



# What are the barriers that influence the engagement of older, rural men in group physical activity programs that support healthy ageing?

# Research Report

# **Study Investigators**

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#### **ABSTRACT**

**Objective**: The purpose of this study was to identify the barriers that were preventing older men from attending age appropriate, affordable, and easily accessible exercise classes in their community. Findings identified 5 key barriers that contribute to preventing men from attending these classes: body image, masculinity, instructors, lack of information and women. Understanding these barriers has resulted in 7 recommendations such as running men only classes and providing clear information about what to expect, that if implemented could potentially increase male participation at PALN programs.

**Methods**: Individual semi-structured interviews were conducted with 11 men aged 55 and over who were not attending these exercise classes. Interviews were taped and transcribed verbatim and data was analysed thematically.

**Results**: Findings identified 5 key barriers that contribute to preventing men from attending these classes: body image, masculinity, instructors, lack of information and women.

**Conclusion**: Understanding these barriers has resulted in 7 recommendations such as running men only classes and providing clear information about what to expect, that if implemented could potentially increase male participation at PALN programs.

Keywords: older men, rural, physical activity, exercise

#### **INTRODUCTION**

The Murrumbidgee Local Health District (MLHD) is located in southern NSW and borders the Murray River with Victoria. It covers 125,000 square kilometres across the Riverina, Murrumbidgee Irrigation Area and the South Western Slopes of NSW and provides public health services to almost 250,000 people. It includes the rural cities of Wagga Wagga and Albury and numerous small remote communities from Khancoban to Tooleybuc. As the largest employer in the region, they have over 5000 healthcare staff working across 33 hospitals and 12 primary healthcare centres.

MLHD have been providing affordable exercise classes to older adults as part of their Physical Activity Leader Network (PALN) program for 2 decades. The Gentle Exercise, Tai Chi, and Aqua Exercise classes provide the opportunity for seniors to improve their strength, flexibility, and balance, enabling them to continue living in their own homes.

Volunteers are trained to conduct the classes to residents in their community. From feedback provided, it is evident that attending the classes regularly can contribute significantly to the enhancement of physical ability and functionality, but also have a huge, positive impact on social connectedness and mental health.

In early 2020, the PALN had more than 100 volunteer leaders delivering over 110 classes to more than 1200 seniors in 50 different towns across MLHD every week. Unfortunately, of the more than 100 volunteer leaders only 3 were men and of the more than 1200 participants, less than 35 were men. With less than 1 in 30 male participants and leaders involved in PALN, males are significantly underrepresented.

These classes provide the opportunity for older adults to meet the recommended physical activity requirements for their age group, but because the classes are mainly attracting women only, the men who are not attending PALN classes and do not have access to other exercise activities, have limited opportunities to engage in appropriate exercise thereby making it impossible for most of them to achieve the physical activity recommendations.

It is anticipated that identifying the barriers that are preventing men from attending PALN classes will enable the Healthy Ageing Health Promotion team to identify and recommend alternative activities and / or program changes that are more likely to attract older men to attend.

The focus of this study is older men from rural communities and their participation (or lack of) in group exercise classes. After conducting a search of journal articles and previous research, no other studies focusing on the same could be found. This was confirmed by other studies that reported their searches had also found limited literature about the uptake of physical activity by older men (Bredland,

Magnus and Vik 2015, Williams et al 2018, Thandi et al 2018). Whether the limited results are because studies tend to focus on women (Sims-Gould et al 2018) or due to men being underrepresented in qualitative research or undifferentiated in study findings (Wilson and Cordier 2013) is unknown.

Evidence also suggests most studies tend to focus on cities and urban communities, leading to limited research being conducted in rural communities. The research also identifies how important research in this area is because typically, older men fail to meet the recommended exercise guidelines (Thandi et al 2018, Deneau et al 2020, Carnahan et al 2018, Campelo and Katz 2020).

Therefore, our research questions are: what are the barriers that influence the engagement of older rural men in group physical activity programs that support healthy ageing? What is preventing men from accessing the PALN program and what could the Healthy Ageing Health Promotion team change, implement or do better that could potentially encourage men to attend and participate in the PALN exercise program?

