

Enjoyment: A Link to Physical Activity, Leisure, and Health

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ABSTRACT: The relationships among physical activity, leisure, and health as well as other dimensions like nutrition and environmental conditions, have implications for everyone's quality of life. The purpose of this paper was to explore the attitudes and benefits, constraints, and meanings of leisure-time physical activity as perceived by a group of older American Indian women. Health promotion models have been developed to explain involvement in physical activity. None of these models, however, has examined specifically the role that enjoyment plays in physical activity involvement. Therefore, in this study the catalyst for physical involvement was examined related to the psychological effects of the intrinsic rewards of physical activity generally associated with leisure. Using in-depth interviews from 26 American Indian women representing three tribes in the United States, we explored and analyzed how leisure and health might be connected, and examined how the perceived enjoyment of physical activity resulted in physical and mental health. An enjoyment model of physical activity was proposed based on the data. The model illustrated how enjoyment may be a critical factor in mitigating constraints to physical activity and leading to healthy individuals, families, and communities. Further, involvement in physical activity led to more activity and better health, enabling an individual to enjoy life more. For American Indian women, aspects of enjoyment provided harmony and balance that also reinforced a higher quality of family and community life. The enjoyment model was also compared to existing health promotion models. Although more research is needed, the results from this exploratory study suggested that linking enjoyment and leisure to physical activity may be an important way to encourage physical activity participation among American Indian women as well as among other ethnic groups. The implications of enjoyment related to social support and community involvement could provide further ways to encourage people to be more active leading to healthier individuals, families, and communities. One way to promote leisure-time physical activity among these American Indian women may be to suggest that activity done for one's personal enjoyment might also influence the enjoyment of others, including family, tribe, and the larger community. The value of being healthy as a protective factor for the entire Indian community seemed important to consider. A connection between leisure and health may be manifested through involvement in enjoyable physical activity that has physical, emotional, and social outcomes.

KEYWORDS: health promotion, American Indians, women, attitudes, meanings, constraints, enjoyment

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The relationships between health and physical activity have been discussed for years. Awareness was again heightened in the U.S. in 1996 when the Surgeon General's Report (USDHHS: Department of Health and Human Services, 1996) was released. At the same time, researchers such as Coleman and Iso-Ahola (1995), Mannell (1994), Ragheb (1993), and Siegenthaler (1997) described the link between leisure and health. The relationships among physical activity, leisure, and health, as well as other factors such as nutrition and environmental conditions, have implications for wellness and quality of life (USDHHS, 1996).

Physical activity in this study was defined as any bodily movement produced by skeletal muscles that results in energy expenditure (Caspersen, Powell, & Christenson, 1985). Health was described as a continuum representing all levels of vitality leading to well-being. Wellness was associated with integrated states of physical, psychological, and spiritual health and related to notions of leisure as self-actualizing a person (Ragheb, 1993). Leisure was used to describe a positive state of mind in which self-determined activities were undertaken that were intrinsically rewarding.

Healthy People 2010 (USDHHS, 2000), a U.S. health promotion and disease prevention agenda, described two global objectives for the year 2010: to increase quality and years of healthy life, and to eliminate health disparities. Health disparities by gender, race or ethnicity, education or income, disability, geographic location, and sexual orientation are the primary targets of this agenda. The agenda proposed that physical activity can improve quality of life and is a critical component in reducing or eliminating health disparities through lowering resting heart rate and blood pressure, reducing hypertension, reducing blood glucose, decreasing fat body mass and increasing lean body mass, increasing bone mass and bone strength, increasing muscle strength, preventing arthritis, and reducing symptoms of mild or moderate depression. Rates of leisure-time physical activity are lowest among women, ethnic minorities, persons of low socioeconomic status, older adults, and persons living in rural settings (Jones et al., 1998). Research examining the determinants of physical activity is important for identifying factors that may contribute to wellness and quality of life. Consistent mutable determinants of physical activity in adults in general include self-efficacy, social support, fewer perceived barriers and greater perceived benefits, and exercise enjoyment (Brownson et al., 2000).

Models have been developed to explain physical activity involvement from a variety of dimensions (Glanz & Rimer, 1995). Cultural experiences regarding physical activity, leisure, and health, however, may influence barriers and involvement. Godbey (1997) suggested that health is influenced by how people live their lives related to behaviors and emotions. Siegenthaler (1997) emphasized that leisure enhances health because it serves as a buffer to life's stressful events. Wankel (1994) noted that leisure and lifestyle constitute a major health determinant with the most prevalent mortality causing diseases linked to personal lifestyle and living conditions. This exploratory study sought to examine how notions of leisure, physical activity, and health related to enjoyment in the lives of a selected group of American Indian woman.

