

Promoting Physical Activity of Adolescent and Young Iranian Girls

Abstract

Background: Women play a central role in the health of the whole family, but they are faced with more barriers while taking part in physical activities. **Methods:** This study was composed of two main phases. In the first phase, the status of physical activity among young and adolescent in Iran and global evidence of effective interventions were searched. In the second phase, Focused Group Discussion (FGD) sessions were held with the key stakeholders in Tehran to investigate the results obtained from the first phase. **Results:** Physical activity among young and adolescent in Iran is inadequate. Based on the results obtained from the evidence and analysis of the FGDs, solutions defined as supporting policies, supporting environment, and supporting programs for physical activities. **Conclusions:** Multilevel cooperation among schools, families, and society is necessary to develop and implement policies and supporting programs, with an emphasis on combined interventions.

Keywords: Adolescent, girls, physical activity, young

Introduction

Women play a central role in the health of the whole family, but they are faced with more barriers while taking part in physical activities. In Iran, some studies have been carried out to reduce inactivity; however, there has been no comprehensive study yet.^[1]

In the present study, relevant evidence and the key stakeholder's opinion were reviewed to depict the current situation of physical activities among adolescent and young Iranian girls and to propose evidence-based strategies that are compatible with social, cultural, and religious circumstances in Iran.

Methods

This study was composed of two main phases, in the first phase, the status of physical activity among young and adolescent in Iran, local and global evidence of society- and school-based interventions and their effectiveness were examined. Databases of PubMed, ISI, Scopus, Health Systems Evidence, health-evidence.ca, Cochrane Library, Health Information Research, IranMedex and SID were utilized in 2014. The keywords included (Adolescent OR young

AND (physical activity OR exercise OR sport) AND (intervention OR promotion OR policy OR strategies).

In the second phase, Focused Group Discussions (FGDs) were used to identify the key stakeholder's viewpoints. The criteria to select the individuals included being an audience of physical activity in adolescent and young girls issue; expertise in the field of policies and programs related to adolescents and young adults throughout the country and being involved in women's health. Six FGD sessions were held in Tehran, and the beneficiaries' opinion about the current situation and barriers and facilitators of physical activities among adolescent and young girls in Iran was discussed. Afterward, according to the interventions obtained from reviewing the evidence, appropriate, and applicable strategies were identified.

Results

The data obtained from two phase was categorized in three sections of the current situation, relevant causes and reasons, and interventions.

Current situation

According to the World Health Organization (WHO) report, 47% of girls in Iran do not have sufficient physical activity.^[2] Studies

Fatemeh Rajabi,
Leila Mounesan¹,
Azadeh Sayarifard²,
Laleh Ghadirian³

Community Based Participatory Research Center, Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran, ¹Center for Academic and Health Policy, Tehran University of Medical Sciences, Tehran, Iran, ²Growth and Development Research Center, Children's Medical Center, Tehran University of Medical Sciences, Tehran, Iran, ³Knowledge Utilization Research Center, Tehran University of Medical Sciences, Tehran, Iran

Address for correspondence:
Dr. Azadeh Sayarifard,
Growth and Development
Research Center, Children's
Medical Center, Tehran
University of Medical
Sciences, Qarib St., Keshavarz
Blvd., Tehran 14194, Iran.
E-mail: drsayarifard@gmail.com

Access this article online

Website:
www.ijpvmjournal.net/www.ijpm.ir

DOI:
10.4103/ijpvm.IJPVM_220_16

Quick Response Code:



How to cite this article: Rajabi F, Mounesan L, Sayarifard A, Ghadirian L. Promoting physical activity of adolescent and young Iranian girls. *Int J Prev Med* 2018;9:10.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

showed inactivity in adolescents in Iran was above than 40%.^[3,4] Studies showed that the society's preparation for the behavioral change in physical activity and its enhancement is low.^[5]

Effective causes and reason in physical activities

Based on some studies results, there is a correlation between gender, race, self-efficacy, level of sports at schools, access to sports facilities, level of physical activity of parents and supports provided by family and friends and physical activity among children and adolescents.^[6,7]

From findings of FGDs about physical activity promotion barriers and obstacles, four main categories were extracted included planning and managerial problems, lack of resources, insufficient knowledge and attitude, social and cultural circumstances. Examples of statements noted by audiences were: "Several organizations are doing parallel works for the same purposes with spending resources without coordination. If there was much intersectoral coordination, all these resources would not be used" (Participant No. 3).

"In the community, there are harder circumstances for girls to exercise. For example, good hours of the day at sports clubs are allocated just for boys (Participant No. 7).

