

PERCEIVED DETERMINANTS
OF FITNESS BEHAVIOUR

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PERCEIVED DETERMINANTS OF FITNESS BEHAVIOUR

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ABSTRACT

The purpose of this study was to discover what determinants YWCA participants perceived influenced them to enrol in fitness programs. Knowledge of those determinants was used to recommend strategies to promote participation in YWCA fitness programs.

From examination of the Health Belief and Health Promotion Models of health behaviour, the researcher chose to concentrate on four areas of determinants. These were sources of information about exercise, the influence of other people, barriers to exercise, and cues to exercise. In-depth interviews were conducted with 10 mid-life female participants in the Saskatoon YWCA fitness programs, two YWCA directors, and an instructor in a Recreation and Leisure Diploma program. The YWCA participants also met in groups to collaborate with the researcher in recommending strategies to encourage exercise participation.

Five major determinants of exercise participation were identified: respondents exercised for fitness and health, past experience provided information about exercise, all the children of the respondents exercised, lack of time served as the greatest barrier to exercise, and suggestions of others frequently cued exercise. To encourage participation of mid-life women in fitness programs, the researcher recommends that the YWCA continue classes for the 40-60 age group, continue scheduling classes at a variety of times, make "health and fitness" and "family fitness" marketing themes, recruit present participants

as word of mouth advertisers, hold an information night, and prepare a promotional videotape on the Saskatoon YWCA.

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Chapter 1

INTRODUCTION

1.0 Purpose of the Study

The purpose of this project was to identify what determinants YWCA participants perceived influenced them to enrol in YWCA fitness programs. Knowledge about these perceived determinants of exercise behaviour was used to suggest ways in which YWCA staff could encourage participation in YWCA fitness programs. Strategies for encouraging participation in fitness programs suggested by YWCA participants were compared with those recommended by two YWCA directors, an instructor in the SIAST (Saskatchewan Institute of Applied Science and Technology) Recreation and Leisure Diploma Program, and physical education literature.

1.1 Background Information

As part of its purpose, the YWCA "seeks to provide opportunities for personal growth" (YWCA, 1990, p.i). Since the turn of the century, associations have recognized physical activity as an opportunity for personal growth. At a 1931 conference in Ontario, YWCA staff developed plans for making physical training "an integral part of programs, keeping in view its value in building all-round health" (YWCA, 1983, p.i).

Evaluative studies of content-based health promotion programs reveal failure to induce behaviour change in a

substantial percentage of the target population (Allen, 1984; Perkin, 1983; Perri, McAdoo, McAllister, Lauer, & Yancy, 1986; Wallack, 1981). Illustration that the knowledge-attitude-behaviour model is fallacious has made health promoters realize that they must address a variety of determinants if they are to facilitate behaviour change. Therefore, knowledge of what YWCA fitness class participants perceive to have influenced their exercise behaviour should assist the YWCA staff in fulfilling their mandate to encourage healthy exercise (Dishman, Sallis, & Orenstein, 1985; Heitman, 1986).

Chapter 2

LITERATURE REVIEW

The purpose of this chapter is to review the models of health behaviour from which are derived the main themes of this investigation. This chapter also examines studies about exercise determinants and strategies recommended to promote participation in exercise programs.

2.0 Theoretical Background

Adult educators assume that each learner behaves in the context of a unique life world, as past experiences, present knowledge, and personal relevancy mediate perception of objects and events (Collins, 1987). This view is based on the work of Kurt Lewin (Lewin, 1935, 1936, 1938).

Lewin proposed a model to explain the dynamics of an individual's life world. According to his model, individuals' perceptions of physical, social, and conceptual facts result in the creation of dynamic force fields which determine behaviour. Peoples' needs imbue actions or objects with positive or negative valences. Positive valences cause approach; negative valences produce withdrawal. Valences, combined with the action's or object's perceived distance from individuals, determine the strength of forces moving the individuals towards actions or objects, or away from actions or objects. Barriers within

the force field may offer resistance to decisions for action.

In order for educators to help people change behaviour, they must "unfreeze" the equilibrium of forces within a client's life world by altering the valences of various actions or objects, by reducing the distance perceived between the learner and the action or object, or by removing barriers. After a change has been made, the educator attempts to balance psychic forces to "freeze" the individual at the new level of behaviour. Awareness of the variety of behaviour determinants in an individual's life world is, therefore, an educational imperative.

The failure of content-based health promotion programs to effect substantial behaviour change (Allen, 1984; Perkin, 1983; Perri et al., 1986; Wallack, 1981) has prompted social psychologists to adapt Lewin's (1935) force field model to the analysis of health behaviour determinants. The authors of the resultant Health Belief (Rosenstock, 1974a,b) and Health Promotion (Pender, 1987) Models proposed that individuals' perceptions of health issues within the context of their life worlds are major determinants of health behaviour.

2.1 Models of Health Behaviour

The Health Belief Model explains health-protecting behaviour. Health-protecting behaviour is undertaken to

reduce the risk of contracting disease or to detect asymptomatic disease. The Health Promotion Model explains health-promoting behaviour. Health-promoting behaviour is undertaken to increase the level of well-being. Exercise can be both health-protecting and health-promoting. Hence, these are appropriate models for investigating the determinants of exercise participation.

2.1.0 The Health Belief Model

The Health Belief Model (Rosenstock, 1974a) evolved from the research of Hochbaum, Kegeles, Leventhal, and Rosenstock. They formulated the model to explain the failure of people to take screening tests for early detection of disease. According to the Health Belief Model, the perceived susceptibility to a disease and the perceived seriousness of a disease combine to provide the energy necessary for health action. The perceived benefits of an action and the perceived barriers to that action determine the preferred path of action. Cues provide the instigation for action.

2.1.0.0 Perceived Susceptibility and Perceived Seriousness

Perceived susceptibility reflects individuals' beliefs in the risk of their contracting a disease. Perceived seriousness is the degree of emotional arousal created by

the thought of the disease or by the difficulties they believe that a disease would cause them. The perception of personal susceptibility to a serious disease provides the readiness for health action and depends partly on knowledge.

Rosenstock (1974a) explained that the perception of this knowledge will be modified by the demographic variables: age, sex, race, and ethnicity; the sociopsychological variables: personality, social class, and peer pressure; and the structural variables: knowledge about the disease and prior contact with the disease. Pender (1987) noted that preventative health behaviour occurs more frequently in women than in men; in people with higher levels of formal education; and, when the behaviour entails significant cost or time, in people of higher socioeconomic status. The degree of support and expectations of family members, friends, and peers have also been shown to influence preventative health behaviour (Pender, 1987).

2.1.0.1 Benefits and Barriers

Although they may be in a state of readiness, people will not undertake a specific health action unless they perceive its benefits to outweigh its barriers (Rosenstock, 1974a). People consider a health action beneficial if they see it to be both available and effective in reducing their susceptibility to disease or the seriousness of the disease. Even when a health action is believed to be beneficial,

however, cost, inconvenience, unpleasantness, possible pain, or required lifestyle change may serve as barriers to that action. Rosenstock (1974a) explained that, when readiness to act was high and perceived barriers were weak, people would be likely to perform a health behaviour. Conversely, when readiness to act was low and perceived barriers were strong, people would be unlikely to undertake that health action. If they perceive benefits and barriers to be of equal strength, people may postpone action, seek alternative health actions, or experience such anxiety that they take no action.

2.1.0.2 Cues

Internal or external cues provide the instigation for health action once readiness for action has been established and a course of action chosen. Physical discomfort, fatigue, or recall of an acquaintance's disease condition may function as internal cues. Mass media messages, professional medical advice, print articles, or suggestions from friends may serve as external cues. Rosenstock (1974a) observed that the intensity of cue required to instigate action is inversely proportionate to the degree of readiness for action.

