

PERCEPTION OF TEACHERS REGARDING BENEFITS AND BARRIERS
OF EXERCISE

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Abstract**Background**

Physical exercise is vital for maintaining overall health and well-being. Teachers play a crucial role in shaping student behaviors, yet their own engagement in physical activity is often influenced by distinct personal and institutional factors. Understanding how educators perceive exercise is essential for designing targeted wellness programs.

Objectives

This study aimed to investigate the perceptions of teachers regarding the benefits and barriers of participating in regular physical exercise

Methodology: A descriptive cross-sectional research design was utilized for this study. Data were collected from a sampled population of school teachers using a structured, self-administered questionnaire. The instrument assessed teachers' demographic profiles alongside their perceived benefits (physical, mental, and social) and barriers (time constraints, lack of facilities, and fatigue) related to exercise. Statistical analysis was performed using SPSS to calculate frequencies, percentages, and mean scores.

Result: The findings revealed that a majority of teachers hold a highly positive perception of exercise benefits. They strongly agreed that regular physical activity improves mental alertness, reduces job-related stress, and enhances physical stamina. Conversely, the most significant barriers identified were severe time constraints due to heavy teaching workloads, lack of dedicated sports facilities within or near the workplace, and physical exhaustion after school hours

Conclusion: While teachers are highly aware of the health and psychological benefits of exercise, institutional and personal barriers significantly restrict their actual participation. Educational policymakers and school administrations should implement workplace wellness interventions, offer flexible scheduling, and provide on-site fitness facilities to help teachers overcome these barriers.

**CHAPTER I
INTRODUCTION**

Regular physical activity (PA) is considered a leading health indicator in Healthy People. Regular participation in physical activity,

especially in the form of exercise, leads to physical, physiological, and psychological benefits. Lack of physical activity is known to be one of the most important risk factors leading to morbidity and mortality around the world

leading to an estimated 3.2 million deaths globally (4) yet people are seen to be less physical active specially females who are said to be less physically active than males at all the ages of life. Even people from the developed countries are seen to be living a sedentary lifestyle resulting in slew of health problems, obesity being on the number one, leading to many other health issues. For example, the 2008 survey of Queenslanders, Australia showed that 53% of the adult population aged 18–75 years did not report PA levels sufficient for health benefits, with their sitting time being 4.7 hours per day. Furthermore, approximately one in four adults were sedentary for an average of seven hours or more every day of the week. In 2003, insufficient PA was the third most important single driver of disease burden in Queensland, accounting for 6.2 percent of male burden and 6.8 percent of female burden. Other high-income countries, such as the United Kingdom and the United States, have come to similar conclusions. According to the Health Survey for England, just 40% of men and 28% of women met the American College of Sports Medicine (ACSM) criteria for physical exercise (30 minutes of moderate-intensity activity on most days of the week). (6)

Benefits of Exercise

There is evidence that regular physical activity improves physiological and psychological health outcomes. The physiological benefits of physical activity include weight control and reduced risk of heart disease, type-two diabetes, and some cancers. Other physiological benefits of physical activity are stronger muscles, increasing life span, improving blood cholesterol levels, reducing blood pressure, increasing energy levels, and improving sleep patterns. There are also several psychological benefits associated with regular physical activity such as decreased tension and stress, improved body image and mood, reduced anxiety and depression, and increased enthusiasm and optimism. (3)

Barriers of Exercise

Previous studies have identified that, amongst young adults, physical limitations due to lack of motivation, and a lack of time, external barriers

and health education demonstrated a strong association with PA behaviour, a study demonstrated that the availability of places to exercise and the convenience of the exercise schedule, together with physical exertion (hard work, tiredness, and fatigue) from exercise, were the strongest perceived PA barriers. (2)

Levels of PA in the Society

According to the WHO, about 41% of the world's population does not get enough physical activity. Furthermore, up to 60% of people who participate in PA fall short of the WHO worldwide PA standards for health benefits. As people move from rural to urban regions in Africa, the prevalence of appropriate PA drops by more than half. Population urbanization and low levels of PA are global concerns. These same issues apply to university-teachers. There is a scarcity of research and room for more research and learning when it comes to PA and university teachers.

Between the ages of 18 and 24, levels of PA fall, with fewer people obtaining the necessary levels of PA for health benefits in this age range, in which many young people undertake tertiary education. This is evident in the fact that over half of all university students in the United States do not meet the recommended PA levels. Furthermore, there is a significant increase in weight among university teachers. (8)

Understanding why people do not engage in enough physical activity is complicated and varied, involving personal, interpersonal, environmental, and policy factors. Any research that improves our understanding of one or more of these elements would be beneficial. (6). Although obtaining such an understanding does not necessarily lead to enhancement of engagement in PA, such understanding is essential for providing more in-depth knowledge about the adherence to PA guidelines, the etiology of physical inactivity, and developing policies and strategies for facilitation of PA behaviour (2). To date, the long-term success of strategies to increase PA in adult women has been insufficient, and in order to develop effective health strategies, it is necessary to further investigate women's motives for PA and

the challenges they face in attempting to be active (6) within this context, the perceived benefits and barriers to exercise are major mediators of PA behavior change whereas family relationships, social support, and potential health benefits are the strongest motivators (2) It has been discovered that if a person considers a certain intervention or action to be beneficial, he or she may regard it as a benefit and use it as a drive to continue with that behavior. If a component is perceived as a problem, however, it may have a negative influence, and the individual may regard it as a barrier and avoid that behavior. A person's adherence or non-adherence to a behavior is determined by the interaction between perceived advantages and barriers. As a result, it is reasonable to believe that individuals who are physically active and exercise on a regular basis have experienced more motivational elements and benefits in order to maintain this behavior, whereas those who do not exercise on a daily basis have not. (5) Amongst several theories aiming to explain human health behaviour, the Health Belief Model is one of the most widely-used applied theories HBM, a cognitive behaviorist theory, contends that an individual's readiness to engage in preventive health behavior is a function of their perceived threat associated with that behavior, e.g., physical inactivity, and an assessment of the relative costs (barriers, difficulties or hindering factors) and benefits associated with the adoption of that specific preventive health behavior. The HBM's original four constructs comprised: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers.(6) More recent study by El Ansari and Phillips suggests that the problem is more complicated, with the ratio of perceived barriers to reported advantages being more predictive of behavior. However, psychosocial elements such as self-efficacy, demographic characteristics such as age, personality, and peer pressure, and other factors such as knowledge all have a role in PA behavior change intervention engagement and adherence. (6) Self-efficacy is a psychological construct based on self-efficacy theory. Self-efficacy can be defined as a person's belief in his/her own abilities to

effect events that influence their lives. There is clear evidence to show that improved self-efficacy beliefs are essential for successful change and maintenance of health behaviours, including exercise, stress management, diet, overcoming alcohol abuse, smoking cessation, adherence to treatment, and self-management skills. (1) With specific reference to barriers, despite a recent review of about 50 studies of health behaviour change where perceived barriers were the single most powerful predictor of health behaviour, such barriers to exercise have not been examined in detail. In addition, the limited number of studies that examined teachers' perceived benefits and barriers to exercise have often not considered how different developmental milestones and specific circumstances at different stages of teachers's lives impact on both their interest to exercise and ability to be physically active. (6) Healthy habits developed at a young age are major predictors of a person's future risk of no communicable diseases. Transitional phases occur in the lives of university teachers. Promoting healthy behaviors, such as physical activity, during this time will boost their chances of growing up to be healthy adults. Despite the literature's recognition of the benefits of physical activity, university teachers do not engage in enough physical activity. Furthermore, nationwide studies of university teachers' health behaviors found that teachers' mean score on the physical activity scale is the lowest of all the health behaviors scales studied (Shaheen A 2015). (3) Educational training programs for university teachers could help them improve their health behaviors. (11) Many industrialized countries have very large percentages of their populations enrolling in higher education. However, Irwin's analysis of the scant literature on university females detailed a variety of previous studies indicating that just 28 percent to 50 percent of female university teachers engaged in sufficient PA, compared to 40 percent to 68 percent of male university teachers. University teachers not only represent a specific under-researched population that considering Irwin's findings would benefit from increased PA levels, but university education contexts also provide

“pivotal settings” of unrealized opportunities to influence PA behaviors of young adult. This is important given recent findings that almost one quarter of all teachers starting university gain a significant amount of weight during their first semester, a fact that supports the need of effective strategies to assist these young adults starting university maintain a healthy body weight. Facilitating and nurturing PA at university appears to have a similar role in shaping life-long PA behavior as does schooling. After graduation, PA patterns may stay consistent for up to five years. As a result, engaging university teachers to be active has two benefits: (1) immediate PA behavior results linked to public health benefits, and (2) longer-term outcomes. (6) Studies found that motives for exercise among university teachers were to improve and maintain their health and for enjoyment and feeling good. Other important benefits were stress reduction, physical performance, psychological outlook, life enhancement, and social interaction (Lovell, El Ansari et al. 2010). (3) Effective PA promotion programs and interventions require an evidence base of teachers’ attitudes toward exercise in terms of perceived benefits and barriers. However, only few studies have examined university teachers’ attitudes towards exercise. Of the little research that considered university teachers, non-exercising populations have not been examined. Such a gap in knowledge related to the perceived benefits and barriers to exercise for teachers, specifically those who do not achieve recommended PA levels, hinders the development of successful population specific PA strategies targeting such teachers. (6)

As for Healthcare teachers’ physical activity may have an impact on their health and quality of care they provide, but we do not know what predicts their physical activity and how best to increase it. We lack knowledge about benefits and barriers to exercise that healthcare teachers perceive, which can guide future interventions aimed at improving their physical activity. The study described in this paper addresses this gap. (11)

CHAPTER II LITERATURE REVIEW

Shajrawi et al, in 2021 conducted a cross sectional study to investigate Perceived benefits and barriers to exercise and the predictors of exercise self-efficacy among patients after Acute myocardial infarction. A total of 254 patients participated in this study. Mean (SD) of BMI was 27.7 (2.21). Approximately 62% had hypertension, and 51% had diabetes. The mean exercise duration was 122.2 minutes per week. The mean (SD) score for perceived exercise barriers among all post-AMI patients was 2.57 (0.52). Conclusion of the study was that the primary perceived benefits of exercise reported were in the areas of personal factors and improved physical performance related to affective factors. The main perceived barriers to exercise were in the area of environmental factors and physical exertion factors. In addition, perceived barriers to exercise were found to be higher than perceived benefits of exercise among post-AMI patients (1)

Stefan Koehn et al, in 2021 conducted study to find out Reliability, Validity, and Gender Invariance of the Exercise Benefits/Barriers Scale. A total of 565 males and females participated in this study. values for the EBBS ($\alpha = 0.82$) and the benefits ($\alpha = 0.83$) and barrier ($\alpha = 0.81$) subscales. Most subscales showed adequate Cronbach alpha values above the 0.70 threshold [39]. As the benefit subscales ranged between 0.71 and 0.85, the barrier subscales showed some values below the acceptable limit. While exercise milieu ($\alpha = 0.73$) and time expenditure ($\alpha = 0.70$) were just above the cut-off value, The results indicated that, in comparison with the original validation of the EBBS by Sechrest and colleagues, a number of core factors and items are still relevant for the assessment of higher-order factors. The current 26-item version in contrast to the Sechrest et al. (2)

HamdanKhalidoun in (2020) conducted a cross sectional study to find out “Perceived Benefits and Barriers to Participation in Exercise among Jordanian University Teachers,”. According to previous measures, at least 369 teachers were needed for this study. Teachers were selected

from two public and two private universities in Jordan. The mean total score of the EBBS was 89.16 (SD = 13.69) and the mean total score for the Exercise Barriers Scale was 36.86 (SD = 6.62). The mean score for the Exercise Benefit Scale was 52.3 (SD = 12.74). It was concluded that University teachers perceived more barriers from exercising than benefits. Since risk factors for non-communicable diseases begin in young age, health promotion programs should be designed to target this important segment of the population. (3)

Hebat-Allah M. S. Gabal et al conducted a cross sectional study in 2020 and to assess the Perceived benefits and barriers towards exercise among healthcare providers in Ain Shams University Hospitals, Egypt. There are 327 participants that were healthcare providers approached. The study showed participants with higher perceived benefit "Life enhancement subscale" score (adjusted odds ratio = 1.67, CI = 1.11-2.51), lower perceived "Exercise milieu subscale" barrier score (adjusted odds ratio = 1.8, CI = 1.12-3.1) The conclusion of the study was that the prevalence of regular exercise is low and inversely related to the female gender, BMI, physical exertion, and exercise milieu barriers subscale scores and directly related to life enhancement benefit subscale score (4)

Amanda Mary McGuire et al conducted a cross sectional study in 2019 that aimed to find out the Association Between Web-Based or Face-to-Face Lifestyle Interventions on the Perceived Benefits and Barriers to Exercise in Midlife Women. Total number of 225 participants were selected for the study, most were married or living with a partner (83.3%, 185/225). Women in all intervention groups reported a significant increase in positive perceptions of exercise ($P < .05$); a significant increase in exercise and overall physical activity ($P < .01$) with moderate-to-large effect sizes noted for overall physical activity ($d = 0.5$ to $d = 0.87$). It was concluded that the Participants receiving support from registered nurses in the face-to-face and Web-based groups had a greater magnitude of change in benefit perceptions and physical activity than those in the Web-based independent group. There was no significant change in

exercise barrier perceptions within or between groups over time (5)

AtiyaA Shaikh et al, in 2019 did a study to determine the Perceived Benefits and Barriers to Exercise among Physically Active and Non-Active Elders. Around 140 elderly persons with normal cognition and no depression, living in the community, were divided into two groups - the physically active and the non-active. A significant difference was found in scores of perceived benefits and scores of motivators in both groups. ($p < 0.0003$ and 0.0001) but no difference was found in perceived barriers ($p = 0.0607$). according to the results it was concluded that the Physically active elderly people perceived more benefits of exercising as compared to their physically non-active elderly people. The benefit perceptions and motivators seem to play a significant role in adhering to a physically active lifestyle and exercising regularly. (6)

Prof. Dr MohamadNizamNazarudin et al, in 2018 conducted a study to find out Benefits and Barriers of Physical Activities among Technical University Teachers. Questionnaires were given to 355 teachers come from each faculty in University Teknikal Malaysia Melaka. Table shows a descriptive statistic for the sub-scale of Life Enhance. the mean distribution and standard deviation for sub-scales exercise benefits. Sub-scale Physical Performance has the highest mean value ($M = 4.18$; $SD = 1.56$), Meanwhile for the sub scales of Exercise barriers mean and standard deviation, sub-scale Physical Exertion has the highest mean value ($M = 2.96$; $SD = 0.74$). conclusion of the study was that if we can make comparison between perceived benefits and perceived barriers, we know that the UTeM's teacher love to take part in exercise. In other words, they are making exercise to their own chosen activity like sports and recreation when they are in leisure time. (7)

Dina kong conducted a cross sectional study in 2018 to determine the perceived benefits and barriers to exercise and levels of physical activity of undergraduate physiotherapy teachers in the Western Cape. 296 participants were recruited from the three universities in the Western Cap. Female teachers accounted for 83% of the

sample. From the 296 participants, (37.5%) reported high physical activity levels while 61 teachers (20.6%) were classified with low physical activity. The majority of teachers (196; 65%) were participating in sporting activities. Based on the results of the current study it was concluded that the majority of physiotherapy teachers in the universities of the Western Cape of South Africa across all years of study engage in moderate physical activity and do not achieve recommended physical activity levels despite having positive beliefs regarding exercise. (8)

Abdulsalam S. Al-Za'abi et al in 2018 conducted a cross sectional study to find out the perceived health benefits and barriers to physical activity among secondary school teachers. A total of 585 teachers (288 males, 297 females) participated in this study. The findings of this study showed that the most perceived health benefits for the study participants regardless of gender were: moving quickly and lightly ($M=4.60$, $SD=.66$), lowering the risks of developing obesity ($M=4.53$, $SD=.76$), maintaining body posture ($M=4.53$, $SD=.72$), maintaining a healthy percent of body fat ($M=4.51$, $SD=.74$), and having fun ($M=4.50$, $SD=.78$). Conclusion of the study was that the study investigated public secondary school teachers' perceived health benefits and barriers to physical activity in the UAE. Gender differences also existed between health benefits and barriers of PA. It was indicated that almost all secondary school teachers either agreed or strongly agreed with all of the health benefit statements. (9)

D m. Keohane et al conducted a cross sectional study in 2018 to determine the physical activity levels and perceived barriers to exercise participation in Irish general practitioners and general practice trainees. There was a total of 246 respondents in the preliminary analysis. The overall response rate was 28% (27% for GP trainees and 29% for GP Trainers). The response group consisted of 33% General Practitioners and 67% GP trainees. The response group consisted of 33% General Practitioners and 67% GP trainees. Demographics of the group is summarized in Table 1. Of this group, 21% of participants were deemed inactive 30% deemed active. Based on the results It was discouraging to

see that less than 50% of General Practitioners and General Practice trainees studied were engaging in health enhancing physical activity. Additionally, over 20% of all respondents were physically inactive with this trend being significantly higher in females. (10)

Holy blake et al in 2017 conducted a cross sectional study that assessed Predictors of physical activity and barriers to exercise in nursing and medical teachers. Total 361 participants were surveyed Of which majority were the females ($n=180$ nursing, $n=116$ medicine) 48% ($n=92$) of nursing, 38% ($n=63$) We divided teachers according to their PA level (low, moderate and high). Of the nursing teachers, 19% ($n=23$) reported low, 45% ($n=56$) reported moderate and 36% ($n=44$) reported high PA. Of the medicine teachers, 11% ($n=12$) reported low, 41% ($n=46$) reported moderate and 48% ($n=53$) reported high PA. The difference in the distribution of PA levels between nursing and medicine teachers was not significant. Many nursing and medicine teachers did not achieve recommended levels of physical activity (nursing 48%; medicine 38%). It was concluded that Perceived benefits of exercise were health related, with medicine teachers identifying additional benefits for stress relief. Most notable barriers to exercise were as follows: lack of time, facilities having inconvenient schedules and exercise not fitting around study or placement schedules. Physical activity should be promoted in nursing and medicine teachers. Interventions should aim to build self-efficacy for exercise and increase social support. (11)

Elizabeth Stamp et al conducted a cross sectional study in 2017 to determine the Relationships between mental toughness, barriers to exercise, and exercise behavior in undergraduate teachers. Participants were 173 undergraduate university teachers (45 males, 128 females) from 18 a range of undergraduate courses across 10 UK institutions. Regular exercisers' overall MT ($M=3.43$, $SD=.41$) was significantly higher than 17 non-regular exercisers' MT ($M=3.26$, $SD=.55$, $p<.05$, $d=.35$). The regular exercisers 18 reported significantly weaker overall barriers to exercise ($M=3.21$, $SD=.48$) than non-regular exercisers (M

= 2.68. SD = .45, $p < .001$, $d = 1.14$) and the study concluded that, Consistent with the findings for MT and exercise barriers, teachers who participated 5 in regular exercise reported significantly higher MT than those who did not. This result with 6 university teachers supports previous work that found differences in MT between high school 7 teachers who reported no days, as opposed to three or more days of vigorous PA per week Several. (12)

Geoff P. Lovell et al conducted a cross sectional study to know the Perceived Exercise Benefits and Barriers of Non-Exercising Female University Teachers in the United Kingdom. Females volunteers (N = 200) were randomly selected from two universities in south England, UK. research objective showed that this sample of non-exercising female university teachers felt significantly higher perceived benefits (M = 2.96, SD = 0.44) than barriers (M = 2.22, SD = 0.46) to exercise ($t(199) = 6.18$, $p < 0.001$). This equated to a benefit/ barrier ratio of 1.33; the ratio being >1 demonstrated that these females perceived greater benefits than barriers. It was concluded that non-exercising female university teachers felt strong benefits from exercising accompanied by only relatively less barriers. It is possible that their perceived benefit/barrier ratio of 1.33 might not be sufficient to motivate these females to be physically active. (13)

FathiehA Abu-Moghli et al conducted an experimental study to find out the influence of a health education programme on healthy lifestyles and practices among university teachers. The study was done on 2 groups, comparison (n = 84) group and experimental group (n = 864) Table shows the characteristics of both the experimental and comparison groups. It shows that 23.8% of the teachers were male and 76.2% were female. However, 4.8% of the comparison and 8.7% of the experimental group are members in a sport club. Only 9.5% and 10.9% of the comparison and experimental groups, respectively, indicated that they complain of health problems and 11.9% and 6.7% of the comparison and experimental groups, respectively, take prescribed medications. In conclusion this study provides preliminary

support for the impact of the programme on teachers' knowledge and behaviour. One of the main factors considered as contributing to the success of the programme is that teachers participated voluntarily (14)

K.O. HAJIAN-TILAKI et al conducted a cross sectional study to find out the prevalence of obesity, central obesity and associated factors in urban population aged 20-70 years, in the north of Iran. with a sample of 3600 subjects (1800 women and 1800 men. The overall prevalence of obesity and overweight were 18.8% and 34.8% respectively. The overall prevalence rate of central obesity by WC criteria was 28.3% (women 46.2% and men 10.6%). It was concluded that the rate of obesity in women was roughly three times greater than men. In this study, the pattern of obesity and overweight has significantly increased by age. Similar patterns were observed in other studies from Iran. Furthermore, age has been considered as a prognostic factor for obesity in a setting of published studies. (15)

Objective of The Study

The purpose of this study is to examine the perceived exercise benefits and barriers of university teachers at IIRS Isra university Hyderabad.