#### **AIM**

The aim of this study is to investigate the factors that influence non-attendance by rural older men at group exercise activities, specifically MLHD's PALN Exercise Program. Identifying the barriers and understanding what prevents men attending these classes could contribute to amend the low engagement of men in these group exercise classes. On completion of this research, it is anticipated the results will provide some clear ideas and strategies that could be adopted, and changes that could be made that would result in the appropriate enhancement of the PALN program and a substantial increase in the number of men attending.

#### **METHOD**

The chosen study design was case studies, utilising a multiple case design. This methodology was chosen because Case Studies have the potential to provide qualitative data and deliver a comprehensive investigation that could convey detailed information (Baxter & Jack 2008, Yin 2009). Case studies can facilitate an in-depth exploration of a range of factors contributing to a complex issue in real-life settings (Crowe et al 2011).

After careful consideration it was deemed that other methodologies would be incapable to unearthing and revealing the same complexity of insights and the depth of exploration sought after in this research. Utilising a case study approach offered a greater chance of identifying the gaps in the PALN program and identifying potential changes that could rectify this.

In posing the question about 'what' are the barriers, this research seeks to understand 'why' older

rural men do not participate in our PALN program. Cases studies are considered the best option when asking 'how' or 'why' questions but are also thought to be an ideal method for 'what' questions, particularly when the study is an exploration and requires an extensive and in-depth account of a social phenomenon (Yin 2009).

It was anticipated a case study approach would facilitate opportunities for in depth discussion and provide the opportunity for men to share and express their personal viewpoints and opinions about group exercise, their physical activity history, and their exercise preferences.

Studies that rely on single cases are an appropriate choice when the case represents an extreme or unique case or if the study is longitudinal (Yin 2009) but for this research it is unlikely that there is only one reason why men choose not to attend our exercise programs. While single case designs can be effective, they can attract criticism and scepticism. Yin (2009) recommends multiple case designs should always be the goal where possible. For these reasons this research chose to adopt a multiple case design with each of the cases being an older male who is eligible to attend the PALN program but chooses not to.

The inclusion criteria for the study were men aged 55 or over, who reside in the community, in a town or city within the MLHD catchment area and have no current or previous involvement in the PALN program. Potential participants would be excluded if they had a diagnosed cognitive deficit.

When planning this study, and determining the scope and limitations, it was determined approximately 12 cases should provide enough information to gain an adequate understanding of the barriers and provide a range of consistent themes. Men, who met the inclusion criteria, would be recruited from a range of community groups that typically attract senior men, including Men's Sheds, Lions Clubs and Rotary Clubs, or were patients of the MLHD community nurse servicing their community.

Invitations were sent to community nurses for distribution to their male patients who met the selection criteria and letters were sent to Men's Sheds, Lions Clubs and Rotary Clubs in six selected shires inviting eligible men to participate.

Two men were referred to the study by community nurses and ten responses were received from letters sent to Men's Shed's, Lions and Rotary Clubs. The twelve men came from eight different communities from all six shires that were targeted. Their ages ranged from 55 to 98.

One-on-one interviews were arranged with the 12 men contacted, of whom 11 were interviewed and one did not attend. He subsequently advised that he no longer wanted to participate.

Men from a CALD background, who don't speak fluent English, were welcome to respond but none registered their interest in participating.

Table 1: describes the participants age and the size of their community

Code	Age	Town Population
C5	75	5,500
C8	82	1,500
L2	83	57,000
G9	61	5,700
K7	98	1,700
D3	74	57,000
M1	75	11,400
MO	55	68,000
S6	79	57,000
S4	76	1,250
P1	81	68,000

Interviews were conducted face to face with ten of the men. The researcher travelled to their community and met them at local, public venues including the library, Community Health Centres, and private health facilities. One interview was conducted online via Zoom due to the inability to arrange an appropriate venue at a time that suited the participant.

The researcher read a vignette (Appendix 1) to each participant. The participants were also given a hard copy so they could read along. They were then questioned about their thoughts and feelings towards the hypothetical scenario provided. The vignette was the same for everyone except the age was changed to closely match the age of each participant. This was to ensure the vignette content was relatable.

