

INSPIRING WOMEN TO BE ACTIVE DURING MIDLIFE AND MENOPAUSE



FOREWORD

This is such a critical stage of a woman's life and one that has personal resonance for me. Women in midlife feel largely ignored, invisible and unimportant, and this is particularly true when it comes to sport and exercise. Yet sustaining fitness and activity levels for women of this age has such life-changing benefits in relation to happiness, mental wellbeing and physical health, now and into later life.

Women in midlife are the 'sandwich generation', bearing often heavy burdens of care for children and elderly relatives, whilst working and dealing with significant changes to their bodies related to menopause. They know that being physically active is an antidote to mental and physical stress and an investment in a healthier later life. But the women we spoke to told us of the many barriers they faced to getting physically active, and how little energy and motivation they could muster to overcome those barriers. Equally they were ready to reappraise and were surprised by how fun it was to get active when they did – so why are we ignoring the needs of women in this life stage?

Women start life feeling all too visible, dealing with a running commentary on our appearances, enter the child-bearing phase when we are vitally important, but by midlife become increasingly invisible. With TV and radio presenters Zoe Ball, Davina McCall and our own ambassador Lorraine Candy all talking about the menopause, we are witnessing the first generation of women in midlife who are able to make their voices heard to a mass public.

Women in Sport believes passionately that women in midlife need and deserve much more support from the society that has put all these pressures on them in the first place. We are calling for new workplace policies on the menopause, for more provision at public leisure facilities and sports clubs suited to midlife women and for men to step up as allies to help us turn this around. Women in midlife have a right to sport and exercise that they love, that inspires them, and that will help them live healthier lives now and in the future.

It's time to listen to women and examine how to do things differently!

Kate Nicholson,
Head of Insight and Innovation
Women in Sport



INTRODUCTION

Far too many women in midlife are missing out on the social, psychological and physical health benefits of being active. A third of women aged 41 to 60 are not meeting the Chief Medical Officer's guidelines of 150 minutes per week of exercise and a fifth are not achieving even 30 minutes per week.

Although all women are affected, we know that those in lower socioeconomic groups are even less likely to be active: only 50% of women in this group are meeting guidelines for activity, compared to 72% of women in the highest groups. We also know that women in lower socioeconomic groups face additional barriers associated with low income and environment, so this is where we have focused this research.

To find relevant solutions, we do not just need to examine barriers to sport and exercise, but must start by understanding women's broader lives.

Many women in midlife lead incredibly pressurised lives. The majority are working¹ whilst often still carrying primary responsibility for caring for both children or grandchildren and elderly relatives. At the same time, many are coping with debilitating menopause² symptoms. The result is that they have very little time or energy to prioritise themselves and taking part in sport and exercise gradually but increasingly feels out of their reach.

This lack of activity is especially concerning given that women in the UK are living on average almost 20 years in poor health.³ Yet we know that maintaining physical activity levels can contribute significantly to improved physical and mental health and, consequently, quality of life in later years. During and after menopause, the reduction in oestrogen levels means that bone health and muscle strength, in particular, decline more steeply, with consequent health implications. Keeping fit and active during menopause helps counter many of these problems.

When it comes to sport and physical activity provision, women in midlife often feel invisible and ignored, with few activities directed towards them and no visible support or encouragement to take up activity. This makes it very hard to find relevant activities and particularly to take that first step to getting fit again, possibly after a long absence.

If we can support women to be active through their midlife years, this will not only bring immediate benefits, but will also mean that they carry this habit into later life and experience greater health, happiness and wellbeing from the physical, psychological and social benefits that an active life brings.

This report builds on our previous research, [Menopause, Me and Physical Activity](#), published in 2018, which tells us that women overwhelmingly *want* to be more active, and that this life stage provides an important opportunity for a reset and to reframe sport and exercise as enjoyable as well as essential to good health and wellbeing.

Within this research, we uncover the barriers that women experience to being physically active throughout midlife and menopause and consider how to re-engage women and re-introduce physical activity to them.

33% OF WOMEN AGED 41 TO 60 ARE NOT GETTING THE RECOMMENDED AMOUNT OF EXERCISE.

Sport England (2020) Active Lives survey May 19/20.

20% OF WOMEN AGED 41 TO 60 ARE INACTIVE (LESS THAN 30 MINS/WEEK).

Sport England (2020) Active Lives survey May 19/20.

30% OF WOMEN TOLD US THEY ARE LESS ACTIVE SINCE STARTING MENOPAUSE.

Women in Sport (2018) Menopause, me and physical activity.

¹ The proportion of working-age mothers in paid work has risen from 50% in 1975 to 72% in 2015, according to the Institute for Fiscal Studies (2018).