Rational of the Study

According to the literature university teachers are said to live sedentary lifestyles and do not participate in any physical activity, either because they are too preoccupied with their work or because they are uninformed of the benefits of daily exercise. Physically, mentally, biologically, and emotionally, our bodies respond to exercise in a variety of ways. The goal of this study is to find the perceived benefits and barriers of exercise in teachers.

Significance of the Study

The perceived benefits and barriers to exercise are important mediators of Physical Activity behaviour change. This proposes that the likelihood that an individual will engage in a health behaviour (e.g., PA) depends largely on their perceived barriers against being physically

active, and their perceived benefits to being physically active. This study might help us to get to know the perceived benefits and barriers of exercise in teachers. (13)

CHAPTER III

MATERIAL AND METHODS

Study Design

The study was cross-sectional at IIRS Isra University, Hyderabad.

Participant Recruitment

The participants were recruited from Isra University IIRS, Hyderabad.

Duration of Study

Duration of the study was of 2-3 months after approval of synopsis.

Sampling Technique

Multistage technique was use.

Sample Size

200 participants was selected in the study.

Sample Selection

Inclusion Criteria

All male and female teachers were selected.

Exclusion Criteria

Exercising participants.

Teachers who do not want to participate.

Data Collection Method

Data was collected by distributing questionnaire among teachers.

Data Collection Tool

The EBBS questionnaire was used in this study taken from the study "Perceived Exercise Benefits and Barriers of Non-Exercising Female University Students in the United Kingdom" by Lovell G P et al, 2010, that comprised two components: Benefits and Barriers. The benefit component comprised of 29 benefit items categorized into five subscales: life enhancement, physical performance, psychological outlook, social interaction, and preventative health. The barrier component included 14 barrier items categorized into four subscales: exercise milieu; time expenditure; physical exertion; and family discouragement.

Data Analysis Method

Data was analyzed by SPSS; version 22 will be used. The demographic data and variable was analyzed by the descriptive statistics in term of mean, frequency and percentages.

Budget

The budget for the study will be utilized around 15,000 to 20,000.

Ethical Considerations

Questionnaire was distributed after the permission of departmental ethical committee of IIRS, Hyderabad. Consent form was attached to the questionnaire and participant's privacy will be maintained. Participant's data will be kept confidential and only be used for research purpose.

CHEPTEr IV

RESULTS

Out of 200 hundred completely filled questionnaire. the result was made from 200 questionnaire responses, regarding the question "Your age?" 13 (6.5%) of the respondent said 28 years old , 22(11.0%) respondents said 30 years , 39(19.5%) respondents said 32 years old , 38(19.0%) respondents said 34 years old , 39(19.5%) respondent said 35 years old , 37(18.5%) respondent said 38 years old, 8(4.0%) respondent said 40 years old ,1 (0.5%) respondent said 43 years old , 2 (1.0%) respondent said 45 years old , 1(0.5%) respondent said above 45 years old as shown in the table and figure IV-1

Regarding the question "My disposition is improved by exercise" 53(26.5%) said strongly agree, 132(66.0%) of respondents said agree, 15 (7.5%) Of respondents said disagree as shown in the table and figure IV- 3.

Regarding the question "Exercising helps me sleep better at night" 60(30.0) said strongly agree, 123(61.5%) of respondents said agree, 14 (7.0%) Of respondents said disagree, 3(1.5) said strongly disagree as shown in the table and figure IV- 4.

Regarding the question "Exercise helps me decrease fatigue" 56(28.0) said strongly agree, 115(57.5%) of respondents said agree, 29(14.5%)

Of respondents said disagree as shown in the table and figure IV- 5.

Regarding the question “Exercising improves my self-concept” 49(24.5) said strongly agree, 128(64.0%) of respondents said agree, 19 (9.5%) Of respondents said disagree, 4(2.0) said strongly disagree as shown in the table and figure IV- 6.

Regarding the question “Exercising increases my mental alertness” 66(33.0) said strongly agree, 119(59.5%) of respondents said agree, 14 (7.0%) Of respondents said disagree, 1(0.5) said strongly disagree as shown in the table and figure IV- 7.

Regarding the question “Exercise allows me to carry out normal activities without becoming tired” 62(31.0) said strongly agree, 129(64.5%) of respondents said agree, 9 (4.5%) Of respondents said disagree as shown in the table and figure IV- 8.

Regarding the question “Exercise improves the quality of my work” 66(33.0) said strongly agree, 127(63.5%) of respondents said agree, 7(3.5%) Of respondents said disagree as shown in the table and figure IV- 9.

Regarding the question “Exercise improves overall body functioning for me” 61(32.0) said strongly agree, 131(65.5%) of respondents said agree, 8(4.0%) Of respondents said disagree as shown in the table and figure IV- 10.

Regarding the question “Exercise increases my muscle strength” 65(32.5) said strongly agree, 130(65.0%) of respondents said agree, 5(2.5%) Of respondents said disagree as shown in the table and figure IV- 11.

Regarding the question “Exercising increases my level of physical fitness” 58(29.0) said strongly agree, 132(66.0%) of respondents said agree, 10(5.0%) Of respondents said disagree as shown in the table and figure IV- 12.

Regarding the question “My muscle tone is improved with exercise” 48(24.0) said strongly agree, 133(66.5%) of respondents said agree, 19(9.5%) Of respondents said disagree as shown in the table and figure IV- 13.

Regarding the question “Exercising improves functioning of my cardiovascular system” 67(33.5%) said strongly agree, 121(60.5%) of respondents said agree, 7(3.5%) Of respondents

said disagree, 5(2.5%) of respondents said strongly disagree as shown in the table and figure IV- 14.

Regarding the question “Exercise increases my stamina” 57(28.5%) said strongly agree, 134(67.0%) of respondents said agree, 9(4.5%) Of respondents said disagree as shown in the table and figure IV- 15.

Regarding the question “Exercise improves my flexibility” 67(33.5%) said strongly agree, 121(60.5%) of respondents said agree, 12(6.0%) of respondents said disagree as shown in the table and figure IV- 16.

Regarding the question “My physical endurance is improved by exercising” 63(31.5%) said strongly agree, 128(64.0%) of respondents said agree, 9(4.5%) of respondents said disagree as shown in the table and figure IV- 17.

Regarding the question “Exercise improves the way my body looks” 58(29.0%) said strongly agree, 128(60.4%) of respondents said agree, 11(5.5%) of respondents said disagree, 3(1.5%) of respondents said strongly disagree as shown in the table and figure IV- 18.

Regarding the question “I enjoy exercise” 55(27.5%) said strongly agree, 117(58.5%) of respondents said agree, 18(9.0%) of respondents said disagree, 10(5.0%) of respondents said strongly disagree as shown in the table and figure IV- 19.

Regarding the question “Exercise decreases feelings of stress and tension for me” 41(20.5%) said strongly agree, 144(72.0%) of respondents said agree, 12(6.0%) of respondents said disagree, 3(1.5%) of respondents said strongly disagree as shown in the table and figure IV- 20.

Regarding the question “Exercise improves my mental health” 80(40.0%) said strongly agree, 112(56.0%) of respondents said agree, 8(4.0%) of respondents said disagree as shown in the table and figure IV- 21.

Regarding the question “Exercise gives me a sense of personal accomplishment” 42(21.0%) said strongly agree, 139(69.5%) of respondents said agree, 19(9.5%) of respondents said disagree as shown in the table and figure IV- 22.

Regarding the question “Exercising makes me feel relaxed” 55(27.5%) said strongly agree,

123(61.5%) of respondents said agree, 13(6.5%) of respondents said disagree, 9(4.5%) respondents said strongly disagree as shown in the table and figure IV- 23.

Regarding the question "I have improved feelings of wellbeing from exercise" 38(19.0%) said strongly agree, 140(70.0%) of respondents said agree, 17(8.5%) of respondents said disagree, 5(2.5%) respondents said strongly disagree as shown in the table and figure IV- 24.

Regarding the question "Exercising lets me have contact with friends and persons I enjoy" 55(27.5%) said strongly agree, 114(57.0%) of respondents said agree, 29(14.5%) of respondents said disagree, 2(1.0%) respondents said strongly disagree as shown in the table and figure IV- 25.

Regarding the question "Exercising is good way for meet new people" 32(16.0%) said strongly agree, 133(66.5%) of respondents said agree, 30(15.0%) of respondents said disagree, 5(2.5%) of respondents said strongly disagree as shown in the table and figure IV- 26.

Regarding the question "Exercise is good entertainment for me" 32(16.0%) said strongly agree, 135(67.5%) of respondents said agree, 23(11.5%) of respondents said disagree, 10(5.0%) of respondents said strongly disagree as shown in the table and figure IV- 27.

Regarding the question "Exercising increases my acceptance by others" 35(17.5%) said strongly agree, 131(65.5%) of respondents said agree, 26(13.0%) of respondents said disagree, 8(4.0%) of respondents said strongly disagree as shown in the table and figure IV-28.

Regarding the question "I will prevent heart attack by exercising" 55(27.5%) said strongly agree, 107(53.5%) of respondents said agree, 36(18.0%) of respondents said disagree, 2(1.0%) of respondents said strongly disagree as shown in the table and figure IV- 29.

Regarding the question "Exercising will keep me from having high blood pressure" 27(13.5%) said strongly agree, 139(69.5%) of respondents said agree, 33(16.5%) of respondents said disagree, 1(0.5%) of respondents said strongly disagree as shown in the table and figure IV- 30.

Regarding the question "I will live longer if I exercise" 45(22.5%) said strongly agree,

116(58.0%) of respondents said agree, 37(18.5%) of respondents said disagree, 2(1.0%) of respondents said strongly disagree as shown in the table and figure IV- 31.

Regarding the question "places for me to exercise are too far away" 41(20.5%) said strongly agree, 96(48.0%) of respondents said agree, 52(26.0%) of respondents said disagree, 9(4.5%) of respondents said strongly disagree as shown in the table and figure IV- 32.

Regarding the question "I am too embarrassed to exercise" 23(11.5%) said strongly agree, 70(35.0%) of respondents said agree, 98(49.0%) of respondents said disagree, 9(4.5%) of respondents said strongly disagree as shown in the table and figure IV- 33.

Regarding the question "it costs too much money to exercise" 27(13.5%) said strongly agree, 79(39.5%) of respondents said agree, 84(42.0%) of respondents said disagree, 10(5.0%) of respondents said strongly disagree as shown in the table and figure IV- 34.

Regarding the question "Exercise facilities do not have convenient schedules for me" 20(10.0%) said strongly agree, 99(49.5%) of respondents said agree, 71(35.5%) of respondents said disagree, 10(5.0%) of respondents said strongly disagree as shown in the table and figure IV- 35.

Regarding the question "I think people in exercise clothes look funny" 18(9.0%) said strongly agree, 58(29.0%) of respondents said agree, 105(52.5%) of respondents said disagree, 19(9.5%) of respondents said strongly disagree as shown in the table and figure IV- 36.

Regarding the question "there are too few places for me to exercise" 23(11.5%) said strongly agree, 110(55.0%) of respondents said agree, 60(30.0%) of respondents said disagree, 7(3.5%) of respondents said strongly disagree as shown in the table and figure IV- 37.

Regarding the question "exercising takes too much of my time" 36(18.0%) said strongly agree, 94(47.0%) of respondents said agree, 62(31.0%) of respondents said disagree, 8(4.0%) of respondents said strongly disagree as shown in the table and figure IV- 38.

Regarding the question "exercise takes too much time from family relationships" 13(6.5%) said

strongly agree, 89(44.5%) of respondents said agree,93(46.5%) of respondents said disagree,5(2.5%) of respondents said strongly disagree as shown in the table and figure IV- 39. Regarding the question “exercise takes too much time from my family responsibilities” 34(17.0%) said strongly agree, 75(37.5%) of respondents said agree,85(42.5%) of respondents said disagree,6(3.0%) of respondents said strongly disagree as shown in the table and figure IV- 40. Regarding the question “Exercise tires me” 32(16.0%) said strongly agree, 100(50.0%) of respondents said agree,66(33.0%) of respondents said disagree,2(1.0%) of respondents said strongly disagree as shown in the table and figure IV- 41. Regarding the question “I am fatigued by exercise” 12(6.0%) said strongly agree, 102(51.0%) of respondents said agree,84(42.0%) of respondents said disagree,2(1.0%) of

respondents said strongly disagree as shown in the table and figure IV-42.

Regarding the question “Exercise is hard work for me” 24(12.0%) said strongly agree, 78(39.0%) of respondents said agree,92(46.0%) of respondents said disagree,6(3.0%) of respondents said strongly disagree as shown in the table and figure IV- 43.

Regarding the question “my spouse (or significant other) does not encourage exercise” 38(19.0%) said strongly agree, 77(38.5%) of respondents said agree,76(38.0%) of respondents said disagree,9(4.5%) of respondents said strongly disagree as shown in the table and figure IV-44.

Regarding the question “my family members do not encourage me to exercise” 20(10.0%) said strongly agree, 56(28.0%) of respondents said agree,95(47.5%) of respondents said disagree,29(14.5%) of respondents said strongly disagree as shown in the table and figure IV-45.

Table IV-1: Age of the participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	28	13	6.5	6.5	6.5
	30	22	11.0	11.0	17.5
	32	39	19.5	19.5	37.0
	34	38	19.0	19.0	56.0
	35	39	19.5	19.5	75.5
	38	37	18.5	18.5	94.0
	40	8	4.0	4.0	98.0
	43	1	.5	.5	98.5
	45	2	1.0	1.0	99.5
	48	1	.5	.5	100.0
	Total	200	100.0	100.0	

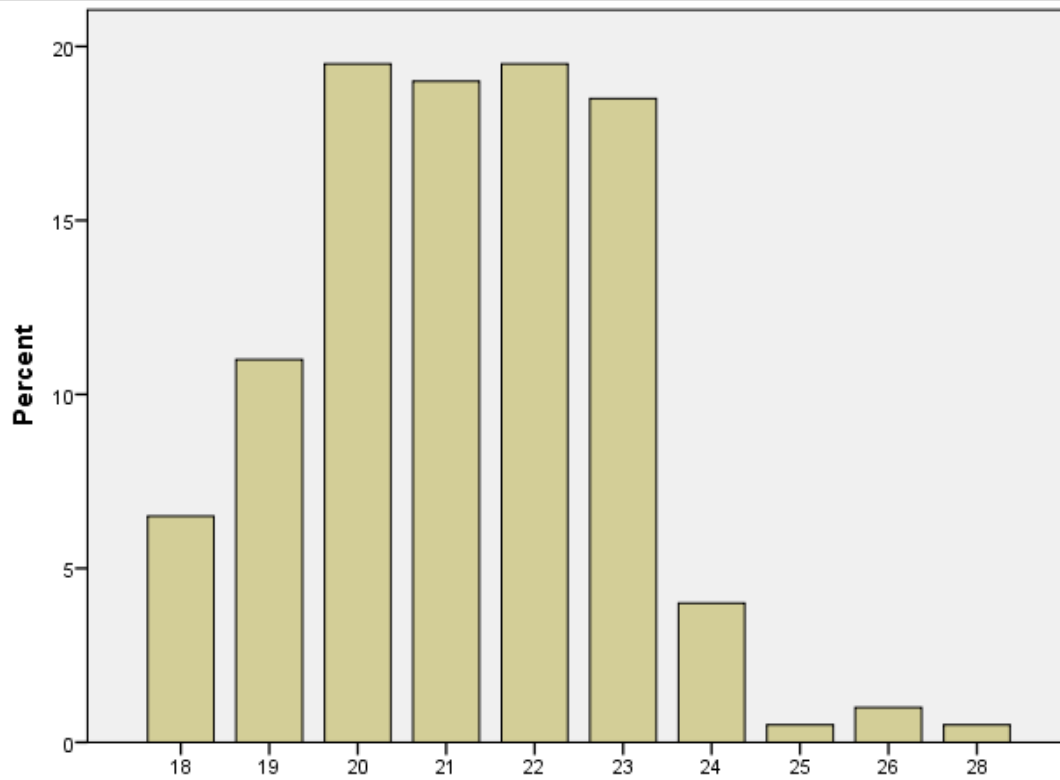


Figure IV-1: Age of the participants

Table IV-3: My disposition is improved by exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	53	26.5	26.5	26.5
	Agree	132	66.0	66.0	92.5
	Disagree	15	7.5	7.5	100.0
	Total	200	100.0	100.0	

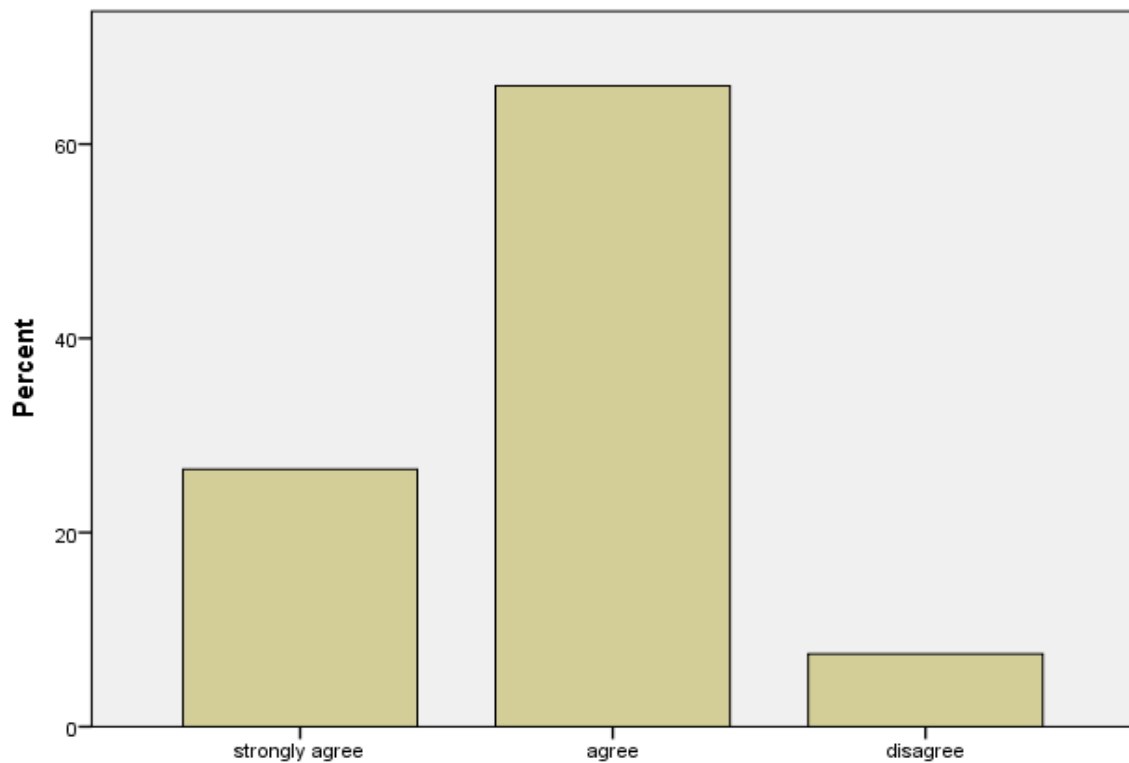


Figure IV-3: My disposition is improved by exercise.

Table IV-4: Exercising helps me sleep better at night

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	60	30.0	30.0	30.0
	Agree	123	61.5	61.5	91.5
	Disagree	14	7.0	7.0	98.5
	Strongly Disagree	3	1.5	1.5	100.0
	Total	200	100.0	100.0	

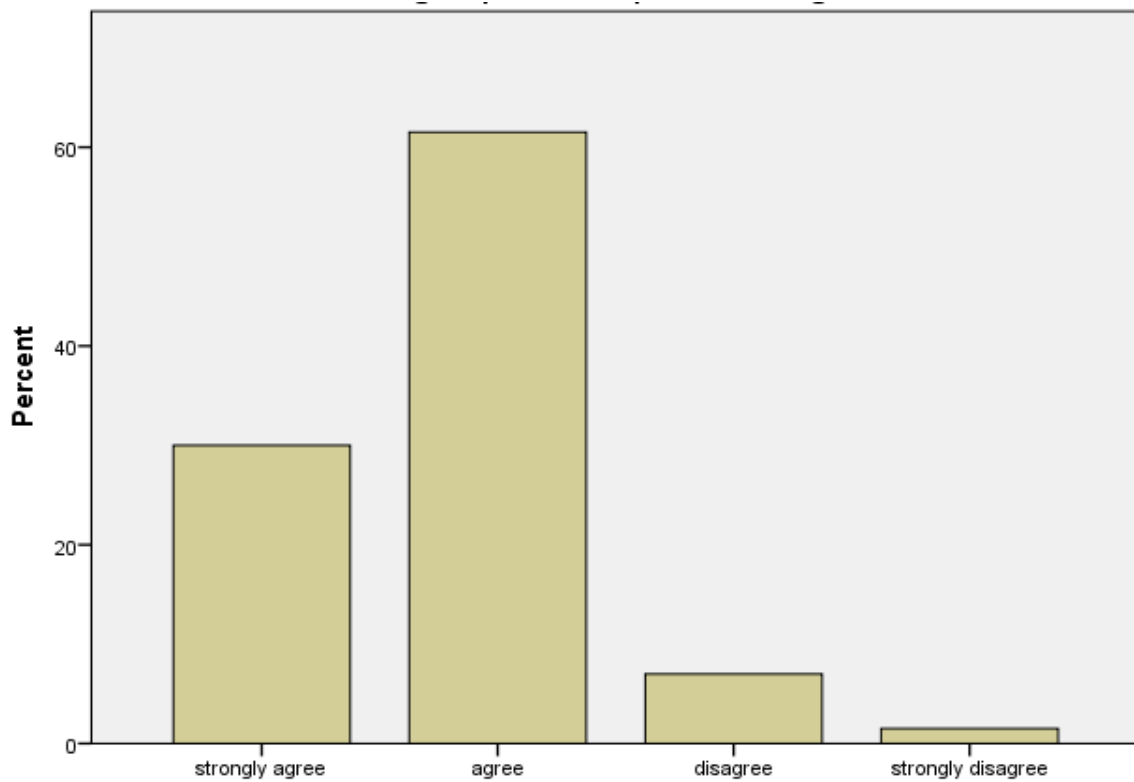


Figure IV-4: Exercising helps me sleep better at night.