The participant of the vignette was Bill, an older gentleman who consulted his doctor about some mobility issues. The doctor's diagnosis, following the examination was that Bill was just getting old and would benefit from some exercise. His doctor suggested that Bill attend a Tai Chi class at his local RSL, less than a kilometre from his home. Participants were then asked semi structured questions (Appendix 2). All questions were open ended and positively framed.

The duration of the interviews varied from 20 to 45 minutes depending on the participant and how much he wanted to talk, and the depth of information provided. A couple of the participants just wanted to answer the questions while others asked questions about the current PALN program and shared lots of personal stories. All interviews were audio recorded on a password protected portable voice recorder. As a backup the interviews were also recorded with a password protected mobile phone. The recordings were transcribed verbatim by the researcher. This transcription process enabled the researcher to gain a greater insight into the interviews, forming the first step in preliminary analysis.

Coding was conducted manually by the researcher after the last interview had been completed. Transcripts were printed, cut up and pasted to A3 sheets and grouped according to their similarity with other comments. All salient and interesting information was marked with different coloured highlighters. A locator sheet and a codebook were also created, and quotes and comments were added as they were identified.

A different locator sheet was used for each code to identify which transcription, page, and paragraph the comment or quote was located. This process made it easier to find information during the analysis process and contributed to ensuring that all valuable information was included in the results and not missed.

Grouped codes and comments were reviewed to ensure they had been allocated to the most appropriate group. From these primary groups, some of the comments and quotes were transferred to a different group, or a secondary group. After further review they were combined and integrated into the final 5 themes. The quotes that best represented each theme and unmistakably demonstrated that theme, were selected for inclusion.

As a Healthy Ageing Health Promotion Officer with MLHD I have a key role co-coordinating the PALN program. I was interviewing men who fit the criteria for PALN but chose not to attend so I was aware that I needed to stay focused on the questions rather than promoting the PALN program. I consulted with a colleague from another team and asked her to review my questions to ensure they were not biased and that the questions matched the answers I was looking for. Some of the men asked questions about PALN but I was deliberate in my responses and avoided using the opportunity to promote the program. Also, as a female interviewing men I was very conscious of ensuring I was not critical or judgemental of any of their comments.

#### **RESULTS**

After reading the vignette the participants were asked what advice they would give Bill. The responses indicated they all believed the best intervention for Bill was some form of exercise with most of the participants agreeing he should have attended the local Tai Chi class.

Participant P1: "I'd suggest he attend. I think it's a great idea. Stretching and moving is really good for our older bones".

Participant S4: "I thought the upshot of that (the vignette) was going to be that Bill decided he would walk the kilometre to the RSL and do the exercises. I thought, well, that was the obvious thing".

Participant L2: "well from experience I'd, I'd say do it because if you don't, you decline".

# **Barrier 1: Not masculine enough**

It became evident early in most interviews that the majority of men believed our PALN program was not something they or other men would aspire to attend. It wasn't vigorous or physically challenging enough for them and the types of exercises we offered were probably more directed towards women.

Participant K7: "it's more or less a girlie thing you might say"

Participant M0: "it's just not a blokey thing to do".

When asked what they thought men would prefer to engage in, their responses were hugely varied and included yoga, calisthenics, bushwalking, online exercises, and an obstacle course. Some responses were more generalised, such as 'exercises that would get the heart pumping', 'were challenging', 'stimulating', 'would improve their strength', 'included the use of weights' and 'gave them the opportunity to compete against themselves'.

Most of the participants also stated, they were currently or had been, regular bicycle riders in the past. They also talked about their male friends and family who did the same. Those who did ride usually rode 3 or 4 times a week and usually in groups of varying sizes with 2 participants stating they hate to ride alone.

They talked about the camaraderie of riding in a group and that there is always the obligatory coffee to follow or at the halfway mark depending on how far they were riding.

Bike riding is a great exercise that doesn't put stress on the joints and the men who choose to ride a bike seem to enjoy it immensely. The physical activity improved their health and kept them active, but many comments focused just as much on the benefits of the friendship, socialisation, and mental health improvements.

Participant C5: "Some people go bike riding together. 4 or 5 of them get on their bikes and stop somewhere and have coffee".

Participant D3: "I ride a bike, not so much now, but in the good weather on a good day probably 200k's...I hate to ride alone. Riding in a group is good because you ride for 2 hours... then you have half an hour, an hour for coffee".

