated to take positive health actions in order to avoid a negative health consequences; *Social Cognitive Theory* (Bandura, 1977) provides a framework for understanding that any behaviour change is an interaction of personal, behavioural and environmental determinants; the *Transtheoretical Model of Change* (Prochaska and Velicer, 1997) proposes that behaviour change occurs through a series of stages such as recognising the need to change, contemplating a changing, making a change and finally sustaining a change; the *Theory of Reasoned Action* is based on the premise that individuals are rational and that their behaviour is under their volitional control (Fishbein and

Azjen, 1975); *Theory of Planned Behaviour* adds a third dimension of perceived behaviour control; and the *Social Ecological Model* (Bronfenbrenner, 1977) examines the multiple effects and interrelatedness of social elements in an environment of the individual. Common among these models are processes that underpin the importance of outcomes and their positive association with predicting the occurrence of behavior, based on various conceptualisations of expectancy-value theory.

Across the UK a greater proportion of men than women take part in sport and physical activity (Sport England, 2009; Sports Council for Wales, 2005; Sport Scotland, 2006). However, women are more likely to lead sedentary and low active lifestyles compared to men (Hausenblas & Symons-Downs, 2005) and to experience poorer health than men (Bertakis *et al.*, 2000). Women can also feel uncomfortable about their body image, which can lead to lower levels of participation in physical activity (Liechty *et al.*, 2006). People in professional occupations are about three times more likely to participate in physical activity than those in unskilled manual jobs (GHS, 2004). Sixteen to twenty four year olds have the highest levels of participation across all forms of physical activity (Fahey *et al.*, 2004; Sports Council for Wales, 2005; Sport England, 2009; Sport Scotland, 2006), with youths from higher income families more likely to participate in physical activities than those who are less affluent (Nelson & Gastic, 2008). People from minority ethnic groups evidence lower levels of participation in physical activity (Hylton *et al.*, 2001). People who live in rural areas are generally more likely to be active than those living in urban regions.

All of these issues suggest some of the constraints (defined as limitations or barriers imposed on an individual) that may lead to non-participation or decreased participation in an activity (Jackson, 2000). The majority of the relevant extant literature has focused on structural constraints such as cost, time, problems with facilities, isolation issues and a lack of personal skills and abilities (Jackson, 2000). Some authors have challenged the supposition that leisure constraints restrict or limit participation. Crawford *et al.*, (1991) suggested that it is only where constraints are sufficiently strong that the outcome would be non-participation. Kay & Jackson (1991) believe that individuals may be able to 'negotiate' through constraints, by, for example, reducing rather than ceasing participation, finding cheaper opportunities to participate, saving up

money in order to participate, reducing the amount of time spent on household tasks, and reducing work time to provide more time for physical activity.

According to Rothschild (1999:34), through using approaches offering a carrot, a stick and a promise ‘marketing can offer a middle ground by allowing exchange though the management of the environment (paternalism), as well as free choice and accommodation of self-interest (libertarian)’ In the context of this study, there are broader links to social marketing efforts which are not about forcing or coercing individuals but instead involve effecting voluntary behaviour change which must offer clear benefit to the person in order to motivate and sustain the behavior (Andreasen, 1994). Gordon & Caltabiano (2006) examined 22 initiatives developed using social marketing principles to assess if they were effective in affecting attitudes towards physical activity, and increasing levels of and knowledge regarding the benefits of physical activity. Ten of the cases showed a positive effect, 8 showed mixed results while 4 showed no effect on overall outcomes. However, these results need to be considered in the light of several potential methodological limitations, including that: In many of these cases it was difficult to isolate which components were responsible for producing the observed effects; the lack of a universally accepted measure of a level of physical activity poses problems when conducting comparisons across interventions using different measures; and that the self-reporting of physical activity by respondents can generate overestimation.

