



## Importance of Physical Activity in Women

Minaz M\*

Department of Medicine, Aga Khan University, Karachi, Pakistan

### Introduction

Pakistan, along with other developing countries is going through epidemiologic transition, i.e., there is a rising burden of non-communicable diseases while these countries still struggle to eradicate infectious diseases. This transition is attributed most of the times to behavioral and lifestyle factors such as diet and physical activity [1]. The combination of infectious and non-communicable diseases puts an additional burden on the country's health care resources. In South Asians there is a higher prevalence of obesity and related non-communicable diseases. With the risk factors being more prevalent in females as compared to males, it is important to focus on preventive and curative aspects especially for this high risk population [2,3].

The increase in modernization and globalization has brought several behavioral changes which are the most important and modifiable risk factors for chronic diseases. One of those factors is the lack of physical activity [4,5]. On Global basis, over one million deaths can be attributed to physical inactivity alone [6]. Physical activity is not only associated with overall improved physical fitness and psychological health but also helps in preventing obesity and other risk factors for chronic diseases [7].

In Pakistan, like other countries, physical inactivity is found to be more prevalent in females as compares to males. A study conducted by World health organization in 2008 found that in Pakistan, the prevalence of physical inactivity is 12.8% in men and 27.3% in women, whereas the pooled estimate of physical inactivity for individuals from 51 mainly low and middle income countries was 15.2% for men and 19.8% for women [4]. Some of the major reasons of the physical inactivity in women are societal and cultural factors [8]. Studies conducted in Arab countries and Iran have found child care responsibility, lack of security, lack of time, traditional views about women, etc., as some of the reasons for lack of physical activity among women [5]. Even among eastern women residing in western countries, reasons for lower level of physical activity were found to be cultural factors and norms that women should stay indoors [8].

Lack of awareness, lack of culturally appropriate facilities for workout and lack of safety in our setting are some of the major issues which need to be worked upon in order to encourage physical activity in women. For promotion of population based interventions, It is highly

recommended to emphasize on activities that can be easily incorporated into people's everyday lives for e.g. walking therefore, steps should be taken for increasing facilities like parks and fitness centers exclusively for females [8]. This can also be achieved by introducing separate timings for females at existing facilities for physical fitness. Community based physical activity programs have also been found to be beneficial and should be considered. Some of the clinical trials have reported increase in physical activity among women in response to interventions such as providing information through mailed newsletters, expert consultant's advice, individual counseling addressing barriers, benefits, self-efficacy, social support and goal setting, interactive groups sessions, skills training in a regular exercise regimen, dietician consultation and feedback, etc. [5]. Hence, it is recommended to take preventive measures in order to increase physical activity in women which would ultimately help in reducing burden of preventable health problems in this population.

### References

1. Amuna P, Zotor FB (2008) Epidemiological and nutrition transition in developing countries: impact on human health and development. *Proceedings of the Nutrition Society* 67: 82-90.
2. Misra A, Khurana L (2011) Obesity-related non-communicable diseases: South Asians vs. White Caucasians. *Int J Obes (Lond)* 35: 167-187.
3. Jafar TH, Chaturvedi N, Pappas G (2006) Prevalence of overweight and obesity and their association with hypertension and diabetes mellitus in an Indo-Asian population. *Can Med Assoc J* 175: 1071-1077.
4. Guthold R (2008) Worldwide variability in physical inactivity a 51 country survey. *Am J Prev Med* 34: 486-94.
5. Leila AF, Mohsen AL, Eesa M, Soroor P, Ali AH, et al. (2015) Community-based physical activity interventions among women: A systematic review. *BMJ Open* 5: e007210.
6. Romaina I, Ghazala R, Salma B, Rahat Q, Katherine GD, et al. (2006) Validating MOSPA questionnaire for measuring physical activity in Pakistani women. *Nutr J* 5: 18.
7. Nelson ME, Rejeski WJ, Blair SN, Duncan PW, Judge JO, et al. (2007) Physical activity and public health: updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Circulation* 116: 1094-1105.
8. Lawton J, Ahmad N, Hanna L, Douglas M, Hallowell N (2006) 'I can't do any serious exercise': Barriers to physical activity amongst people of Pakistani and Indian origin with Type 2 diabetes. *Health Educ Res* 21: 43-54.

\*Corresponding author: Minaz M, Department of Medicine, Aga Khan University, Karachi, Pakistan, Tel: 923450310193; E-mail: [minaz.mawani@aku.edu](mailto:minaz.mawani@aku.edu)

Received December 14, 2016; Accepted January 13, 2017; Published January 20, 2017

Citation: Minaz M (2017) Importance of Physical Activity in Women. *Prim Health Care* 7: 253. doi:10.4172/2167-1079.1000253

Copyright: © 2017 Minaz M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.