Of the 11 men interviewed only one had never participated in team sport when he was younger. The 10 who had played team sport were asked what it was about team sport that they enjoyed. The most common responses were 'being physically active', 'the social aspects' and 'being a part of a team'.

#### **Barrier 2: Women**

During the first interview, the participant stated that he believed the best way to attract more men to our classes would be to introduce classes that were specifically for men only, and this was reiterated in the second interview. Following those comments, the researcher asked the other 9 participants for their opinion about Men Only classes. Most agreed that Men Only classes would work. Two were indifferent and one stated he thought men only classes would be a great idea, but he didn't think it would be enough impetus to get them to come.

Of these, approximately half of the participants offered an explanation why they thought men only classes would work, of which all suggested that exercising with women can be a challenge because women are more likely to perform the exercises better than men. Two participants indicated this was due to women having much more experience in dancing and these sorts of exercises.

Participant K7: "I think some men would be, oh well, miss so and so there is better than me. What am I doing here? She's showing him up you might say".

Participant M1: "Most of us haven't done that type of exercise and you would expect that women have done dancing or ballet. Something way back when they were younger".

Participant L2: "They don't like to be shown up. In many instances the girls are better than them. Being sexist, it kills a lot of blokes".

Another participant stated he tried Tai Chi once and he enjoyed it, but the class was full of women, and they could all do it better than him. When asked what exercises he would be interested in attending, he indicated he would prefer something that was a bit more strenuous because it would enable him to perform better than any of the women in the class.

Participant C8: "pumping iron type of thing, but not pumping iron if you get what I mean. But that sort of thing".

"yeah...in other words, something that a woman can't do".

The benefits of potentially running Men Only classes were echoed by participants who talked about other male only groups they were involved in or were aware of, such as the Men's Shed. Almost half the men identified that having a space where men could spend time together was important for them.

Participant M1: I joined Rotary. I was working in an all female environment and then my wife said go and join an all male group and then they started saying well we've got to have females... Not that it's a big problem...I think in the particularly, particularly older, older men who are similar and still have a partner, they need an escape route sometimes, just hang out with other men.

Participant S4: I don't know whether it's a case that men feel emasculated and they just wanna be where other guys are and that probably shows up in the success of the men's shed program.

#### **Barrier 3: Instructors**

While men only classes were identified as a potential part of the solution, most men stated they would be happy to have a female instructor. Some participants stated they believed a female instructor would be less likely to be "overbearing" or "bossy".

Participant L2: "the instructor needs to be someone who understands his participants and their needs and capabilities and doesn't have unrealistic goals of what they should be able to achieve.

Participant C8: "I don't think a male instructor would work because if he knows what he's talking about he'll talk down to us".

Others felt if the instructor knew what they were doing, was friendly, understood the needs of the class participants and connected with the group, being male or female would make no difference.

Participant K7: "Oh, no, no. If you've got a good female, connects the people, talks to them without sounding bossy or something like that".

#### **Barrier 4: Information**

Another barrier identified was the lack of information about classes. A flyer with a day, time and address was not enough to motivate men to attend an exercise class. The majority of participants stated they believed men would be more likely to attend if they knew what they were going to get out of it and how the program was going to benefit them.

Participant M1: "I think it's, yeah, focusing on the needs and benefits of it. To sell something you need to identify the features of it and the benefits.

Give them the features and the benefits".

Almost half the participants also added that providing information about what they could expect when they arrived, so they knew what they were getting themselves into would also contribute to them agreeing to attend an exercise class. An understanding about what they were walking into would prepare them and make it much easier for them than walking in blind.

Participant L2: "Explaining what would have to be, what would have to be done when he was there. How he would accomplish it...I'm not going to go because I don't know what they're going to do".

Information about what, how, why and who, was considered much more important than where and when. They needed to know:

- What was going to happen when they arrived, what they were going to get out of it, what attending the class could do for them and what doing the exercises was going to prevent
- How the classes would be run and how he could accomplish it
- Why participating in the class and doing the exercises was important
- Who the instructor was, who else would be there and who they might or might not know

# Barrier 5: Body Image / Weight Gain / Confidence

Some men talked about the issue of body image. Specifically, they highlighted their experiences as young, healthy, fit, men who used to be strong and able bodied, but with age they have put on weight and their muscles have wasted. Their fitness and health have declined, and their bodies have changed considerably.

