

# Opinion: The social barriers to an active society are being ignored

June 14 2017, by Cassandra Phoenix And Tess Kay

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Warmer weather and longer days can herald feelings of renewed energy and a sense of new beginnings. This year the seasonal change in Britain was pre-empted by a series of official nudges encouraging people to put

extra spring into their steps. Move more, sit less and ensure you spend time every day being physically active, goes the advice.

Momentum began to build in late February as women and girls were called to action by the return of Sport England's [This Girl Can](#) campaign. April was the month for [World Physical Activity Day](#), while May featured [#MoveWeek](#).

These initiatives certainly help raise awareness of the role that [regular physical activity](#) plays in preventing illness and promoting good health. And it is an important message. [Current UK figures](#) indicate that 33% of men and 45% of women are not active enough to achieve health benefits. Physical inactivity costs the National Health Service in England more than [£450m a year](#) – a figure projected to increase unless changes are made.

But the simplicity of exhorting people to "be more active" belies how complicated it can be to put this into practice. Increasing physical activity requires individuals to do things differently. It means changing how they spend their work and leisure time, and their habitual patterns of moving or being still as they go about their daily lives.

Can individuals alone make the changes that are required? Public health campaigns imply that they can, focusing on how to live a healthier, more active life. But do the roots of inactivity really lie only in the behaviour, decisions and motivations of individuals? Or are there wider factors which need to be recognised and addressed?

[Plenty of evidence](#) suggests that external influences are also important, and there is mileage in ensuring that these elements are integrated into addressing individual behaviour.

Consider, for example, the challenge of raising [physical activity levels](#)

among [older people](#). This is a priority for public health given the [predicted 89.3% increase](#) in the numbers of older adults to 9.9m in the UK by 2039. According to Sport England, [54% of those aged 75 and above](#) are doing less than 30 minutes of physical activity a week.

Recognising the everyday situations of older people helps to explain why becoming more active involves more than individuals simply choosing to behave differently. Many face substantial constraints such as poor health, with [AgeUK](#) reporting that 40% of all people aged 65 and above have a longstanding limiting illness, while one in three will die with a form of dementia.

On top of this, [data on health inequalities](#) alerts us to other challenges that affect large numbers of older people. Nearly a million people report having to cut back on food shopping to cover the cost of utility bills. Around 25,000 can die of the cold each year, while 2.9m feel they have no one to turn to for help and support. All of these reflect broader social, political and economic inequalities that are beyond any individual's control.

Living in poverty, insecurity and social isolation can undermine well-being and reduce a person's capacity to be proactive and engage in healthy activities. But these obstacles are by no means confined to older people. Across all age groups, physical activity is lowest among those in lower income neighbourhoods.

Among them are those experiencing poverty, unemployment, lone parenting, and being part of a marginalised group. If physical activity policy is to be effective, it needs to recognise these circumstances and their impact on inactivity.

## **Taking a step back**

Fortunately, we have the tools to do this. There is a long tradition of scientific inquiry that recognises how individuals interact with social networks, structures and processes. ["Theories of practice"](#) and [social ecological models](#), for instance, recognise the impact that families, communities, organisations, policies and wider structural factors have on an individual's daily life.

Adopting this wider perspective allows [physical activity](#) policy and guidance to be refocused. Recommendations should reflect the fact that individuals are indeed just that – unique in their characteristics, biographies and everyday circumstances. Generic messages instructing people to "be more active" are just the starting point. They need to be followed up by comprehensive, evidence-based analysis that identifies the constraining factors that limit people's opportunities and capacity for being active in their everyday lives.

This means that interventions to encourage people to move more also need to recognise the wider social context. Local knowledge can be invaluable here, especially when it includes consultation with inactive people themselves. This ensures that specific needs are identified and constraints addressed. It brings a new, more empathetic tone to public health messaging, acknowledging that becoming active can be difficult and offering support rather than chastisement.

Inactivity is a perennial [public health](#) problem. To tackle it most effectively, the expert community of policymakers, practitioners and researchers need to pause and take a step back. Looking at the problems that surround the problem will allow a better informed approach to supporting people's capacity to get physical – whether it's warm outside or not.

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