Much of the governmental social marketing literature is located within the public health arena, yet little of this research examines value or value creation from the participant’s perspective. Two notable exceptions can be found in the work of Zainuddin *et al.*, (2008) and Russell-Bennett *et al.*, (2009) that propose models of value creation in both social marketing and governmental social change management, suggesting that consumers of a social marketing intervention experience value at three stages of the consumption process, which in turn lead to outcomes of value: satisfaction, behavioural intention and sustained behavioural change, particularly noting that if the value proposition favours societal over individual benefits, an individual may be less inclined to change behavior due to low perceived personal benefit (Russell-Bennett *et al.*, 2009).

At the pre-consumption stage consumers are likely to seek high levels of both functional and emotional value, but only moderate levels of social and altruistic value. High levels of functional and emotional value will also be sought at the consumption stage due to the need to overcome any residual negative emotions needed to reaffirm their decision to act, with altruistic or social value not considered to be as important. Once the service or intervention has been consumed and the experience completed the importance of functional value diminishes due to functional needs having been fulfilled. However, if consumers reflect on their decision and feel that they have performed a socially-responsible act, they may experience high levels of altruistic value.

Sweeney (2003) proposes that consumer-perceived-value relates directly to customer satisfaction, which influences the intention to perform the new behaviour time and time again. Of Andreasen's (2002) six benchmark criteria for social marketing, three seem to emerge as having the greatest influence upon supporting the adoption of health behaviours: Competition offers insights into the options that compete with and often prevent desired behaviour change from occurring; exchange underpins an individual's perception of the value they will receive as a result of adopting certain behavior; and the emphasisis on the need to initiate a voluntary behaviour by a particular target audience - the 'holy grail' for social marketers (Kaczynski, 2008:260).

Method

In order to ascertain what factors may either drive or constrain participation in physical activity in a way that explores the issue from an experiential view of value, a questionnaire was constructed that, while informed by other surveys that into physical activity, unlike other physical activity questionnaires did not predominately focus on levels of physical activity and types of physical activity. We focused our research on women, who are under-represented in participation levels in physical activity across the UK. Between 17th January and 28th February 2011, 250 paper copies of the questionnaire were distributed via a chain of nurseries and playgroups, as well as shops and businesses throughout a county in Wales that has the 2nd lowest life expectancy in the nation. Adopting a snowball approach, one of the researchers messaged all her contacts on Facebook who lived in Wales with the link to the online survey, encouraging the message to be passed on to other females. A news story was placed on the University website

with a link to the online survey, and Wales' national newspaper also published an article with a link to the online survey.

Discussion of Findings

245 questionnaires were returned (150 hard copies, 95 online) that were deemed usable if the respondent self-reported as female. Respondents were aged from 16 to over 66 with the majority (84.1%, n=206) aged 16-45. More respondents were married or co-habiting (n=152) than single, including those who were separated, divorced or widowed (n=89), with 4 respondents preferring not to answer this question. The majority of respondents (n=151) had no dependents, and 141 respondents (57.6%) were in full-time employment. While some respondents self-reported they did not engage in any physical activity on a frequency of at least once a week (n=49), the majority (n=196) self-reported they engaged in physical activity from between 1 hour a week to engaging in some form of physical activity every day of the week.

The challenge for social marketing campaigns, and some indication of the continued tensions between paternalism and libertarianism, can be seen in responses concerning how much physical activity an individual thinks they should participate in, and how much participation in physical activity they believe government recommends. The highest frequency identified respondents' beliefs they should participate in physical activity for 30 minutes five times a week (38%, n=93) which is in line with many published guidelines, with 112 respondents (45.7%) identifying that such participation ideals were 'common knowledge', although 80.4% of respondents (n=197) did report having seen media and health campaigns encouraging people to become more active.

However, responses to a question asking those who did engage in regular physical activity (n=196) the extent to which these campaigns has had any effect on individual behavior bears out and Jochelson's (2006) belief that education does not always translate into action, and Rothschild's (1999) assertion that a 'promise' alone will not lead to a change in behavior. Here, 24.1% (n=59) individuals responded that the media and health campaigns had no effect at all on their behavior, and 27.8% (n=68) reported that while such campaigns had made them more aware of the benefits of being more active, this knowledge did not translate into a change in behavior.