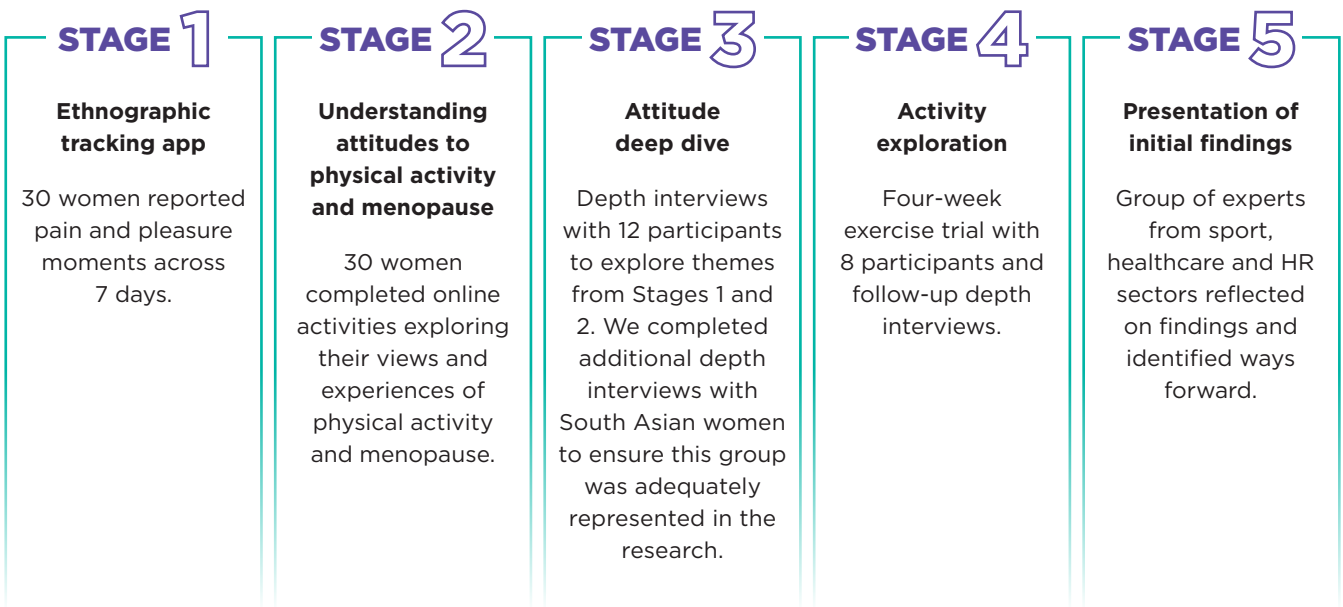
² Whilst technically menopause is the moment when a woman has not had a menstrual period for one year, we use the term loosely as meaning the period around this time, more accurately termed the perimenopause.

³ Office of National Statistics (2019) Health State Life Expectancies, UK: 2016-2018.

METHODOLOGY

We employed an innovative five stage, iterative approach over five months to fully understand midlife women’s experiences of menopause and physical activity. This enabled us to build high levels of trust with the women who took part in the research and explore what is really preventing them from being active.

Time period: July-November 2020



Research participants

We focused specifically on women in lower socioeconomic groups because we know they face additional barriers and are less likely to be active.

- Women aged 45-55 who were experiencing a range of menopausal symptoms.
- All women were inactive.
- Mix of White British, Asian, and Black British, African and Caribbean backgrounds.
- All women in lower socioeconomic groups (C2DE).
- From Birmingham, Manchester, London and Middlesbrough.

Note on timeframe

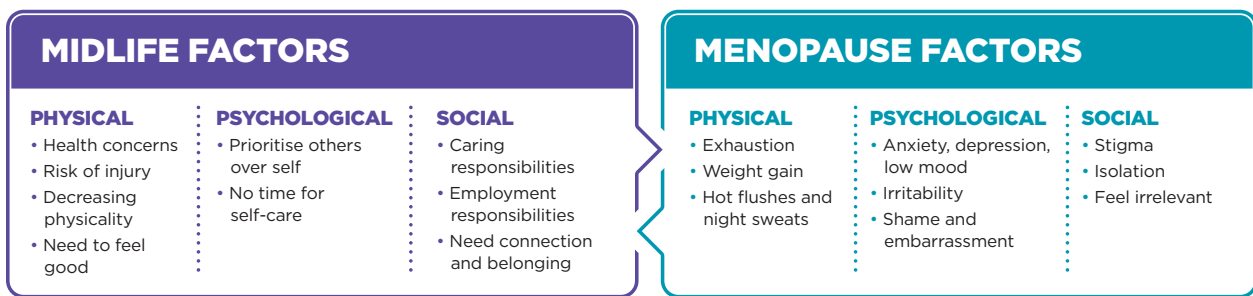
We carried out this research during the Covid-19 pandemic. During this time, research participants were under various and changing lockdown restrictions. This did not affect our ability to carry out the first three stages, as we completed all research online. In the fourth stage, the restrictions limited women’s available opportunities for the exercise exploration. Researchers reflected on these limitations with them during the depth interviews.

WHAT'S GOING ON FOR WOMEN IN MIDLIFE?

The women in our study told us they are under a great deal of pressure. They are mostly in part- or full-time jobs, whilst serving as the lynchpin for both children and ageing relatives and dealing with their own health issues. These concurrent responsibilities and pressures have physical, psychological, and social impacts on women, all of which are then exacerbated by the various symptoms of menopause. Many women are ill-prepared and surprised by how debilitating the symptoms are and how long they last.

We developed a model to highlight the factors shaping women's lives and how they affect women's exercise behaviours. In this section, we will explore the midlife and menopause elements. We will consider the full model of midlife, menopause and exercise in the next section.