One participant reminisced about what it was like to be young and fit and compared it to how he was feeling now that his health and fitness had significantly declined. He also talked about the frustration he felt from being unable to move as freely and perform tasks he had found easy in the past.

Participant P1: "Especially with the way I'm deteriorating. My mobility is deteriorating. I have sore knees. Both knees are sore and starting to stiffen up. I would run 5 days a week. 2 or 3 of those would be a 10K run. I've always wanted to be healthy and fit and strong".

Many men who were interviewed suggested that this physical decline and becoming overweight meant that if they wanted to address the issue and attend an exercise class, they would need to dress in unflattering exercise attire, thereby creating another barrier. Consequently, many would prefer to avoid exercise classes than expose themselves in exercise wear.

They explained that the physical changes that typically occur with ageing such as weight gain, muscle deterioration and poor health can contribute to their body image and generate concerns about what others will think of them. They also talked about feeling self-conscious about exercising in front of others and comparing themselves to others in the class.

Participant G9: "I think men are probably a bit more self-conscious with exercising. I myself don't like doing it in a group. If I'm going to exercise, I'd rather do it by myself. Whether that's me being naive, self-conscious or too self-conscious I don't know, but I prefer it that way and I think most blokes would too".

One participant talked openly about his determination to keep active as a way to prevent him from gaining too much weight and maintaining his health but also stated he had observed many older men who with the onset of weight, would choose to stay at home more and exercise less because they did not want to be seen. Their method for dealing with the increased weight was to change their wardrobe.

Participant L2: "So they decline and what do they do? They buy bigger trousers".

Body image and weight gain were not the only issues when it came to lack of confidence. Almost half of the participants talked about the challenges of going somewhere new for the first time such as attending a new exercise class and the feeling of walking into a room when you don't know who's there, or what their capabilities are. They talked about men and their tendency to be very competitive which leads to feeling like they have to be good at everything, even if they have never done it before.

Participant M1: "You know men are a bit competitive so coming along to a class and thinking ooooo, gotta be really good at this".

These participants also identified other factors that contributed to a lack of confidence when it comes to older men, such as the increased likelihood of hearing loss, vision impairments and the inability to remember people's names.

Participant M1: I mean so you're 75 and you've probably got hearing problems to start with and your starting to the point of not remembering names and you know that, there are people there, that might be there, that you don't know, who, you know who they probably are, but you don't, you can't remember who they are so you have less confidence".

Participant M0: "Maybe first off it might hard for him to initiate that first visit to the program. We (Men's Shed) find a lot like that".

#### **DISCUSSION**

Most men agreed they would attend the class if their GP suggested it, but is this what they really would do or is it what they think they would do. Even if they did plan to attend, from the information gathered in this research, between agreeing to go and actually getting there, barriers present themselves, making it too much of a challenge to follow through.

Agreeing to go is one thing but as identified in this research, when they contemplate what they are about to do, there are so many things to consider. This is a mixed class, which means women will be present. Do I want to be the only man exercising in a group of women? What if they can do the exercises better than me? What if the instructor is overbearing and expects me to know what I'm doing? What am I getting myself into? Who else is going to be there? What if I'm not going to get anything out of it? It's been a long time since I've exercised, and the body isn't what it used to be. I don't think I can go through with this.

Providing the right exercise is also a priority. It was obvious after talking to many of the men, that Tai Chi, Gentle Exercise and Aqua Exercise were never going to achieve large numbers of male attendees. They were looking for exercise that would get their heart pumping, challenge them physically and involve the inclusion of weights.

It was also found that men would probably be happier and more comfortable attending an exercise class if it was men only. The comments about the importance of Men Only groups like the Men's Shed, supported this finding. There were also comments about how Rotary and Lions Club had previously been Men Only spaces but over the years this has changed. None of the participants suggested allowing women to attend these meetings was an issue, but it did reduce the available opportunities for men to just hang out with other men.

An exercise class is not typically considered to be a competitive space but according to participant responses, for some older men it can be, and the thought of being shown up by women at the class contributes even further to their concerns. It can be assumed that the best way to eliminate that problem is to create a space that is specifically for men only.