Table IV-5: Exercise helps me decrease fatigue

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	56	28.0	28.0	28.0
	Agree	115	57.5	57.5	85.5
	Disagree	29	14.5	14.5	100.0
	Total	200	100.0	100.0	

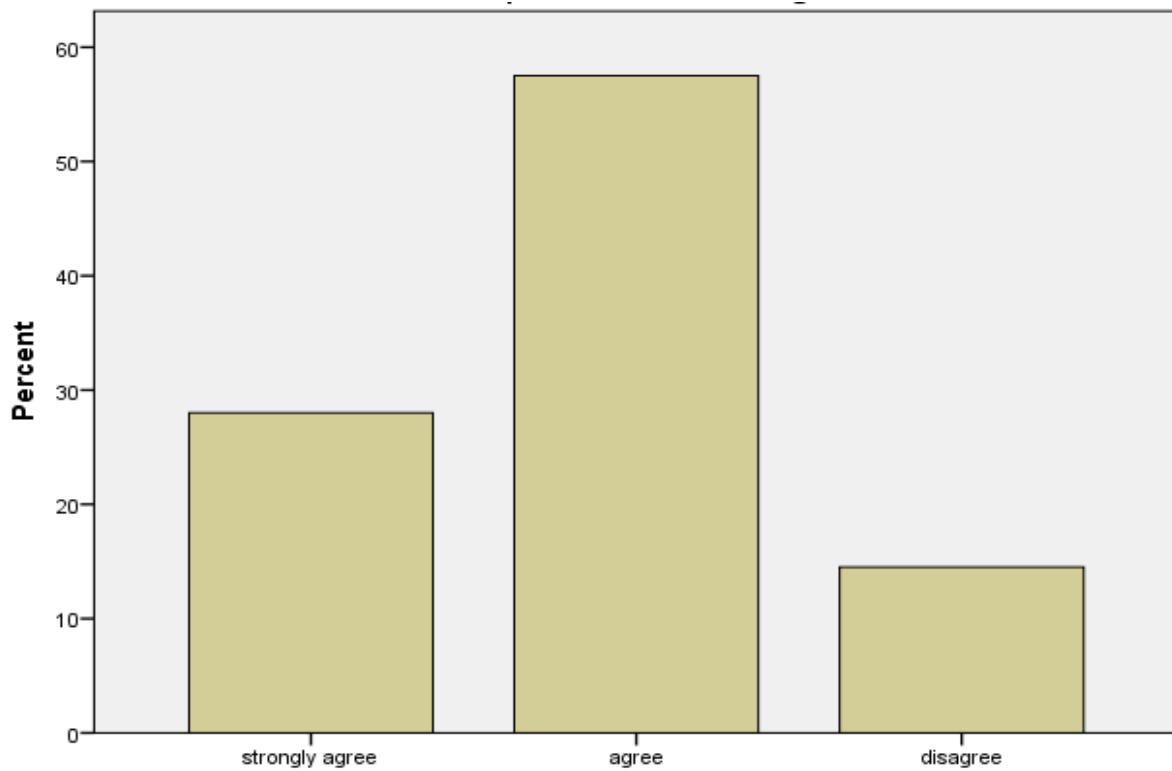


Figure IV-5: Exercise helps me decrease fatigue.

Table IV-6: Exercising improves my self-concept

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	49	24.5	24.5	24.5
	Agree	128	64.0	64.0	88.5
	Disagree	19	9.5	9.5	98.0
	Strongly Disagree	4	2.0	2.0	100.0
	Total	200	100.0	100.0	

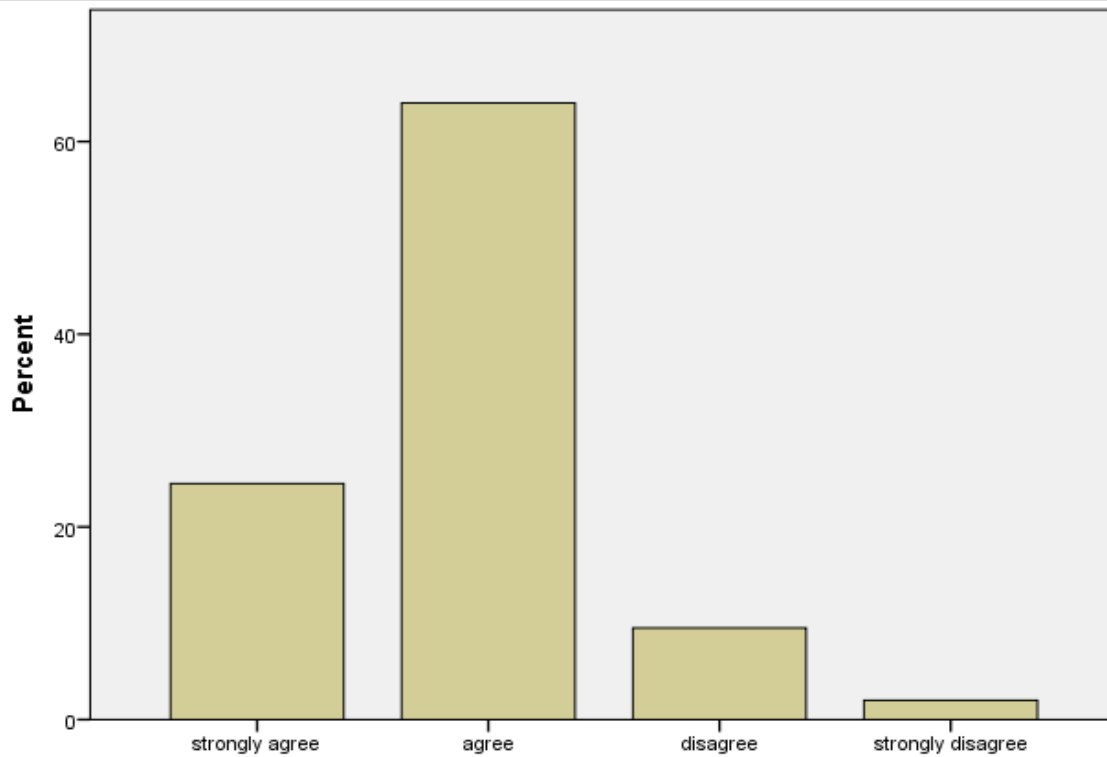


Figure IV-6: Exercising improves my self-concept.

Table IV-7: Exercising increases my mental alertness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	66	33.0	33.0	33.0
	Agree	119	59.5	59.5	92.5
	Disagree	14	7.0	7.0	99.5
	strongly disagree	1	.5	.5	100.0
	Total	200	100.0	100.0	

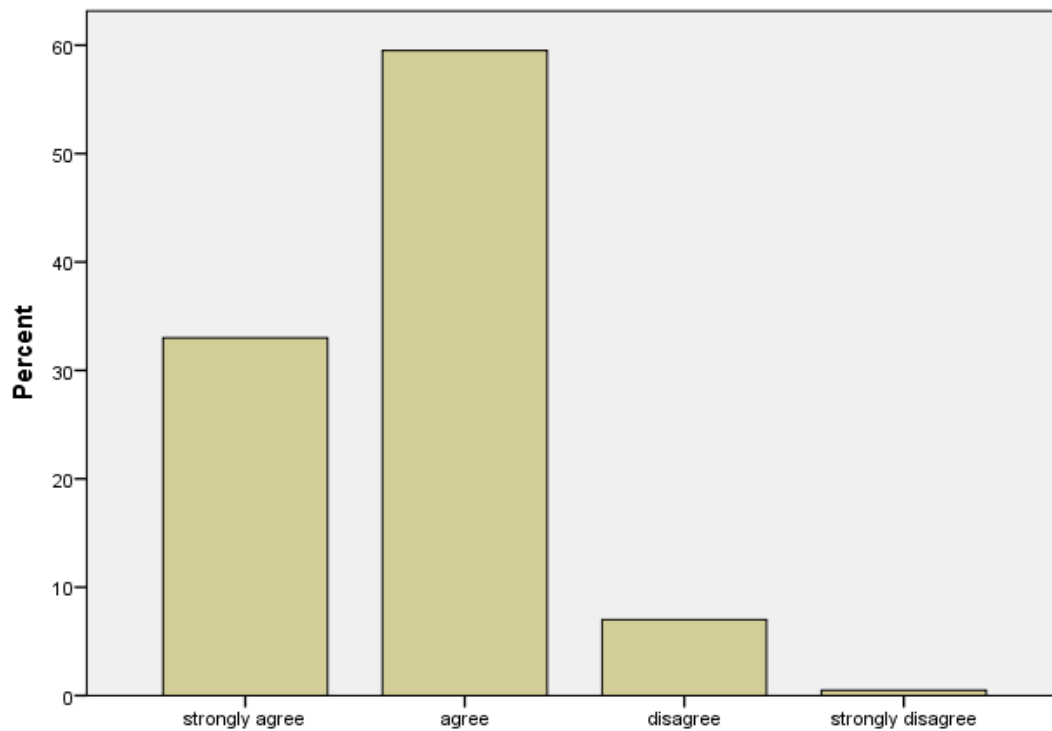


Figure IV-7: Exercising increases my mental alertness.

Table IV-8: Exercise allows me to carry out normal activities without becoming tired

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	62	31.0	31.0	31.0
	Agree	129	64.5	64.5	95.5
	disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

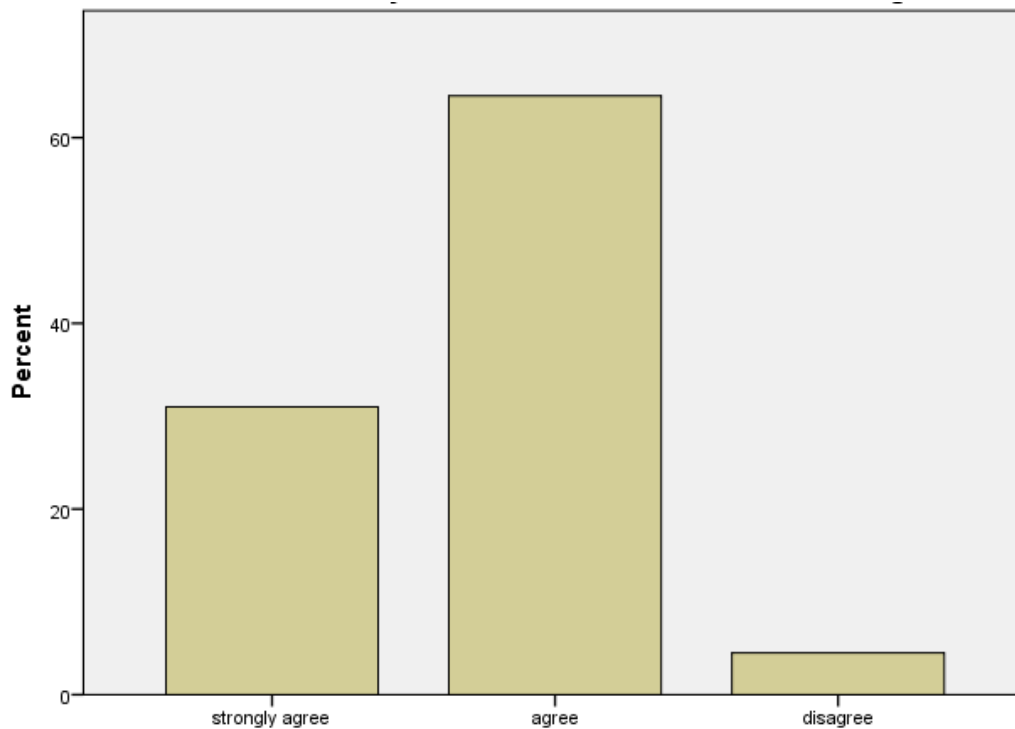


Figure IV-8: Exercise allows me to carry out normal activities without becoming tired.

Table IV-9: Exercise improves the quality of my work.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	66	33.0	33.0	33.0
	Agree	127	63.5	63.5	96.5
	disagree	7	3.5	3.5	100.0
	Total	200	100.0	100.0	

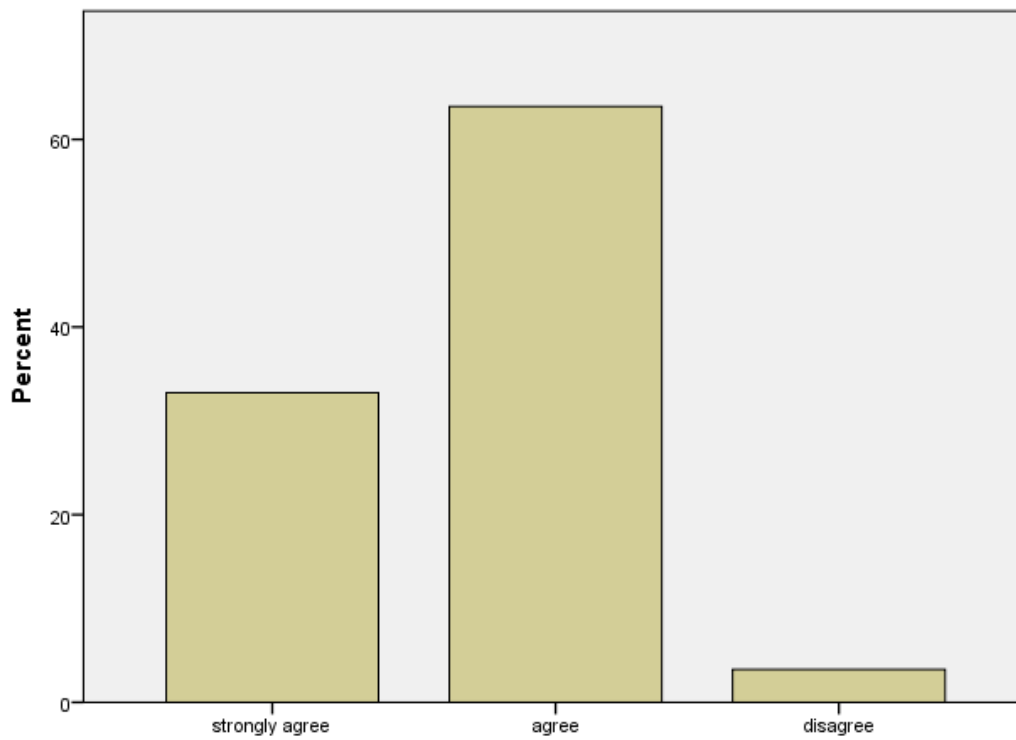


Figure IV-9: Exercise improves the quality of my work.

Table IV-10: Exercise improves overall body functioning for me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	61	30.5	30.5	30.5
	Agree	131	65.5	65.5	96.0
	Disagree	8	4.0	4.0	100.0
	Total	200	100.0	100.0	

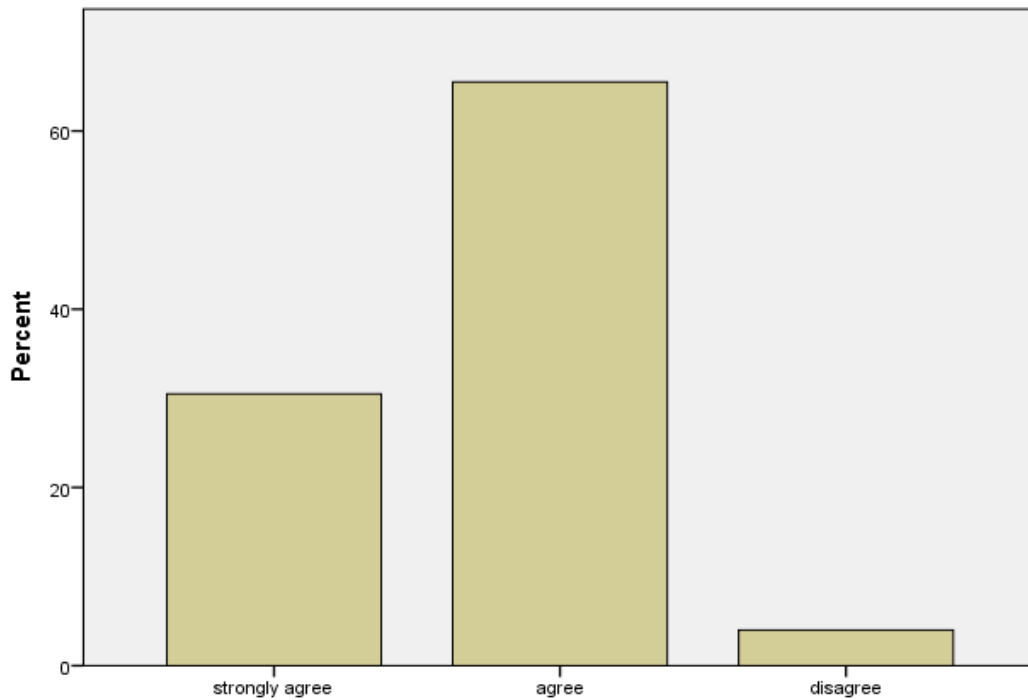


Figure IV-10: Exercise improves overall body functioning for me.

Table IV-11: Exercise increases my muscle strength

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	65	32.5	32.5	32.5
	Agree	130	65.0	65.0	97.5
	Disagree	5	2.5	2.5	100.0
	Total	200	100.0	100.0	

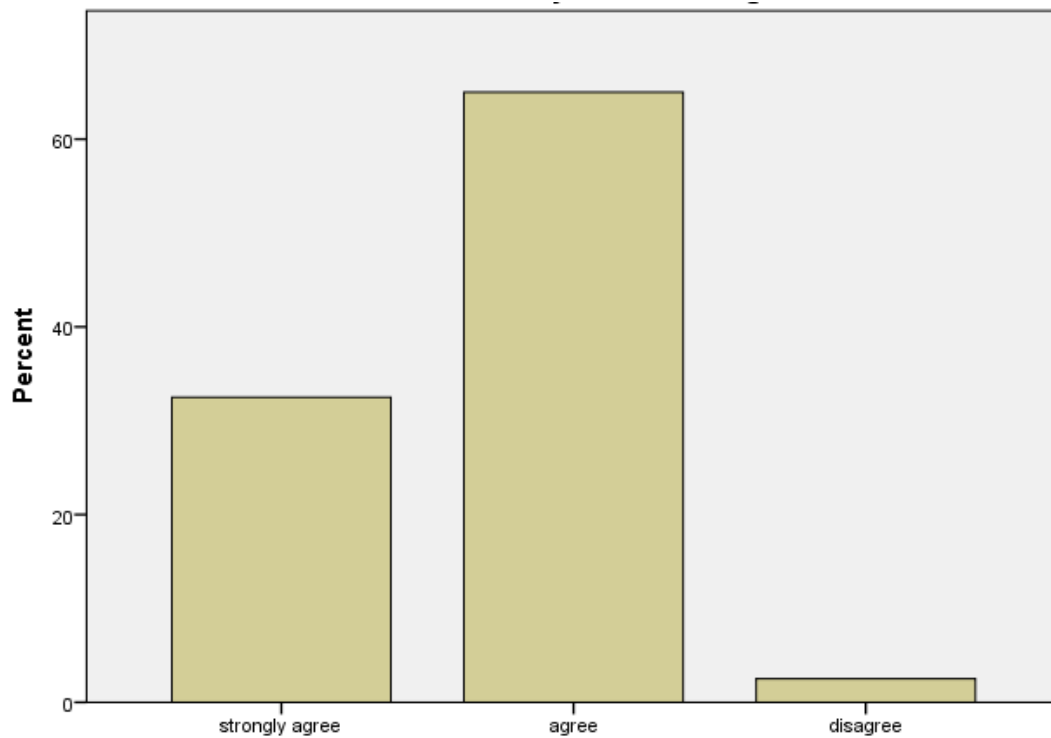


Figure IV-11: Exercise increase my muscle strength.

Table IV-12: Exercising increases my level of physical fitness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	58	29.0	29.0	29.0
	Agree	132	66.0	66.0	95.0
	Disagree	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

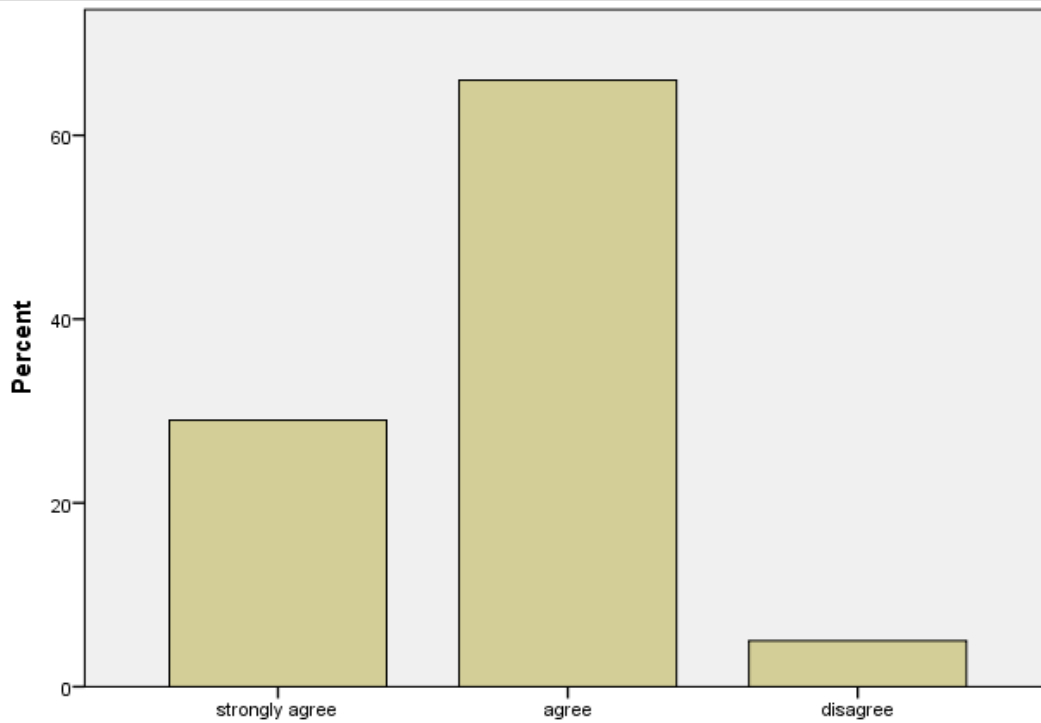


Figure IV-12: Exercising increases my level of fitness.