Model of midlife and menopause



What is menopause?

- Most women go through menopause between the ages of 45 and 55; the average age of onset is 51.
- Symptoms usually start before a woman's final period, a stage called perimenopause, and last on average 4 years, though some women experience symptoms for longer.
- During perimenopause, periods can be erratic and/or extremely heavy.
- There are a range of symptoms and every woman's experience is different. Some of the most common symptoms are hot flushes, night sweats, difficulty sleeping, low mood, memory problems, and vaginal dryness.
- During and after menopause the reduction in oestrogen levels means that bone health and muscle strength decline more steeply, with consequent health implications.⁴

Physical aspects of women's lives during midlife

Increasing health concerns

During midlife, women experience a range of physical changes and their natural fitness and physicality are declining. In a 2018 Women in Sport survey of women going through menopause, 32% of women told us they had a physical or mental health condition lasting 12 months or more. These are due to both menopause and the process of ageing. The women in our research were starting to notice these physical changes, frequently talking about aching joints, bones and muscles, and some were starting to experience health conditions such as osteoarthritis and fractures. Osteoporosis is a particular risk for women: 50% of women over 50 in the UK will break a bone due to osteoporosis (compared to 20% of men), which is closely linked to decreased oestrogen during and after menopause.⁵

Many women were aware of the health conditions that come with this time of life, and the importance of a healthy lifestyle to avoid more serious health conditions in the future. They told us they were less prepared for the wide-ranging symptoms of menopause. When they started experiencing symptoms, many did not immediately identify menopause as the reason.

Weight gain

Weight gain was the main physical change that women spoke about consistently and with real concern. It can be linked to both reduced muscle mass and poor sleep, which increases the likelihood of consuming more calories. Fat distribution can change in midlife, with less going to the hips and thighs and more to the abdomen. Weight gain also puts more pressure on joints and has wider negative health implications.

For many women in our study, weight gain contributed to a negative cycle of poor self-image. Despite making the same lifestyle choices they had always made, women put on weight. This left them feeling frustrated and ashamed, and made it difficult for them to make positive changes such as getting more active.

Poor sleep and exhaustion

Women experience a wide range of physical symptoms during menopause, but poor sleep and exhaustion were universal in our study and had a huge impact on daily life. Common sleep issues included difficulty getting to sleep, frequent waking through the night, and early hours insomnia. Women often did not make the connection between poor sleep and menopause, unless it was directly related to hot flushes and night sweats. Women also experienced brain fog because of exhaustion, struggling to remember things clearly even though they had not previously had an issue.

Poor sleep sets up a vicious cycle

In addition to being an issue in its own right, poor sleep can also set up a vicious cycle of physical and psychological symptoms and behaviours.

After a bad night's sleep, women resorted to short-term fixes to get them through the day. Caffeine, sugary foods and drinks, alcohol and take away food helped women temporarily but ultimately created more problems such as erratic moods, more disrupted sleep and weight gain. Ultimately, women want to feel good and these short-term fixes are the easiest and quickest solutions, even if they lead to long-term pain.

“I am battling between living a healthy active lifestyle and my health conditions that make restrictions on what I can do.”

- WOMAN, 52

“I was watching [TV] one morning and it just clicked and I thought, ‘oh my God, that’s exactly what I’m going through’, because I didn’t even think of it as the menopause.”

- WOMAN, 53

“I’m not really eating more. Every year since the age of 42 I’ve put on a pound or two.”

- WOMAN, 52

“Another night of very uncomfortable rest...One minute I feel like I am on fire, I get up, put the fan on, next thing I am cold, I get up, switch off the fan, so I really didn’t rest.”

- WOMAN, 53

ON AVERAGE, WOMEN EXPERIENCE 7 DIFFERENT SYMPTOMS DURING MENOPAUSE.

British Menopause Society (2016)
National survey: The results

42% OF WOMEN SAID THEIR MENOPAUSE SYMPTOMS WERE WORSE/MUCH WORSE THAN THEY EXPECTED.

British Menopause Society (2016)
National survey: The results

“With a lack of sleep and stress I had a hot sweat. I think I bring it on myself.”

- WOMAN, 51

⁵ Age UK (2020) Osteoporosis.

Some of these immediate fixes can exacerbate hot flushes, though hot flushes can also happen without a trigger. They are debilitating, often appear randomly and, especially when they first start happening, leave women feeling distressed and unsure how to manage them, particularly in public places and at work. Some women also feel a deep sense of shame about them, blaming themselves for triggering the flushes by feeling stressed, anxious or angry, or by drinking alcohol and caffeine.

Psychological aspects of women's lives

Women prioritise others' needs over their own

After a lifetime of conditioning that a woman's role is to put her family's welfare above her own, midlife women often put themselves at the bottom of the list when it comes to prioritising time. The pleasurable and painful moments women told us about in their daily lives were often based on those around them, rather than themselves. Whilst women might be aware that they should be doing more for themselves and their health, their conditioning leads them to feel they do not have permission to take time for themselves; to them, taking this time seems selfish or indulgent.

Self-care, when considered, usually means indulgent treats that give instant gratification such as a glass of wine, chocolate, take away or a night in watching Netflix. However, for many women, lockdown had given them the opportunity to experience a little bit more time for themselves and enjoy healthier self-care, such as walking on their own or with family, friends or pets.