2.1.0.3 Further Research Required

In a critique of the Health Belief Model, Rosenstock

(1974a,b) recommended further investigation of the role of cues in initiating health-protective behaviour. He cited the difficulties of identifying cues which may have been fleeting, of defining beliefs in flux, and of relying on retroactive recall. Pender (1987) suggested research be conducted on optimal cue intensity and cues in combination. She also cited the need for investigation of the motivational importance of perceived threat of disease for persons of different ages, sexes, and personal characteristics (Pender,1989).

2.1.1 The Health Promotion Model

Pender (1987) proposed the Health Promotion Model to provide a framework for research into the determinants of health-promoting behaviour. Like Rosenstock (1974a), she categorized the determinants of health behaviour as cognitive-perceptual factors, modifying factors, and activating cues.

2.1.1.0 Cognitive-Perceptual Factors

Pender (1987) identified seven cognitive-perceptual determinants of health-promoting behaviour:

*importance of health: People who value health highly will be most likely to engage in health-promoting behaviour.

*perceived control of health: People who perceive themselves to be in control of their own health will engage

in more health-promoting behaviour.

*perceived self-efficacy: People who believe that they can successfully perform behaviour required to enhance their health are more likely to initiate that behaviour.

*definition of health: Defining health as absence of illness leads to health-protecting behaviour. Defining health as high level wellness results in health-promoting behaviour.

*perceived health status: People who perceive themselves to be in good health are likely to initiate or continue activities to enhance their sense of well-being.

*perceived benefits of health-promoting behaviour: People who believe they are benefitting from health-promoting behaviour are most likely to continue that behaviour.

*perceived barriers to health-promoting behaviour: The perceived difficulty, cost, or inconvenience of a health-promoting behaviour may serve as a barrier to its performance.

2.1.1.1 Modifying Factors

Pender (1987) identified demographic, biological, interpersonal, situational, and behavioural factors which modify the cognitive-perceptual determinants of health-promoting behaviour. Women, the highly educated, and the affluent participate most frequently in health-promoting

activities. Heavier people are less likely to exercise. Expectations of and support from health professionals, family, and, especially, spouses influence participation in health activity. Environmental access to health-promoting options and previous experience with health-promoting activities also influence behaviour.

2.1.1.2 Activating Cues

Like Rosenstock (1974a), Pender (1987) suggested that internal or external cues prompt health-promoting behaviour. A sense of well-being resulting from early health-promoting behaviour may serve as a cue for continuing behaviour. Media messages and conversations with others may provide external cues.

2.1.1.3 Further Research Required

Pender (1987) described the Health Promotion Model as a theoretical model in an embryonic stage. She called for continued testing of the proposed determinants and modifying factors of health-promoting behaviour. For this purpose, she and her colleagues developed a Health-Promoting Lifestyle Profile (Walker, Sechrist, & Pender, 1987) and an Exercise Benefits/Barriers Scale (Sechrist, Walker, & Pender, 1987). Using the Health Promotion Lifestyle Profile, other researchers (Duffy, 1988; Weitzel, 1989) have established the credibility of many of the model's

components.

Pender (1989) suggested that further understanding of health behaviour determinants may be gained by studying factors which influence the maintenance of health-promoting lifestyles; comparing the motivational factors influencing the maintenance of different health behaviours; examining how determinant factors interact; investigating the motivational role played by non-health related variables such as comradery, competition, and enjoyment; and conducting in-depth interviews with people already practising healthy lifestyles.

2.2 Research on Exercise Determinants

Researchers have conducted studies of exercise determinants for primarily pragmatic, rather than theoretical, reasons. They have used methods as diverse as unstructured interviews and ranking scales, and have examined subjects from childhood to old age. Findings, therefore, are specific to the site being studied and cannot be generalized to other situations (Dishman, Sallis, & Orenstein, 1985). Studies have concentrated on motives for exercising and barriers that prevent people from exercising (Allmer, 1985; Duda & Tappe, 1988; Goodrick, Warren, Hartung, & Hoepfel, 1984; Heitman, 1986; Sechrist, Walker, & Pender, 1987; Telama, Vuolle, & Laakso, 1981; Yoshida, Allison, & Osborn, 1988).

In a review of studies examining the determinants of exercise, Dishman, Sallis, and Orenstein (1985) found that increased probability of participation in regular exercise was associated with the personal characteristics: past program participation, high risk of coronary disease, perceived health, self-motivation, and behavioural skills along with the environmental characteristics: spousal support, perceived time available, and access to facilities. Other studies (Allmer, 1985; Duda & Tappe, 1988; Heitman, 1986; Telama, et al., 1981) demonstrated that maintaining fitness and health may be one of the most important motives for adults to exercise.

Duda and Tappe (1988) asked 47 adults aged 50 to 81 who were involved in an organized exercise program to rate, on a Likert-like scale, seven items as personal incentives to exercise. The respondents' choices were mastery, competition, social affiliation, recognition, health benefits, coping with stress, and physical fitness. Respondents rated most highly physical fitness, health benefits, and social affiliation.

Telama, Vuolle, and Laakso (1981) reported similar results. They used both unstructured interviews and a structured scale to examine the motives for physical activity by 552 Finnish men and women aged 27 to 60. In the unstructured interviews, women most frequently cited recreation, enjoyment of the outdoors, and physical fitness

subordinated the other stimuli. Allmer speculated that, for older adults, the primary motive to exercise may be to avoid or delay anticipated decline of physical abilities with age.

Sechrist, Walker, and Pender (1987) conducted interviews to determine the items on their Exercise Benefits/Barriers Scale. The reported barriers to exercise included the cost, inconvenience, embarrassment, physical discomfort, and time involved in exercising and lack of family encouragement to exercise.

Goodrick, Warren, Hartung, and Hoepfel (1984) investigated barriers to exercise by surveying graduates of an exercise program, 70% of whom were women. Forty non-exercisers responded. The barriers most frequently reported were time pressure, fatigue or lack of energy, and injury or illness. Life stress, weather, dislike of exercise, and need of group support were also cited.

1053 women surveyed by Yoshida, Allison, and Osborn (1988) identified the same three factors as the strongest barriers to activity. Child care, family responsibilities, cost, and access also served as barriers.

2.3 Recommendations to Encourage Participation in Exercise Programs

Beder (1980), Darkenwald (1980), Patton, Corry, Gettman, and Graf (1986), and Spencer (1980) recommended encouraging participation in exercise programs by employing

effective marketing strategies. Yoshida, Allison, and Osborn (1988) suggested strategies to eliminate some potential barriers to exercise.

In a discussion of how to market educational programs for adults, Beder (1980) identified five areas to be addressed: price, product, place, promotion, and partners. The price of participation, including both money and time expended, must be within the potential clients' means. Transportation, childcare, and equipment account for additional costs. The program offered must satisfy the clients' needs and the place in which a program is offered must be accessible. Promotion methods suggested included media advertising, posters, brochures, and displays. One of the most effective recruitment strategies is face-to-face contact. This permits potential clients to talk with the fitness leader and the other participants (Beder, 1980; Darkenwald, 1980; Spencer, 1980). Patton et al. (1986) also suggested scheduling demonstration lessons where potential clients can sample programs. Partnership with other community agencies may result in referral of potential clients. All of these marketing components can be applied to the promotion of adult fitness programs.

Yoshida, Allison, and Osborn (1988) made programming and facility management suggestions to overcome potential barriers to exercise. They suggested offering fitness programs in workplace settings and in convenient community

locations to reduce difficulty of access and time pressure as barriers to participation. Scheduling exercise classes at a variety of times might also diminish the barrier of time pressure. To eliminate childcare responsibilities as a barrier, daycare facilities could be provided on site.

2.4 Summary

This study responded to the calls by Rosenstock (1974a,b) and Pender (1989) for continued investigation of health behaviour determinants. It also followed Pender's (1989) suggestion that people practising healthy lifestyles be interviewed. From examination of the Health Belief and Health Promotion Models, the researcher chose four thematic areas to guide the research. The study sought to identify the respondents' sources of information about the importance of fitness activity for health, the roles other people played in determining the respondents' behaviour, barriers the respondents overcame to begin exercise programs, and cues that triggered the respondents' participation in fitness programs. These themes were chosen with the expectation that the respondents would be able to articulate their perceptions about these factors and to make concrete recommendations concerning them.

