

JUST SITTING?

Physical activity, chronic disease and wellbeing in urban South Africa

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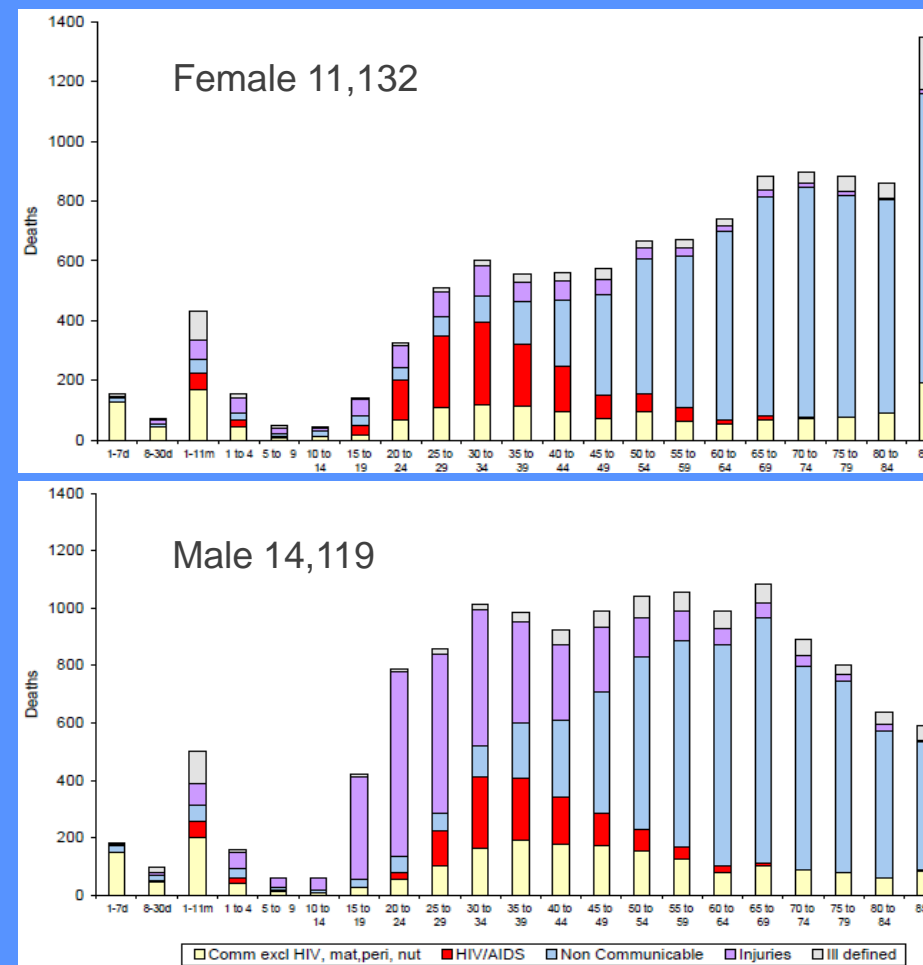
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If there is one thing that policy makers at the World Health Organisation (WHO) and residents of the South African township of Langa are likely to agree on, it is that 'just sitting' is not good for you. The positions from which they approach this conclusion however differ profoundly. This poster presents some results of research investigating different conceptualisations of physical activity and wellbeing, and the implications of these differences for policy on the prevention of chronic disease in low-middle income countries, taking South Africa as a case study.



Langa is encircled by major roads and railway tracks

Both the local and global sources conceptualise sedentary behaviour as negative, but with very different ideas about the meaning and consequences of 'just sitting'. The causal models of WHO policy documents emphasise lack of activity, but this does not begin to capture the depth of meaning behind 'sitting' in the township revealed by in-depth interviews conducted in 2010.



Age distribution of deaths by cause group and gender, Cape Town 2006 (Groenewald *et al* 2008)

Why study this?

With four out of five deaths from diseases such as diabetes, heart disease and stroke now occurring in low and middle income countries, prevention of chronic diseases in these countries is rising rapidly up the global public health agenda. Physical activity is one of the three primary risk factors which have been identified as intervention targets, but there is an acknowledged paucity of research which helps us to understand how physical activity and inactivity is conceptualised in low-middle income country contexts. As a result the evidence base for design of policy interventions to address chronic diseases is also weak.

Cycle path leading out of Langa towards one of major roads. I never saw it used.