Mood swings, anxiety, depression and low mood

Some women felt that menopause induced a personality change. They felt that they had transformed from a balanced person to someone with no control over their moods and emotions, as though they were on an emotional rollercoaster. Many women described anger that built up rapidly, often over small things, leaving them with little control over what they said. They worried about the impact this had on their family and partners, as well as their own wellbeing. These mood swings are linked to fluctuating hormones that affect serotonin, which contributes to emotions.

Menopause can also have mental health symptoms like anxiety, depression or low mood. Women in this study felt a lot of anxiety and stress, exacerbated by Covid-19. They worried about their health, the health of family members and friends, the economic impact of the pandemic and whether they would lose their jobs, as well as concerns that predated the pandemic, such as the wellbeing of elderly parents, getting through to pay day, and managing their menopause symptoms.

Embarrassment and shame

Sadly, women told us they experienced shame and embarrassment around some of their menopause symptoms. They particularly talked about how being overweight led to poor self-image and low self-confidence. Women also found hot flushes embarrassing, especially at work or in public, because they were obvious, difficult to deal with, and could strike without warning. Menopause is often joked about by others and this makes women want to hide symptoms and not discuss some of the real challenges they face during this time.

“
I grab a packet of chocolate...My reward for lack of sleep and my zombie headache.”

- WOMAN, 45

“
My needs come after my family's needs.”

- WOMAN, 47

“
I think it's allowing ourselves to be selfish and not necessarily see that as a negative thing. It's almost having to retrain your brain.”

- WOMAN, 53

“
I can't seem to hold my anger in, I am horrible and I don't know how my family put up with me...I want to feel normal again.”

- WOMAN, 45

“
I feel all my symptoms over the last few months have started to make me more stressed...anxiety has become worse.”

- WOMAN, 51

“
Awful feeling of rising heat and suffocation...just want to jump in a pool! I used to love the heat, now I pray for rain.”

- WOMAN, 47

Social aspects of women's lives

Women's demanding roles in midlife

The pressures society puts on women in this age group can be physically, emotionally and financially exhausting and all too often have a serious impact on wellbeing.

One of the primary responsibilities is caring for family members. According to Carers UK, one in four women aged 50-64 have caring responsibilities (compared to one in six men) and women are more likely to be "sandwich carers" – caring for children and older relatives at the same time.⁶ The Office for National Statistics (ONS) found that 62% of these sandwich carers are women.⁷

The time commitment for carers can be substantial. A 2019 study by Aviva found that 42% of carers spend at least 10 hours a week caring for family members, and 47% said they had a maximum of four hours to themselves per week – less than 35 minutes per day.⁸

Women in our study felt that they were the family lynchpin, making sure everyone had their needs met. Many had children at home, ranging from toddlers to teenagers, and several spent huge amounts of time caring for elderly parents. The South Asian women in our study were especially likely to have rigorous family caring responsibilities. They often took care of their nuclear family and in-laws and parents as well; one woman told us she was providing daily care for 14 relatives.

Women are also likely at their busiest at work during this time in their lives, with potentially more responsibility and in more senior positions. Due to changing gender norms, women are more likely to be in work now than ever before; in the past 40 years, the percentage of women age 25-54 in work has risen by 21% to an all-time high of 78%. According to the same study, women are also more likely to be working full-time now than in previous decades.⁹

The women in our study faced additional challenges in that they sometimes had to work more hours in multiple jobs to survive financially. The Covid-19 pandemic also exacerbated women's economic worries: women were a third more likely to work in sectors shut down during the first lockdown, more women were furloughed than men, and women were 10% less likely than men to receive a top-up to their furloughed earnings from their employer.¹⁰

Menopause symptoms can also make work more challenging. A 2016 survey from the British Menopause Society found that more than a third of women (36%) felt their menopause symptoms had impacted their work lives.¹¹

Menopause is often an isolating experience

For many of the women involved in this research, menopause felt like an individual rather than a collective or shared experience. They did not discuss menopause with other people because there was still a sense of shame and stigma surrounding it. They felt that other people weren't interested, and they did not want to burden other people with their problems. This made women feel isolated and alone with their experience, and unsure about whether their symptoms were "normal".

South Asian women in particular told us that they did not feel able to talk about menopause with others in their community. Some found it easier to have conversations about menopause with co-workers outside of their community, while others felt they had to keep their experiences to themselves.

“At the moment my time's not very flexible being tied up with my parents – I've been living there for 8 weeks now after dad came out of hospital.”

- WOMAN, 45

“I feel it's my duty now to, sort of, pay [my mum] back for what she's done. She looked after me... so I have to return that favour.”

- WOMAN, 53

“I didn't want to expose myself, you know, having all these different feelings and emotions, that's too much on the plate for me to, sort of, tell anybody.”

- WOMAN, 57

“It's like a taboo subject, nobody talks about it, women suffer on their own. Menopause and how to deal with it should be advertised on regular TV, in regular papers and at train station billboards.”

- WOMAN, 52

“There is no one to talk and offload with, you just take it for granted that this is the time when you have a change of life... nobody talks about it, to be honest.”