Background

Several aspects comprise the background for analyzing the involvement of American Indian women in physical activity including health models, cultural aspects of activity participation, and health and leisure perspectives.

Health models help to explain individual and collective behaviors pertaining to physical activity (Glanz & Rimer, 1995; USDHHS, 1996). For example, a transtheoretical model focuses on how people get involved in any activity using precontemplation, contemplation, preparation, action, and maintenance as stages of readiness for behavior change (Marcus, 1995; Marcus, Pinto, Simkin, Audrain, & Taylor, 1994). This model suggests that for any positive health behavior to occur, the psychological stage of desire must be considered. Another model, the social support model, focuses on instrumental, informational, and emotional support related to physical activity participation (e.g., Carron, Hausenblas, & Mark, 1996; Courneya and McAuley, 1995; Eyer et al., 1998). This model proposes that family and friends influence behavior and the relationships that an individual has should be taken into account when encouraging physical activity. An emerging focus is on an ecological model of health behavior developed by McLeroy, Bibeau, Steckler, and Glanz (1988), and applied to physical activity by Sallis, Bauman, and Pratt (1998). An ecological perspective views individual behavior as determined by five levels of influence: intrapersonal factors (e.g., psychological and biological variables), interpersonal processes (e.g., primary social groups), institutional factors (e.g., organizations or agencies), community factors (e.g., relationships among organizations, institutions, and social networks), and public policy (e.g., laws and policies).

These health models, as well as others that have been proposed, provide frameworks for understanding physical activity involvement. They help to explain how physical activity occurs in people's lives. None of the models, however, address directly the affective dimensions of physical activity participation. The dimension of enjoyment has not been explicit in any of the existing health behavior models. Although enjoyment alone may not

determine whether an individual remains physically active, it appears to be a missing link that has not been extensively discussed outside the leisure field. The intrinsic benefits of enjoyment may also have broader implications for how cultural groups perceive their physical activity.

Limited leisure research on minorities (Floyd, 1999; McDonald & McAvoy, 1997) and particularly women of color exists (Eyler et al., 1998; Henderson, Bialeschki, Shaw, & Freysinger, 1996). Researchers in leisure studies (e.g., Floyd, 1998, 1999; Phillip, 1995; 1997; Shaull & Gramann, 1998) and in physical and activity and exercise areas (e.g., Ainsworth, 2000; Heesch, Masse, & Aday, 2000; King et al., 2000) have begun to examine activity participation among ethnic groups more extensively than in the past. Yet, researchers and practitioners are only beginning to uncover the complexities and the sociocultural contexts that may affect behavior regarding involvement, attitudes, and commitment to active lifestyles. Age and lifestyle are other important components that should be considered within a cultural context.

Sarto (1998) suggested that cultural influences are especially important in shaping women's approaches to preventive health. Ainsworth, Irwin, Addy, Whitt, and Stolarczyk (1999) found that American Indian women were more physically active than African American women. They were more likely to walk, jog, do conditioning, and participate in sports. Unfortunately, American Indian women have been among the least researched of all minority groups and we know little about their physical activity patterns.

Part of the problem in researching any racial group, particularly American Indians, is the great diversity among the population. Present-day tribal groups represent myriad cultures and languages and live in diverse present and historical contexts (McDonald & McAvoy, 1997). In addition, Stansfield and Dennis (1993) suggested researchers must be cautious in researching minority populations because each individual, regardless of her racial or ethnic background, has more than one identity. McDonald and McAvoy emphasized the need to consider the historical relationships between the government and native people as a factor that may play into their lives. For example, suspicion sometimes exists when government workers attempt to intervene in people's lives by encouraging certain types of healthy behaviors. McDonald and McAvoy also suggested that the actions of some native people might be motivated by something besides worldly concerns. Further, many Indians subscribe to the notion that humans are inseparable from nature and that their people look for harmony or balance in what they do with a collectivist view rather than a focus on the individual. McDonald and McAvoy made the point that American Indians live in a modern society where people are forced to compartmentalize their lives and negotiate traditional values with modern ones. All these aspects appear to have implications for understanding perceptions of health and the meanings of leisure.