While a men's only class would be preferred, it was evident the gender of the instructor wasn't as

important. Being a certain temperament was a much more important factor. Attending a class and being pushed around by someone who is arrogant, and domineering was not considered to be as positive an experience as a class run by a teacher who is friendly, compassionate, and caring.

Historically, the issue of body image has mainly been associated with women. Consequently, the challenges of body image for women are well documented but when it comes to older men and their perceptions of their body image, studies are limited (Bennett et al 2020).

Leichty et al (2014) found that most women perceived the impact of ageing on their appearance as negative whereas most men viewed physical changes from ageing as neutral or even positive, with many men in their sample acknowledging that hair loss, grey hair and wrinkles were natural and accepted signs of ageing. Some of the men also stated that they believed older men were less harshly judged than women. They even felt their age and looking more mature gave them credibility. However, when it came to physical changes such as weight gain and a decrease in muscularity, results were mixed.

An increase in exercise and physical activity is recognised as an appropriate response when someone decides they want to lose weight. This includes some older men who choose to manage their bodies as they age by engaging in physical activity and healthy eating (Bennett et al 2020) but as our study found, getting to an exercise class has its challenges.

Bennett et al (2020) identified that body image is a factor for consideration in older men with half of their sample stating that their concerns about their weight made them feel unattractive and almost all the men in the sample stated that they believed weight was a marker of attractiveness and health. However, almost all the men who expressed discontent with aspects of their bodies also indicated they were grateful for their health and physical functionality and chose to focus on those positives.

Leichty et al (2014) achieved similar results and found the ageing process played a key role in older men's perceptions of body image with some men in their sample also expressing body image concerns. They also found that most of the men accepted their increased weight and health deficits and placed more emphasis on functionality and even if they were not satisfied with their appearance, it would not stop them participating in social or sporting activities.

However, Leichty et al (2014) also identified that for some of their sample, poor body image can stop some men from exercising. "I won't go out in a bathing suit because I just have this image of me in a speedo with my tummy hanging down to my knees" which is consistent with our findings, that wearing exercise clothes (active wear) can be a barrier.

Liechty et al (2014) chose to focus specifically on men aged between 60 and 70 and found that "men inhabit a different social environment than women and therefore experience unique body image concerns and experiences". Regardless of whether the body image concerns of men and women are the same or different, these results and comments from participants in this study, suggest that when considering recommendations for changes to the PALN program, potential body image issues need to be considered. The desire to attend the exercise activity needs to be strong enough to outweigh concerns about body image and the need to dress in exercise clothing.

As well as body image, there were other issues identified that could potentially impact a person's confidence. According to a study by Orth, Trzesniewski and Robins (2010), declining self-confidence can be a normal process of ageing. They reported that a person's self-esteem peaks at around age 60 and then starts to decline. This can be caused by several factors including deterioration of health, facial lines and wrinkles, a loss of strength and balance and an inability to perform tasks that had previously been easy.

Considering this, it's not surprising that our sample identified so many issues that could potentially be attributed to a lack of confidence, but when looking at the causes of low confidence, we also need to consider the comments provided that relate to some of the other barriers that were identified. For example, could some of the issues identified around sharing a class with women be attributed to a lack of confidence or is it purely that they don't like it when women outperform them? Is it low self-esteem and lack of confidence or is it chauvinism? In order to best meet the needs of older men in relation to confidence in engaging with exercise classes, it would be interesting to further explore whether this relates to self-esteem or other factors.

The participants who talked about their love of bike riding provided important information about what motivates men to exercise, such as friendship, opportunity for socialisation and coffee. This highlights the need to provide exercises and activities that are fun, that promote socialisation and friendship. Their responses also demonstrated a keen enjoyment of team sports for the social aspects and working together as a team.

When considering the complexity of the results it's easy to see that any of these barriers could be a big enough deterrent to make them reconsider their decision to attend an exercise class and with all this to contemplate it's not surprising the number of males attending our programs have been so low.

The purpose of this research was to understand the barriers preventing men from attending the PALN classes. An analysis of the data has demonstrated that it's a much more complex question than expected but the results have provided a wealth of ideas about potential changes that could be applied

to the PALN program.