- WOMAN, 55

⁶ Carers UK (2015) Facts about carers.

⁷ Office for National Statistics (2019) More than one in four sandwich carers report symptoms of mental ill-health.

⁸ Aviva (2019) Half of 'sandwich generation' have under 35 minutes a day to themselves.

⁹ Institute for Fiscal Studies (2016) The rise and rise of women's employment in the UK.

¹⁰ House of Commons Women and Equalities Committee (2021) Unequal impact? Coronavirus and the gendered economic impact.

¹¹ British Menopause Society (2016) National survey: The results.

When women sought medical advice and support from their GP, many found the response less than satisfactory, leaving them again feeling isolated and left to work it out on their own. According to the British Menopause Society, 50% of women aged 45-65 have gone through menopause within the past ten years without consulting a healthcare professional. This is despite women surveyed reporting on average seven different symptoms and 42% saying their symptoms were worse or much worse than expected.¹²

Women felt that the media depicted menopausal women as the butt of jokes and suggested they were irrelevant to society. This made them feel invisible and ignored, as if they no longer mattered.

Connection and belonging

Being close to friends and family is essential for women's wellbeing and sense of security, and this has been underscored by the Covid-19 restrictions that have prevented people from meeting up for months at a time. Women felt the power of shared experience, valuing close female friends and sisters who were going through similar midlife and menopause struggles and provided advice and emotional support. Having close confidantes helped them normalise their own experiences.

The value of sport and exercise at this life stage is clear

Sport and exercise can play a pivotal role in alleviating some of the negative aspects of midlife and menopause, enabling women to feel more in control of their health, and enhancing wellbeing and happiness well into later life.

Being active provides numerous physical benefits. Regular exercise can help maintain healthy bone and muscle mass, reducing the risk of hip fractures by 68%, and improve balance, resulting in a 30% lower risk of falls amongst older adults. Exercise also helps people maintain a healthy weight, reducing the risk of Type 2 diabetes by 50%. Exercise can improve sleep quality, which women in our research highlighted as a huge issue. Being active also has massive mental health and wellbeing benefits, especially when done outdoors: people who are active have a 30% lower risk of developing depression.¹³

Sport and exercise also have social and emotional benefits. Physical activity connects women with others and helps them feel less isolated. It can also increase self-esteem: women in our study told us they felt good about themselves when they made time for exercise. It simply made them feel happier.

We observed that this life stage presents an important window of opportunity, not only to enhance women's lives in midlife, but also to transform their later lives through re-establishing positive exercise and activity habits earlier, whilst many still have good mobility and health.

But we must first consider the challenges that keep women from getting active, so we know how to help and what to provide.



“It’s been frustrating going to the GP and being told, ‘oh no, you’re too young’ or ‘oh no that can’t be equated with menopause’ or maybe you’re pre or peri, all these different terminology.”

- WOMAN, 45

“Today was the first day since lockdown seeing my mum and son...it has been hard not seeing him or hugging him.”

- WOMAN, 54

¹² British Menopause Society (2016) National survey: The results.

¹³ All of the statistics in this paragraph come from: NHS (2018) Benefits of exercise.

WHAT'S STOPPING WOMEN FROM BEING ACTIVE IN MIDLIFE?

Women in midlife are not all the same

More than eight out of ten women who are currently inactive told us they want to do more and recognised some of the important benefits of exercise.

If so many inactive women this age want to be more active, then what's stopping them? When we consider this question, we need to avoid thinking about women in midlife as a single group with a single solution. They not only have different life constraints, but also have different attitudes toward sport and exercise based on their personal experiences and are starting from different levels of fitness. We focused this research specifically on less active women who can be divided into two main groups: women who used to be active but lapsed into inactivity years ago, and women who have never enjoyed activity and have always been "reluctant" exercisers.

Most of the women in our sample used to be active. They had some positive experiences of sport and exercise in their lives, including in childhood. Some continued to be active into early adulthood, but work and childcare responsibilities encroached on their time and energy and they eventually dropped out of sport and exercise. The challenge for this group is to reignite their passion and help them overcome the psychological and practical barriers detailed in this section.

Hugely positive response to the exercise experience for the majority



Some of the women in our sample never enjoyed activity and fall into the "reluctant" group. Many of these women experienced shame and embarrassment during PE in school, and these feelings have stuck with them. They decided early that they were "not sporty" and kept this label. These women will need support to see the wider possibilities of physical activity and to start viewing themselves as people who can take advantage of these opportunities.

[Click here to watch a video of women explaining the barriers to exercise in their own words](#)

30% OF WOMEN SAID THEY WERE LESS ACTIVE SINCE MENOPAUSE.¹⁴

71% OF WOMEN EXPERIENCING MENOPAUSE WANT TO BE MORE ACTIVE.¹⁴

84% OF INACTIVE WOMEN IN THIS LIFE STAGE WANT TO BE MORE ACTIVE.¹⁴

90% OF WOMEN WOULD CONSIDER EXERCISE IF RECOMMENDED BY A GP OR HEALTH PROFESSIONAL.¹⁴

Barriers to being active

In the previous section, we explored how midlife and menopause factors affect women's lives. We will now take this a step further to explore how these factors relate to the barriers preventing women from being physically active. We will consider the barriers using the COM-B model of behaviour change, which looks at people's capability, opportunity and motivation.¹⁵

In midlife, all three aspects present significant barriers to women's participation in sport and exercise. In summary, the limited sense of capability (inner world) and opportunity blocks (outer world) are severely limiting, with capability and opportunity both held back by a very narrow perception of what exercise is, and a feeling of exclusion from a cultural norm perspective.

