

PHYSICAL ACTIVITY, HEALTH AND WELLNESS LEVELS AMONGST ADULTS IN NORTHERN IRELAND: FINDINGS FROM THE NORTHERN IRELAND SPORT AND PHYSICAL ACTIVITY SURVEY (SAPAS)

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Background

The measurement of participation in sport and physical activity in the UK has been driven by factors such as monitoring the investment in local authority facilities, evaluating the difference National Lottery funding has made, and monitoring service level agreements between Government and national agencies. A new agenda has arisen which is to monitor the amount of physical activity people are undertaking in order to derive a health benefit as a link between physical activity and health has been firmly established. Regular physical activity reduces the risk of premature mortality, coronary heart disease, colon cancer, diabetes mellitus and osteoporosis and helps reduce depression and anxiety, improve mood and enhance a person's ability to perform daily tasks (US Department for Health and Human Services, 1996; Department of Health, 2004, Department of Health, 2011).

This new agenda requires new research and much more sophisticated research instruments than currently exist. The three primary objectives of the current study were (i) to accurately quantify levels of physical activity amongst the adult population (16 years +) in Northern Ireland; (ii) to investigate relationships between physical activity and various measures of health and wellness; and (iii) explore implications for future policies and interventions designed to increase levels of physical activity and improve health.

Methodology

The research was conducted between July 2009 and August 2010 by Ipsos MORI on behalf of Sport Northern Ireland and a number of partner organisations in Northern Ireland. A representative sample of 4,653 adults completed the survey. Information was collected on physical activity levels across four life domains (home, work, active transportation and sport), and several health and wellness variables (smoking, alcohol consumption, healthy eating habits, perceived health and happiness and self-reported Body Mass Index). Frequency tests, t-tests and one-way analyses of variance (ANOVA) were used to interrogate the data and investigate significant differences and relationships, with binary regression analyses then used to explore the influence of socio-demographic and health and wellness variables. In addition, analyses were conducted to determine whether or not physical activity contributed significantly to perceived health and happiness.

Results

The results of the survey showed that overall 34.5% of Northern Ireland's adult population achieved the levels of physical activity as recommended by the Chief Medical Officer (i.e. at least moderate intensity activities for at least 30 minutes on at least five days per week). The most important determinant of physical activity, including sport participation, was age. Sport continues to be stratified by socio-economic status, with the higher socio-economic classes (social class A, B, C1 and C2) and those with a higher education (University Degree) being more highly represented within the sporting community.

Discussion

In today's society, changing inactive lifestyles and increasing levels of activity presents a tremendous public health challenge - a challenge that cannot be ignored if health is to be improved. Physical activity, including sport participation, needs to be seen as an opportunity - for enjoyment, for improved vitality, for a sense of achievement, for fitness, for optimal weight, and - not least - for health. It is in this context that this research is relevant and necessary.

Overall, the research reinforces the need to employ sophisticated measures of physical activity across all life domains in order to fully explore complex relationships between activity and well-being. While many findings simply complement the existing literature, a number of interesting and previously unexplored relationships were also established that have significant implications for future policy and the targeting of health campaigns towards specific at-risk populations.

References

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