### **Limitations and strengths**

Reflecting on the strengths, the interview questions were semi structured and designed to draw out the participant's personal thoughts and feelings around exercise and physical activity. They encouraged the men questioned, to speak openly and honestly, and gave them the freedom to say whatever they wanted to, without judgement. As a result, the data collected was personal and identified some themes that were present across many of the interviews.

The use of semi structured questions enabled the researcher to take the interviews in whatever direction the participants wanted to go, including adding another question when it became evident the number of women attending the classes could be an important factor.

The interviews were designed to make the men feel comfortable enough to openly express what they really thought and felt. Each interview was unique and personal and provided valuable information that could not have been captured using structured questions or a questionnaire. It provided rich data from which recommendations for service delivery could be drawn.

Another strength was the participants came from a variety of different communities and socioeconomic backgrounds. All were retired and from a range of career backgrounds including a farmer, a vet, a dentist, a teacher, a labourer, a soldier, and a professional sports coach.

This diversity provided a broad range of views and contributed to the data, but a limitation would be that we were unable to capture any interest from men from different cultural backgrounds. In hindsight it was possibly a limitation of this study that cultural groups were not included in the recruitment process.

Whether men in our research felt the same as the men in the body image research previously conducted is unknown because there was no further questioning once concerns about body image was identified. Therefore, another limitation of the study would be that there was no preliminary analysis after 4 or 5 interviews. This would have been useful as it could have highlighted the emerging theme of body image and a further exploration of this could have been pursued.

#### Recommendations

The thematic analysis and the men's responses to questions resulted in a range of data that has contributed to generating the following recommendations:

- I. Offer 'men only' classes / activities
- II. Ensure all volunteer leaders are friendly and encouraging without being overbearing and bossy
- III. As well as providing day, time and venue, all promotional material should include information about what to expect, the benefits, volunteer leader's name, the social opportunities etc. This information could be accessed by a QR code to avoid cluttering the poster with too much writing.
- IV. Offer an information day and one on one consults for men who request one, so they have the opportunity to ask any questions. This could include offering a buddy system so new participants had a peer mentor to advise them.
- V. Ask community nurses, physios, and other allied health staff to invite their clients who meet the criteria, to attend.
- VI. Activity / class must be stimulating, get their heart pumping, provide a team atmosphere, give them the opportunity to compete against themselves and / or others, must be a bit challenging but not dangerous.
  - VII. Investigate team sport options for older adults.

Whatever changes are made, the activities offered must be exciting and interesting enough that the desire to attend outweighs the fear of being seen in public and wearing whatever clothing is required to perform the activity. All possible classes / activities should be tested and trialled as a pilot before rolling out across the MLHD region to ensure it will work in the area and meets the needs of PALN and the men who attend.

# Implications for MLHD

As the men are requesting activities that are more physical than Tai Chi and Gentle Exercise, it's expected that whatever is offered will require risk assessments and consultation with the LHD insurance

provider to ensure the chosen activity can be covered under the certificate of currency.

Some further training and recruiting of new volunteer leaders would be required. Depending on the activity a new trainer might need to be sourced. Pilot areas would need to be selected.

#### Conclusion

Older men are not engaging in our PALN program even though it is affordable, local and consistent with the Australian Physical Activity Guidelines for their age. Most of the men indicated that they understood the reasons why physical activity was important and that if their doctor suggested they attend a Tai Chi class to improve their health they would attend. However, they also identified 5 barriers that could potentially reduce the likelihood of them, and other men aged 55 and over, actually following through and attending. From the research findings we have been able to identify 7 recommendations / changes that if implemented could significantly increase the number of men attending our programs.

#### References

Bennett, E V Hurd, L C Pritchard, E M Colton, T Crocket, P R E 2020, 'An examination of older men's body image: how men 65 years and older perceive, experience, and cope with their ageing bodies' Body Image, vol 34 pp. 27-37, DOI: 10.1016/j.bodyim.2020.04.005

Bredland, E L Magnus, E Vik, K 2015, 'Physical activity patterns in older men' Physical & Occupational Therapy in Geriatrics, vol. 33, no. 1, pp. 87-102, DOI:10.3109/02703181.2014.995855

