

APRU Global Health Conference 2021  
**GLOBAL URBAN HEALTH**

16-18 November 2021  
The University of Hong Kong, Pokfulam, Hong Kong

**Abstract No.**

**Abstract Title**

**119**      **Barriers and facilitators of increasing physical activity levels in urban sub-Saharan Africa: A qualitative case study of Nairobi, Kenya.**

Theme:                      C. Environment, health & active lifestyle

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**Purpose / Background:**

- Lack of physical activity is estimated to be a main risk factor for noncommunicable disease morbidity and mortality globally (WHO, 2015)
- Evidence of a physical activity transition in sub-Saharan Africa (SSA): e.g., a systematic review of studies in school-aged children reported a reduction in physical activity levels over time, especially in urban settings (Muthuri et al., 2014).
- Self-reported physical activity levels are generally high in Kenya, although urban residents are more physically inactive than rural residents (Gichu et al., 2018)
- This study therefore aimed to explore the barriers and facilitators of increasing physical activity levels in urban SSA using Nairobi, Kenya for the case study.

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### Methods:

- ❑ Participants recruited from one low-income community (LIC) (n=15, 7 female), and one middle-income community (MIC) (n=14, 6 female).
- ❑ In-depth interviews were audio recorded, translated (if conducted in Swahili) and transcribed verbatim.
- ❑ Thematic analysis was used to identify barriers and facilitators of increasing physical activity levels.

### Results:

- ❑ Lack of knowledge of national physical activity guidelines may have limited capability to be more physically active: *I do not know the recommended number of minutes of physical activity, not unless you explain to me, I am ready to listen. [F, 40-49, Hairdresser, LIC]*
- ❑ On the flip side, perceived benefits motivated physical activity.
- ❑ Lack of good infrastructure (e.g., sidewalks in the LIC) and unaffordability of physical activity facilities (e.g., gymnasiums) in both communities was mentioned as a barrier: *The gyms are there but some people are able to afford, some people are not able to afford. [M, 40-49, Social worker, MIC]*

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### Results:

- ❑ Societal perceptions, such as associating walking with financial hardships, may have discouraged physical activity: *They think you are broke. You are broke and you do not have money and that is why you are walking on foot. [M, 40-49, Carpenter, LIC]*
- ❑ However, such perceptions are being replaced with more positive ones such as viewing walking as an exercise.
- ❑ Finally, exercising together and encouragement from friends may have motivated an increase in physical activity: *We meet every Saturday, at 2 pm; we meet in the field at the community field near the police post. That is where we play the women's games and we even go to competitions [F, 40-49, Businesswoman, LIC]*

### Conclusions:

- To increase physical activity levels there is need to:
- ❑ **Educate** people about physical activity (e.g., recommended levels, simple forms such as walking)
  - ❑ **Persuade** people on benefits and consequences of physical (in)activity
  - ❑ **Increase access** to physical activity infrastructure (e.g., sidewalks) and facilities (e.g., fields and gymnasiums)
  - ❑ **Increase support** for group-based physical activity