Chapter 3

PROBLEM STATEMENT

3.0 Question

What behaviour determinants do YWCA participants perceive to have influenced them to participate in YWCA fitness programs?

3.0.1 Subquestions

What were the respondents' sources of information about the importance of fitness activity for good health?

What roles did other people play in determining the respondents' fitness activity?

What barriers did the respondents overcome to start a fitness program?

What cues triggered the fitness behaviour?

What recommendations would respondents make to encourage participation in YWCA fitness programs?

3.1 Delimitations

Debate concerning the ethics of making behaviour change the aim of health promotion programs (O'Connell & Price, 1983; Russell, 1983), discussion of the health benefits that accrue from fitness activity, and reasons for adherence to fitness programs were beyond the scope of this paper.

3.2 Assumptions

The researcher assumed that volunteer subjects would be able to identify factors which they perceive to have determined the change in their fitness behaviour.

3.3 Limitations

The researcher recognized that dependence on the subject's retroactive recall and use of a small volunteer sample would limit the transferability of the study's findings. Findings are dependent on the subjects' fallible ability to recall the past and their awareness of links between determining factors and their behaviour (Anderson, 1983). Moreover, perception and recall of determining events may be coloured by behaviour which followed those events (Rosenstock, 1974a).

Rosenthal and Rosnow (1975) characterized volunteer subjects as better educated, higher in need of social approval, more sociable, and of higher social class than nonvolunteers. Consequently, the subjects were expected to report more frequently than would the general population of female fitness class participants that they obtained information about the health benefits of fitness activity from print sources and that interpersonal factors influenced their behaviour change. They were also expected to report less frequently than would the general population that the cost of fitness programs was a barrier to participation.

3.4 Definitions

Determinant: A determinant is "an element that...fixes or conditions an outcome" (Mish, 1989, p.346).

Health: Health is "a resource which gives people the ability to manage and even to change their surroundings" (Epp, 1986, p.397).

Health Promotion: The World Health Organization defines health promotion as "the process of enabling people to increase control over, and to improve, their health" (Kickbusch, 1986, p.321). One of the key aims of this process is to promote positive health behaviour (Kickbusch, 1986). From a health promotion practitioner's point of view, the process includes "services and programs which are designed to change individual behavior and those which influence cultural norms for health-related behaviors" (Burdine, McLeroy, & Gottlieb, 1987, p.7). Health promotion includes organizational, environmental, political, and economic supports for positive behaviour change, as well as educative programs (Saunders, 1988). Health promotion programs employ print material, mass media, lectures, skill training workshops, health promotion events, behavioural contracts, and health risk appraisals for the purpose of encouraging both health-protecting and health-promoting behaviour.

Health-protecting Behaviour: People practise health-protecting behaviour to reduce their risk of contracting disease or to detect asymptomatic disease. Their motivation is the negatively-valenced disease state (Pender, 1987). An example of health-protecting behaviour is a physical fitness program undertaken to reduce the risk of cardio-vascular disease or to counteract obesity.

Health-promoting Behaviour: People practise health-promoting behaviour to increase their level of well-being. Their motivation is the positively-valenced state of enhanced health (Pender, 1987). An example of health-promoting behaviour is a physical fitness program undertaken to elevate feelings of vitality, to improve the body image, or to increase cardio-vascular fitness.

Barriers to Action: Barriers are the negative aspects of behaviour which discourage action. Cost, inconvenience, pain, or perceived difficulty may serve as barriers to health behaviour (Pender, 1987; Rosenstock, 1974).

Cues to Action: Cues are factors which trigger action. They may be internal or external. Physiological discomfort, conversations with others, television advertisements, or newspaper articles may serve as cues to health behaviour

(Pender, 1987; Rosenstock, 1974).

Fitness Program: For the purpose of this study, a fitness program is defined as a minimum of twenty minutes of aerobic exercise performed three times a week.

Chapter 4

METHODS

Because individuals' perceptions of health issues determine health behaviour, logic suggests that subjects should be asked directly what factors they perceive to have motivated them to exercise. To discover the subjects' points of view, the project was conducted as collaborative research (Laslett & Rapoport, 1975).

4.0 Sample

The YWCA directors suggested that the project's findings would be most useful to them if the subjects were all from one age group. They asked the researcher to sample mid-life women. Consequently, the researcher recruited 10 volunteers from the Fit at 40 Aquacise and Fitness classes, the 9:15 Low Impact Aerobic class, and the 9:00 Aquacise class. All had begun a regular fitness program within the past year. These people were interviewed individually to discover what they perceived to have motivated them to exercise and were invited to participate in a group discussion about ways the YWCA could promote participation in fitness programs.

The researcher also interviewed an instructor from the SIAST Recreation and Leisure Diploma Program and two directors from the YWCA to solicit their recommendations for

promoting participation in fitness programs.

4.1 Suitability of the Researcher

Subjects have been found to perceive a mature woman as the least threatening of researchers (Wax, 1979). The researcher anticipated, therefore, being able to recruit volunteers from, and to establish rapport with, the subjects. This was the case. The researcher participated in fitness classes and then requested volunteers at the end of the classes. Women volunteered willingly and discussed their fitness behaviour frankly.

Because the researcher was a YWCA member, a fitness class participant, and a former YWCA fitness class instructor, she shared with the subjects an understanding of the context of the exercise behaviour under investigation. Mishler (1986) asserts that "ordinary language competence" (p.7), or culturally grounded ways of speaking, shared by investigators and respondents, is critical for effective research practice.

4.2 Pilot Study

The researcher interviewed three women in order to practise conducting the interviews and recording fieldnotes and to test the interview guidelines. The pilot study revealed that the researcher's interviewing technique and the interview guidelines elicited the data required for the

study. The respondents reviewed and confirmed the fieldnotes of the interviews, demonstrating that the researcher had accurately interpreted and recorded their stories. The pilot study also alerted the researcher to three potential topics in the study: past experience as a source of knowledge about the value of exercise, individuals' willingness to exercise despite their friends' disinterest in exercise, and retirement as a cue to exercise.

4.3 Interviews

The researcher conducted in-depth, open-ended interviews with 10 YWCA fitness class participants, two YWCA directors, and one instructor from the SIAST Recreation and Leisure Diploma Program. The researcher interviewed seven women over coffee in the YWCA cafeteria and three women in their homes. She met with the YWCA directors and the SIAST instructor in their offices.

Open-ended interviews have been found effective for understanding the respondents' points of view (Atkinson, Delamon & Hammersley, 1988; Bogdan & Biklen, 1982; Eriksson, 1988). Conversing as equals who share a cultural context, the researcher and respondents should come to a joint understanding of the respondents' experiences. These are the conditions under which respondents have been found to speak in narratives, the means by which people most

naturally express their understanding of experience (Mishler, 1986; Oakley, 1981).

4.3.0 Interview Questions Used

After a few social comments to create a comfortable atmosphere and an explanation of the purpose of the study, the researcher started the interview with these requests and open-ended questions:

4.3.0.0 Fitness Class Participants

*Tell me about the exercise program in which you are participating now.

*What got you started in this fitness program?

If the information did not arise during the conversation, the researcher used prepared questions to discover the respondents' sources of information about exercise, barriers that may have been encountered, influences of other people, and cues to exercise.

*Let's go back to before you began exercising. Most of us know exercise is good for us, even if we don't do it. Can you tell me how you learned that? At school? Through the media? From other people?

*So you knew exercise was good for you but what kept you from doing exercise? No time? Expense? Dislike of exercise? Nobody else exercised?

*What about your friends and family? Do they exercise?