Model of midlife, menopause and exercise



¹⁵ Michie, S., M. van Stralen, and R. West (2011) "The Behaviour Change Wheel: A new method for characterising and designing behaviour change interventions," Implementation Science, vol. 6, no. 42, 1-12.

Capability

Capability includes physical limitations such as injuries and illness, but also refers to deeper psychological strength and knowledge. We explore both in this section.

Limited perception of what activity/exercise can be

The women we interviewed had a limited view of what exercise could involve. The activities that came to mind were going to the gym, attending exercise classes, swimming and walking. Most women did not even consider team or racket sports as possibilities at their stage of life. Less common activities like Taekwondo or rock climbing did not come up either. This limited perception of exercise means that women are missing out on a plethora of activities that they are still able to take part in and might enjoy.

Because of this limited perception of what activity could be, most women thought it would require a serious investment of money and time. They also worried about being able to get to activities, especially if they relied on public transport. Money and time commitments are particular issues for women in lower socioeconomic groups, who are more likely to be on zero-hours contracts or working erratic (or multiple) shifts. They need help to overcome these practical barriers. However, if their perception of exercise is broadened to include things that are less costly and time-consuming, then some of these barriers will fall away naturally.

Self-identified as not sporty

A subsection of the women in our sample defined themselves as not sporty. These women had never enjoyed sport and exercise and had deep-rooted negative experiences of physical activity dating all the way back to school. Their negative experiences in school and the accompanying embarrassment and shame led them to label themselves as not sporty, and that classification has stuck with them throughout their lives, becoming part of their identity and limiting women's activity levels. As women get older, the feeling that it is too late to start any new physical activity creeps in and their confidence diminishes. It is crucial to change this perception so that women can find activities that they love and believe they are capable of doing, and that will keep them healthy into later life.

Underlying health issues and exhaustion make it harder to be active

During this time in life, some women experience declining health and fitness levels. Injuries and illness start to become more common and can prevent previously active women from taking part in sport and exercise they used to enjoy. These women need alternatives that they can take part in, and confidence that the coach or instructor understands their needs and knows how to help them stay safe. They find an individual approach to their needs more appealing.

As discussed in Section 1, sleep and exhaustion are also massive issues for women in midlife. They might therefore struggle to summon the energy to be active, especially if they dislike sport and exercise in the best of circumstances.

“**OMG there is nothing more boring than the gym!**”

- WOMAN, 45

“**I have so many negative images of exercise in my past that I'm not looking forward to it very much... It's just so scary.**”

- WOMAN, 55

“**I tried a Zumba class but I've got two left feet. I wanted to walk out...I was right back at school again and just couldn't do it.**”

- WOMAN, 55

“**[What holds me back is] how I'm feeling day after day - tired, sluggish and unmotivated. Getting even more hot and sweaty doesn't appeal.**”

- WOMAN, 49

Opportunity

Opportunity can include practical opportunities to take up an activity, such as location, cost and other factors. Social opportunity is also included – the cultural norms and social acceptability of taking part.

Fear of standing out/being ridiculed

Many of the women in our study were afraid that they would stand out and be ridiculed in an exercise setting. Because they did not feel like they belonged in spaces like gyms or exercise classes, they worried about what others would think if they attended them. They also worried they would not be able to follow instructions in a class setting and therefore, in their words, “look stupid.” Several factors fed into women’s fear of standing out: worrying about not being able to keep up with everyone else, not looking like other people there (i.e. not young and slim), and being embarrassed about being overweight. These factors are discussed below.

South Asian women told us that they feared standing out because they looked physically different to most people in their community. They worried about entering new environments because they didn’t know how they would be received.

Not able to keep up with everyone else/fear of failure

Women in our study were really worried about not being as good as everyone else in an exercise setting because of lack of knowledge or athleticism. This was especially true of women who were lapsed or had been inactive most of their lives: they are not comfortable in a sport or exercise setting, either because they never were (inactive) or because they have been out of those spaces for so long (lapsed) and may be upset to notice how difficult they now find it. Some women said they had a powerful inner voice that told them they would be bad at an activity if they tried it, and that they would fail. They worried that if they tried something and failed, this would be yet another reason not to be active; they felt that it was easier not to exercise than to risk failing. This meant that getting over the first hurdle and trying an activity for the first time was a difficult step to take.

Gyms full of young, slim people who aren’t like me

Because the women we spoke to had a very narrow perception of what exercise could be, they focused heavily on the gym. Women told us that they felt the gym was a space for young 20-somethings who were already slim and toned. They felt they would stand out in a negative way in this environment, and didn’t feel comfortable being active there. They didn’t see women “like them” in these spaces, or in exercise providers’ communication and advertising. They didn’t feel like they belonged in this space.