Table IV-13: My muscle tone is improved with exercise.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	48	24.0	24.0	24.0
	Agree	133	66.5	66.5	90.5
	Disagree	19	9.5	9.5	100.0
	Total	200	100.0	100.0	

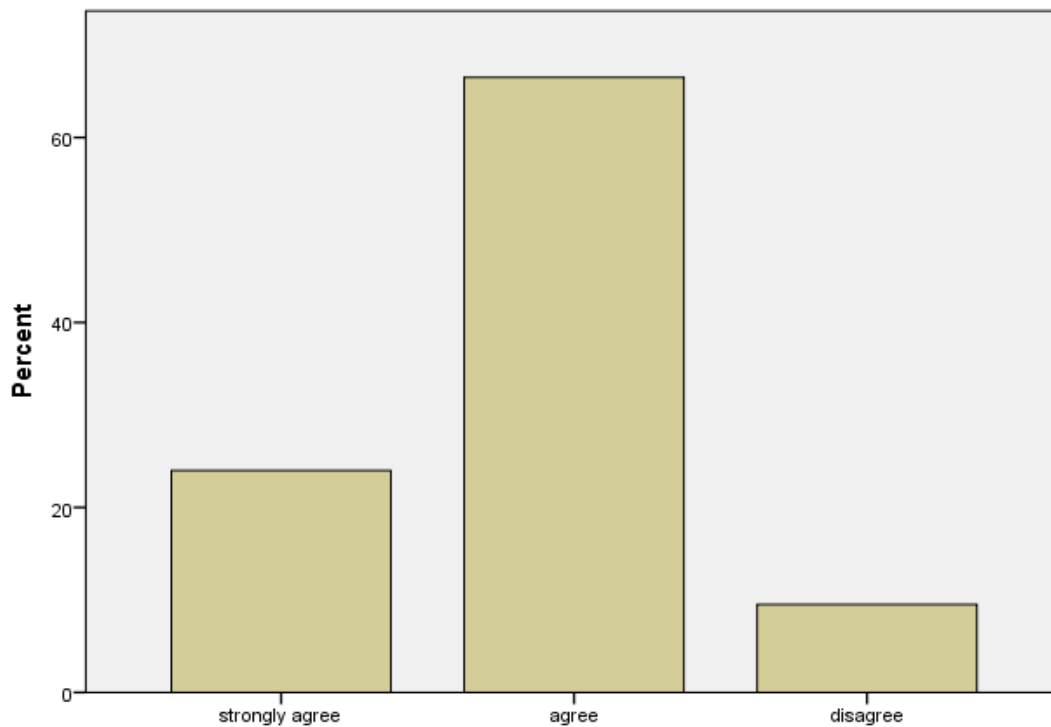


Figure IV-13: My muscle tone is improved with exercise.

Table IV-14: Exercising improves functioning of my cardiovascular system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	67	33.5	33.5	33.5
	Agree	121	60.5	60.5	94.0
	Disagree	7	3.5	3.5	97.5
	Strongly Disagree	5	2.5	2.5	100.0
	Total	200	100.0	100.0	

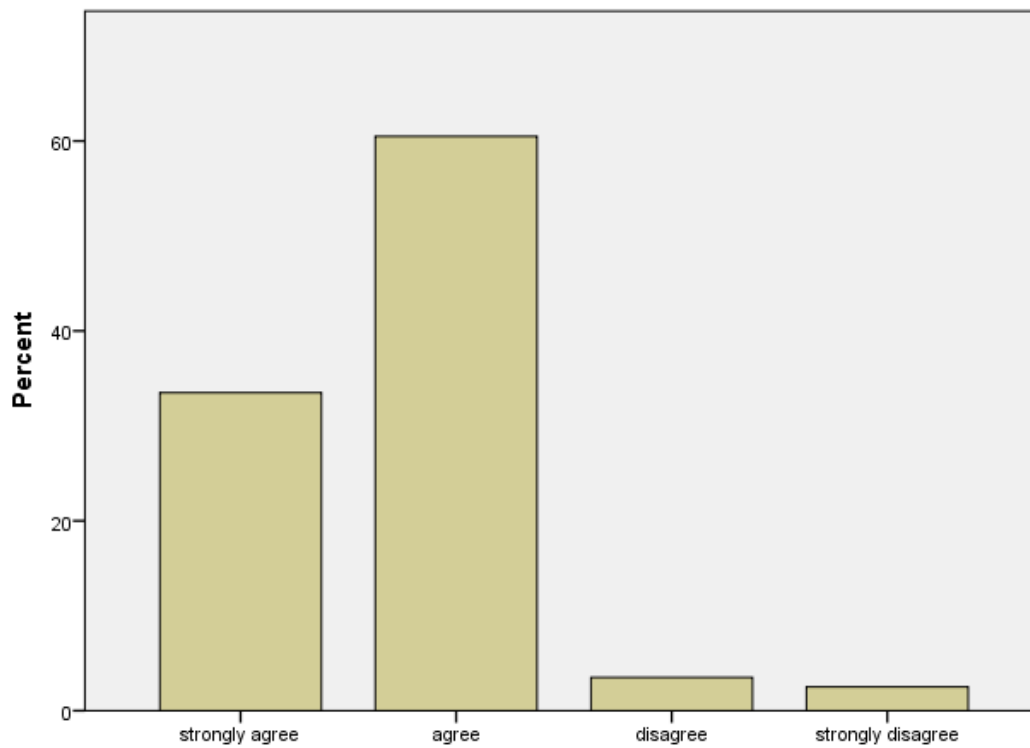


Figure IV-14: Exercising improves functioning of my cardiovascular system.

Table IV-15: Exercise increases my stamina

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	57	28.5	28.5	28.5
	agree	134	67.0	67.0	95.5
	disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

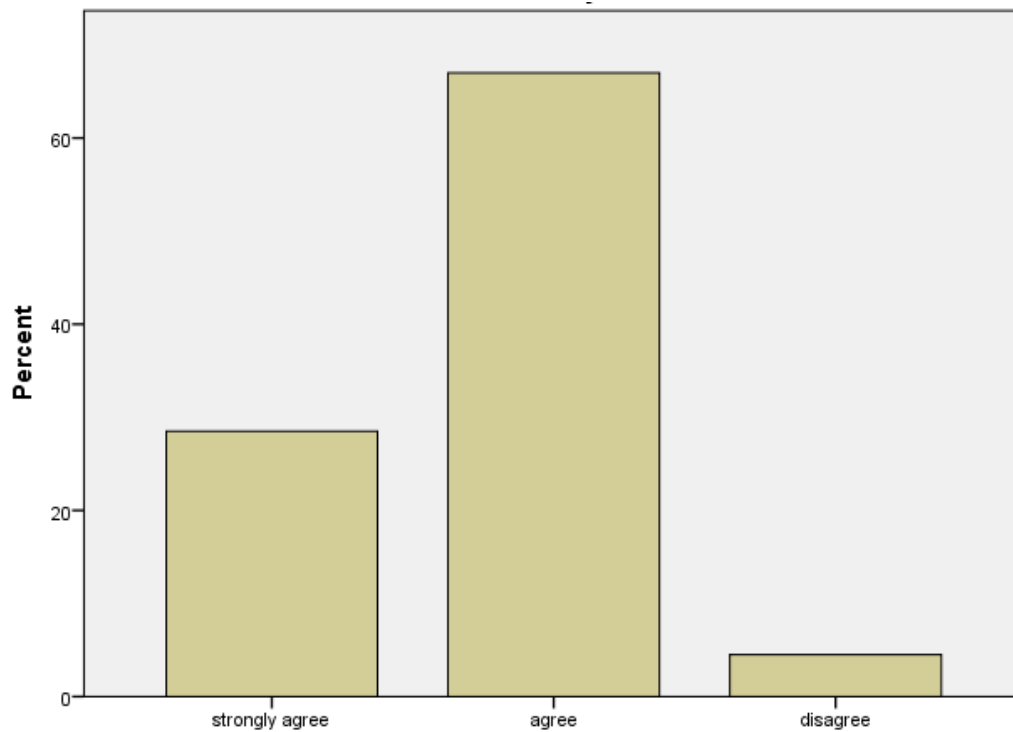


Figure IV-15: Exercise increases my stamina.

Table IV-16: Exercise improves my flexibility

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	67	33.5	33.5	33.5
	Agree	121	60.5	60.5	94.0
	Disagree	12	6.0	6.0	100.0
	Total	200	100.0	100.0	

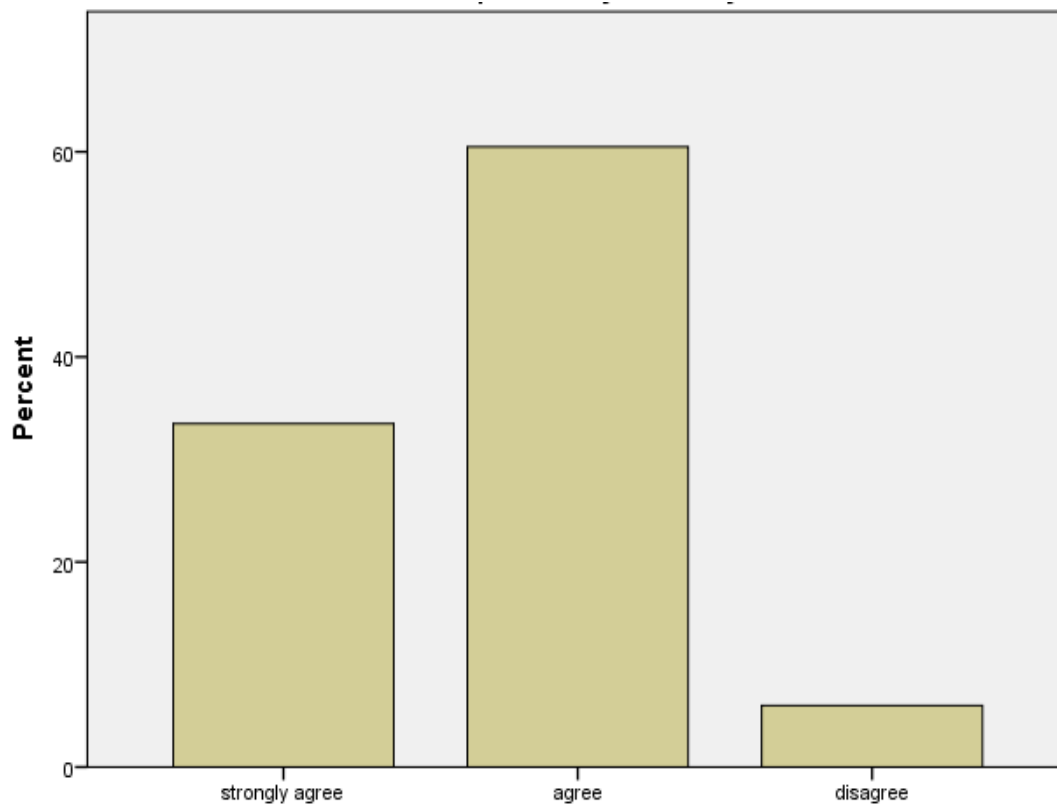


Figure IV-16: Exercise improves my flexibility.

Table IV-17: My physical endurance is improved by exercising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	63	31.5	31.5	31.5
	Agree	128	64.0	64.0	95.5
	Disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

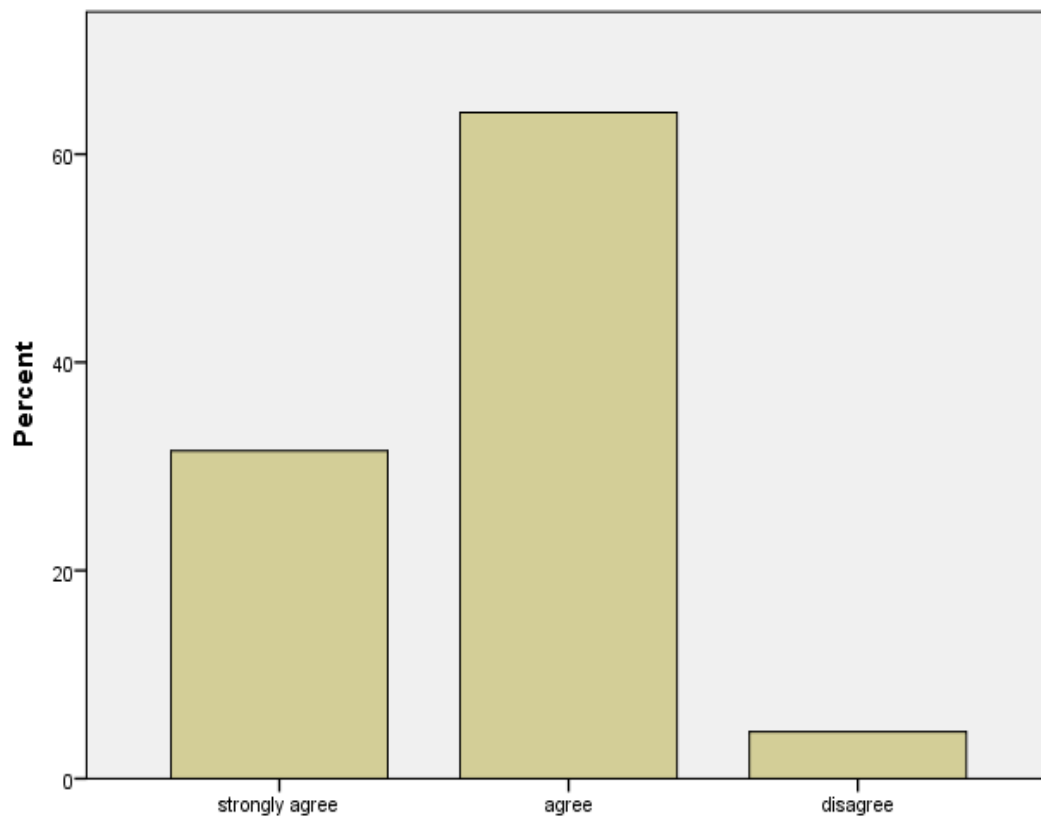


Figure IV-17: My physical endurance is improved by exercising.

Table IV-18: Exercise improves the way my body looks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	58	29.0	29.0	29.0
	Agree	128	64.0	64.0	93.0
	Disagree	11	5.5	5.5	98.5
	Strongly Disagree	3	1.5	1.5	100.0
	Total	200	100.0	100.0	

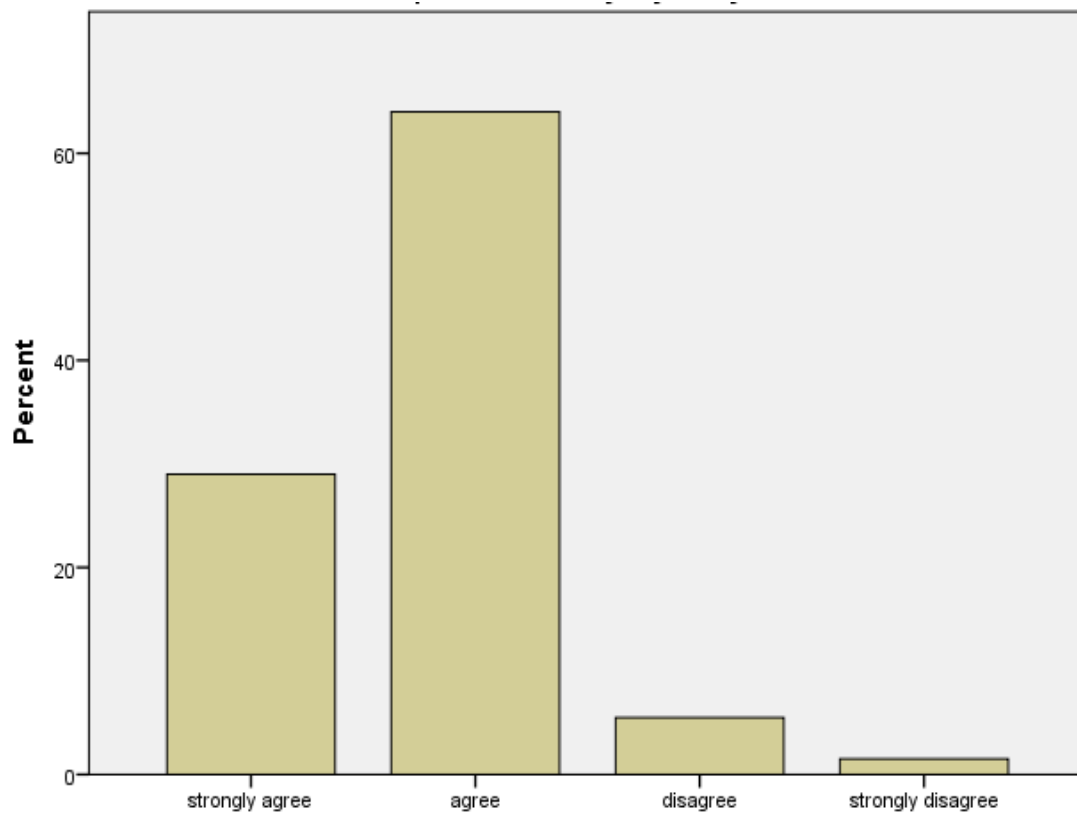


Figure IV-18: Exercise improves the way my body looks.

Table IV-19: Enjoy Exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	55	27.5	27.5	27.5
	Agree	117	58.5	58.5	86.0
	Disagree	18	9.0	9.0	95.0
	Strongly Disagree	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

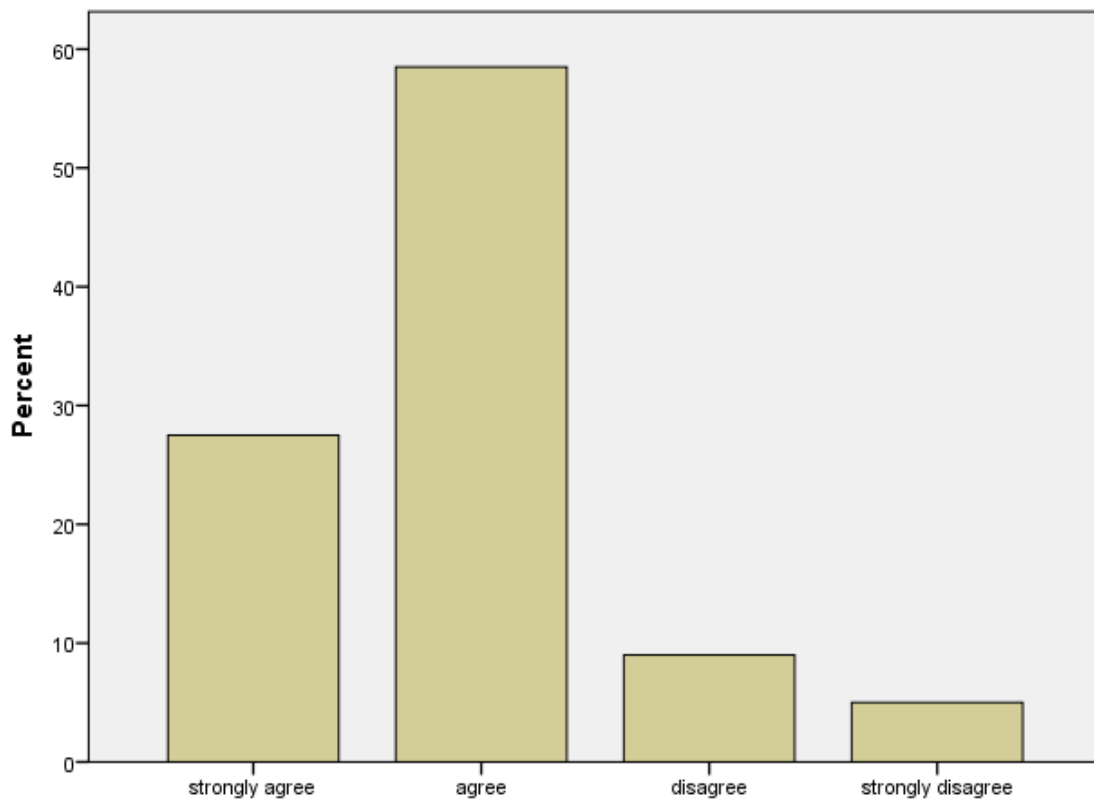


Figure IV-19: i enjoy exercise.