*Is there one thing that acted like a trigger to make

you start exercising now? An advertisement? A doctor's visit? A friend starting to exercise? Change in family life? Receiving a YWCA brochure?

4.3.0.1 YWCA Directors

*Tell me how you promote participation in the fitness programs. In this study I'm interested in recruiting people into the class rather than keeping them once they have begun.

If the information did not arise during the conversation, the researcher used prepared questions to discover whether the YWCA directors try to influence information sources, barriers to exercise, social influences to exercise, or cues to exercise.

*Do you attempt any public education about the value of exercise for health?

*Sometimes people know they should exercise but find there are too many obstacles in their way. What barriers do you recognize and try to overcome?

*People can influence one another to start exercising. What does the YWCA do to foster this?

*Sometimes there is a readiness to exercise but it takes some cue to trigger the action to start exercising. Does the YWCA try to provide those sort of cues?

4.3.0.2 SIAST Recreation and Leisure

Diploma Program Instructor

*What sort of strategies do you recommend to your students for promoting participation in fitness programs?

The researcher used prepared questions to discover whether the educator discusses with students provision of educative information, barriers to exercise, peer pressure to exercise, or cues to exercise.

*How would you recommend students educate the public about the need to exercise?

*What barriers to exercise do you recommend fitness programmers attempt to remove?

*How would you recommend that programmers capitalize on the influence of other people to encourage exercise?

*Sometimes there is a readiness to exercise but it takes some cue to trigger the action to start exercising. How do you recommend programmers provide that encouragement?

4.4 Treatment of the Interview Data

The researcher took short notes during the interviews and wrote comprehensive fieldnotes immediately after. As a validity check, the researcher invited respondents to review fieldnotes of the interviews, confirming, correcting, or supplementing her understanding of their experiences or recommendations (Goetz & LeCompte, 1984; Mishler, 1986).



Some respondents made small changes or additions to the fieldnotes. Several added postscripts thanking the researcher for the opportunity to review the fieldnotes. During data collection, the researcher did some preliminary coding of data and wrote memos noting relationships, questions, and insights which appeared from the data.

To facilitate analysis of the data from the participant interviews, the researcher first numbered each page and line of the interview fieldnotes. Then, she recorded pieces of data, along with page and line numbers, on a large wall chart. The wall chart had 10 columns, one for each respondent, and five rows, titled: reasons for exercising, information sources, interpersonal influences, barriers, and cues. Thus, all the data given by any one respondent and all 10 responses to any question could be seen at a glance. This enabled the researcher to note recurring themes, clustering of responses, the frequency of like responses, and apparent relationships between variables (Glaser & Strauss, 1967; Miles & Huberman, 1984). In preparation for the group discussion, the researcher summarized the determinants of fitness class participation reported by the respondents and listed them on flip chart newsprint sheets.

4.5 Group Discussion

The purpose of the group discussion was to provide an opportunity for the fitness class participants to

collaborate with the researcher in the analysis of the interview data. It was hoped that the synergistic effects of group discussion might stimulate new ideas and insights among the participants (Miles & Huberman, 1984; Ramirez & Shepperd, 1988). As not all respondents were able to attend the originally scheduled group discussion, two meetings were held. Four respondents met with the researcher at 7:00 in the evening and three met at 10:30 in the morning following a Fit at 40 Fitness class.

The researcher reported her findings to the respondents and invited their additional comments on the data. After reflection on the reported determinants of exercise participation, the researcher initiated a discussion of recommendations to promote participation in YWCA fitness programs. The researcher listed the recommendations and asked the group participants to attempt to prioritize them. During analysis, the researcher compared the participants' recommendations with those of the YWCA directors, the SIAST instructor, and the physical education literature.

The researcher moderated the discussion according to Ramirez and Shepperd's (1988) guidelines for focus groups. Focus group discussions have been found effective for discovering attitudes and perceptions of a group. The researcher attempted to demonstrate empathy towards the participants, to draw reticent members into the discussion, and to prevent vocal participants from dominating the

discussion (Ramirez & Shepperd, 1988). Because the groups were small, everybody had an opportunity to be heard.

4.6 Checks on Researcher Bias

The researcher recognized that having reviewed the literature on health behaviour would bias her interviewing technique and her understanding of the respondents' perceptions. In order to minimize this bias, she allowed the respondents to express themselves in their own words. She avoided asking leading questions or imposing the language of health professionals on the discussion. The respondents' reviewing the interview fieldnotes provided an additional check on researcher bias. During the group discussion, the researcher reported the determinants of exercise in random order so as to avoid influencing the ensuing discussion of recommendations to encourage fitness activity.

4.7 Ethics

The Social Sciences and Humanities Research Council of Canada ethics guidelines (1990) governed the conduct of this research. The researcher informed the participants of the study's purpose, assured them of confidentiality, and obtained their signatures on forms consenting to the use of the interview data (Appendix). Pseudonyms replaced the respondents' real names in the report.

Chapter 5

FINDINGS

5.0 Behaviour setting

5.0.0 The Saskatoon YWCA

The YWCA occupied a six year old recreation facility in downtown Saskatoon. The building contained a large gymnasium, a swimming pool, meeting rooms, multipurpose rooms, and a women's residence. Programming encompassed exercise programs, swimming classes, craft groups, support groups, personal development workshops, and special interest classes for children, youth, adults, and seniors.

5.0.1 The Respondents

The researcher interviewed 10 women aged 40-64 who had begun a regular fitness program during the past year and who exercised three times a week. They participated in the YWCA 6:45 pm Fit at 40 Aquacise class, the 9:00 am Aquacise class, the 9:15 am Fit at 40 Fitness class, or the 9:15 Low Impact Aerobics class. Some also walked, bowled, cross-country skied, or practised yoga. Most had exercised or participated in sports in the past but had not exercised recently. Although two reported having arthritis and one had recently recovered from an emotional illness, all were generally healthy.

5.1 Findings from YWCA Participant Interviews

5.1.0 Reasons for Exercising

As shown in Table 1, none of the respondents isolated one motive for their exercise. Six respondents wanted to improve their fitness levels. Betty sought "flexibility exercises and all-round conditioning" to complement the walking she does. Doris sought a solution to feeling "unfit and a bit flabby". Upon turning 50, Irene resolved to improve her cardio-vascular conditioning by taking dance and aerobics classes.

Table 1. Reasons for exercising.

Reasons	Number reporting
Fitness	6
Health	5
Weight control	4
Stress relief	3
To do something for myself	3
To meet people	2

Five respondents gave reasons related to their health. Some sought to promote good health. Chris explained that

"as we grow older, we come to realize that our health is all we have". Helen, a lively 64 year old, stated it was her aim "to live as healthy a life as possible". Others sought to protect themselves against disease. Betty exercised "to be able to get off anti-inflammatory medicine" for arthritis. Several hoped to reduce their risks of contracting osteoporosis or heart disease. Grace's mother suffered from osteoporosis which has caused severe pain, a three inch height loss, and compression of internal organs. Grace was uncomfortably aware she may have an inherited susceptibility to the disease.

Although four respondents mentioned weight control as a motive for exercise, only Faye cited it as her main reason for exercising. The others added weight control as a secondary, and not very serious, motive. Chris, for example, doubted whether the exercise was having any effect on her weight yet. She loved to cook and suspected that she could "eat faster than I can burn up calories doing aerobics".

Three respondents exercised to relieve stress. Eleanor, who ran her own business, obtained stress relief during exercise because she needed only to tune in to her own body, not to interact with anybody else. Helen bore the strain of involvement with an unhealthy family member. She explained that, while exercising, she forgot all about life's problems and walked out feeling "so good".

Concentration on the leader's instructions and her own body movements alleviated stress for Janet. As a result, she left fitness classes "on a high".

Eleanor and Helen cited "doing something for myself" in conjunction with stress relief. They allotted themselves the exercise period as relief from the demands of busy schedules. Betty exercised for herself because it gave her "increased awareness of her body and a healthier attitude toward life".

