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UNIVERSITI TEKNOLOGI MARA

**MOTIVES AND BARRIERS TO PHYSICAL
ACTIVITY PARTICIPATION AMONG WOMEN
CIVIL SERVANT OF THE SUPPORTING GROUP
IN PUTRAJAYA**

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Thesis submitted in fulfillment
of the requirements for the degree of
Master of Science


Faculty of Sports Science and Recreation

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AUTHOR'S DECLARATION

I declare that the work of this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the result of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any other degree or qualification.

I, hereby, acknowledge that I have been supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

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ABSTRACT

Physical activity has been proven to have a significant impact on individuals' physical, psychological, physiological and social life. Despite all of these advantages, physical activity remains to be narrowed and dropped out from time to time. This scenario has been mostly occurred among women who are found to lead sedentary lifestyles compared to men. The necessity to identify their motives and barriers to participating in physical activity is crucial since little is known about physical activity pattern particularly into demographic profiles, motives, barriers and physical activity levels among women civil servant in Malaysia. Hence, this study was conducted to examine the differences and the relationships on motives, as well as barriers to physical activity participation across physical activity levels. A total of 447 women civil servant completed a set of questionnaire on physical activity levels, motives and barriers to physical activity participation. The results found that 68% ($N=143$) of the women civil servants were classified into pre-contemplation, contemplation, and preparation stages which indicate they were not being physically active enough. Fitness and health, and appearance motives were found to be the most important motives, while personal well-being and cultures and religiosity were became the most barriers for them to participate in physical activity. The results showed that the motives among these women civil servants were significantly different ($f(2, 438) = 2.12, p = .003$; Wilks' Lambda = .91) and were significantly correlated ($r = .20, n = 447, p < .01$) with their physical activity levels. In addition, the results have showed that the barriers to physical activity participation and physical activity levels were also significantly different ($f(4, 436) = 4.86, p = .00$; Wilks' Lambda = .74) and correlated ($r = .41, n = 447, p < .01$) It can be concluded that women in different level perceived different motives and barriers in order to participate in physical activity, while motives and barriers does influence and initiate the movement of physical activity levels among these women from non-active to active women. Therefore, any physical activity intervention attempts should emphasized more on the motives, while reducing barriers in order to enhance these women to be physically active. The findings also recommended an investigation on extensive sample on multiple setting as a future research.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

In 2007, the percentage of women with cardiovascular disease increased to 80% compared to other injuries (WHO, 2007). In addition, the World Health Organization (2009) also estimates that annually, there are millions of deaths attributed to physical inactivity. Similarly, Nigg et al. (2011) estimated about 200,000 deaths annually due to the 50% increase in obesity prevalence among American adults. Brown and Roberts (2010) and Molanorouzi, Khoo, and Morris (2015) stated that physical inactivity has become the fourth leading cause of death in 2003, especially amongst women. Besides, physical inactivity was also reported to be an important contributor to the risks for numerous chronic diseases such as cardiovascular diseases and obesity (Fletcher, Behrens, & Domina, 2008; Jonsson & Liden, 2012; Kelishadi et al., 2010; Poh et al., 2010; Yancey et al., 2007). The World Health Organization (2010), Martina (n/a), and Poh et al. (2010) also reported that the incidence of chronic diseases is growing and affecting all age groups in both developed and developing countries. This increment is now seen as a global burden (Aniza & Fairuz, 2009; Martina, n/a; Mkamba & Mghamba, 2010; Poh et al., 2010).

In light to that, Malaysia, as a developing country, has also recorded a high occurrence of chronic diseases as reported by Mohamud et al. (2011) and Department of Statistics of Malaysia (2010). These include cancer (6.9%); heart disease (5.6%); diabetes (3.3%); stroke (1.7%); followed by hypertension (1.6%). The 10 principal causes of death in Malaysia accounted for 48,841 cases that were not medically certified while the medically certified accounted for 76,016 cases in 2008. In addition, these diseases are expected to cause over three quarters of all deaths in 2030 (Wan Rabiah, Patterson, & Pegg, 2011) and is also expected to increase at an alarming rate. Malaysians are also represented by 60% of adults that can classified as a non-active group (Molanorouzi et al., 2015; Poh et al., 2010; Siti Affira, Mohd Nasir, Hazizi, & Kandiah, 2011) with major health problems (Mohd Zaid & Wilson, 2009), as evidenced by the increased percentage in obese women in this category compared to