Table IV-20: Exercise decreases feelings of stress and tension for me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	41	20.5	20.5	20.5
	Agree	144	72.0	72.0	92.5
	Disagree	12	6.0	6.0	98.5
	Strongly Disagree	3	1.5	1.5	100.0
	Total	200	100.0	100.0	

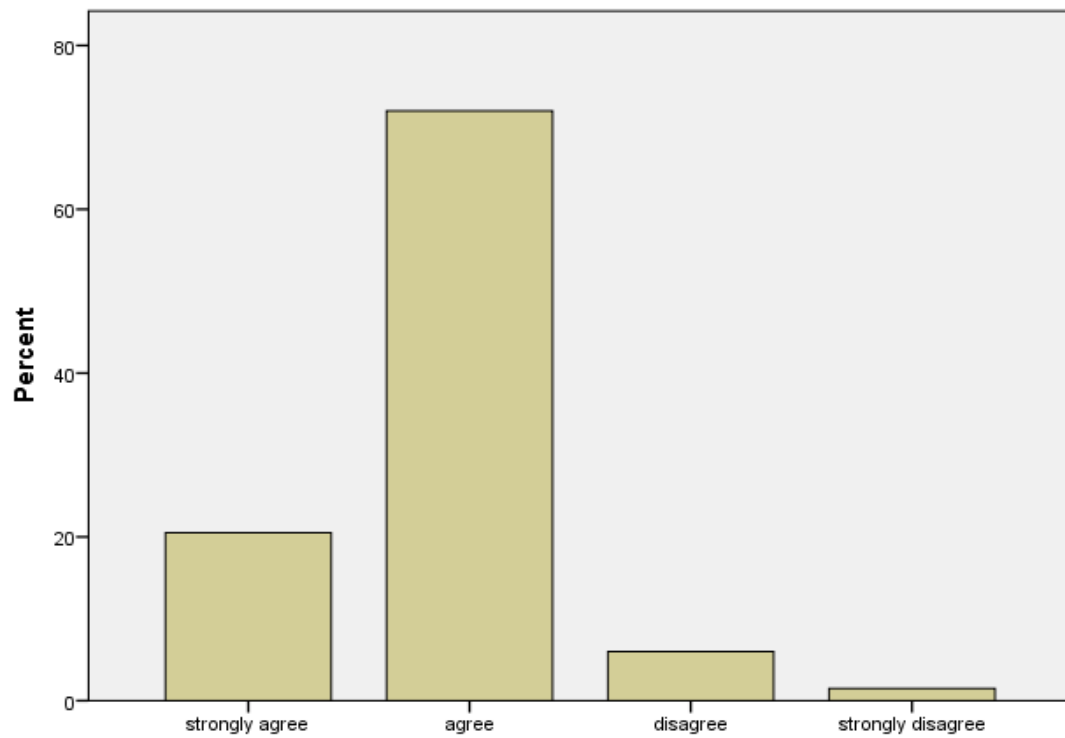


Figure IV-20: Exercise decreases feelings of stress and tension.

Table IV-21: Exercise improves my mental health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	80	40.0	40.0	40.0
	Agree	112	56.0	56.0	96.0
	Disagree	8	4.0	4.0	100.0
	Total	200	100.0	100.0	

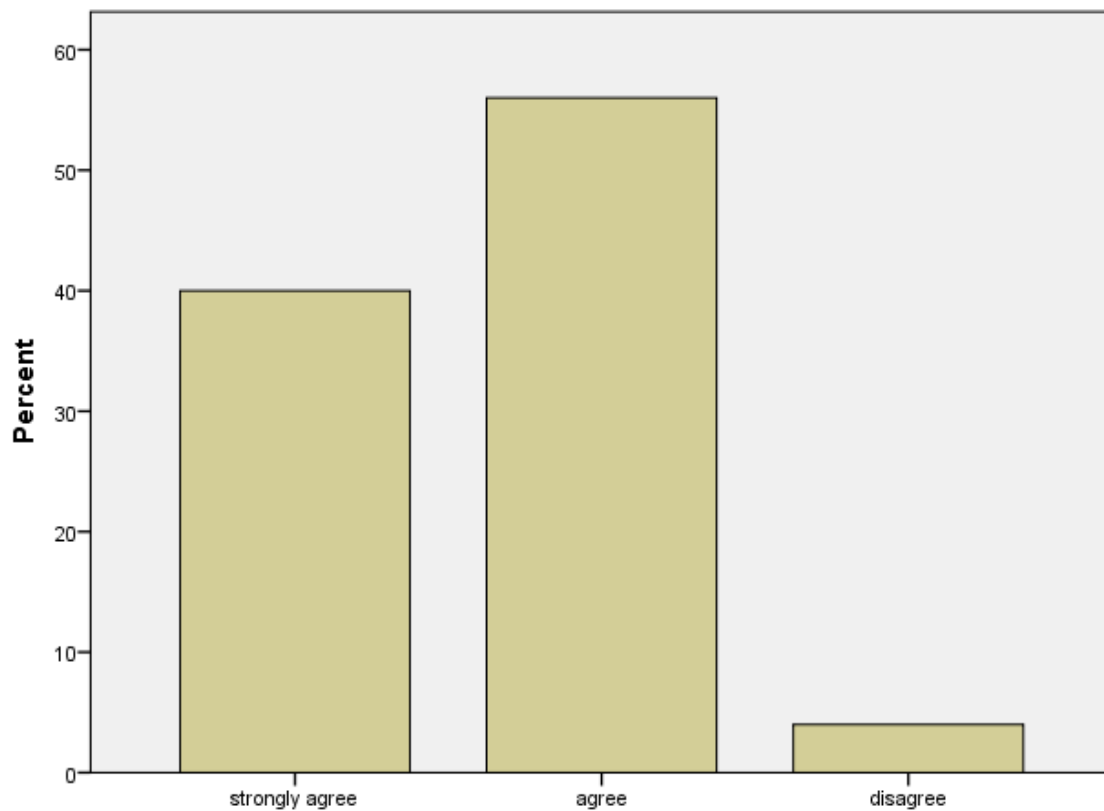
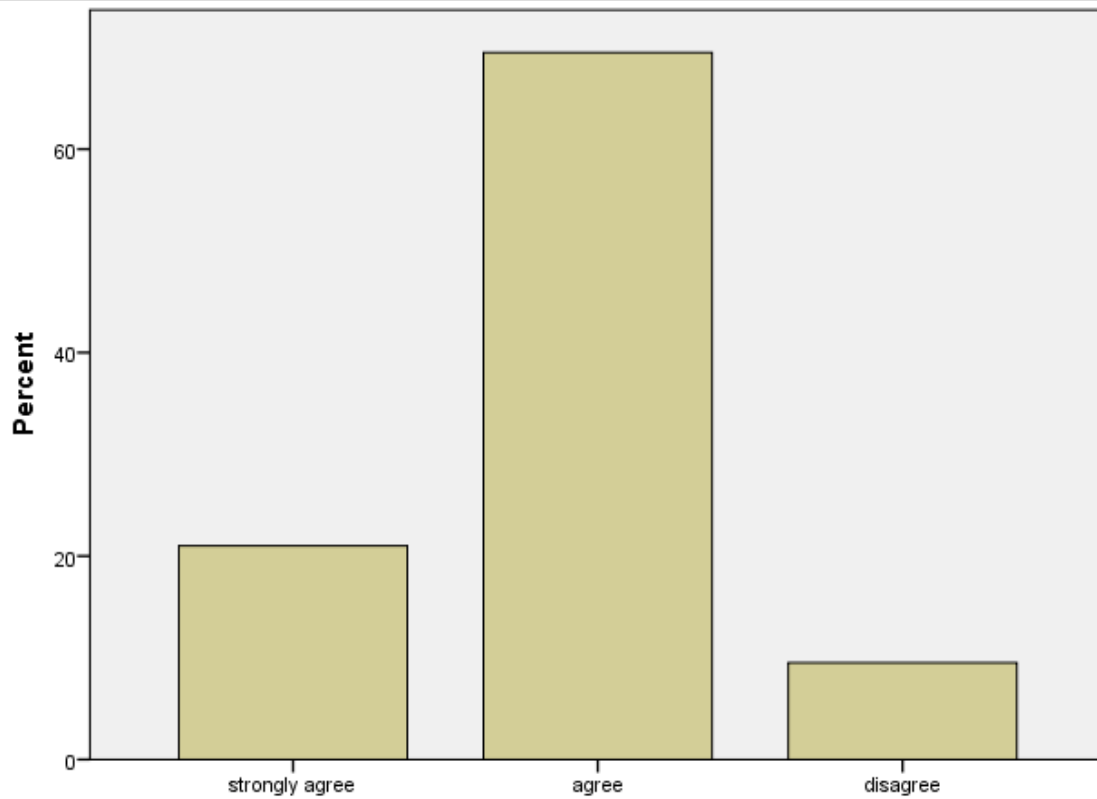


Figure IV-21: Exercise improves my mental health.

Table IV-22: Exercise gives me a sense of personal accomplishment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	42	21.0	21.0	21.0
	Agree	139	69.5	69.5	90.5
	Disagree	19	9.5	9.5	100.0
	Total	200	100.0	100.0	



. Figure IV-22: Exercise gives me a sense of personal accomplishment

Table IV-23: Exercising makes me feel relaxed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	55	27.5	27.5	27.5
	Agree	123	61.5	61.5	89.0
	Disagree	13	6.5	6.5	95.5
	Strongly Disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

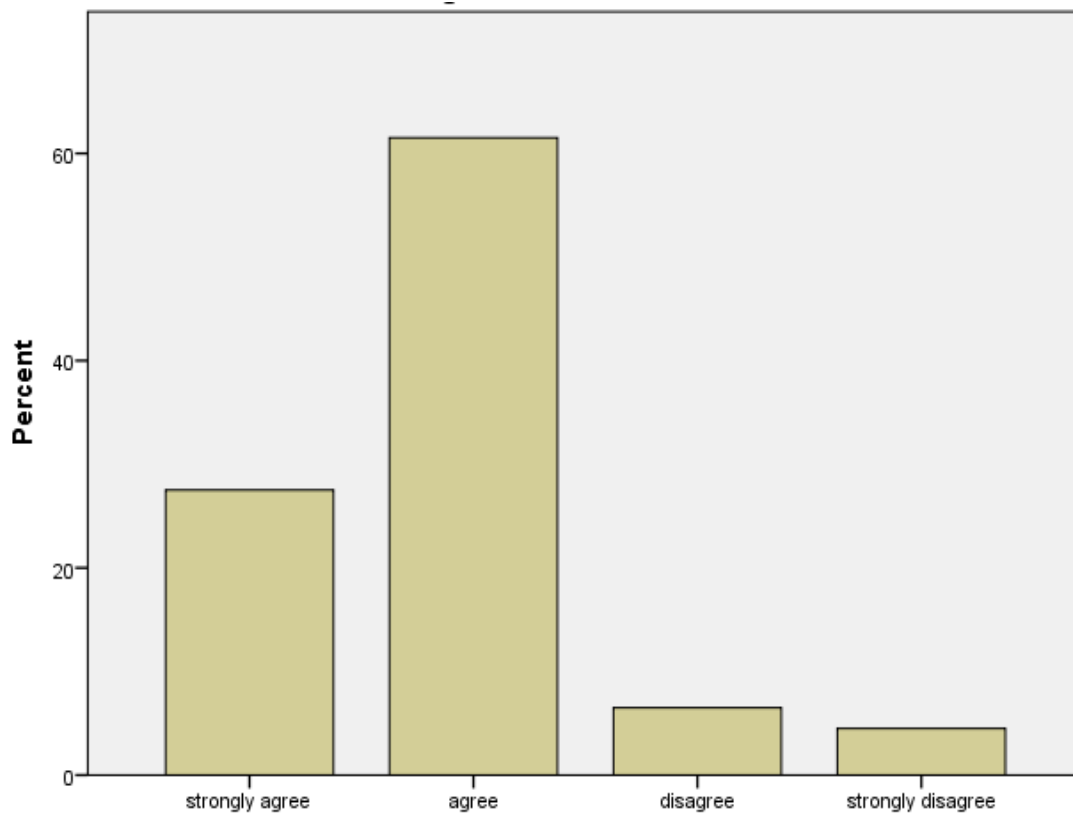


Figure IV-23: Exercising makes me feel relaxed.

Table IV-24: I have improved feelings of well-being from exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	38	19.0	19.0	19.0
	Agree	140	70.0	70.0	89.0
	Disagree	17	8.5	8.5	97.5
	Strongly Disagree	5	2.5	2.5	100.0
	Total	200	100.0	100.0	

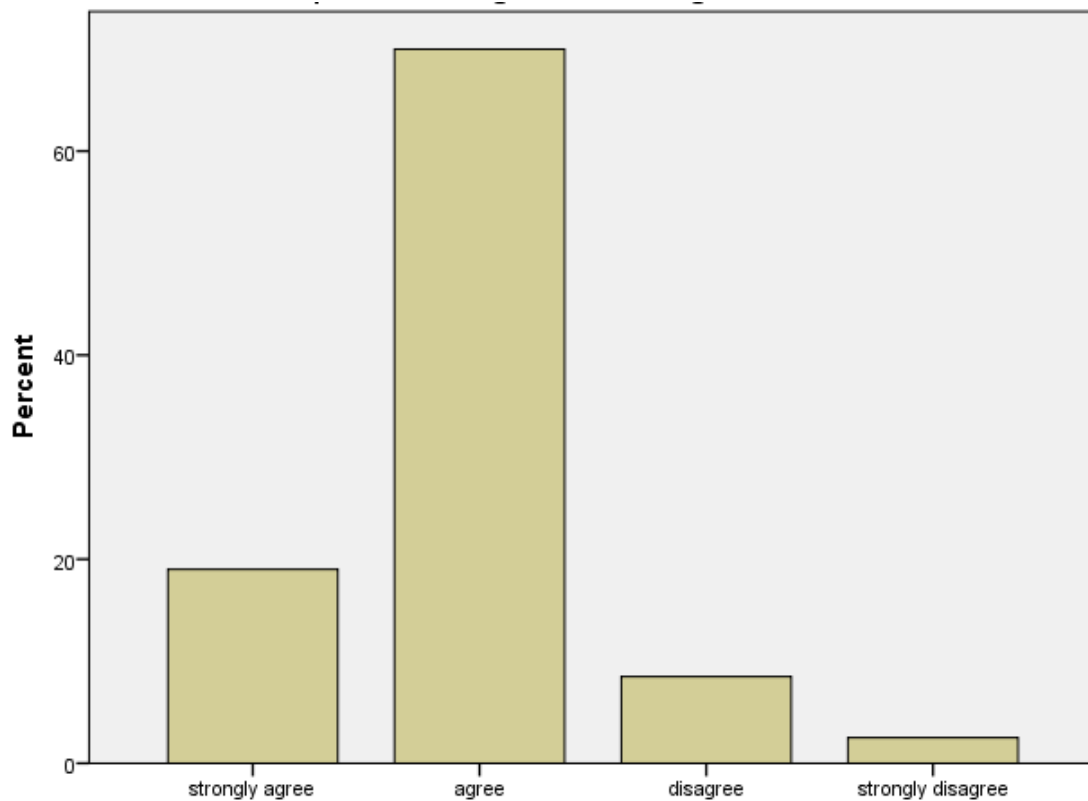


Figure IV-24: I have improved feelings of wellbeing from exercise.

Table IV-25: Exercising lets me have contact with friends and persons I enjoy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	55	27.5	27.5	27.5
	Agree	114	57.0	57.0	84.5
	Disagree	29	14.5	14.5	99.0
	Strongly Disagree	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

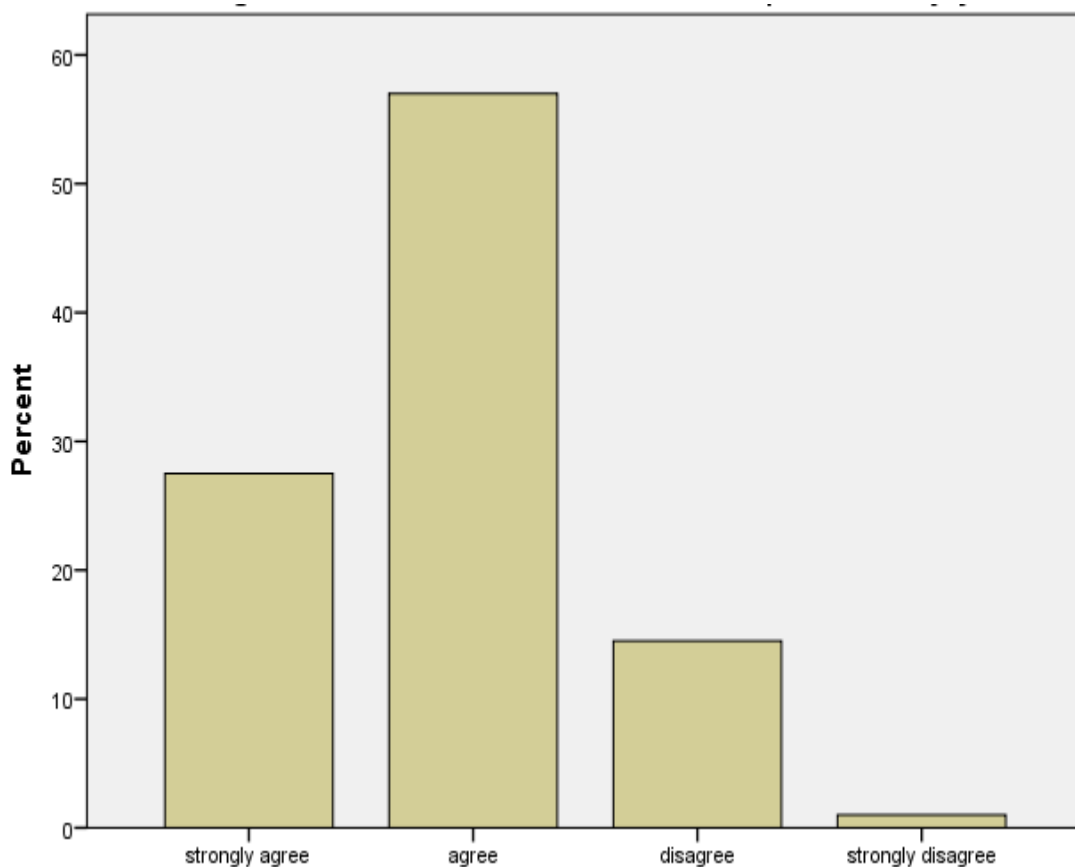


Figure IV-25: Exercising lets me have contact with friends and persons I enjoy.

Table IV-26: Exercising is a good way for me to meet new people

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly Agree	32	16.0	16.0	16.0
	Agree	133	66.5	66.5	82.5
	Disagree	30	15.0	15.0	97.5
	Strongly Disagree	5	2.5	2.5	100.0
	Total	200	100.0	100.0	

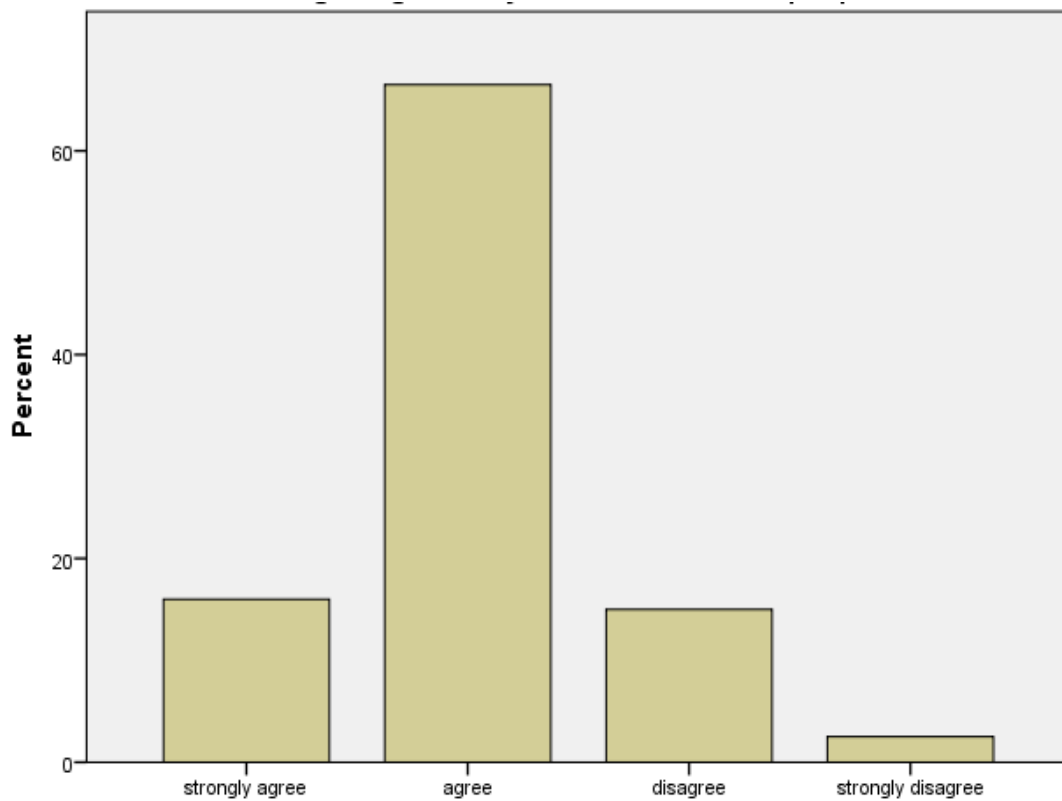


Figure IV-26: Exercising is a good way for me to meet new people.