Leisure researchers have begun to examine the holistic link between leisure and health. Health is not merely the presence or absence of disease but a continuum representing all levels of vitality including the highest capabilities to death (Paffenbarger, Hyde, & Dow, 1991). Iso-Ahola (1994) stated that over 80% of the factors determining health have to do with factors other than medical treatment. These factors are determined by lifestyles and how people live their daily lives. Iso-Ahola described the need to examine leisure's overall and mediating effect on health or illness. He also suggested that the extent to which people do not have time for leisure, they might be limited in their health practices. Siegenthaler (1997) concluded that leisure enhances health because it serves as a buffer to life's stressful events.

Wankel (1994) explicated the relationship between objective and subjective definitions of leisure and health. He showed parallels related to objective aspects (e.g., time, activities, absence of disease, health status) and subjective dimensions (e.g., state of mind, perceived freedom, intrinsic motivation, enjoyment, choice, perceived health, satisfaction, quality of life). As both a holistic and social ecological concept, Wankel's description of health also addressed how individual well-being related to family and community. Godbey, Graefe, and James (1993) also found a strong association between the perception of the use of public recreation amenities and various health and well-being measures. Ragheb (1993) uncovered a positive correlation between leisure participation, satisfaction, and wellness. He found that perceived wellness was explained more by leisure satisfaction than by leisure participation. Relaxation, aesthetic, and environmental components were important relative to leisure satisfaction. These findings fit with Wankel's (1993) results that found enjoyment itself was an important psychological outcome. Mobily, Ramos, and Stone (1994) also determined that the physical benefits of activity had a direct link to mental health.

Cassidy (1996) examined further the relationship among attitudes toward leisure time, engagement in leisure activities, and psychological and physical health. He found that individuals with more positive attitudes towards and engagement in leisure activities experienced less general psychological distress, anxiety, depression, and hostility. Engagement in leisure activities correlated highly with better self-rated health, lower distress, lower depression, lower anxiety, lower hostility, and better positive affect. Those individuals with higher levels of education, higher status jobs, and higher status backgrounds were more likely to engage in leisure. Coleman and Iso-Ahola (1995) described examples of numerous studies that showed the relationships between leisure, psychological well-being, and health. They concluded that participation in leisure activities provided resources that assisted people to either resist the onset of stress reactions or cope with stress.

These studies suggest that a relationship exists among leisure, health, and physical activity. If being physically active is good for people, then we

have to ask why more people are not physically active. Many constraints to activity exist. The validity of the constraints construct, however, has not been analyzed to ascertain differences in physical, social, and psychological circumstances (Mannell, 1994). Why do some constraints prevent involvement while other constraints are overcome? The level of constraints has not necessarily changed participation (Kay & Jackson, 1991; Shaw, Bonen, & McCabe, 1991). King et al. (1992) found that believing in the value of good health was important if physical activity was to occur, and that family and social support were among the biggest determinants of leisure time physical activity involvement. Understanding constraints and their relationship to physical activity may help to explain why people are not more active, and how they might be encouraged to participate in more physical activity opportunities.

The purpose of this paper was to explore the attitudes and benefits, constraints, and meanings of leisure-time physical activity as perceived by a group of American Indian women. Physical activity involvement was examined related to the psychological effects of the intrinsic rewards associated with leisure. We examined how leisure and health might be connected, and analyzed how enjoyment of physical activity might be a model used to focus on physical and mental health.

Methods

We used an interpretive paradigm (Henderson, 1991) in this study to collect data through in-depth qualitative interviews. An interpretive paradigm assumes multiple realities, uses induction and grounded theory, and focuses on meanings. The women interviewed were part of a larger study, the Cultural Activity Participation Study (CAPS), that had as its focus physical activity involvement among African American and American Indian women (e.g., Ainsworth et al., 1999). Data were collected in the summer of 1999. The criteria for inclusion were self-identified ethnicity of being at least 50% American Indian and being female aged 40 years or older. Volunteer participants were recruited through newspaper ads, church contacts, senior citizen centers, and health providers. The participants received a small monetary incentive (\$25) for participating in the larger study as well as in the in-depth interviews. Standard human subjects procedures were followed during all phases of data collection with additional approval gained through Native American tribal governments.