Only two women exercised to meet other people. Irene recently moved to Saskatoon and wanted an opportunity to meet other women. Janet had suffered from agoraphobia. Participating in an activity with other people was part of her therapy.

5.1.1 Sources of Information about Exercise for Health

Table 2 shows that both personal experience and outside influences contributed to the respondents' awareness of the importance of exercise for good health. Five people valued exercise because of personal experience. Before divorce disrupted her lifestyle twelve years ago, Alice participated in karate, swimming, aerobics, dance, and weight training. Consequently, she knew exercise "makes you feel well mentally and physically". Betty learned the importance of exercise from the way she was brought up. She participated in figure skating for twelve years as a child. For her,

"exercise was an everyday thing". For Faye, whose parents raise horses, exercise was part of the healthy family lifestyle. Everyone rode and water skied. "A lifetime of sporting involvement" as a competitive golfer, bowler, and softball player taught Doris to value exercise.

Table 2. Sources of information about exercise for health.

Sources of information	Number reporting
Past experience	5
Print materials	4
Television	3
Other people	2

The four respondents who learned about the value of exercise from print sources mentioned magazine and newspaper articles, the Berkeley Wellness Letter, and Cooper's book on aerobic power.

Those whose awareness about exercise for health was heightened by television recalled specifically the Department of Health and Welfare "Take a Break" and "Participaction" advertisements.

Other people convinced two respondents that exercise is important for good health. Chris said that her husband and

son were her main sources of information about exercise. They exercised regularly and assailed her with reasons why she should have been exercising. As a facilitator of women's healing circles, Irene had frequently heard women discussing the role of exercise in reducing the risk of osteoporosis and alleviating menopausal symptoms.

5.1.2 Influence of Other People

The researcher inquired whether people close to the respondents exercised. As shown in Table 3, all of the respondents who have children reported them to be physically active. With the exception of Faye's family, the children were young adults. Typical were Grace's son and daughter. Both ran, skied, sailed, cycled, and attended aerobic fitness classes. Her son also scuba dived and swam.

Table 3. Influence of other people.

Influential people	Number reporting
Children	9
Spouse	4
Friends	3
Siblings	3
Parents	3

Only four women reported spouses who exercise. Betty's husband walked forty minutes daily to prevent potential problems with a blocked artery. Although arthritis had forced Helen's husband to give up tennis and curling, he still walked regularly with his wife. Faye's husband hunted and swam. Chris' spouse had polio as a child, and, consequently, valued his health highly. He jogged four or five miles a day and put a lot of pressure on his wife to exercise. Formerly, she resented the pressure and felt guilty about not exercising. More recently, she found his interest encouraging.

Only Alice and Grace attended fitness classes with a friend. Although she attended classes at the YWCA on her own, Irene explained that a friend encouraged her to try aerobics by giving her a tape of music to which she could exercise. Most of her friends instructed yoga and skied, danced, hiked, or did aerobics. Several respondents remarked that their friends were not at all interested in exercising.

Siblings influenced three of the women to exercise. Alice's sister suggested taking the Fit at 40 Aquacise class and registered them both. By giving her a set of riding lessons for her birthday, Grace's sister encouraged her to be active. Faye had a sister who biked and did low impact aerobics, a brother who competed in weight lifting, and a brother-in-law who competed in judo at the Olympics.

Three women reported fit parents whose example was inspirational. Faye's father lifted weights, rode horses, and enjoyed water sports despite being paraplegic. At 80, Janet's father still lawn or alley bowled regularly. Helen had a mother-in-law who, at 95, still kept house for herself and went for walks. She was "an inspiration to us all".

5.1.3 Perceived Barriers to Exercise

When asked why they had not been exercising in the recent past, all 10 women identified lack of time as a barrier to exercise. As shown in Table 4, most respondents also named one or two other barriers to exercise.

Table 4. Perceived barriers to exercise.

Barriers	Number Reporting
Lack of time	10
Health reasons	3
Lacked motivation	3
Dislike exercise	2
Lack of opportunity	2
Distance from YWCA	1

The respondents lacked time for exercise because of

work and family obligations. Both Alice and Faye reported that moving to Saskatoon, searching for jobs, and getting settled kept them very busy. Full or part time work and work that involved travel prevented Chris, Doris, Eleanor, Grace, and Irene from exercising regularly. The comings and goings of teenage children kept Betty very busy. Caring for small children kept Faye housebound. Caring for relations in poor health consumed Helen's and Janet's time. Reduced work and family commitments, YWCA program offerings which suited their schedules, and determination to find time for exercise removed time as a barrier to exercise.

Poor health temporarily precluded exercise for three women. Several years ago Betty had back surgery and had since re-injured her back cross-country skiing and falling at work. She had arthritis in her spine. Doris suffered from painfully arthritic knees. In the past, Janet's bouts of depression, anxiety, and agoraphobia had made it difficult to attend fitness classes. Betty and Doris exercised in the water where their arthritic joints were cushioned. Janet had recovered from agoraphobia and regarded her exercise as therapeutic.

For three women, lack of motivation served as a barrier to exercise. At the time of her divorce, Alice found that emotional turmoil took all her energy. In retrospect, she realized that exercise then would have been beneficial to ease tension. After a while, she explained, "not being

physically active become a habit". Helen lacked motivation to exercise due to stress. She was involved with a family member who was in poor health. Although Irene practised yoga for 22 years, she "wasn't very concerned with exercise for fitness". Her sister's suggestion that they join an aquacise class broke Alice's habit of inactivity. Determination to become fitter provided motivation to Helen and Irene.

Neither Grace nor Chris enjoyed exercise. As a child, Chris "felt like a klutz and dreaded sports". She still did not like feeling sticky and sweaty. In spite of these feelings, both women exercised to maintain their health. They remarked that the ages of the participants and the pace of the workout in the Fit at 40 class made exercise less threatening.

Both Doris and Eleanor had difficulty finding opportunities to participate in exercise they enjoyed. Doris had "a competitive nature" and had always enjoyed team sports. As a child, she participated in competitive skating, basketball, and softball. A women's softball team on which she played folded three years ago. She regretted that, as women grow older, there are fewer opportunities to participate in team sports. Eleanor dropped out of aerobic programs at several other facilities because high impact routines hurt her lower back or because she disliked the competitive atmosphere and the "hard, dominating music".

She enjoyed the relaxed atmosphere and pleasant music in the Fit at 40 classes. She felt nobody was comparing exercise outfits or body shapes at the YWCA.

Only Betty mentioned distance from the YWCA as a barrier to exercise. When she lived in Lakeview, distance discouraged her from participating in YWCA classes. Once she moved downtown, she found the YWCA facility very convenient.

5.1.4 Cues to Exercise

Other people provided cues to exercise for the greatest number of respondents (Table 5). Other people triggered the respondents' participation in exercise programs through their suggestions. Alice's sister suggested they attend the Fit at 40 Aquacise class together. Betty started aquacise classes at the YWCA on the recommendation of a chiropractor. She had gone to him hoping for a "quick fix" for back tension and pain. He refused to manipulate her back and suggested exercise in the water would be safer. Betty thought it would be worthwhile for more health professionals to make firm recommendations for exercise. Doris' daughter attended an aquacise class last year and suggested exercise in the water would be safe for her mom's arthritic knees. A friend recommended the YWCA as a place where Irene could take fitness classes and meet other women. While Janet was hospitalized for emotional illness, a counsellor guided her

through a lifestyle analysis. Janet realized that, as a caregiver for elderly parents, she gave herself little opportunity for exercise or social contact. When she returned home, a home care nurse drove her to the YWCA to register for fitness classes.

Table 5. Cues to exercise.

Cues	Number reporting
Suggestion of another person	5
Arrival of the YWCA brochure	3
Physical symptoms	2
Retirement	1
Time of the year	1

The arrival of the YWCA program brochure triggered Chris', Eleanor's, and Helen's participation in fitness programs. Finding classes that suited their schedules and fitness levels prompted them to register.