Table IV-27: Exercise is good entertainment for me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	16.0	16.0	16.0
	Agree	135	67.5	67.5	83.5
	Disagree	23	11.5	11.5	95.0
	Strongly Disagree	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

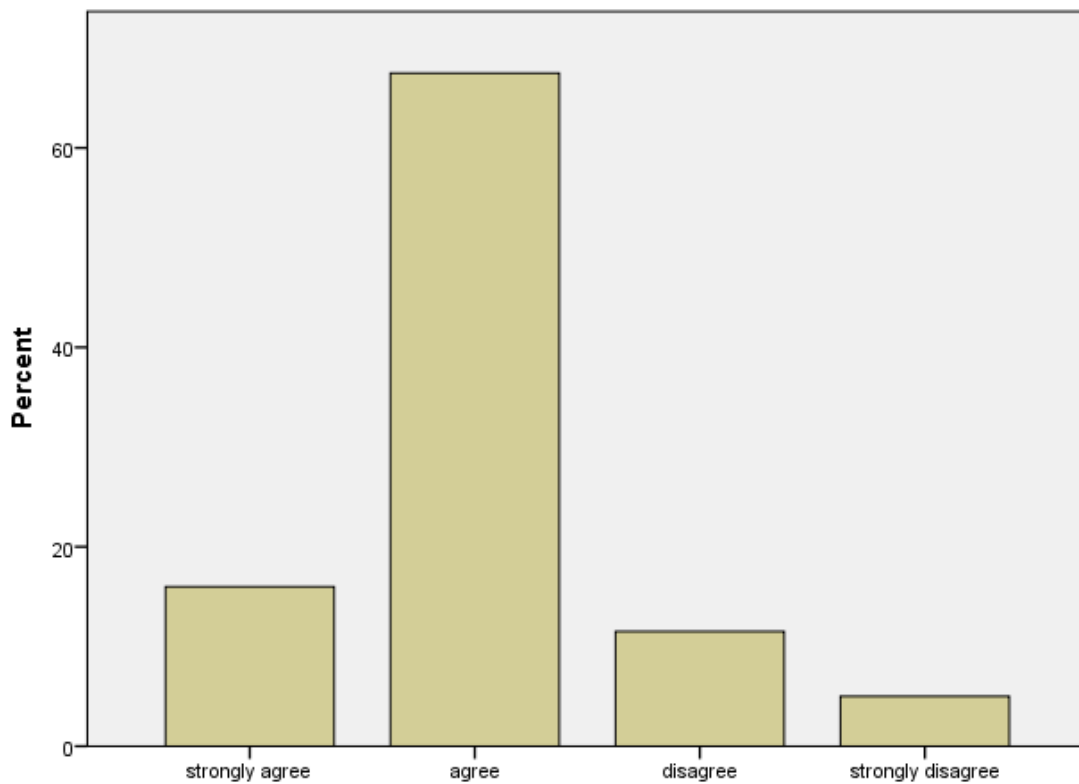


Figure IV-27: Exercise is good entertainment for me.

Table IV-28: Exercising increases my acceptance by others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	35	17.5	17.5	17.5
	Agree	131	65.5	65.5	83.0
	Disagree	26	13.0	13.0	96.0
	Strongly Disagree	8	4.0	4.0	100.0
	Total	200	100.0	100.0	

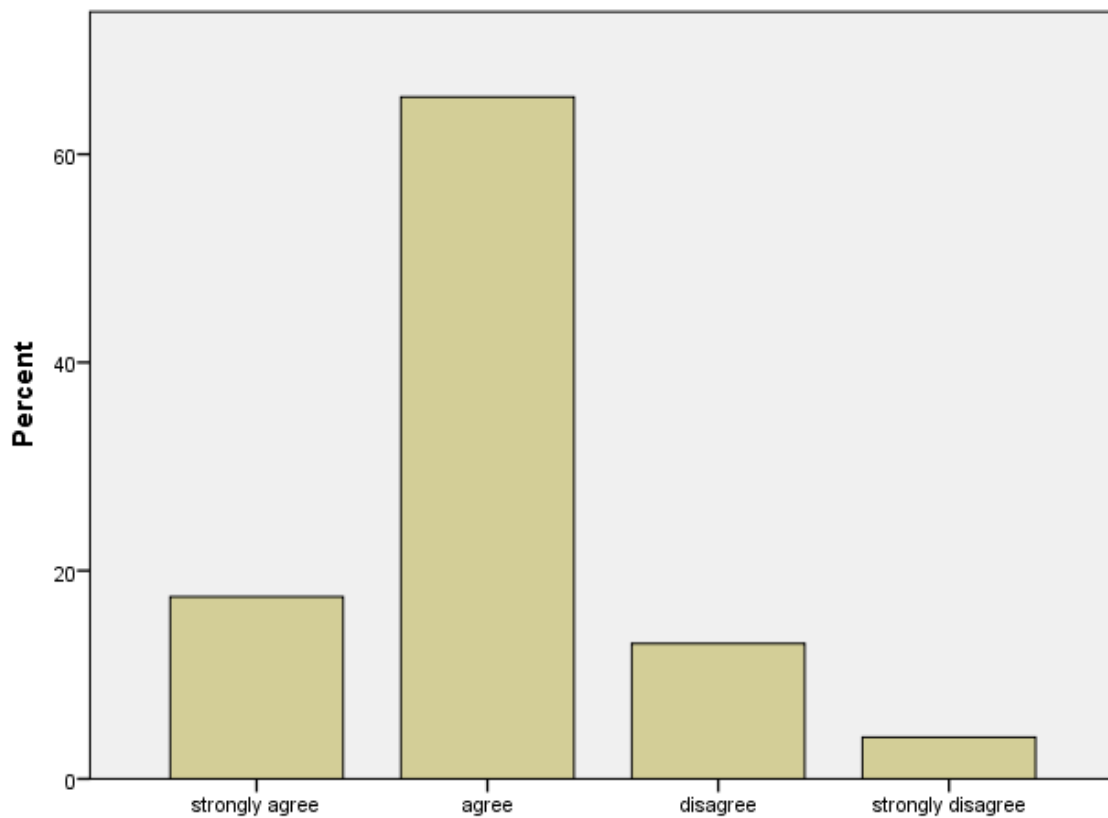


Figure IV-28: Exercising increases my acceptance by others.

Table IV-29: I will prevent heart attacks by exercising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	55	27.5	27.5	27.5
	Agree	107	53.5	53.5	81.0
	Disagree	36	18.0	18.0	99.0
	Strongly Disagree	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

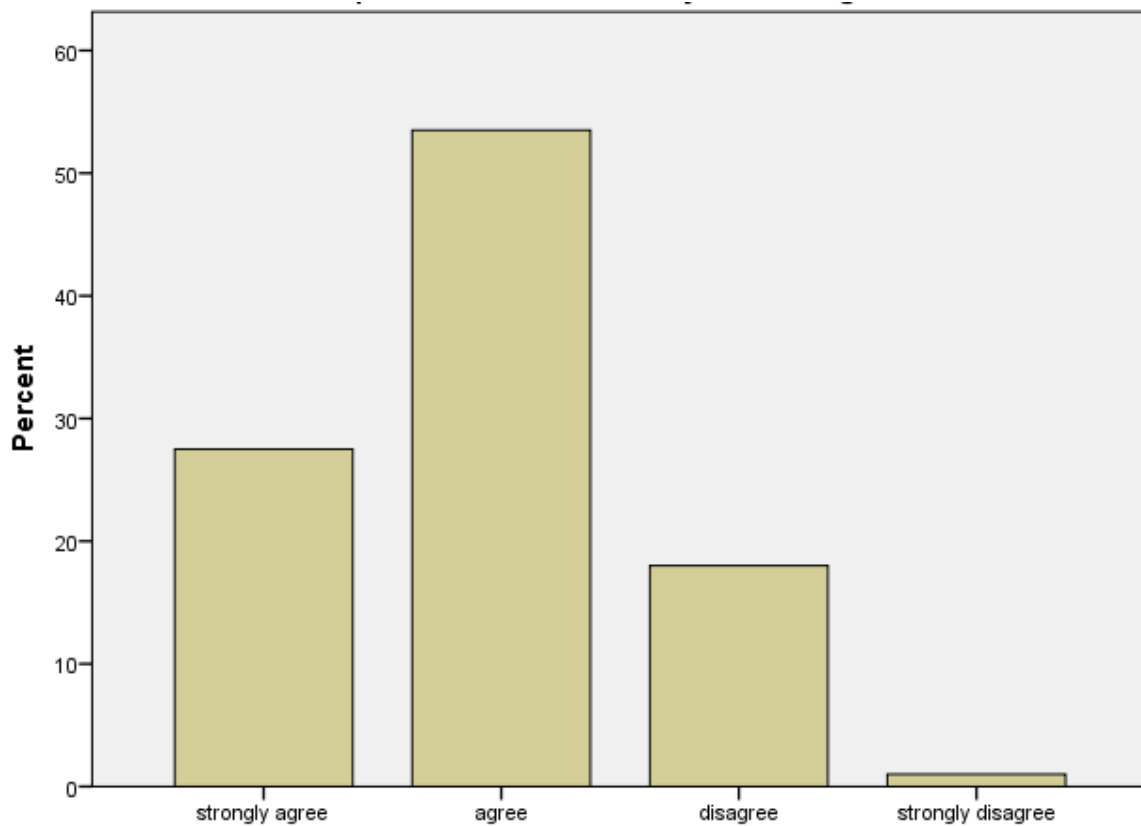


Figure IV-29: I will prevent heart attacks by exercising

Table IV-30: Exercising will keep me from having high blood pressure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	27	13.5	13.5	13.5
	Agree	139	69.5	69.5	83.0
	Disagree	33	16.5	16.5	99.5
	Strongly Disagree	1	.5	.5	100.0
	Total	200	100.0	100.0	

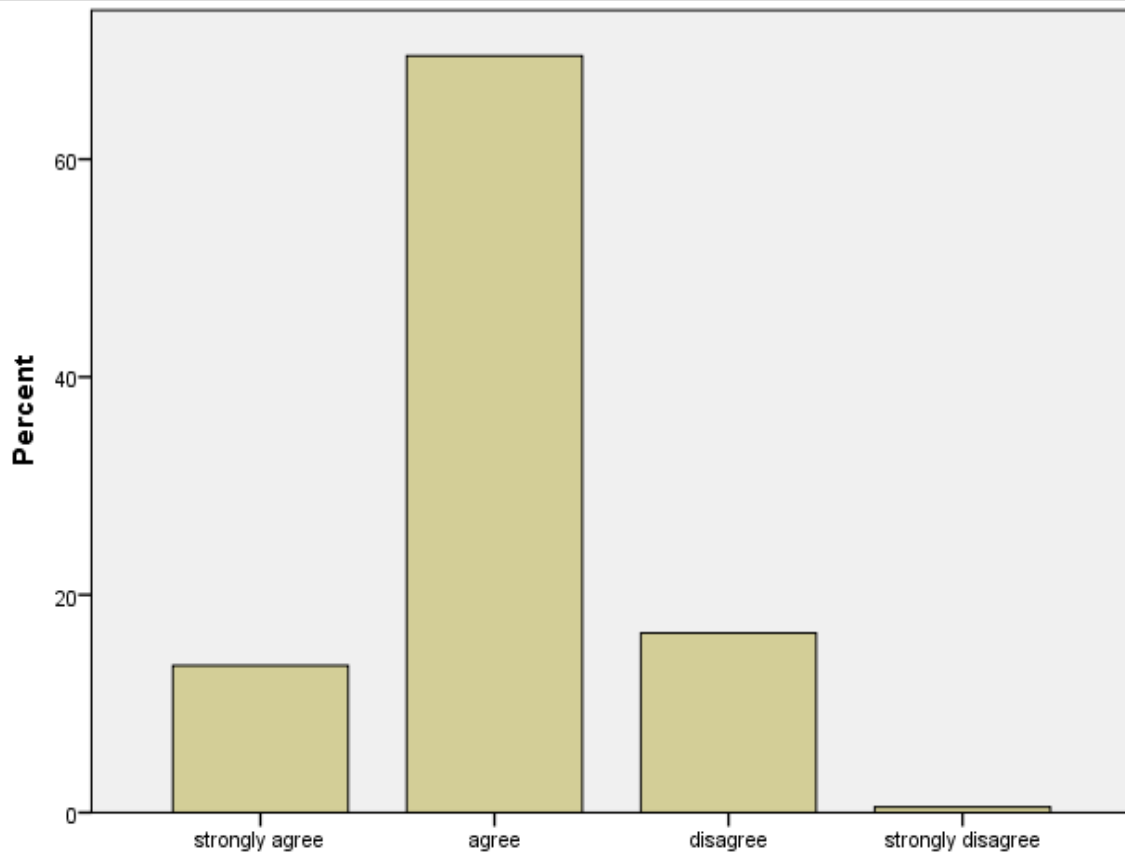


Figure IV-30: Exercising will keep me from having high blood pressure

Table IV-31: I will live longer if I exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	45	22.5	22.5	22.5
	Agree	116	58.0	58.0	80.5
	Disagree	37	18.5	18.5	99.0
	Strongly Disagree	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

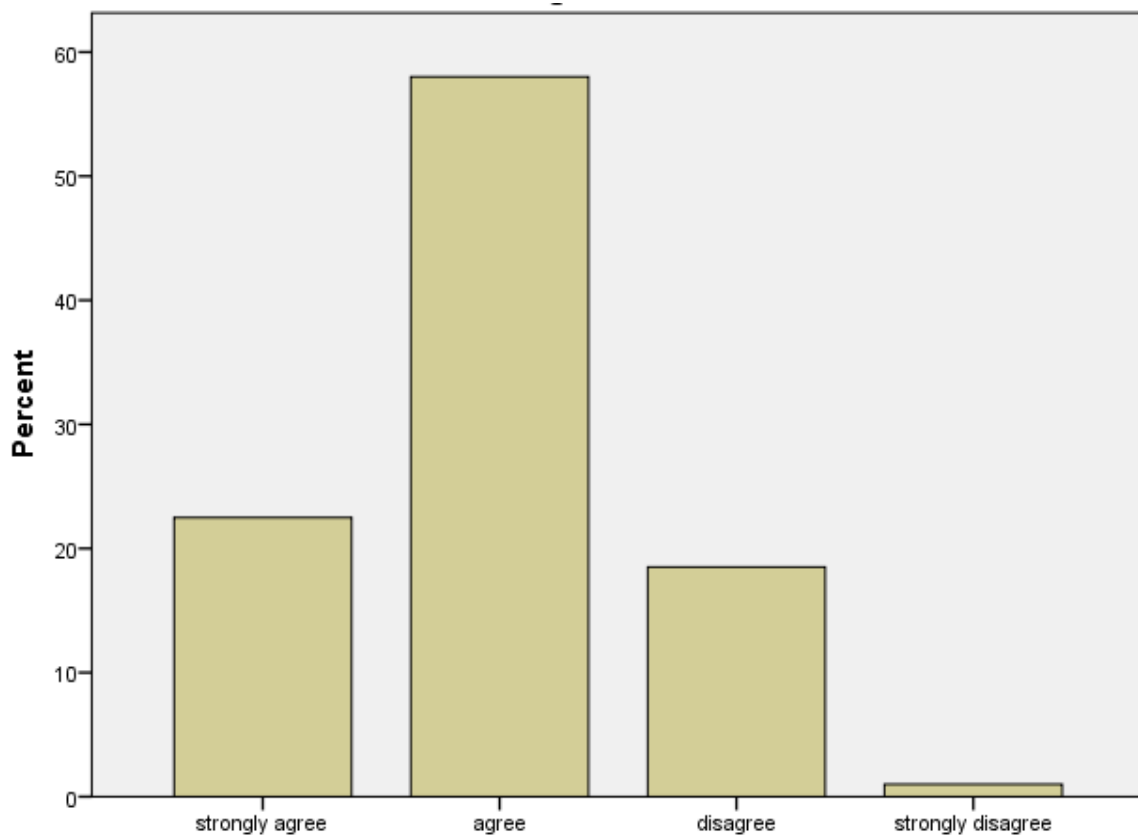


Figure IV-31: I will live longer if I exercise

Table IV-32: Places for me to exercise are too far away

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	41	20.5	20.5	20.5
	Agree	96	48.0	48.0	68.5
	Disagree	52	26.0	26.0	94.5
	Strongly Disagree	11	5.5	5.5	100.0
	Total	200	100.0	100.0	

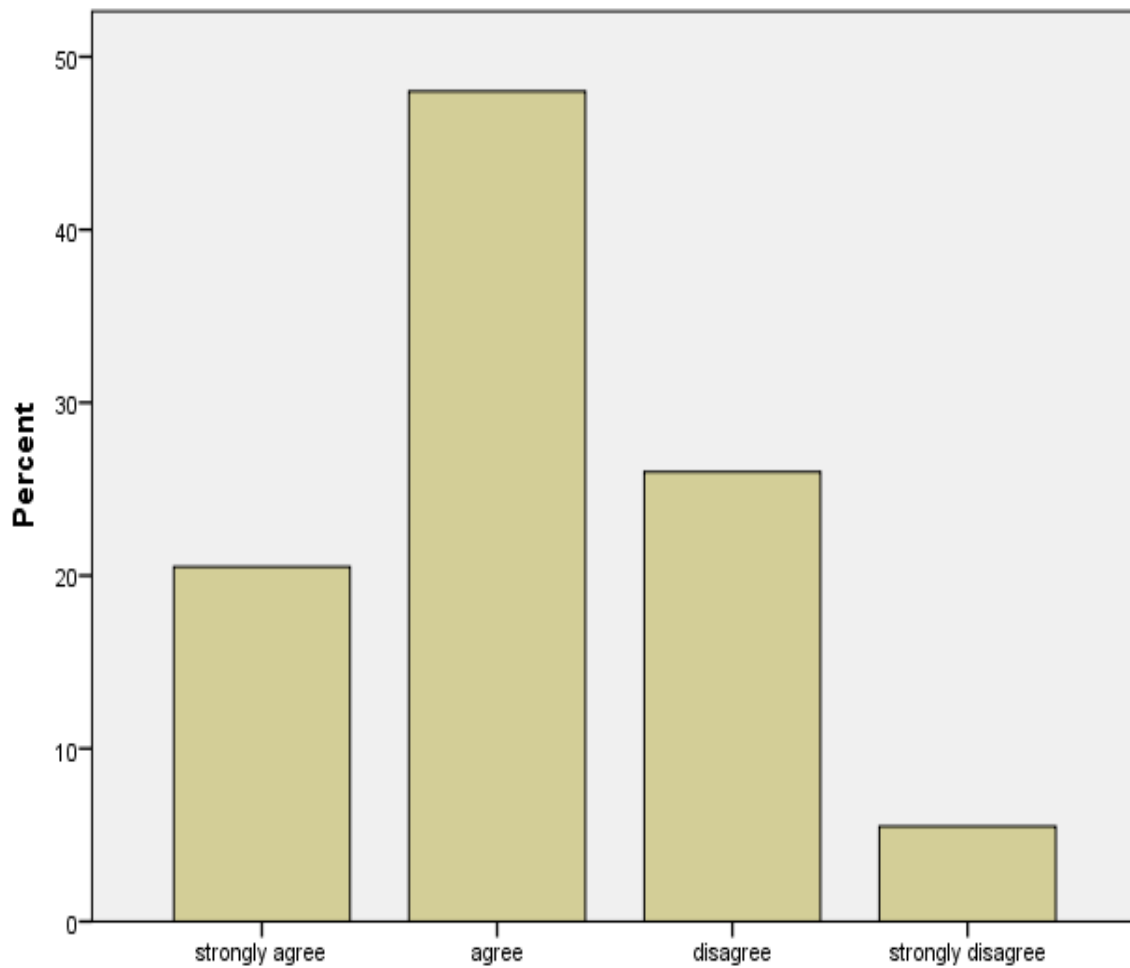


Figure IV-32: Places for me to exercise are too far away

Table IV-33: I am too embarrassed to exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	23	11.5	11.5	11.5
	Agree	70	35.0	35.0	46.5
	Disagree	98	49.0	49.0	95.5
	Strongly Disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

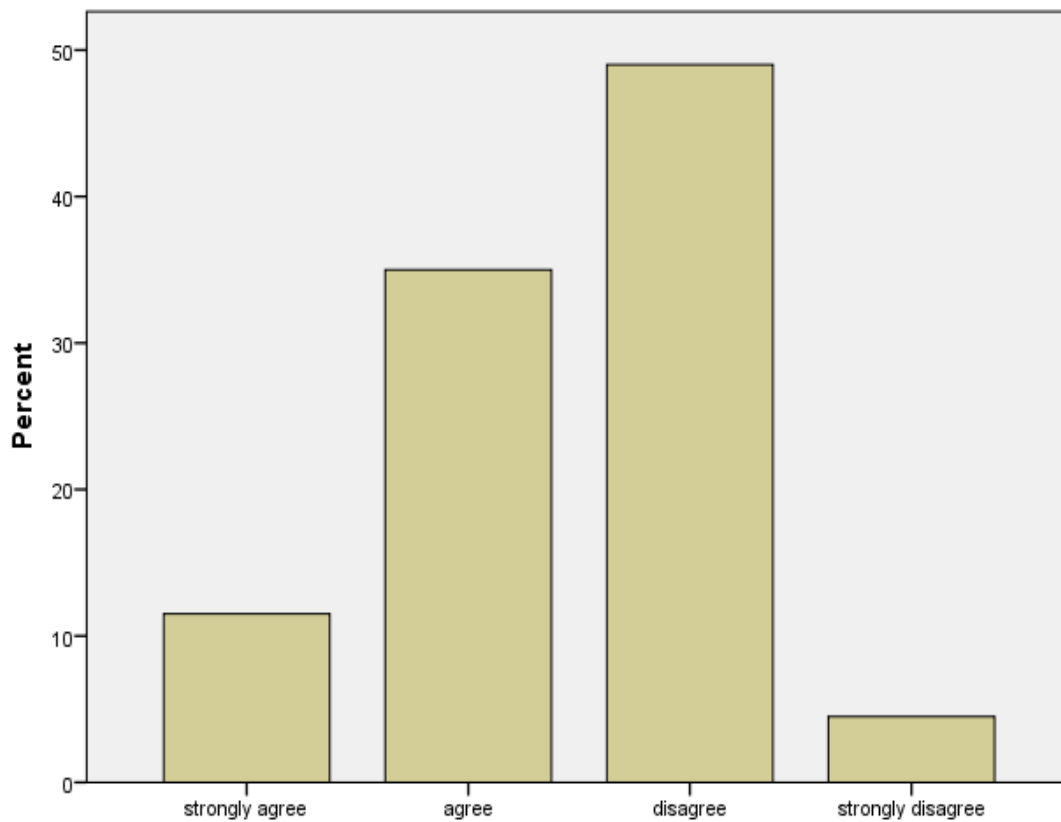


Table IV-33: I am too embarrassed to exercise

Table IV-34: It costs too much money to exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	27	13.5	13.5	13.5
	Agree	79	39.5	39.5	53.0
	Disagree	84	42.0	42.0	95.0
	Strongly Disagree	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