Two individuals with the same inclusion criteria as the participants were hired to do the interviewing. These interviewers were recruited through job announcements within the communities where the study was undertaken. They received training from the researchers concerning the nature of the project and the study protocol. Interviewers were compensated for each interview completed and were involved in some interpretation of the data. Usually the in-depth interviews lasted 30-60 minutes and took place in a convenient private place determined by the interviewee. The interviewer

asked the potential interviewee during the first contact for permission to audiotape the interview. Tape-recorded interviews were transcribed verbatim.

A semi-structured or interview guide approach was used to collect data. This approach allowed interviewers the freedom to probe and to ask questions in whatever order seemed appropriate. The questions were designed to encourage women to talk about their lives and how they both perceived and described the relative importance of physical activity. The participants were asked specific questions about physical activity participation as children and over the life course, what prevented them from doing leisure and physical activities, to what extent family upbringing influenced physical activity, and what future physical activity might be like for the interviewee as well as her family.

A total of 26 American Indian women from New Mexico and Minnesota participated in the interviews. All women were over 40 years old with the individuals ranging in age from 40-80 years. Many of the women in this study were responsible for taking care of grandchildren even though their household size was not large. The general educational level of the women interviewed was a high school degree. Most women worked for pay at least part-time in a variety of jobs ranging from custodian to nurse. Since this study was exploratory in nature and agreements with the tribal governments promised that no individual identifiers would be associated with the data, we have not provided any additional demographic descriptors.

Data analyses were conducted using the constant comparison technique as a systematic method for recording, coding, and analyzing qualitative data (Glaser & Strauss, 1967). The goal of this technique was to maximize credibility through comparison of individuals and data. Three stages comprised the data management and analysis process. First, "pieces" of data were organized by identifying, reducing, coding, and displaying categories of data using the NUD*IST program. A coding system was established after careful reading of the interviews as they were conducted. NUD*IST allowed us to categorize data with numerous codes that could be retrieved and integrated later in the analysis. One of the researchers and a graduate research assistant coded each of the interviews and then compared the coding for consistency before they were entered into the NUD*IST program. The second stage included the researchers analyzing the categories and their properties by comparing them to one another and checking them back to the data. Because the data were not originally coded with a focus on health and enjoyment per se, the researchers re-examined some of the original categories to link the analysis to attitudes regarding enjoyment. In the third stage, themes were delimited and refined to further focus a "story" related to the data and how it fit together with a priori literature and emerging grounded theory. Quotations and examples were selected by the researchers to illustrate the emerging themes.

Results

Analyzing the interviews with the American Indian women resulted in three broad themes related to attitudes and perceived benefits, perceived constraints, and meanings associated with involvement in physical activity. The primary focus was on physical activity done as recreation or during “leisure time” as activities that individuals could choose and self-determine.

Attitudes and Perceived Benefits

The majority of the American Indian women interviewed expressed positive attitudes toward physical activity. A sense existed among some of the women that physical activity was an important cultural aspect of being an American Indian. One woman stated:

We have a history of ancestors who have been runners and even in the ceremonies...I think the emphasis has always been there for us native people to exercise. It is just that the modern conveniences make people a little lazy to get the benefits of exercise.

Involvement in physical activity was not perceived by some American Indian women as the same as for the “white” society. One woman said that Indian women were not as active and not as concerned about themselves as white women. She said American Indian women “just go help each other ...like for the fiestas they all help each other and they are always together helping each other.”

Most women mentioned the benefits of physical activity. Involvement in physical activity was seen as a necessity for the health of some of the women interviewed. A woman described how she did not do much physical activity as a young adult and she noted, “I could feel it in my body that something was missing.” Another woman stated that she was more active now than ever because, “I’m more aware of the activity needs to keep yourself healthy.” One woman found that being more physically active because her doctor had encouraged it resulted in her feeling better. She noted, “I wish I was more active during the week, but on the weekend when I get really active, it’s basically all my tensions and everything usually goes away.” She said she found going to the recreation center and lifting weights as well as running were fun and leisure for her. Another woman said:

I think that it [physical activity] is important, keeps your joints and muscles moving. And also makes you feel good if you do exercise and if you see results. I’m sure it does make a good impression on your image and self—the way you look.

Other positive descriptions of physical activity included, “The more activity I have, the more energy I have, the more I get done,” and “I seem to have a more alert mind, I think more clearly. I rest, I sleep better at night.” Other benefits of physical activity described in the interviews included such aspects as weight control and stress reduction, common outcomes found in the research literature about the health benefits of physical activity.