Physical symptoms triggered Irene's and Faye's participation in exercise programs. Irene decided to improve her cardio-vascular fitness after noticing herself short of breath while hiking. That decision, combined with her friend's recommendation of the YWCA, triggered her

registration in fitness classes. Faye resolved to exercise when she looked in a mirror and realized she had gained 80 pounds.

Retirement from teaching last June, combined with the arrival of the YWCA program brochure in August, cued Chris' participation in the Fit at 40 class. After her retirement, she promised herself and her husband that she would make time for exercise.

Grace attributed her registration in fitness classes to the arrival of fall. "That's when everything starts up."

5.1.5 Other Findings

5.1.5.0 Sports versus Exercise

Although they attended exercise classes at the time of the interviews, three of the women said they had always preferred sports as opposed to exercise for the sake of exercise. Doris had an exercise bike, a rowing machine, and weights in her basement but seldom used them. After years of team sports, she preferred working out with other people. Faye's family also valued sports rather than just exercise. Irene enjoyed sporting activities with other people but found solitary exercise, like the 10BX Plan, boring. The Low Impact Aerobic classes interested her because the instructor often leads dance-like routines.

5.1.5.1 How Do Participants Feel After Exercise?

Several respondents voluntarily told the researcher how they felt after exercising. Betty "breathes more easily, feels less achy, and has less muscle tension". Eleanor slept better. Helen felt "so good". Janet left the fitness classes energised and "on a high". After a few months of aerobics, Irene already felt the exercise making a difference to her body. In contrast, Grace noticed no difference resulting from the exercise.

5.2 Findings from Group Meetings

The respondents' recommendations to encourage more participation in YWCA fitness programs centred around two main themes: word of mouth is the best way to advertise programs and the YWCA needs to provide the public with more information about its programs.

5.2.0 Word of Mouth Advertisement

The groups thought that the YWCA should keep the present participants happy so that they "talk up the classes". They enumerated positive policies the YWCA should continue and suggested ways to improve programs.

The respondents recommended continuing phone-in and mail-in registration, classes for specific age groups, early evening classes, and drop-in passes. They thought these factors were particularly convenient for middle-aged women.

They felt comfortable in the Fit at 40 classes, knowing they would not be exercising with twenty year olds. Those who were employed preferred to exercise directly after work rather than later in the evening because they did not have to hurry home to young families. Drop-in passes were convenient for those who worked shift or travelled and could not register for one specific class.

To create satisfied YWCA clients, the groups recommended improvements in programming, facility management, and class content. They suggested that the YWCA schedule Fit at 40 Fitness classes three times, rather than twice, a week; schedule children's and adults' classes simultaneously so that adults can exercise, rather than sit and wait for children; make the water in the pool warmer; and keep the change room door closed to prevent cold drafts.

The respondents thought that instructors should use better music in the aquacise classes; introduce themselves to the classes; invite class participants to introduce themselves to one another; explain what is happening as they lead warm-ups, cardio-vascular conditioning, and strengthening and stretching exercises; and welcome visitors to the classes so that they want to return.

The groups also suggested recruiting class participants as advertisers for the YWCA. At the final class of each session, a staff person could remind the participants to re-register and ask them to persuade a friend to join them.

5.2.1 Provide the Public with More Information

The groups suggested using television, video tapes, print media, and an information night to inform the public about YWCA programs. They recommended that notices of YWCA registration be placed in the television community announcements and in the City of Saskatoon Leisure Services Guide; the Cable 10 television program, "This is Your World", be invited to tour the YWCA, showing weight training, aquacise classes, and fitness classes; a short video introducing all the YWCA activities be produced and shown or loaned to people making inquiries; and a YWCA information night, including tours of the building and presentations describing the programs be held. The YWCA should invite each present participant and invite her to bring along two friends.

The groups think these are questions about which the public needs information:

*What happens in an aquacise class?

*Does one have to be able to swim to participate in aquacises?

*Is aquacise just for older adults?

*What are the physiological benefits of exercise?

*What goes on in a weight room? Middle-aged women grew up perceiving weight training to be a male activity and feel uninformed.

*What are the rights and responsibilities of a YWCA

member?

*What training do fitness and aquacise instructors receive?

5.3 Findings from Interviews with YWCA Directors

The Saskatoon YWCA directors reported promoting participation in their physical activity programs by advertising, making personal contacts, educating the public, and lowering some barriers to exercise participation. They also hoped to promote participation in their programs by increasing the aesthetic value of YWCA membership.

5.3.0 Advertisement

The YWCA Program Guide was the main means through which the YWCA attempted to attract participants to its fitness programs. The YWCA distributed the brochure in August and December in order to capitalize on the public's tendency to start new exercise regimes in September and January. Barbara Armstrong, the Director of Marketing and Development, had recently re-designed the brochure so that it clearly showed classes which occurred simultaneously. She hoped this would encourage families to "buy up from one to two or three classes". Adults could register for a class which occurred at the same time as their children were exercising, for example. The YWCA also staffed displays at health fairs, trade fairs, and malls and advertised in

Welcome Wagon, on the radio, in the newspaper, and on the 25th Street notice board.

The directors recognized that word of mouth is one of the most effective means of attracting program participants. All YWCA staff had recently attended workshops designed to heighten awareness of their roles as service professionals. The front desk personnel, for example, were encouraged to see themselves as activity consultants rather than as just clerical staff. The directors hoped that improved customer service would engender satisfied clients who encouraged their acquaintances to join YWCA classes.

5.3.1 Personal Contact

Meredith Richert, Physical Activities Director, recognized the value of personal contact in encouraging people to exercise. She made time to consult with people who phoned or dropped in to the YWCA to inquire about fitness classes.

5.3.2 Public Education

Meredith has contributed to public education about fitness for good health by granting interviews to newspaper reporters writing articles on fitness. She has also spoken about the importance of physical activity to such groups as the City Hospital employees and the Teachers' Institute.

5.3.3 Eliminate Barriers

The YWCA had attempted to eliminate some perceived barriers to activity. It provided childcare during the daytime and tried to keep its prices competitive. Barbara thought that the success of the Club 510 Health and Fitness package was partially due to the fact that it was "the lowest priced club of its sort in Saskatoon". Meredith had tried to ensure that the gym had a comfortable, nonthreatening atmosphere. She had requested that the instructors avoid extreme exercise costumes that might intimidate participants.

5.3.4 Enhance Perception of YWCA Membership

As part of a four year marketing strategy for membership retention and expansion, the YWCA directors were attempting to change the public's perception of the YWCA as primarily an exercise club for middle class women. They planned to publicize the fact that members receive shopping discounts, invitations to special cultural events held at the YWCA, and a bi-monthly newsletter. The purpose of the newsletter was to foster loyalty to the YWCA and to increase awareness of the YWCA's roles in international service and women's advocacy. Thus, the directors hoped to enhance the perceived aesthetic value of the YWCA membership. They hoped this would convince the public to choose YWCA fitness programs over those of other exercise facilities.

5.4 Findings from Interview with Evelyn Nesdole, Instructor in the SIAST Recreation and Leisure Diploma Program

As an instructor of potential recreation facility administrators, Evelyn Nesdole emphasized programming techniques for encouraging exercise participation. She taught her students that the best strategies to promote participation in fitness programs are designing classes which suit the needs of the community and helping people to choose the activities most suitable for them.

5.4.0 Needs Assessment

She asserted that programmers should conduct a needs assessment of the community to discover the types of activities desired, the ages to be targeted, and the program intensity levels appropriate. Designing classes suitable to the community would reduce the likelihood that potential participants would perceive a new activity to be threatening. She stressed that descriptions of classes in community newsletters and program brochures should be thorough and accurate so that people choose classes that meet their expectations.