Shame/embarrassment about extra weight

Many women told us they were painfully aware of being overweight. They were embarrassed about their weight and felt that they would be exposed in an exercise setting and in workout clothing. This was exacerbated by the fact that most women had not been active in a long time, and were therefore already uncomfortable with the idea of going into a fitness space. In some cases, women told us they felt like they would have to lose weight before they could even think about joining a gym.

“I obviously wear a hijab, so if I went in the gym I would still be covering my hair...because there will be windows and people walking in and out...I just wouldn’t feel comfortable in [a gym] environment.”

- WOMAN, 53

“It’s not that I couldn’t do it [boxing class] or I didn’t want to do it, I just got scared and reverted back to the little girl ‘I’m not good enough, I’m going to fail.’”

- WOMAN, 45

“It’s embarrassing, the idea of being at the gym when everyone else is at a full pelt and you are huffing and puffing.”

- WOMAN, 55

“I know I need to get healthy, but I’m large, and classes are full of 9 stone skinny Lycra wearing people.”

- WOMAN, 55

“I’m overweight and go red very easily. I would feel as if they are looking at me and I’d feel embarrassed.”

- WOMAN, 54

“Will I be laughed at? Will I be ridiculed? Am I too old? Am I unfit? Will I fit in?”

- WOMAN, 45

Motivation

Motivation includes automatic feelings toward something, such as impulses and desires, as well as reflective thoughts and evaluation.

Worried about doing it alone

The idea of turning up at an activity where they did not know anyone intimidated the women in our study. They worried that they would feel out of place and as if they did not belong. Going to a class with a friend could help them overcome their fears about being ridiculed or not being able to keep up.

Fear of judgement

The fear of judgement, discussed in the previous section, was powerful amongst women in our study. They had an automatic assumption that everyone would be looking at them or making fun of them, which understandably made them want to avoid activity. This fear of judgement for some started at a young age and became almost insurmountable as they aged and their fitness levels dropped.

Assume they won't enjoy sport and exercise

Some of the women in our study told us they knew they would not enjoy sport or exercise. That felt that judgement, from themselves or others, would make them feel bad about themselves during the activity. Others – the “reluctants” in our sample – had never enjoyed sport and exercise and did not think there was anything they would enjoy.

Don't see the relevance of exercise to their lives

Exercise can increase energy levels, improve sleep quality, and boost mental health, all of which are relevant to women going through menopause. But women in our study generally did not recognise some of these these benefits; in fact, they worried exercise could worsen some of their symptoms, like hot flushes.

A few women did recognise the value of going for a walk, and how it could help them clear their minds and get outside. The restrictions of Covid-19 likely underscored the value of being outside.

Understand need for self-care but others' needs come first

The women understood the hypothetical need for having time to themselves. However, the realities of their lives meant that it was hard to carve out this time or that they felt guilty for wanting to take it. They also struggled to find large blocks of time for themselves, instead enjoying a quick sweet treat or watching a half hour of television. Women had little or no motivation to spend the time they did carve out doing sport or exercise.

“Who would I go with? I wouldn't go on my own.”

- WOMAN, 54

“I'm one of these types of people who think people are looking at me, which makes me feel even more nervous. It's probably the reason why I don't go to these things.”

- WOMAN, 45

“I have conditioned myself to think of exercise as painful, humiliating, and not fun.”

- WOMAN, 55

“On the app Nextdoor they show yoga, Pilates and walking groups... but I don't want to do any of them!”

- WOMAN, 53

“When you are younger, before you have children...you can spend your time how you like. As I've grown older, I have had less time to spend as I choose.”

- WOMAN, 47

These physical, psychological and social issues come together to create powerful barriers to being active. Read Christina's and Susan's stories below to see how these barriers play out in their lives.

Let's hear from Christina, a reluctant exerciser

Christina is a 50 year old mum of three. She's never enjoyed exercise. She was always the last person picked for teams in PE and the experience led her to firmly label herself "not sporty". She's tried a few different things throughout the years to lose weight, and has ended up losing and gaining five stone through yo-yo diets and exercise regimens. She went to Zumba with a friend for a little while, but when her friend stopped going, she lost the motivation and stopped going too. She hasn't done much exercise in the past five years, except for the occasional walk, and has gained a lot of weight.

Christina has started experiencing symptoms of menopause in the last year. She has regular night sweats that keep her awake and leave her exhausted in the morning. She's also noticed her anxiety levels are higher than they used to be.

Christina knows she should exercise to lose weight and improve her health, but she just can't motivate herself. She hasn't seen anything in her local area that appeals to her. She's worried about being active in front of other people because of her weight and she's sure everyone will laugh at her if she can't follow the instructor. She doesn't feel like she can do this alone. If she's going to get active, she needs someone to help her take the first steps.



“I've never been an exerciser. I've always found it hard. I've tried gyms, I've tried everything and I really don't like it. Exercise feels like a chore.”

- CHRISTINA, 50

Let's hear from Susan, a lapsed exerciser

Susan is a 43 year old working mum of two children, aged 10 and 5. She works as a nanny for two young children and is always running around after them, and she's exhausted when she gets home. Her father has heart problems so she also cares for him, going to visit several times a week and doing his grocery shopping.