Negative attitudes were expressed by a minority of women who said that physical activity was hard work and not productive. One woman noted that physical activity at a gym or fitness center was associated with negative connotations, but working physically hard at home was good. She stated, "I enjoy doing something [that] I am going to get something out of it." Another woman did not believe that physical activity improved her life or health because it wore her out: "I lose my breath and my body just starts to ache."

Perceived Constraints

Despite the generally positive attitudes toward physical activity and the health outcomes that most women were able to articulate, a number of constraints were discussed. Acknowledging these constraints helped to understand the context of these women's lives and what facilitations might be necessary to encourage them to continue or become more physically active. The constraints to physical activity for this population of women was similar to what other women have said (e.g., King et al., 1992), but the cultural significance of physical activity and leisure was useful to explore.

Time is often a dimension mentioned as a constraint to leisure or physical activity (e.g., Henderson et al., 1996; King et al., 1992). Time is important within its context. For example, one woman summarized her story:

I'm just going through a divorce. I have two children—a boy and a girl. Um, I guess you could say I'm slightly overweight. I really don't feel I am, but the doctors have told me with my blood pressure and all, that I need, should lose a few pounds. I should exercise but, I just, after working I just can't find the time to work, to exercise-yeah.

Lack of opportunities was another constraint mentioned. One woman said, "I know you don't need expensive equipment to be physically active but that helps encourage people, gets their interest, just having more." Another woman thought that she had a lot more freedom to be physically active when living on the reservation compared to now living in the city "because I was around the livestock and not living in the city. It's different. There is no livestock to take care of, no animals. So all of that activity is gone."

For some of the women, life had been wearisome and physical activity was perceived as becoming more difficult as they became older. One woman noted, "Your body just gets worn out." Another woman who had a heart attack six years ago said, "I enjoy walking and I would like to be able to get out and walk, but I can't." Another woman said, "Well I did some walking, bicycle riding. I have a bad back so don't do a whole lot of exercises."

Even though physical activity could provide a way to relieve stress, physical stress also provided a detriment to activity. One woman explained:

I really get tired and I have to take care of myself and if I do end up getting real tired, I need to rest. And sometimes if the sun is still out then I love to go walk, but it's mainly that I'm stressed and tired and all.

Another woman said that "Sometimes I don't feel like doing anything. I just want to sit around and be lazy. And I have to make myself be positive about moving around and doing physical activities."

As found in other studies, the ethic of caring towards others was an important constraint as evidenced by this American Indian woman's comment, "I'm a mom and a grandma so I tend to put everyone else first so I'm not aware of it [physical activity] as much." She also described that American Indians were more "family oriented" than white people and that family could have a positive influence on helping them encourage healthy living for all family members.

Meanings

Attitudes, perceived and actual benefits, and constraints were all elements contributing to understanding meanings of leisure time physical activity. The tie that seemed to bind the aspects of benefits and constraints emerged through the interviews as "enjoyment." One woman who had a physical disability noted how enjoyment was associated with why she wanted to become active again:

I've always enjoyed walking. I used to be very active when I was younger, even walking in the rain. I would be out there for hours...I'm an elder, and because of my general physical abilities I can't see myself doing anything but walking.

Another woman who had been physically active earlier in her life but had gotten away from it because she was so busy stated, "I miss it. I've always enjoyed it and I think it would be good to do." Equating the meanings of physical activity with leisure and health was also evident in this comment by a woman: "I feel it [physical activity] is enjoyable. You know it's for my own health." Similarly another woman stated:

I love it [being physically active]. I make time because I realize your body will deteriorate if you let it go. I stay youthful by being very active, I love it. It gives me a lot of energy...I can get a lot done.

One of the aspects of enjoyable physical activity involvement related to the influence of others in the community and family. One woman stated, "I think a lot of us women like the support of one another...having a walking partner sometimes makes it fun and you're helping encourage one another." Family was reflected in what one woman said. "They want me to live longer for one thing, my grandkids and kids. My boys have bought me nice walking shoes..."

The meanings of physical activity were reflected in how enjoyment and the perception of benefits related to persistence. One seventy-year-old woman described the enjoyment and satisfaction from physical activity:

I would like to continue to exercise even when I get into my eighties and nineties. Even if I have to exercise, do chair exercise, walking, continue to walk so my circulations continues for a better health.”