5.4.1 Fitness Counselling

Evelyn thought that, ideally, programmers should provide clients with personal fitness counselling before they register for classes. This might include conducting a

fitness appraisal, discussing the client's expectations of a fitness program, setting realistic goals, drawing up a personal fitness contract, and selecting an appropriate fitness class. Personal fitness counselling would increase the likelihood of the clients feeling satisfied with their programs.

Chapter 6

DISCUSSION

6.0 Comparison of Existing Literature and the Findings from YWCA Participant Interviews

The data from interviews with the YWCA participants demonstrates the suitability of the Health Belief and Health Promotion Models as guides for the investigation of the determinants of participation in fitness programs. The findings on reasons for exercising, barriers to exercise, and cues to exercise confirm those in the existing literature. The findings on information sources and the influence of other people provide unexpected information, underscoring the importance of soliciting the exercise participants' points of view.

6.0.0 Illustration of the Health Belief Model and the Health Promotion Model

Grace's story illustrates the Health Belief Model. Although she disliked exercising, Grace attended the Fit at 40 class to avoid getting osteoporosis. Because of her mother's severe pain with the disease, Grace perceived osteoporosis to be a serious disease and herself to be susceptible to it. These perceptions provided the initial readiness to exercise. Reading about the importance of exercise for health, support of adult children who exercise,

and encouragement from a friend augmented her readiness sufficiently to overcome the barrier of her antipathy towards exercise. A change from full-time to part-time employment earlier removed an insufficient time barrier. Only the low intensity cue, September, "when everything starts up", was required to instigate her fitness participation.

Chris' story illustrates the Health Promotion Model. Chris exercised to keep herself healthy. Reading and the examples of her husband and son made her value healthy exercise. However, insufficient time and a dislike of exercise served as barriers to participation. Retirement last June removed the time barrier. The arrival of the YWCA program catalogue with the Fit at 40 class listing provided a cue to fitness participation. The class description was sufficiently non-threatening to reduce Chris' negative perception of exercise.

6.0.1 Reasons for Exercising

The data gathered from the YWCA participants decisively confirm the assertion in health promotion literature that maintaining fitness and health are the most important motives for adults to exercise (Allmer, 1985; Duda and Tappe, 1988; Heitman, 1986; and Telama, et al., 1981). The respondents reported fitness six times and health five times as reasons for exercising. Moreover, given Epp's

comprehensive definition of health, "a resource which gives people the ability to manage and even to change their surroundings" (Epp 1986, p.397), all the remaining reported motives for exercising could be categorised as health reasons. Weight control promotes physical health. Stress relief, doing something for myself, and meeting people promote mental health.

6.0.2 Information Sources

Only four respondents cited print materials as their source of information about the value of exercise for good health. This is contrary to the researcher's expectation, based on Rosenthal and Rosnow's (1975) characterization of volunteer subjects as better educated than non-volunteers, that a high proportion of the respondents would cite print sources. A possible explanation is found in the experiential nature of fitness activities. People may be more likely to do exercises than to read about them.

Pender (1987) recognized past experience as a modifying factor of health behaviour. Past experience served as the source of information about the value of exercise for five respondents. The respondents spoke of exercise during childhood as "the way I was brought up", "an everyday thing", and part of the family lifestyle. This suggests that values instilled during childhood influence fitness behaviour even during mid-life.

6.0.3 Influence of Other People

Pender (1987) identified support from family and peers as modifying factors of health behaviour. Both she and those whose studies Dishman, Sallis, and Orenstein (1985) reviewed emphasized the influence of spousal support on health behaviour. Surprisingly, only four of this study's respondents reported spouses who exercise. Moreover, only two respondents attended fitness classes with a friend, although one received encouragement from a friend.

When, during a group meeting, the researcher mentioned her surprise that only two respondents in the study came to the YWCA with a friend, the group participants proposed a possible explanation. They suggested that, by mid-life, women are self-confident and non-competitive. They are, therefore, willing to undertake activities by themselves and for themselves. The participants speculated that younger women would be more likely to come to classes with a friend. They perceive women in their 20's and 30's to be less confident and more competitive about their personal fitness, their bodies, and their exercise costumes. This perception may explain why many respondents remarked on the comfortable atmosphere in the Fit at 40 class. They feel confident that middle-aged participants will not be competing with one another.

Interestingly, all nine of the respondents who have children reported them to be physically active. Six

respondents have adult children who no longer live in Saskatoon and are unlikely to have influenced their mothers to exercise. Only two respondents reported children who encouraged them to exercise. The data suggest that, although they have not exercised recently, the respondents have raised families who value exercise. It may be that supervising or transporting physically active children consumed time that the women might otherwise have spent exercising.

6.0.4 Perceived Barriers to Exercise

The respondents in this study, like those in previously conducted studies (Goodrick, et al., 1984; Yoshida, et al., 1988), reported lack of time to be the greatest barrier to exercise. They cited health problems and lack of motivation as the next most significant barriers to participation in fitness programs. For some respondents, reduced family and occupational commitments removed time as a barrier. For others, finding fitness classes that fit into their schedules removed time as a barrier. Several respondents stated a preference for morning and early evening classes. Those suffering from arthritis appreciated the aquacise classes where they can exercise without jarring damaged joints. These findings suggest that variety in times and types of programming help potential participants overcome barriers to exercise participation.

6.0.5 Cues to Exercise Participation

The cues cited by the respondents paralleled those suggested by Rosenstock (1974a,b) and Pender (1987). They also confirmed Rosenstock's (1974a) assertion that retroactively identifying specific cues may be difficult and Pender's (1987) realization that cues may work in combination. For example, being short of breath made Irene decide to improve her cardio-vascular endurance. A friend's suggestion prompted her to register for a YWCA class. Did the shortness of breath develop readiness to exercise and the suggestion provide a cue to exercise? Or, were they internal and external cues working in combination? The sample in this study was too small to provide any insights on this matter.

Despite the fact that most of the respondents exercised independently, they were receptive to suggestions by other people. Five respondents reported that the suggestion of another person cued their exercise participation. One of those providing the suggestion was a chiropractor and one, a psychiatric counsellor. This suggests that health professionals could be influential in encouraging fitness activity.

Three respondents reported as cues the arrival of the YWCA program brochure with program listings which fit their schedules. Receipt of information about programs can, therefore, influence fitness participation.

6.0.6 Insights from Participant Interviews

Findings from interviews with only 10 YWCA fitness class participants do not permit generalizations to other groups. They do, however, suggest some advertising and programming strategies for encouraging fitness participation among women 40 to 64 years old.

6.0.6.0 Advertising

The respondents exercised to maintain their fitness and health. Therefore, advertising targeted at them should emphasize fitness and health as opposed to achievement, socializing, or appearance.

Advertising might also stress exercise as a family activity. The fact that five of the respondents learned about the value of exercise from past experience suggests that they were raised in homes in which fitness was valued. Because nine of the respondents have physically active children, it appears that they have embraced that value and have transmitted it to their families. Although most of the respondents exercised independently at the time of the interviews, they may be attracted to a facility that shares their idea of fitness as a family value. Moreover, encouraging young families to exercise may build a future middle-aged clientele.

The cues reported indicate that mid-life women are receptive to others' suggestions that they exercise.

Therefore, present fitness participants might successfully suggest exercise to their friends. Health professionals could also influence their clients to undertake exercise programs.

6.0.6.1 Programming

The respondents' perception of younger women as very different from themselves underscores the importance of providing programs designed for specific age groups and fitness levels. Mid-life women will participate most willingly in classes where they do not feel threatened. Scheduling classes at a variety of times throughout the day helps to diminish the greatest barrier to exercise participation, lack of time.

6.1 Comparison of Recommended Strategies for Promoting Participation in Fitness Programs

The physical education literature, the YWCA participants, the YWCA directors, and the SIAST instructor recommended strategies for promoting participation in fitness programs which reflect particular interests. The instructor emphasized the pre-participation strategies, community needs assessment and fitness counselling. The YWCA participants emphasised customer satisfaction, word of mouth advertising, and information dissemination. The physical education literature and the YWCA directors

advocated a range of strategies encompassing both advertising and program planning. The strategies suggested include community needs assessment, fitness counselling, promotion through personal contact, promotion through print and electronic media, elimination of barriers to participation, public education, and partnership with other agencies.