Campelo, A M & Katz, L 2020, 'Older adults' perceptions of the usefulness of technologies for engaging in physical activity: using focus groups to explore physical literacy' International Journal of Environmental Research and Public Health, 17, 1144, DOI: 10.3390/ijerph17041144

Carnahan, L R Zimmerman, K Khare, M M Paulsey, E Molina, Y Wilbur, J & Geller, S E 2018, 'Physical activity and masculinity in rural men: a qualitative study of men recruited from churches' Health Education Research, vol. 33 pp. 145-154 DOI: 10.1093/her/cyy002

Crowe, S Cresswell, K Robertson, A Huby, G Avery, A & Sheikh A 2011, 'The case study approach', BMC Medical Research Methodology 1471-2288/11/100

Deneau, J Horton, S & van Wyk, P M 2020, 'Seven a's of active ageing: older men's suggestions for physical activity programs', Journal of Ageing and Physical Activity vol. 28 pp. 53-62

Leichty, T Ribeiro, N F Sveinson, K Dahlstrom, L 2014, 'It's about what I can do with my body: body image and embodied experiences of aging among older Canadian men' International Journal of Men's Health vol. 13, no. 1, Spring 2014, pp. 3-21 DOI: 10.3149/jmh

Orth, U Trzesniewski, K H & Robins, R W 2010, 'Self-esteem development from young adulthood to old age: a cohort-sequential longitudinal study', Journal of Personality and Social Psychology, vol. 98 pp. 645-658 DOI: 10.1037/a0018769

Sims-Gould, J Ahn, R Li, N Ottoni, C A Mackey, D C McKay, A 2018, 'The social side is as important as the physical side: older men's experiences of physical activity', American Journal of Men's Health, vol. 12, no. 6, pp. 2173-2182, DOI: 10.1177/1557988318802691

Thandi, M K G Phinney, A Olifffe, J L Wong, S McKay, H Sims-Gould, J Sahota, S 2018, 'Engaging older men in physical activity: implications for health promotion practice' American Journal of Men's Health vol. 12, no. 6, pp. 2064-2075, DOI: 101177/1557988318792158

Williams, R K Allen-Collinson, J Evans, A B & Briggs, J 2018, 'We may be falling apart but we still keep going: retired servicemen's experiences of their ageing bodies' Qualitative Research in Sport, Exercise and Health, vol. 10 pp. 190-205, DOI: 10.1080/2159676X.2017.1366357

Wilson, N J & Cordier, R 2013, 'A narrative review of Men's Shed's literature: reducing social isolation and promotion men's health and well-being' Health and Social Care in the Community, vol. 25 pp. 451-463

# **APPENDICES**

#### Appendix 1

# The Vignette

Bill is a ? year old man who recently saw his doctor because his family and friends noticed he has started to walk with a bit of a shuffle. His doctor conducted tests and was able to rule out any medical conditions and told Bill he was just getting older. Bill's GP explained that increasing his physical activity would improve his strength, flexibility and balance. The doctor suggested Bill attend one of the local Tai Chi or Gentle Exercise classes for seniors that are run at the local RSL. The RSL Club is less than a kilometre from Bill's home. Bill told the doctor he would think about attending but he decided not to.

#### Appendix 2

#### **Interview Questions and Guide**

- 1. What do you think could be the reasons Bill decided not to attend?
- 2. If Bill asked you for your advice what would you suggest?
- 3. Have you ever played a team sport?

If Yes: question them about what they enjoyed or did not enjoy about it?

If No: question them about what they enjoyed doing and if there was a reason they didn't play a team sport

4. What about group exercise classes at a gym with an instructor? Have you ever participated in a group exercise class?

If Yes: question them about what they enjoyed or did not enjoy about it?

If No: question them about this decision. Did they have preconceived ideas about what it would be like, just didn't appeal to them?

5. Do you know any men who attend group exercise class? Any family members or friends?

If Yes: What do you think motivates these men to attend these classes?

- 6. We've found our group exercise classes tend to attract mainly women. Why do you think men prefer to do other activities instead of join group classes?
  - 7. What types of things might motivate you to attend a group exercise class?
  - 8. What sort of exercises do you think men would like to attend?
- 9. Do you have any ideas or suggestions of ways to increase participation of men in our group exercise classes?
  - 10. Do you have any comments or questions?

Thank you for your time

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