Defining physical activity

"Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure." (www.who.int)

A "modifiable behavioural risk factor" (multiple WHO sources).

"Physical activity includes recreational or leisure-time physical activity, transportation (e.g walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities." (WHO *Global recommendations on physical activity for health*, 2010)

Hazards of being sedentary

"Physical activity reduces blood pressure, improves the level of high density lipoprotein cholesterol, improves control of blood glucose in overweight people, even without significant weight loss, and reduces the risk for colon cancer and breast cancer among women." (WHO *Global strategy on diet and physical activity*, 2004)

"Physical inactivity is now identified as the fourth leading risk factor for global mortality" (WHO *Global recommendations on physical activity for health*, 2010)

WHO:

Risk factors for chronic disease

Three major primary risk factors:

- Smoking
- Over-nutrition
- Insufficient physical activity



Langa: Defining physical activity

When asked to define physical activity, Langa residents did refer to exercise – sport as well as housework or walking. However their definitions also included ideas about being involved and busy, being capable and independent, and being holistically healthy. They were unconvinced that conventional approaches to physical activity promotion would have an impact in their township.

It refers to things which you do with your body; like maybe you are a runner or you take walks, you are busy, you are working; it is just using your body.

(Nomsa, 52 year old female)

I can say that it is being busy all the time; doing anything to help keep your blood circulating. I can say that it is exercising.

(Mnyamezeli, 51 year old male)

It means that the person is not lazy, like all time the person feels her body and you are coping, the mood that you are in.

(Zimkhitha, 37 year old female)

Being active means that there is nothing that she needs help with. She does everything on her own.

(Nandipha, 62 year old female)

Hazards of being sedentary

The concept of 'sitting' was raised in over half of the interviews, and by similar numbers of men and women. For Langa residents, sitting was linked to passivity, not having anything to do, being unemployed and unengaged. It was seen as hazardous to both physical and mental health.

If you just sit here in the township, you will not get anything.

(Malusi, 38 year old male)

What can you become if you are always sitting around? You cannot sit around....you have to be strong.

(Mandisa, 69 year old female with asthma)

And then I stopped working, I didn't want to sit around and I was wondering why I got asthma at such an age, my children were young, what was I going to do.....I would sit outside and weep.

(Mandisa, 69 year old female)

So we are sitting here, doing nothing.

(Malusi, 38 year old male, who attributes his unemployment to a lack of both education and family connections)

We sit in the house and stare at each other.

(Thandiwe, 46 year old female, unemployed after an accident at work and talking about how she spends her day with her sister.)

If you sit at one place you end up being fat and dull. You must do something for yourself and keep yourself active.

(Cebisa, 57 year old female)

After I stopped working there, I sat down and would get casual jobs now and then and that was the end.

(Vuyani, 60 year old male, speaking about his last stable job, which ended in the 1980s)

Because if you are always sitting at one place, you get sick. But if you keep yourself busy, you don't sit around and think.

(Boniswa, 43 year old female who is HIV positive)

We need things to keep people away from just sitting at home or in the shebeen and standing in corners, you see.

(Themhani, 43 year old male who has a history of drug use and has had several encounters with violent crime)

In WHO action plans and strategies on the prevention of chronic diseases, the roles of 'experts' and governments dominate, with the phrasing in the documents consigning the people who are the targets of intervention to a much more passive position. The role of governments is to provide "accurate and balanced information" while that of consumers is to be enabled "easily to make healthy choices" (WHO *Global strategy on diet and physical activity*, 2004)

Looking at policy:

"Behaviour can be influenced especially in schools, workplaces, and educational and religious institutions, and by nongovernmental organizations, community leaders, and the mass media" (WHO *Global strategy on diet and physical activity*, 2004)

Little value seems to be accorded to the public's current understandings and experiences of the relationship between diet, physical activity and health. The flow of knowledge is portrayed to be heavily weighted in one direction, and the influencing and changing of behaviour on the basis of this unidirectional flow is the objective.

"The causes are known. The way forward is clear. It's your turn to take action" (WHO *Preventing chronic disease: a vital investment*, 2005)

Not quite. Research and policy needs to move towards conceptualising physical activity as embedded in every part of life, and not separable from other issues such as unemployment, housing, crime and multiple health burdens.

If calls for greater attention to social determinants of health are to be effectively integrated into public health activity, conceptual tools must be found to deal with the totality of people's lives, and the current theoretical basis of public health does not easily provide these. Work on wellbeing may have a role to play here.