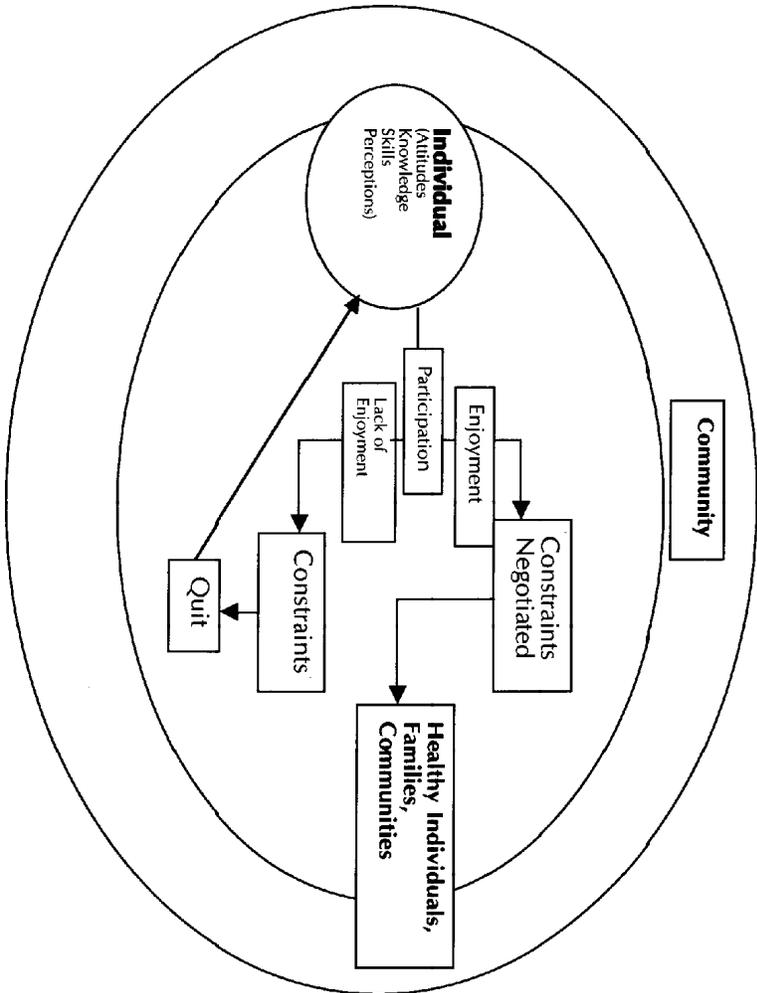
Conclusions and Discussion

Although some of the comments made about physical activity had underlying cultural implications, the relationships among involvement in physical activity, perceptions of health, and leisure aspects seemed to be connected by a common notion of enjoyment as defined by these American Indian women. Previous research by Wankel (1993) similarly concluded that enjoyment likely facilitated continued involvement and subsequent health benefits. The essence of physical activity and health seemed to relate to a sense of enjoyment of an activity because of the way it made an individual feel physically and mentally. Most women who thought of exercise as unpleasant were not physically active. The enjoyable engagement in a physical activity enabled most of the active American Indian women to feel physically healthier, which also appeared to be related to how they felt emotionally.

The data from this study provided examples of how an enjoyment model of health might be constructed and how linkages among physical activity, health, and leisure might occur for these American Indian women. The opportunity to choose enjoyable activities that also enhanced one's physical and mental health was found to be important in the literature (e.g., Coleman & Iso-Ahola, 1995; Wankel, 1993) and in this study as a dimension of quality of life. If involvement in physical activity leads to better health, one enjoys life more and lives longer. If an individual lives longer, a person can have more opportunities for all types of activity. These meanings also seemed to reflect the cultural significance associated with the harmony and balance sought from collectivist (i.e. family and community) perspectives by native people (McDonald & McAvoy, 1997). Enjoyment as a result of activity involvement can decompartmentalize and permeate all aspects of individual, family, and community life.

To illustrate the relationships uncovered in this research, a model of physical activity enjoyment was developed (See Figure 1). Although this “enjoyment” example may add yet one more explanation to the myriad of health models that already exist to explain physical activity involvement, it portrays an obvious dimension that is implied but not stated in other health models. The extent to which this proposed model applies to other cultural groups also requires further examination. Nevertheless, it provides a starting point for further examining some of the cultural attitudes and perceived benefits, constraints, and associated meanings that might be generalized to women or that might have implications for participation among some ethnic groups.