6.1.0 Needs Assessment

The SIAST instructor asserted that successful promotion of participation in fitness programs begins with a needs assessment of the target population. This ensures that programs offered suit the community. The physical education literature also emphasised the importance of satisfying the client's needs (Beder, 1980). Although the YWCA directors did not mention needs assessment, the Executive Director has held focus group meetings during 1990 to obtain input from class participants.

6.1.1 Fitness Counselling

The SIAST instructor advocated personal fitness appraisal and counselling prior to registration of participants. This would help the clients find classes that best match their fitness levels and interests. Although the YWCA does offer fitness appraisals and counselling for a \$25 fee, the directors did not suggest this be a pre-requisite

for registration. As part of their plan to improve service at the YWCA, however, the directors have urged the front desk personnel to see themselves as activity consultants. In this role, they might provide informal counselling about suitable classes.

6.1.2 Promotion through Personal Contact

The physical education literature (Beder, 1980; Darkenwald, 1980; Spencer, 1980), the YWCA directors, and the YWCA participants all recognized personal contact to be one of the most effective means of promoting participation in fitness programs. The physical education literature suggested scheduling demonstration lessons where potential clients would be given the opportunity to talk with the fitness leader and other participants (Patton, et al., 1986). The YWCA directors hoped that improved service to customers would prompt current participants to invite their friends to join classes. The YWCA participants contributed numerous policy and program recommendations for improved service (p.45). The YWCA participants also suggested that staff specifically request participants to invite friends to join fitness classes.

6.1.3 Promotion through Print and Electronic Media

The physical education literature (Beder, 1980), the YWCA participants, the YWCA directors, and the SIAST

instructor all recommended promoting participation in fitness programs through program brochures, displays, television, and radio. To facilitate clients' choices of the most appropriate classes, the SIAST instructor stressed the importance of describing classes accurately in program brochures. Both the YWCA participants and directors thought that designing the program brochure to show classes which occur simultaneously would encourage adults to exercise while their children are in classes. The YWCA participants mentioned that the program brochure could not answer all the questions prospective clients might have about the YWCA. They suggested that the YWCA directors hold an information night and listed some of the questions that should be answered at that meeting (p.46). They also suggested that a short video showing all the YWCA activities be produced and shown to prospective clients.

6.1.4 Elimination of Barriers to Participation

The physical education literature (Yoshida et al., 1988) and the YWCA directors advocated attempting to eliminate barriers to exercise participation by supplying daycare on site, by keeping program costs low, by providing classes in accessible locations, and by offering classes at a variety of times and intensity levels. Only the last strategy was of concern for the mid-life women in the discussion groups. With one exception, none had young

children who might require daycare. None of the respondents reported the cost of fitness programs to be a barrier to participation. A possible explanation is that volunteer subjects have been found to be of higher social class than non-volunteers (Rosenthal & Rosnow, 1975). Perhaps because the YWCA is located on a bus route and in central Saskatoon, nobody cited accessibility as a current barrier to participation. Finding classes at times to suit their schedules, with other middle aged women, and at suitable intensity levels was important to the YWCA participants. Recognizing that skin-tight exercise costumes might be a barrier to participation for some, the YWCA Physical Activity Director had asked that instructors avoid extreme costumes.

6.1.5 Public Education

The YWCA Physical Activities Director educated the public about exercise by providing information for newspaper articles on fitness and by speaking to employee groups about the importance of exercise for good health. The YWCA Director of Marketing and Development advocated using a YWCA newsletter to promote the aesthetic value of YWCA membership with the expectation of increasing participation in YWCA programs.

6.1.6 Partnership with Other Agencies

The physical education literature suggested that fitness facilities work in partnership with other community agencies (Beder, 1980). Social or health agencies may refer clients who would benefit from exercise.

6.2 Recommendations to YWCA Directors

Most of the strategies for promoting participation in fitness programs recommended above involve communication of information between programmers and potential clients. It is important for YWCA programmers to know the type and intensity of fitness classes desired, the perceived barriers to exercise, the marketing strategies to which potential clients are most receptive, and the sort of information required by potential clients. The findings of this study provide this information about mid-life women participants at the Saskatoon YWCA.

Because of their expertise as consumers of fitness promotion programs, the YWCA participants' suggestions for promoting participation in fitness programs deserve to be emphasized. Based on the study's findings, the researcher makes six recommendations to promote fitness participation among women 40-64 years:

Continue classes specifically targeted for the 40-60 age group. This should produce satisfied clients who "talk up the classes".

Continue to schedule classes at a variety of times to reduce the potential of time being a barrier to exercise.

Make "health and fitness" and "family fitness" themes of the YWCA marketing campaign. The respondents exercise mainly for health and fitness and value family fitness.

Recruit present participants as word of mouth advertisers for the YWCA programs. The suggestions of others can be cues to instigate fitness participation.

Hold an information night to give potential clients and participants opportunities to ask questions about exercise, the facility, the programs, and the instructors.

Prepare a videotape showing YWCA fitness activities and answering the questions posed by the interview respondents. The videotape could be watched individually by prospective clients, run continuously at fairs and displays, or shown at public presentations. The directors might also use this videotape to promote partnership with other community health and social agencies. It would familiarize them with YWCA programs to which they might refer clients.

6.3 Suggestions for Future Research

This study suggests questions which could be the subject of future research:

Will having discussed the determinants of their participation in fitness programs increase the likelihood of these women persisting in their fitness activity? A

longitudinal study could follow up these women and compare their activity levels with those of people who began a fitness program this year but were not interviewed.

How do the determinants of exercise participation named by the respondents compare to those which would be identified by people who have been exercising for many years? A study similar to this one could be conducted with long term exercisers.

How do the determinants of exercise participation named by women aged 40-60 compare to those named by women aged 20-40? Are the respondents' perceptions of women aged 20-40 as less confident and more competitive than themselves correct? A study similar to this one could be conducted with women aged 20-40.

Why do women who raise physically active children neglect their own fitness? An in-depth interview study could investigate whether the roles a woman assumes within a family influence how she sets priorities concerning her own health behaviour.

Are the 10 respondents representative of mid-life women fitness participants in Saskatoon? A larger study in which women aged 40-60 in all the Saskatoon fitness facilities were interviewed would answer this question.

6.4 Conclusion

The YWCA participants identified five major determinants which they perceived influenced their participation in fitness programs: they exercised for fitness and health, past experience supplied them with information about exercise, their children all exercised, lack of time served as the most significant barrier to exercise, and other people's suggestions frequently cued their exercise participation. The interview findings concerning information sources and the influence of other people differed from the expectations of the researcher and the suggestions made in the existing literature. The barriers to exercise identified by the mid-life respondents differed from those recognized by the authors of the existing literature and by the YWCA directors. These differences lend credibility to the idea that individuals' perceptions of health issues are major determinants of their health behaviour (Pender, 1987; Rosenstock, 1974a,b). The differences also underscore the necessity of programmers understanding potential clients' perceptions about exercise for successful promotion of exercise participation. To reflect the significance of the respondents' perceptions, the researcher has weighted the suggestions of the YWCA participants over those of the YWCA directors, the SIAST instructor, and the existing literature in recommending strategies to promote participation in fitness programs.

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APPENDIX A

Consent to Use of Interview Data

APPENDIX A

Consent to Use of Interview Data

I consent to the use of information I have given to Sheila Bonny during an interview on _____, 1990.

It us my understanding

-that the purpose of the study is to investigate what influences people to change their fitness activity;

-that this information might be useful to those who promote the adoption of healthy lifestyles; and

-that the study comprises part of the academic work required for the completion of a Master of Education degree.

Interviewee's Signature
