

## Influence of Psychosocial Factors on Physical Activity Level among Individuals with Asthma

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**Abstract :** Psychosocial factors play a significant role in physical activity participation in diseased conditions and the general population. However, little is known about the role of exercise self-efficacy (ESE), exercise perceived barriers (EPB), and social support (SOS) in patients with asthma. This study investigated the influence of psychosocial factors on physical activity participation in patients with asthma in ile-ife. This cross-sectional study involved 130 patients with asthma. They were recruited from the Chest Clinic of the Obafemi Awolowo University Teaching Hospitals Complex, Ile-ife using purposive sampling technique. Ethical approval was obtained from the Ethics and Research Committee of the Obafemi Awolowo University Teaching Hospitals Complex, Ile-ife, Nigeria. Socio-demographic characteristics of respondents were recorded. Information on ESE, EPB, and SOS were obtained using Exercise Self-Efficacy, Exercise Benefit, and Barrier and Medical Outcome Social Support Scales respectively. Physical activity level was assessed in the last 7 days using international physical activity questionnaire. Descriptive and inferential statistics were used to analyze the data. Alpha level was set at  $p < 0.5$ . The mean age of the respondents was  $25.15 \pm 9.38$ , and a majority, 110 (84.60%), engaged in low physical activity, 69(53%) had low exercise self-efficacy. However, less than two-third 80 (62.20%) reported high social support, with the majority of 95 (73.10%) reported high exercise perceived barriers. The means of ESE for male and female respondents were  $29.01 \pm 20.62$  and  $24.35 \pm 17.36$ , respectively. The means of SOS for male and female respondents were  $49.52 \pm 22.22$  and  $61.87 \pm 22.66$ , respectively. The means of EPB for male and female respondents were  $53.37 \pm 10.23$  and  $57.43 \pm 9.65$ , respectively. The respondents were comparable in exercise self-efficacy and physical activity level ( $p > 0.05$ ). However, there were significant differences in social support ( $t = -2.791$ ;  $p = 0.006$ ) and exercise perceived barriers ( $t = -2.108$ ,  $p = 0.037$ ). The results show that there was a significant relationship between exercise perceived barriers and low physical activity level ( $r = -0.216$ ;  $p = 0.023$ ). There was a significant association between exercise self-efficacy and married individuals ( $OR = 0.967$ ;  $95\% CI = 0.936 - 0.998$ ;  $p = 0.037$ ). Similarly, However, there were no significant associations between social support and age group 35-54 years ( $OR = 1.036$ ;  $95\% CI = 1.007 - 1.067$ ;  $p = 0.014$ ), females ( $OR = 1.024$ ;  $95\% CI = 1.006$ ;  $p = 0.009$ ) and married individuals ( $OR = 1.049$ ;  $95\% CI = 1.020 - 1.079$ ,  $p = 0.001$ ). There was a significant association between exercise perceived barriers and females ( $OR = 1.043$ ;  $95\% CI = 1.002 - 1.085$ ;  $p = 0.040$ ). However, there were no significant associations between exercise perceived barriers and occupation group; civil servants ( $OR = 1.092$ ;  $95\% CI = 1.009 - 1.182$ ;  $p = 0.028$ ), retiree ( $OR = 1.092$ ;  $95\% CI = 1.040 - 1.469$ ;  $p = 0.016$ ) and students ( $OR = 1.110$ ;  $95\% CI = 1.040$ ;  $p = 0.002$ ). In conclusion, a greater percentage of patients with asthma had low physical activity level and it was associated with high exercise perceived barriers, while exercise self-efficacy and social support were not.

**Keywords :** asthma, psychosocial factors, physical activity, physical fitness

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