Interventions

Some school-based interventions were studied included utilization of extra-curricular training classes based on behavioral theories or holding classes for free activities other than the students' physical education courses.^[8] Almost all of the reviewed studies and political summaries stated that individual interventions were less effective than multistage interventions.^[1] Since physical activity is a multidimensional issue, employing multistage interventions (based on education with school participation and family support) for adolescents is more appropriate than children.^[9] Based on the WHO report, major strategies that can lead to increased physical activities in the community included promoting intersectoral cooperation, attraction public participation, strengthening supervision, and evaluation.^[10]

Therefore, by holding our two final FGDs with the stakeholders, their implicit knowledge and experiences along with effective interventions were employed to define strategies appropriate to our local circumstances. The strategies classified as three main categories included supporting policies, supporting environment, and supporting programs for physical activities. Some strategies included:

1. Supporting policies: developing women's physical activities through clergymen and religious groups, developing related programs in mass media with an emphasis on women
2. Supporting environment: interventions in educational environment, for example, revision of lesson plans, possibility of using sports facilities for mothers and

children simultaneously, possibility of using sports facilities at schools and universities for students and their families at times when they are not used,

3. Supporting programs: interventions for promoting awareness, knowledge, and attitude, for example, designing purposive educational programs to enhance physical activities unique for girls, encouraging sports through women's top models (athletes, artists, managers, and female academia), interventions in the health system, for example, discount for adolescents and young girls who exercise regularly for using health services, developing guidelines for health providers to evaluate the state of physical activities among women.

Discussion and Conclusions

The present study was carried out to help with informed decision-making about increased physical activities among adolescent and young girls. The present study indicated that the level of physical activities among adolescent and young in Iran is low.^[3,4] Planning and managerial problems, lack of resources, insufficient knowledge and attitude, social and cultural circumstances and gender had an effect on the level of physical activities among adolescent and young. In the study by Blanger *et al.*, in addition to the lack of access to resources, lack of social support was reported as an important barrier to lack of physical activities among students.^[11] Allender reported employing expert workforce and availability of sports facilities at schools were mentioned as facilitators for physical activities.^[12] In a study by Van Lippevelde *et al.* in four European countries, the existence of joint programs between children and parents is the most appropriate method to enhance physical activities. Examples of such programs can be walking activities, biking, sports competitions, and nutrition workshops.^[13]

In conclusion, multilevel cooperation among schools, families, and society is necessary to develop and implement policies and supporting programs, with an emphasis on combined interventions.

A limitation of the study was that the FGDs with adolescents and young girls, parents, and teachers and school principals, were held on Tehran only due to time and access constraints, so the findings of this section do not have generalizability to the whole country.

Acknowledgments

This research has been supported by Iranian Academy of Medical Sciences and Tehran University of Medical Sciences and Health Services grant (92-02-159-23411).

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Received: 14 Jun 16 **Accepted:** 10 Apr 17

Published: 29 Jan 18

References

1. Mounesan L, Sepidarkish M, Hosseini H, Ahmadi A, Ardalan G, Kelishadi R, *et al.* Policy brief on promoting physical activity among adolescents. *Int J Prev Med* 2012;3:599-606.
2. World Health Organization. Prevalence of Physical Activity, National Profile of Noncommunicable Disease Risk Factors in Islamic Republic of Iran Selected Result of First Survey of Non-communicable Disease Risks Factor Surveillance System of Iran; 2005.
3. Ziaee V, Kelishadi R, Ardalan G, Gheiratmand R, Majdzadeh S, Monazzam M. Physical activity in Iranian students CASPIAN Study. *Iran J Pediatr* 2006;16:157-64.
4. Kelishadi R, Ziaee V, Ardalan G, Namazi A, Noormohammadpour P, Ghayour-Mobarhan M, *et al.* A National Experience on Physical Activity Initiatives for Adolescent Girls and their Mothers: CASPIAN Study. *Iran J Pediatr* 2010;20:420-6.
5. Molaie TA, Tavafian S, Zare SH. Physical activity and the stages of change: Application of the trans theoretical model. *PAYESH J* 2008;7:253-8.
6. Van Der Horst K, Paw MJ, Twisk JW, Van Mechelen W. A brief review on correlates of physical activity and sedentariness in youth. *Med Sci Sports Exerc* 2007;39:1241-50.
7. Sallis JF, Prochaska JJ, Taylor WC. A review of correlates of physical activity of children and adolescents. *Med Sci Sports Exerc* 2000;32:963-75.
8. Dobbins M, DeCorby K, Robeson P, Husson H, Tirilis D. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18. *Cochrane Libr* 2009. DOI: 10.1002/14651858.CD007651.
9. van Sluijs EM, Kriemler S, McMinn AM. The effect of community and family interventions on young people's physical activity levels: A review of reviews and updated systematic review. *Br J Sports Med* 2011;45:914-22.
10. World Health Organization. Obesity: Preventing and Managing the Global Epidemic. Geneva: World Health Organization; 2000.
11. Bélanger M, Casey M, Cormier M, Filion AL, Martin G, Aubut S, *et al.* Maintenance and decline of physical activity during adolescence: Insights from a qualitative study. *Int J Behav Nutr Phys Act* 2011;8:117.
12. Allender S, Cowburn G, Foster C. Understanding participation in sport and physical activity among children and adults: A review of qualitative studies. *Health Educ Res* 2006;21:826-35.
13. Van Lippevelde W, Verloigne M, De Bourdeaudhuij I, Bjelland M, Lien N, Fernández-Alvira JM, *et al.* What do parents think about parental participation in school-based interventions on energy balance-related behaviours? a qualitative study in 4 countries. *BMC Public Health* 2011;11:881.