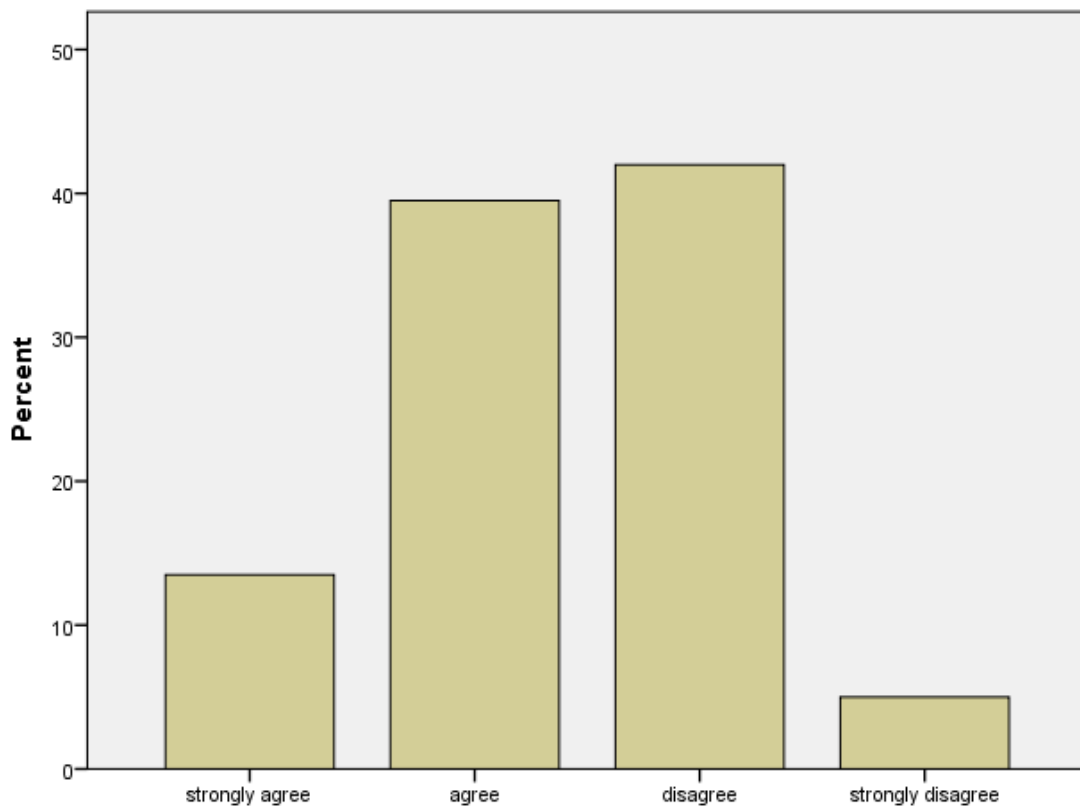


Figure IV-34: It costs too much money to exercise

Table IV-35: Exercise facilities do not have convenient schedules for me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	20	10.0	10.0	10.0
	Agree	99	49.5	49.5	59.5
	Disagree	71	35.5	35.5	95.0
	Strongly Disagree	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

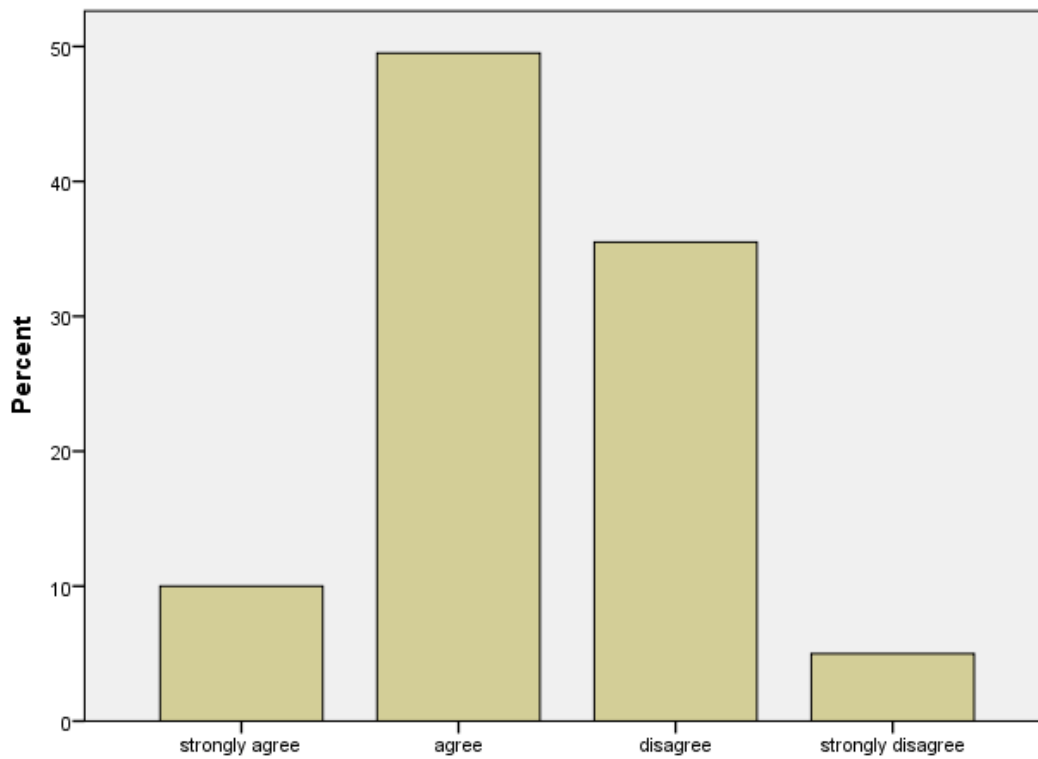


Figure IV-35: Exercise facilities do not have convenient schedules for me

Table IV-36: I think people in exercise clothes look funny

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	18	9.0	9.0	9.0
	Agree	58	29.0	29.0	38.0
	Disagree	105	52.5	52.5	90.5
	Strongly Disagree	19	9.5	9.5	100.0
	Total	200	100.0	100.0	

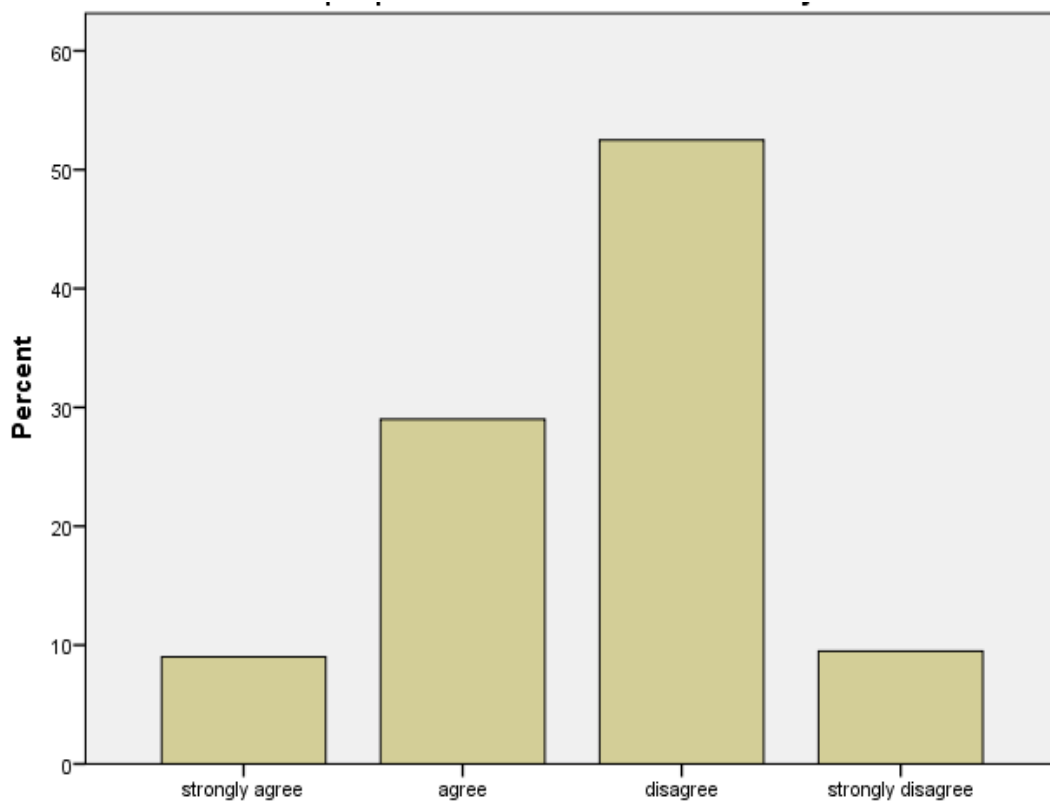


Figure IV-36: I think people in exercise clothes look funny

Table IV-37: There are too few places for me to exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	23	11.5	11.5	11.5
	Agree	110	55.0	55.0	66.5
	Disagree	60	30.0	30.0	96.5
	STRONGLY DISAGREE	7	3.5	3.5	100.0
	Total	200	100.0	100.0	

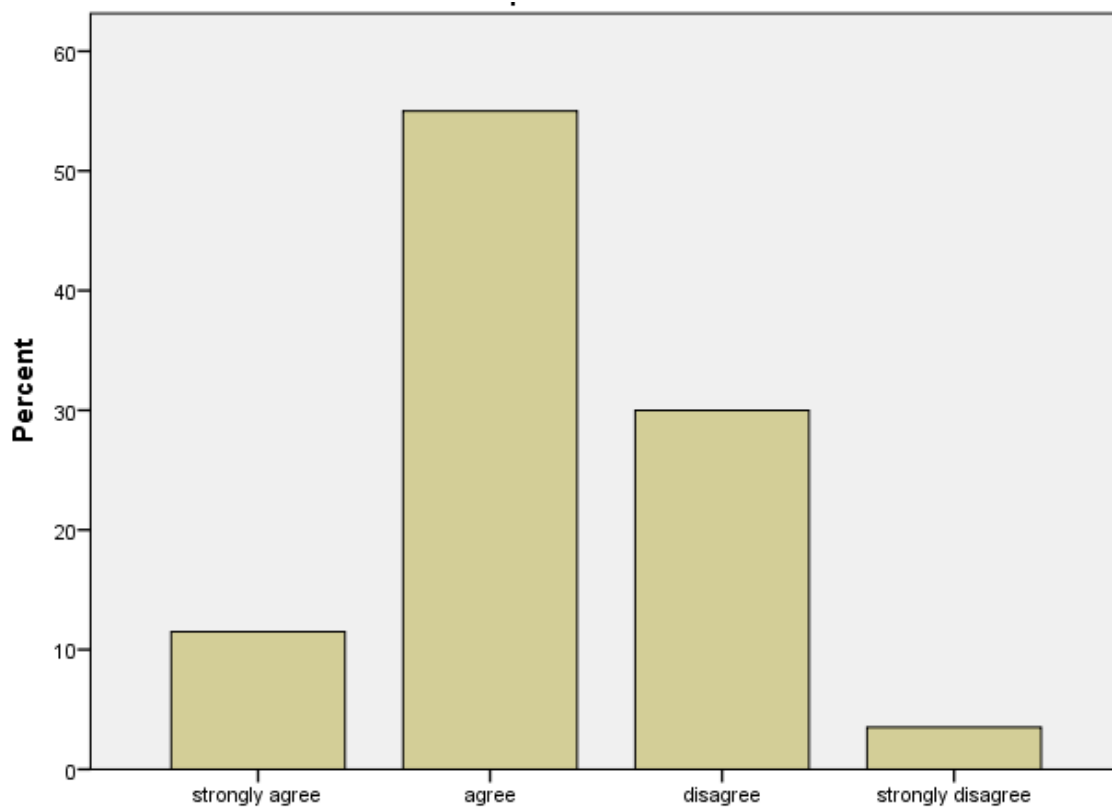


Figure IV-37: There are too few places for me to exercise

Table IV-38: Exercising takes too much of my time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	36	18.0	18.0	18.0
	Agree	94	47.0	47.0	65.0
	Disagree	62	31.0	31.0	96.0
	Strongly Disagree	8	4.0	4.0	100.0
	Total	200	100.0	100.0	

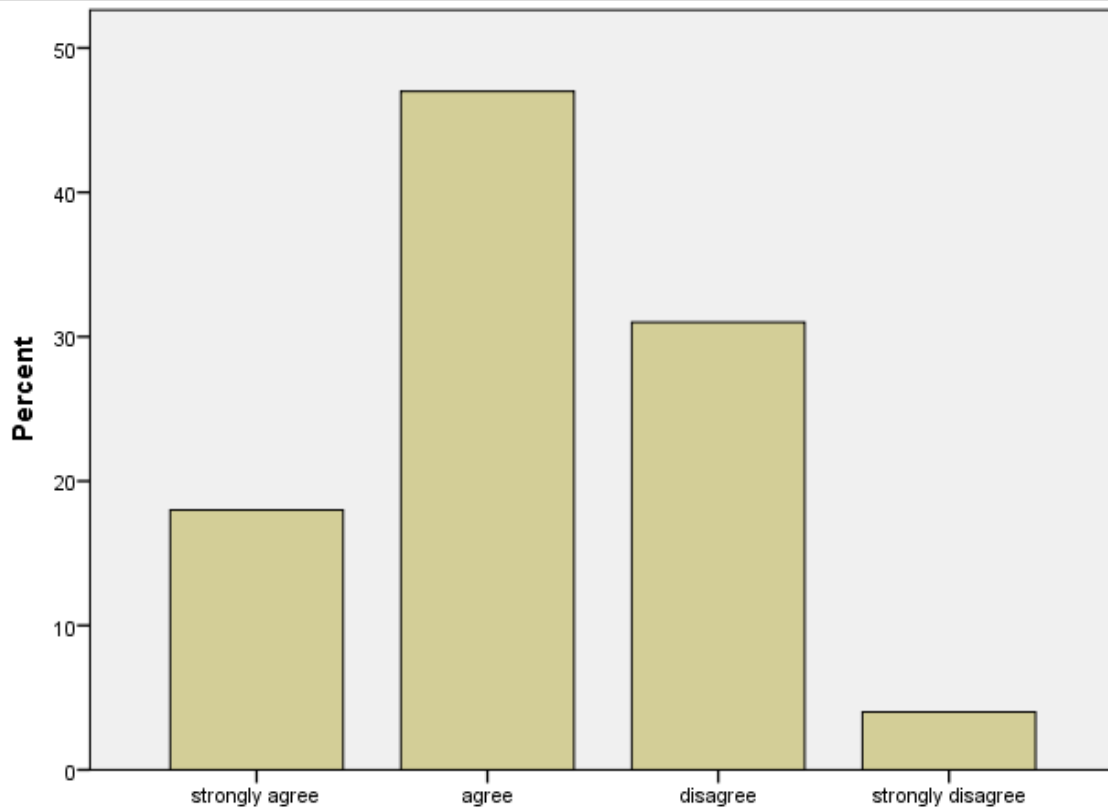


Figure IV-38: Exercising takes too much of my time

Table IV-39: Exercise takes too much time from family relationships

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY AGREE	13	6.5	6.5	6.5
	Agree	89	44.5	44.5	51.0
	Disagree	93	46.5	46.5	97.5
	Strongly Disagree	5	2.5	2.5	100.0
	Total	200	100.0	100.0	

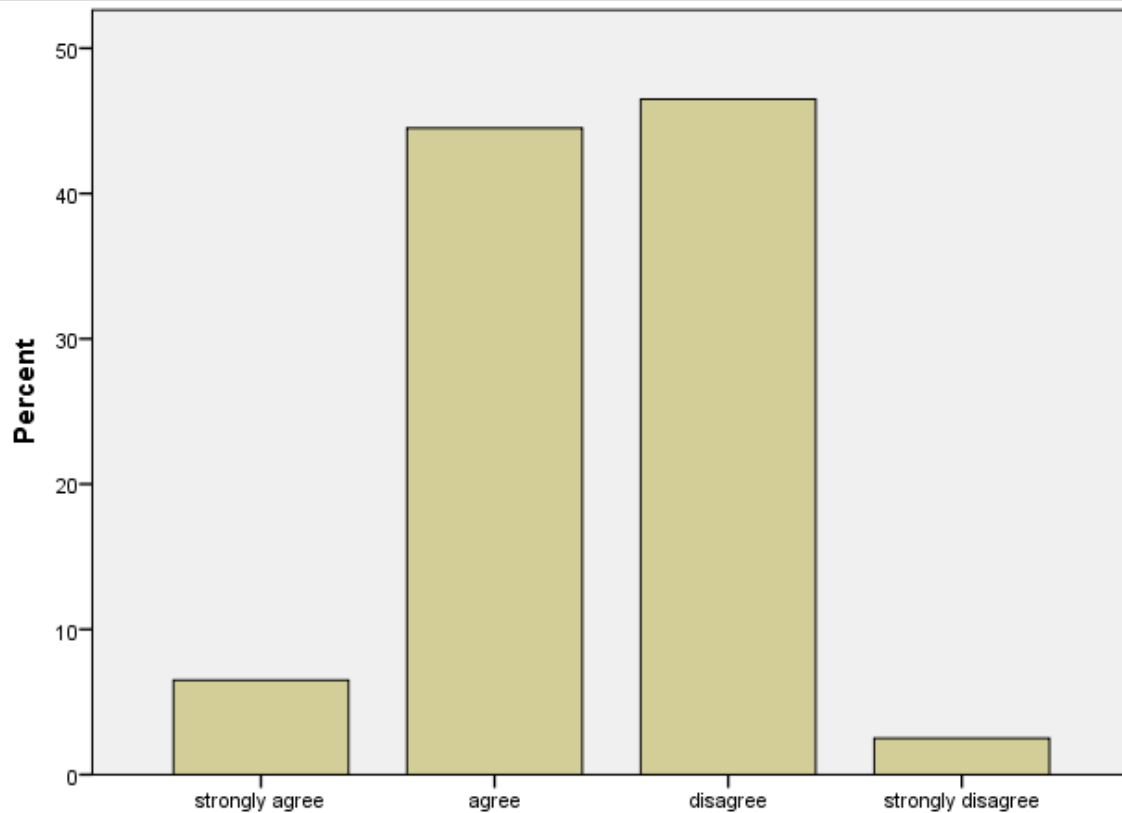


Figure IV-39: Exercise takes too much time from family relationships

Table IV-40: Exercise takes too much time from my family responsibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	STRONGLY AGREE	34	17.0	17.0	17.0
	Agree	75	37.5	37.5	54.5
	Disagree	85	42.5	42.5	97.0
	Strongly Disagree	6	3.0	3.0	100.0
	Total	200	100.0	100.0	

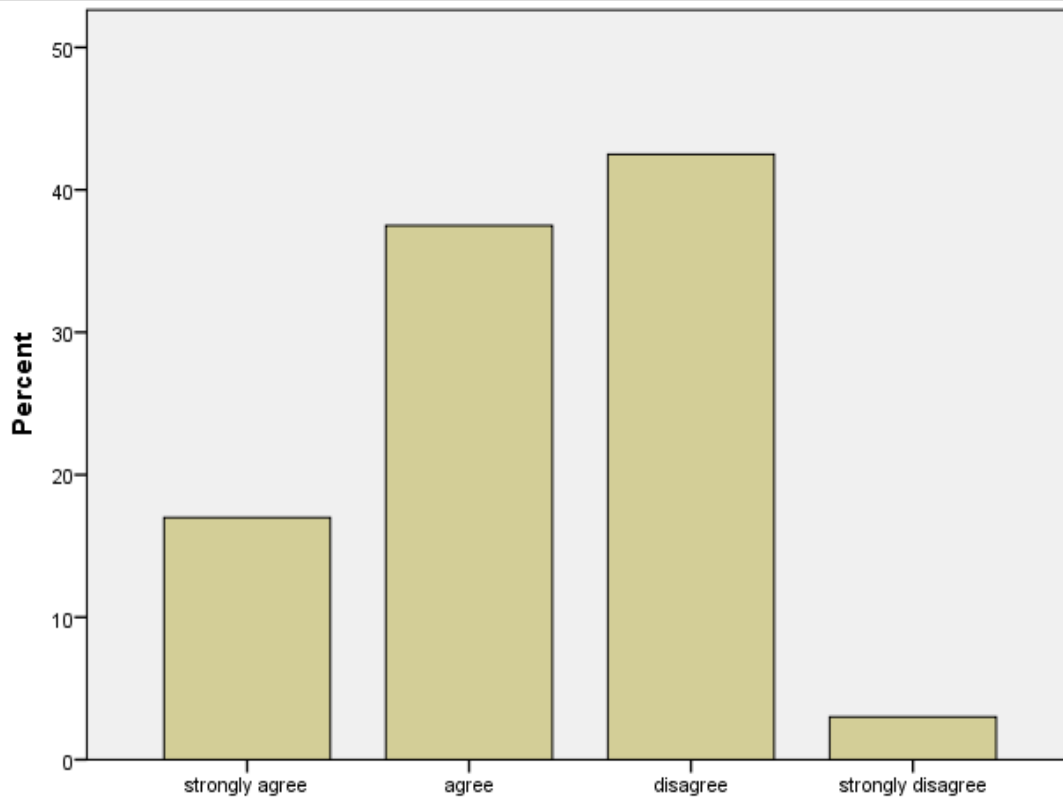


Figure IV-40: Exercise takes too much time from my family responsibilities

Table IV-41: Exercise tires me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	16.0	16.0	16.0
	Agree	100	50.0	50.0	66.0
	Disagree	66	33.0	33.0	99.0
	Strongly Disagree	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