While it may not be surprising that the most frequently cited constraint on female respondents was reported to be associated with childcare, only 49 of our respondents did not regularly participate in physical activity, yet 84 respondents did have dependents. Similarly, 141 of our respondents were in full-time employment. These findings also show that some constraints identified by our respondents relate to lack of desire or interest in participating in physical activity, bearing out Crawford *et al.'s* (1991) view that it is only where constraints are sufficiently strong that the outcome would be non-participation. 196 respondents self-reported as being engaged in some physical activity every week. This group's responses to questions asking about their reasons for continued participation in physical activity (Table 1) also began to indicate the value proposition from a more consumer value-creation than only from a value-in-exchange perspective.

Table 1: The value of participation in physical activity

Reasons for participation	*Frequency*	*Reasons for continued participation*	*Frequency*
To keep fit and healthy	167	To be healthy	151
To lose weight	103	I feel better if I exercise	147
It helps me relax	102	To stay slim	115
I enjoy exercise	99	I enjoy being active	100
To have 'me time'	69	I have always been active throughout my life	55
It is fun	58	My friends are active	22
It is an opportunity to socialise	47	It's part of my job	12
I want to improve at a particular activity	32		
To walk the dog	22		
The facilities are convenient	22		
It gives me a break from family commitments	21		
I have a special event coming up	17		
A GP / Health professional suggested it	8		
To make friends	5		
All my friends go	5		

Similarly, insights into the experiential aspect of participation in physical activity can be found in Table 2 (with only 7 non-responses to this question) from the overall total 245 respondents, including the 2% (n=49) respondents who did not engage regularly in physical activity.

Table 2: The experiential perspective

When thinking about participating in physical activity, I currently feel that …	*Frequency*	*%*
I enjoy participating and try to participate every week	91	37.1
I like to participate in physical activity, I would like to participate more	65	26.5
Physical activity is OK and I try to participate in something	59	24.1
I find physical activity a chore, and I try to do it as little as possible	19	7.8
Physical activity is something that other people do, I could not think of anything worse to do	4	1.6

Conclusion

While theories and models of behaviour change from the fields of leisure studies, consumer behaviour and social psychology can offer understanding of how social marketing principles can influence participation in a range of activities thought to prevent ill-health and positively contribute to healthier lifestyles, it is the literature regarding the concept of exchange that has extended into the customer value literature that may better offer insights regarding the extent to which offerings could be tailored to specific audiences based on what they desire or perceive to be valuable. Here, the notion of exchange underpins the expectancy-value process, to facilitate a voluntary exchange there needs to be a value proposition that induces action and/or motivates effort from the consumer. It is reasonable to assume that value expectations will influence health behaviour intentions.

As found in studies by Zainuddin *et al.*, (2008) and Russell-Bennett *et al.*, (2009), at the consumption stage, consumers have already made their decision to act primarily based on the premise that consuming the service would fulfil or satisfy their functional needs. Many of our respondents identify functional values such as keeping fit and healthy or losing or maintaining a desired weight. Respondents also identified the emotional value to be gained through participation in physical activity, which may offer pointers to policymakers and leisure providers alike in how better to position and promote the benefits of participation. Rather than focusing on the social and altruistic values of such behavioural changes, and given that the functional value of participation is already well-known (if not always acted upon) through social marketing campaigns' educational efforts and through the media, it may be worth more focus on highlighting the emotional benefits to be gained through participation, pointing to the experiential aspects of consumption, especially when targeting women to increase their participation in physical activity.

Accordingly leisure service providers will need to understand the consumption values underpinning participation in sport and physical activity if they are to bringing about a significant improvement in the health of the population by increasing the proportion that are sufficiently active. However, it may be that participation levels in physical activity could be increased if providers moved beyond the traditional economic view of value (cost-benefit trade-off) and explored the insights gained from adopting an experiential view of value (perceived and desired outcomes) as articulated by consumers. This also indicates fruitful areas for further research that broadens the geographic consideration of consumers outside of Wales, and also considers these issues through the use of qualitative methods.

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