Figure 1
Enjoyment Model for Physical Activity Involvement



The model begins with the individual in her community. One's family upbringing and ethnic culture resulted in attitudes about physical activity and perceptions of potential enjoyment as well as health benefits. Those attitudes led to activity participation in some form. When enjoyment pervaded and/or positive mental and physical outcomes occurred, constraints to involvement could be negotiated and/or mitigated and participation continued. This participation could result in healthy individuals, families, and communities. If, on the other hand, an activity was not enjoyable, regardless of what might occur physically, constraints were more likely to result in discontinuing a physical activity. This cycle appeared to repeat itself on both short- and long-term bases. The dimension that makes this model different from others is the focus on intrinsic enjoyment as the missing variable that could define activity. The model is not culturally specific, but the activities undertaken and the structure of the activities often are culturally based, as the women suggested in this study.

This enjoyment model of physical activity draws on many of the existing models including the transtheoretical, social support, and ecological models (Marcus, 1995; McLeroy et al., 1988; USDHHS, 1996). For example, the social support model related to the interpersonal ways that physical activity and enjoyment might be reinforced by one's family or community. The enjoyment model also had connections to an ecological model, which suggested that behavior was effected by interpersonal, institutional, and community functions that influenced the enjoyment found in being physically active.

Several other elements might be associated with how enjoyable a physical activity might be. For example, the relationship between leisure and lifespan development has been examined related to change and continuity in activity participation and motivations. Generally, more continuity than change is likely in the types of activities people participate in across the lifespan (Freysinger, 1999). People are likely to do something as they age if they also were involved when they were younger. Therefore, young people must obtain skills and positive (i.e., enjoyable) attitudes about physical activity. Researchers, however, have also suggested a "core" and a "balance" in activities across the lifespan (Iso-Ahola, 1980). Although some activities remain stable, others are added or dropped. Adding or dropping may be highly dependent on the enjoyment experienced coupled with the positive health benefits. What people choose to do regarding their health and physical activity and leisure involvement may be an indication of better knowing oneself or being aware of what one likes and dislikes. The challenge to professionals interested in issues pertaining to health and leisure is to determine how to add enjoyable and healthy activities. As Wankel (1993) noted, enjoyment results in individuals staying physically active, and enjoyment had direct health implications through countering stress and facilitating positive psychological health. Getting people to be physically active may be as much of a function of helping them find what they love to do as getting them to exercise more because it is "good for them." Enjoyment itself is an important psychological outcome.

When examining the relationships among physical activity, leisure, and health we need to address both short-term and long-term outcomes. Iso-Ahola (1994) suggested leisure may be a tool for obtaining and practicing positive health behaviors such as being physically active. Secondly, according to Iso-Ahola, physical activity is a way of life with a cognitive orientation toward living that promotes health. In addition, leisure and physical activity have inherent qualities and characteristics that are germane to physical and mental health as our data showed, and other studies have ascertained (cf., USDHHS, 1996).

Researchers and practitioners should also note how physical activity can be both positive and negative. For example, while some women agreed that physical activity reduced their stress on a daily basis, others also noted that the pressure to know that one should be physically active and not being able to be active also created additional stress. The American Indian women in this study described that being healthy was not just for oneself but also for others. The enjoyment of the activities and the opportunities for social support seemed to be paramount in many people's decisions. Participation with friends and family was an important dimension as other researchers have also noted (Coleman & Iso-Ahola, 1995; Henderson & Ainsworth, 2000).

One of the ways to promote leisure and physical activity among American Indian women may be to suggest that one is not doing activity only for one's personal enjoyment, but also for the enjoyment of others including one's family, tribe, and larger community. The value of being healthy as a protective factor for the entire Indian community appeared important to address.

These American Indian women were seeking to find meanings and value in their lives, and an understanding of leisure and enjoyment offered a dimension to consider further. A link between leisure and health may be found through enjoyable physical activity that has physical, emotional, and social outcomes. Enjoyment may be an important explicit outcome to address when encouraging physical activity. If the factors related to health are determined by lifestyles and how people live their lives (Iso-Ahola, 1994), then the intrinsic enjoyment of physical activity is an element to acknowledge. Although the notion of enjoyment has been implicit in health models, perhaps behavior change can be enhanced with not just encouraging people to be active but facilitating opportunities to find enjoyable activities. Enjoyment appears to be necessary for negotiating constraints and for encouraging healthy living for the entire community.

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