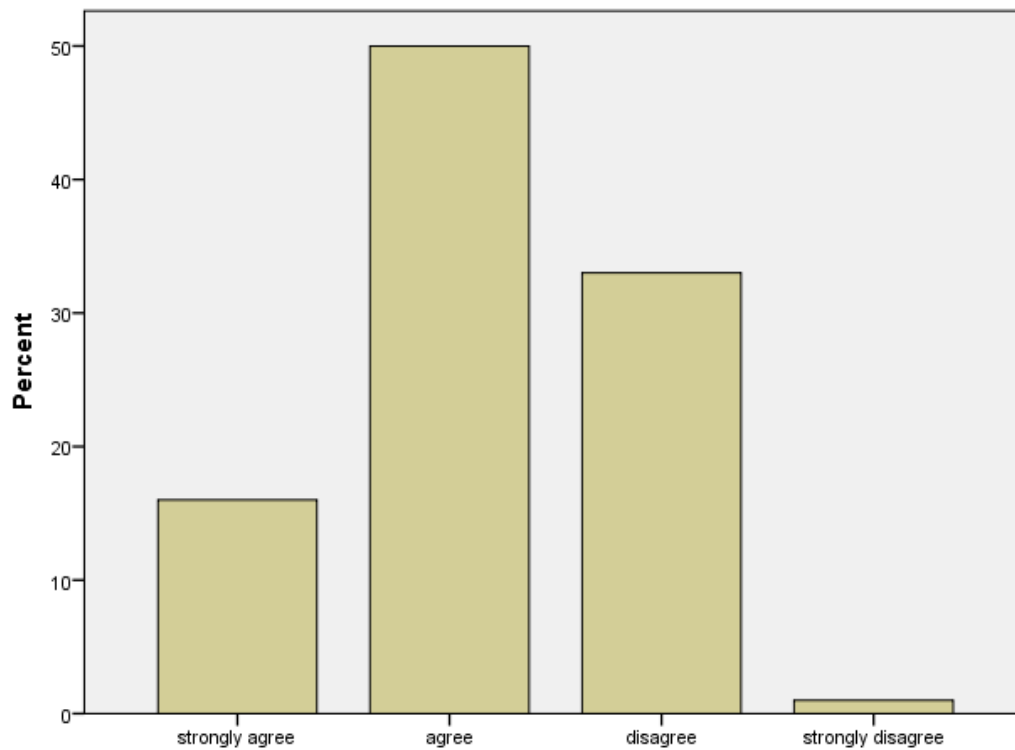


Figure IV-41: Exercise tires me

Table IV-42: I am fatigued by exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	12	6.0	6.0	6.0
	Agree	102	51.0	51.0	57.0
	Disagree	84	42.0	42.0	99.0
	Strongly Disagree	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

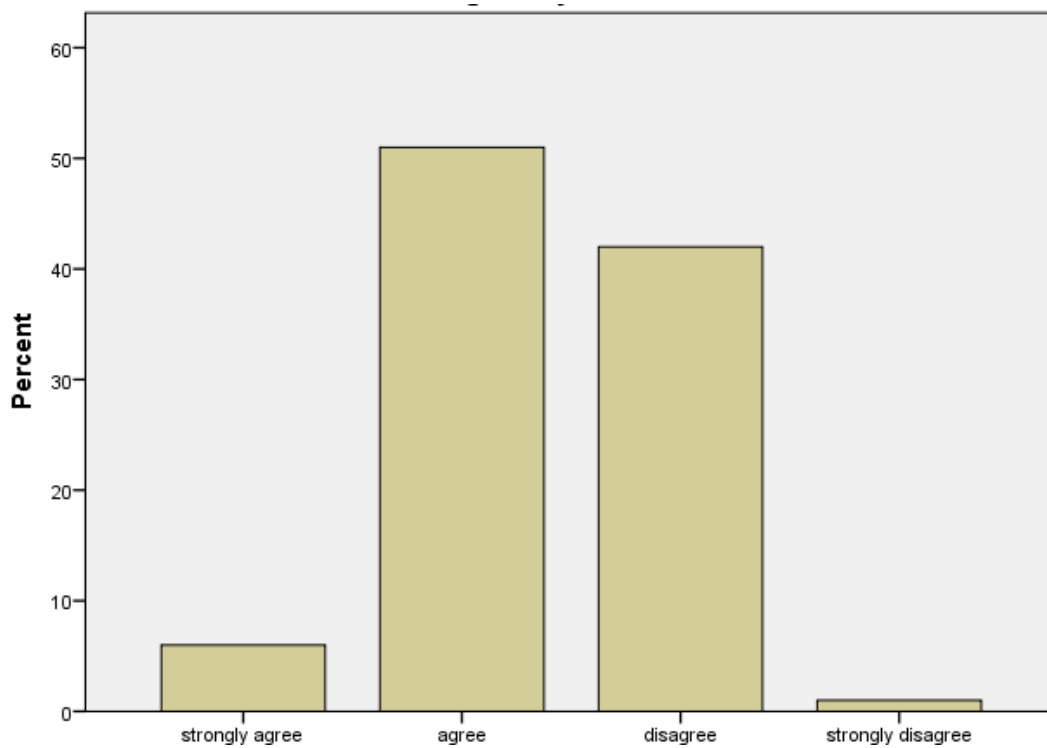


Figure IV-42: I am fatigued by exercise

Table IV-43: Exercise is hard work for me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	24	12.0	12.0	12.0
	Agree	78	39.0	39.0	51.0
	Disagree	92	46.0	46.0	97.0
	Strongly Disagree	6	3.0	3.0	100.0
	Total	200	100.0	100.0	

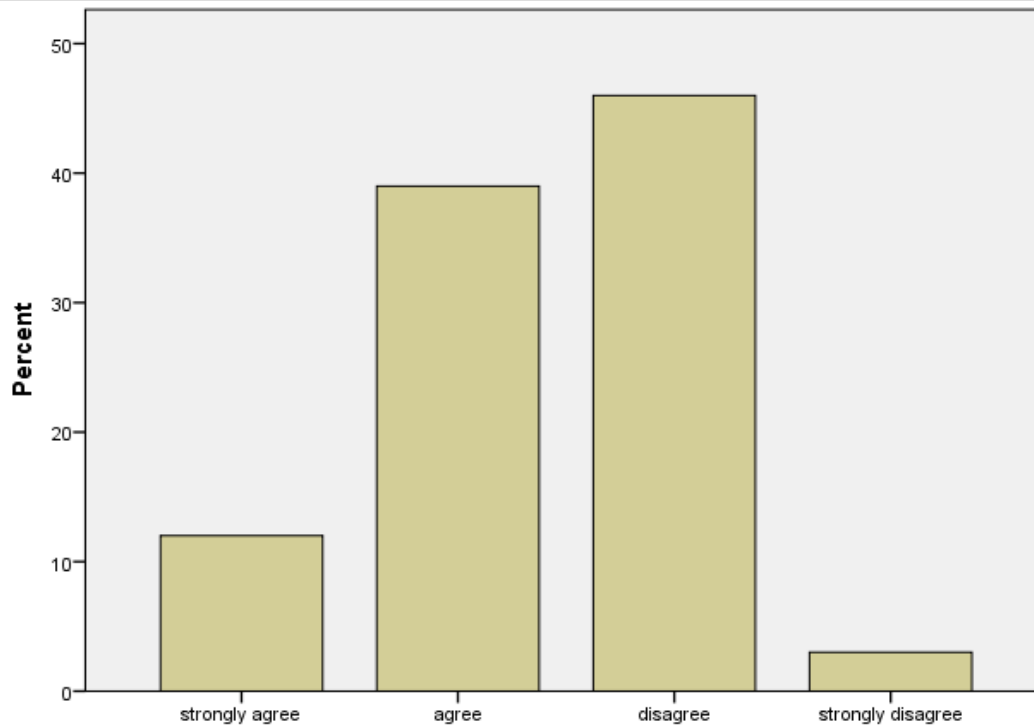


Table IV-43: Exercise is hard work for me

Table IV-44: My spouse (or significant other) does not encourage exercising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	38	19.0	19.0	19.0
	Agree	77	38.5	38.5	57.5
	Disagree	76	38.0	38.0	95.5
	Strongly Disagree	9	4.5	4.5	100.0
	Total	200	100.0	100.0	

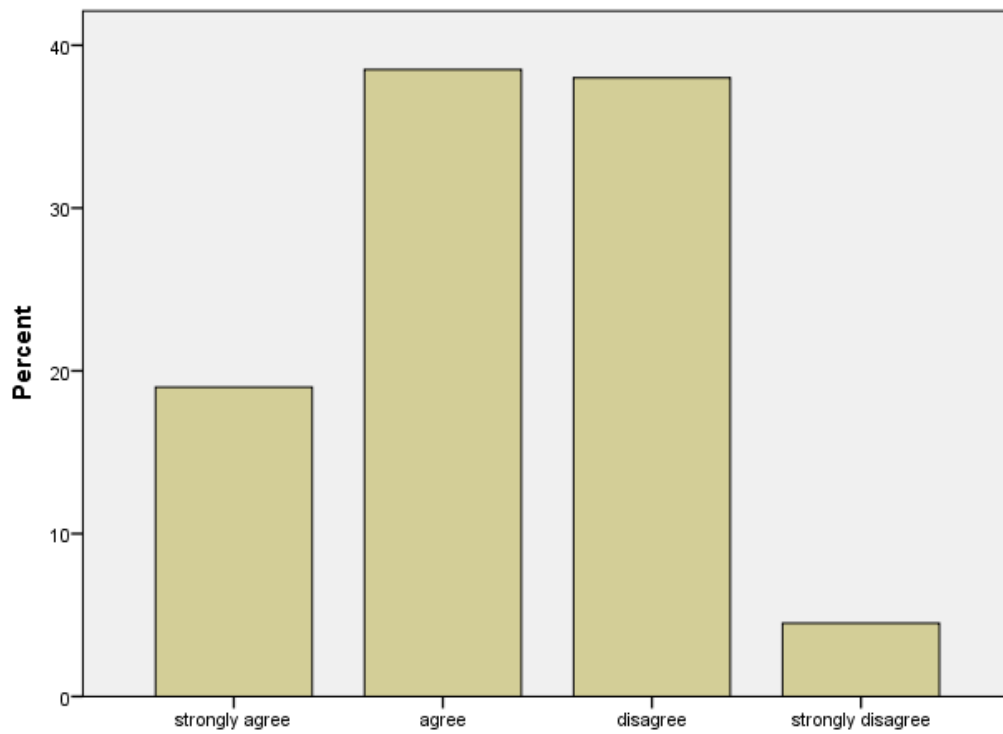


Figure IV-44: My spouse (or significant other) does not encourage exercising

Table IV-45: My family members do not encourage me to exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	20	10.0	10.0	10.0
	Agree	56	28.0	28.0	38.0
	Disagree	95	47.5	47.5	85.5
	Strongly Disagree	29	14.5	14.5	100.0
	Total	200	100.0	100.0	

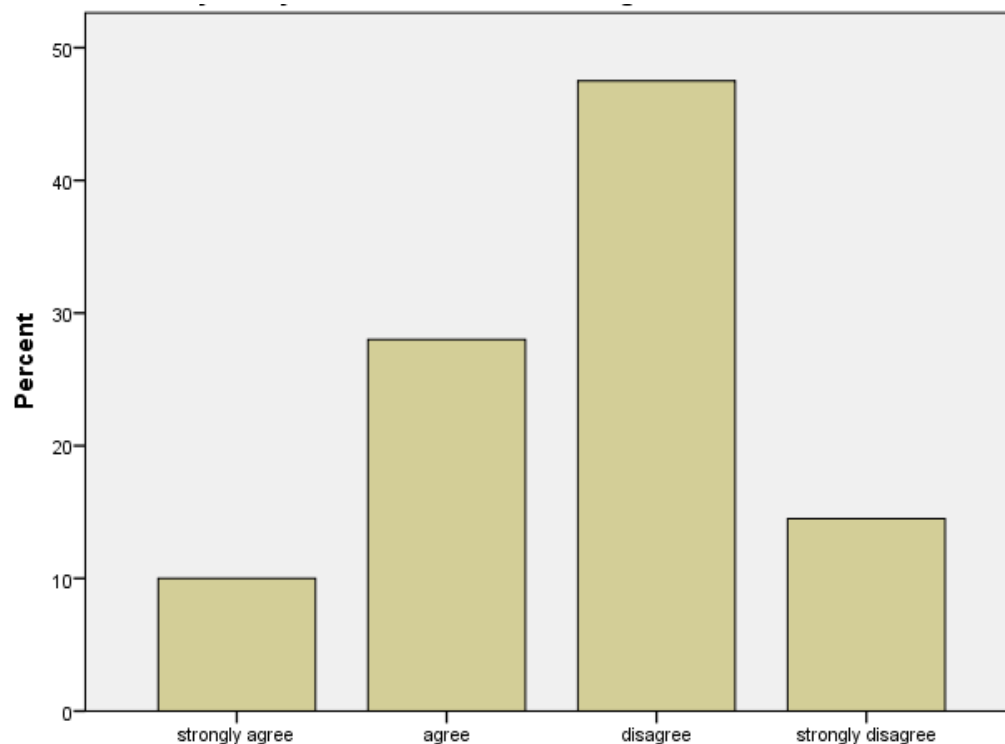


Figure IV-45: My family members do not encourage me to exercise

CHAPTER V DISCUSSION

Adequate PA has a critical bearing on wellbeing and quality of life. University contexts present key opportunities to promote PA behaviour in young adult populations. However, there is lack of information regarding attitudes toward exercise of university teachers who do not achieve PA sufficient for health benefits. This restricts the design of effective and specialized PA promotion programmes.

In connection with the first objective, the sample's general levels of perceived benefits or barriers to exercise generally indicated that participants either 'agreed' or almost 'strongly agreed' with most of the benefits items, while in barriers components the participant's responses were mostly between "agreed" or "disagree". Whereas in another study conducted by Geoff.P.Lovell et al in 2010, the participants had also either "agreed" or "strongly agreed" for benefits components while only being neutral or at best approaching agreement with many of the barriers items. (13)

In this study for the benefits, 53.5% participants agreed the least with "I will prevent heart attacks by exercising," while 13.2% agreeing the most with "My disposition is improved by exercise". For the barriers, 55.0% participants agreed the most with "There are too few places for me to exercise", 50.0% of participants "Exercise tires me", closely followed by "Exercise facilities do not have convenient schedules for me" 49.5%; conversely, 52.3% of the participants had the strongest disagreement with the barriers "I think people in exercise clothes look funny" 49.0% participants disagreed with "I am too embarrassed to exercise" and 47.5% "My family members do not encourage to exercise" while in previous study conducted by Geoff.P.Lovell et al in 2010, For the benefits, participants agreed the least with 'exercising increases my acceptance by others' $M=2.18$, while agreeing the most with 'exercising increases my level of physical fitness' $M=3.45$. For the barriers, participants agreed the most with 'places for me to exercise are too far away' $M=2.69$, 'exercise tires me' $M=2.69$, closely followed by 'exercise is hard work for me'

M=2.63; conversely, the strongest disagreement was with the barriers 'exercise takes too much time from family relationships' M=1.95, 'my family members do not encourage me to exercise' M=1.96, and 'I am too embarrassed to exercise' M=1.85. (13)

In previous study conducted by Prof. Dr MohamadNizamNazarudin et al, in 2018, For the benefits, participants agreed the least with 'I have improved feelings of well-being from exercise' M=4.05, while agreeing the most with "Exercise improves overall body functioning for me" M=4.16. For the barriers, participants agreed the most with "There are too few places for me to exercise" M=3.24, "Exercise facilities do not have convenient schedules for me" M=3.11, closely followed by 'I am too embarrassed to exercise' M=2.38; on the other hand, the strongest disagreement was with the barriers "It costs too much money to exercise" M=2.02, my family members do not encourage me to exercise', and 'I am too embarrassed to exercise' M=2.04. (7)

In this study for the benefits, participants agreed the least with "I will prevent heart attacks by exercising," while agreeing the most with "My disposition is improved by exercise". For the barriers, participants agreed the most with "There are too few places for me to exercise", "Exercise tires me", closely followed by "Exercise facilities do not have convenient schedules for me"; conversely, the strongest disagreement was with the barriers "I think people in exercise clothes look funny", "I am too embarrassed to exercise" and "My family members do not encourage to exercise".

CHAPTERVI CONCLUSION

The study results showed that non-exercising university teachers felt strong benefits from exercising accompanied by only relatively less barriers butIt's likely that the perceived benefits/barriers aren't enough to entice teachers to engage in physical activity.

CHAPTERVII RECOMMENDATION

According to the findings of the current study, despite having good ideas about fitness, the majority of teachers at Isra University Hyderabad do not exercise and are not putting in a lot of effort. It is suggested that social cognitive theory-based physical activity (PA) promotion be incorporated into the curriculum to stress physical activity as the part of the.

Future research is needed to produce a nationwide standardized instrument, which will be conducted with bigger sample groups.

It will be beneficial to precisely identify perceived barriers and then offer improvements to increase young people's physical activity. In terms of their knowledge, particularly the benefits of exercising, university may be suggested to promote a healthier lifestyle.

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REFERENCES

- .Shajrawi A, Khalil H, Al-Sutry M, Qader RA, AbuRuz ME. Exercise Self-efficacy, Perceived Benefits, and Barriers to Exercise Among Patients Following Acute Myocardial Infarction. *Journal of Cardiovascular Nursing*. 2021 Jul 1;36(4):E11-9
- Koehn S, Amirabdollahian F. Reliability, Validity, and Gender Invariance of the Exercise Benefits/Barriers Scale: An Emerging Evidence for a More Concise Research Tool. *International Journal of Environmental Research and Public Health*. 2021 Jan;18(7):3516.
- in a nationally representative sample in the European Union. *Public Health Nutr*. 1999, 2, 153-160.
- Hamdan K. Perceived Benefits and Barriers to Participation in Exercise among Jordanian University Students. *Al-Balqa Journal for Research and Studies البلقاء للبحوث والدراسات*. 2020;23(1):23-82.
- Gabal HA, Wahdan MM, Eldin WS. Perceived benefits and barriers towards exercise among healthcare providers in Ain Shams University Hospitals, Egypt. *Journal of the Egyptian Public Health Association*. 2020 Dec;95(1):1-9.
- McGuire AM, Seib C, Porter-Steele J, Anderson DJ. The association between Web-based or face-to-face lifestyle interventions on the perceived benefits and barriers to exercise in midlife women: Three-Arm Equivalency Study. *Journal of medical Internet research*. 2019;21(8):e10963.
- Shaikh AA, Dandekar SP. Perceived Benefits and barriers to exercise among physically active and non-active elderly people. *Disability, CBR & Inclusive Development*. 2019 Oct 4;30(2):73-83.
- Abdullah MF, Nazarudin MN, Saadan¹ R, Wan WA, Pa MR. Benefits and Barriers of Physical Activities among Technical University Students. *J. Adv. Res. Soc. Behav. Sci.*. 2018;13:1-8.
- Kgokong D. Perceived benefits and barriers to exercise and levels of physical activity of undergraduate physiotherapy students in the Western Cape (Master's thesis, University of Cape Town). 2018
- Al-Za'abi AS, Kilani HA, Mo'ath F, Alnuaimi J. Perceived health benefits and barriers to physical activity among secondary school students. *Edukacijskifakultet*. 2018:92.
- Keohane DM, Mulligan NA, Daly B. Physical activity levels and perceived barriers to exercise participation in Irish General Practitioners and General Practice trainees.
- Blake H, Stanulewicz N, McGill F. Predictors of physical activity and barriers to exercise in nursing and medical students. *Journal of Advanced Nursing*. 2017 Apr;73(4):917-29.
- Stamp E, Crust L, Swann CF, Perry J. Relationships between mental toughness, barriers to exercise, and exercise behaviour in undergraduate students
- Lovell GP, El Ansari W, Parker JK. Perceived exercise benefits and barriers of non-exercising female university students in the United Kingdom. *International Journal of Environmental Research and Public Health*. 2010 Mar;7(3):784-98.
- Abu-Moghli FA, Khalaf IA, Barghoti FF. The influence of a health education programme on healthy lifestyles and practices among university students. *International Journal of Nursing Practice*. 2010 Feb;16(1):35-42
- Hajian-Tilaki KO, Heidari B. Prevalence of obesity, central obesity and the associated factors in urban population aged 20–70 years, in the north of Iran: a population-based study and regression approach. *Obesity reviews*. 2007 Jan;8(1):3-10