

“Already tired – do I need to be more tired?!”

Eliciting the modal salient exercise beliefs of pregnant women in East Kent (United Kingdom).

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Introduction

Whilst current recommendations suggest that in most cases it is safe for expectant mothers to initiate or continue with exercise, pregnant women seldom participate in physical activity of the frequency, intensity and duration associated with health benefits. In fact, pregnancy has been identified as a contributing factor in the decline of exercise behaviour among women (Gaston & Cramp, 2011). From a psychological perspective, the reasons for this are often not well understood and remains poorly investigated. Ajzen’s (1991) theory of planned behaviour (TPB) posits that the cognitive foundation for behaviour is rooted in three subjective probabilities: (1) behavioural, (2) normative, and (3) control beliefs. Once formed and accessible in memory attitudes, subjective norms, perceptions of control, and ultimately intentions and behaviour follow in a reasonable and consistent manner. Identifying these beliefs is a significant step in determining the factors that may influence people’s ultimate behaviour. The purpose of this study was therefore to conduct an elicitation study to determine the modal salient exercise beliefs held by pregnant women in East Kent.

Method

Pregnant women ($n = 39$) were recruited when attending an appointment at one of ten randomly selected National Health Service (NHS) antenatal clinics in East Kent. Consistent with the procedure recommended by Fishbein and Ajzen (2010), participants ($n = 18$) completed a questionnaire using open-ended questions to describe their beliefs about exercise during pregnancy. A modal set of beliefs were compiled following content analyses. Specifically, beliefs were selected based on their frequency of emission until 75% of all responses listed were accounted for.

Results

The main advantages of exercise during pregnancy were keeping fit and being healthy whilst fatigue was the main disadvantage. Expectant mothers believed that health professionals in particular would approve of them exercising during their pregnancy. The primary normative referents identified were those who already enjoy an active lifestyle whilst those with health issues were least likely to be physically active. Accessibility of suitable exercise opportunities and having time available were two of the main factors that would make it easy or enable women to exercise during their pregnancy. Conversely, health issues, not having enough time and fatigue were identified as factors that would hinder participation.

Conclusion

Elicitation studies provide valuable information regarding people’s beliefs about a particular behaviour (Symons Downs & Hausenblas, 2005). Such insight has important implications for behavioural interventions as it allows researchers and practitioners to tailor programs to meet the specific needs of the population under investigation. To put this in context, a better understanding of pregnant women’s beliefs about exercise can aid the development of strategies to increase physical activity participation and decrease sedentary behaviour, promote healthy lifestyle changes, prevent chronic diseases and improve the long term health of both women and their offspring.

References:

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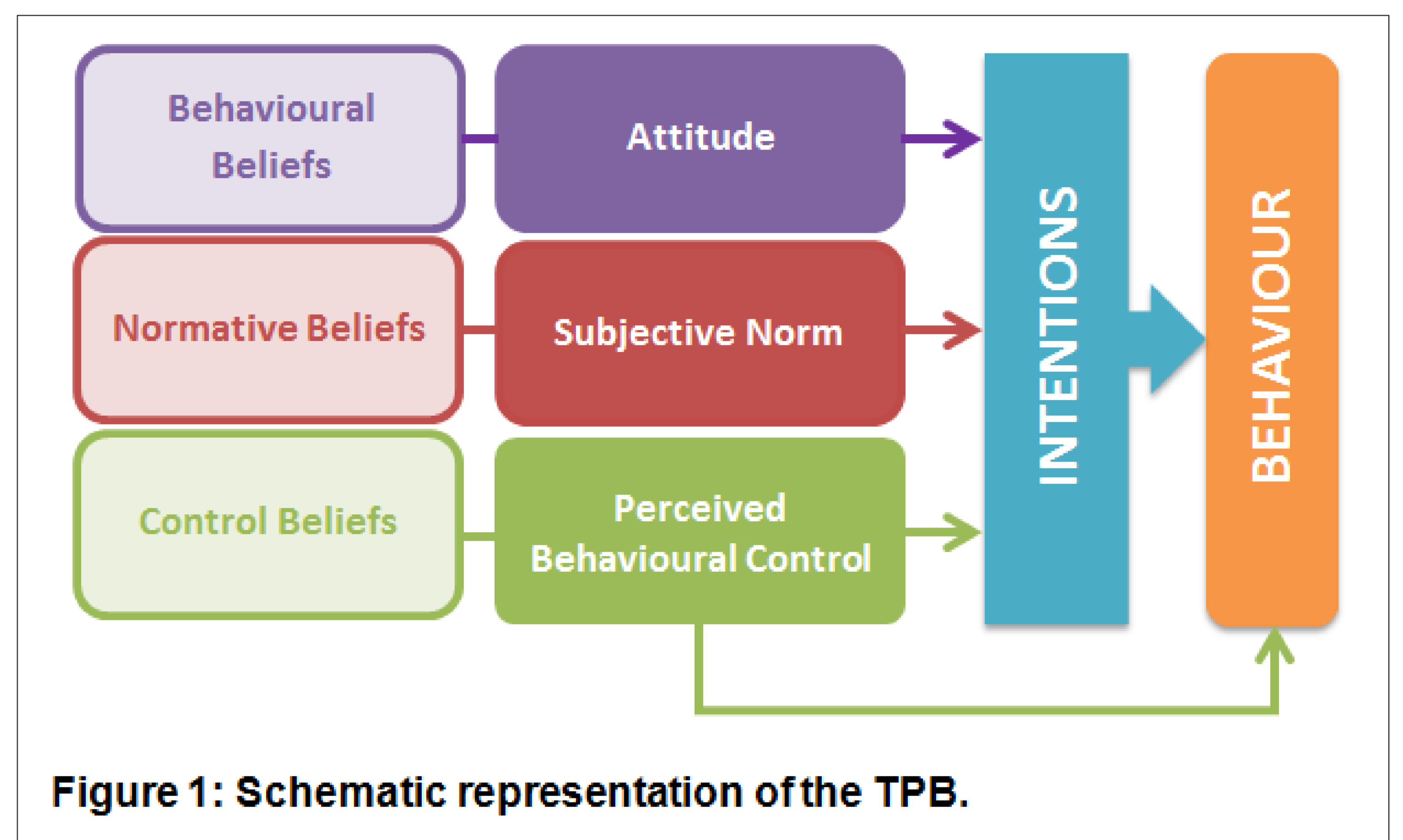


Figure 1: Schematic representation of the TPB.

Table 1: Modal salient exercise beliefs of pregnant women in East Kent

Behavioural Beliefs			
Advantages	N = 53	Percentage	Cumulative Percentage
Physical Fitness	13	24.53	24.53
Health	12	22.64	47.17
Weight control	6	11.32	58.49
Prepare for labour	5	9.43	67.92
Psychological wellbeing	5	9.43	77.35
Disadvantages	N = 28	Percentage	Cumulative Percentage
Fatigue	9	32.14	32.14
Overdoing it	5	17.86	50.00
Fear of harming baby	5	17.86	67.86
Injury	3	10.71	78.57
Injunctive Normative Beliefs			
Approve	N = 40	Percentage	Cumulative Percentage
Health professionals	15	37.50	37.50
Family	8	20.00	57.50
Friends	6	15.00	72.50
Husband/Partner	4	10.00	82.50
Exercise professionals	4	10.00	92.50
Disapprove	N = 18	Percentage	Cumulative Percentage
Family	4	22.22	22.22
Health professionals	3	16.67	38.89
Friends	2	11.11	50.00
Public	2	11.11	61.11
Older people	2	11.11	72.22
Complicated pregnancies	2	11.11	83.33
Normative Referents			
Most likely	N = 28	Percentage	Cumulative Percentage
Active people	14	50.00	50.00
Health/Exercise professionals	4	14.29	64.29
Experienced mums	2	7.14	71.43
Health issues	2	7.14	78.57
Without dependents	2	7.14	85.71
Least likely	N = 32	Percentage	Cumulative Percentage
Health issues	10	31.25	31.25
Not active	6	18.75	50.00
Suffered loss	6	18.75	68.75
First pregnancy	4	12.50	81.25
Control Beliefs			
Easy/enable	N = 35	Percentage	Cumulative Percentage
Access and availability	9	25.71	25.71
Time	7	20.00	45.71
Knowledge	5	14.29	60.00
Cost	5	14.29	74.29
Activity structure	5	14.29	88.58
Difficult/prevent	N = 41	Percentage	Cumulative Percentage
Health issues	11	26.83	26.83
Time	10	24.39	51.22
Fatigue	6	14.63	65.85
Dependents	4	9.76	75.61
Access	4	9.76	85.37