Susan was really active when she was younger. She loved swimming and running, as well as team sports like netball. When she was a young adult, she practically lived at the gym, going 5 or 6 times a week. But when she had her first child, she stopped exercising so much. Now that she's juggling childcare, work and care for her father, she doesn't have the time or energy to do sport and exercise. She feels guilty because she knows exercise is important, and she misses the way it made her feel.

Susan started experiencing menopause symptoms two years ago. She often wakes up in the early hours of the morning and can't get back to sleep. She's also noticed she snaps at her kids and her partner more than she used to. She hates this because it isn't her, but she can't seem to help herself.

Susan wants to get back into exercise but she's not sure how to fit it into her schedule. She's also put on weight since the last time she was at the gym, and she's worried about sticking out amidst the women who are younger and thinner than she is.



“Right now I'm not there...I can't go into the gym looking like that and everyone is going to be looking at [me] in a negative way.”

- SUSAN, 43

HELPING WOMEN MOVE FORWARD

Following the initial research, we asked eight of the women to complete a four-week exercise trial. We paired each woman with a researcher and they spent two weeks considering available activities. In the third week, we asked them to complete a physical activity of their choice, and in the fourth week to repeat it. This trial provides important clues about how we can help women overcome barriers to physical activity:

- **Expanding women's frame of reference:** We asked the women to look up activities available in their local area or online, and the researcher also provided tailored suggestions. Women were surprised at how much was available on their doorstep that appealed to them. They realised that walking and gym classes were not their only options. They also realised that there were enjoyable activities they could take part in – exercise didn't have to be dull or routine.
- **Decreased practical barriers:** Researching available opportunities, as well as receiving input from the researcher, showed women that some of the practical barriers they had discussed were not difficult to overcome. They found affordable sessions that were pay as you go, rather than a steep up-front cost. They also found activities that were available at times and locations that worked for them, and their eyes were opened to the plethora of both live and online activities that exist. Their concerns about cost, access and time melted away in the face of all of the possibilities.
- **Increased sense of belonging:** While women did not interact with one another during the study, they knew they were part of a research project with other women like them, who were going through the same process. This increased their sense of belonging and made them feel that this was something for women like them.
- **Support network:** The researchers became a buddy during this four-week trial, offering encouragement and support as the women took their first step toward being active. The women knew that they would be discussing their progress weekly, so the researcher also provided some accountability. While most of the trial participants were not able to meet up with other women for group exercise because of Covid-19 restrictions, they reflected that taking part with other people and having opportunities to socialise would motivate them to continue being active.
- **Recognition of immediate benefits:** Most of the women felt huge and immediate psychological benefits from being active, including feeling calmer and more relaxed, feeling centred and less distracted, having more energy, and feeling good about the fact that they had done something positive for themselves. These benefits were more tangible than the long-term outcomes of improved health and losing weight, and provided the motivation for women to keep going.

“ Things that I'd found, things that you'd sent me...it was literally all on my doorstep. And it was a wide variety of activities...not just the same old, same old.”

- WOMAN, 45

“ It would be lovely to find something where everyone is in the same boat – all a bit rubbish and a bit overweight. Where everyone is equal.”

- WOMAN, 55

“ Out for an early morning walk around the block, just 20 minutes, but it made me feel energised, and excited about the day ahead.”

- WOMAN, 49

“ I did enjoy it...That's the feeling I miss – coming out of the class, sweaty but feeling great.”

- WOMAN, 45

“ I need the incentive – someone being there and encouraging me.”

- WOMAN, 45


These elements are summarised in the graphic below.





In order to help women get active, we need to replicate these factors in their everyday lives. We have therefore developed five principles to help the sport sector deliver programmes that speak to women’s needs.


Five principles to inspire women to be active in midlife


These principles are aimed primarily at inactive women and those who have fallen out of exercise, but can apply to active women as well.

- 

ENDLESS POSSIBILITIES
EXPAND PERCEPTIONS AND OPPORTUNITIES FOR BEING ACTIVE
- 

JUDGEMENT-FREE ZONE
WELCOMING AND SUPPORTIVE ENVIRONMENT
- 

SUPPORT NETWORK
OFFER BUILT-IN SOCIAL SUPPORT
- 

EXPAND THE IMAGE OF WHAT SPORTY MEANS
INSPIRING, RELATABLE ROLE MODELS
- 

MAKE IT RELEVANT
REFERENCE SPECIFIC, RELEVANT BENEFITS

Endless possibilities

Expand perceptions and opportunities for being active

In midlife, women's perceptions of activity can be narrow, limited to gym classes, walking, running and swimming. Physical activity is much broader than this. We need to open their eyes to what exercise and sport can be, so that every woman can find something she loves. Once women are alert to the possibilities, we need to make sure we are reaching them with accessible opportunities in their area. At this stage of life, when physical strength is on the decline, women can feel that they've left it too late to even start a new physical activity. Opening their minds to the fact that they still have the ability to build their fitness and strength and participate in new and rewarding activities is important. We can also show them there are many places and spaces in which to do this.

Judgement-free zone

Welcoming and supportive environment

Women in midlife who have not been active for a long time are really worried about embarrassing themselves or being ridiculed. They worry that they won't be able to keep up the same pace as other participants, or will be bad at something they haven't done before. It is therefore important that activities have a non-judgemental, welcoming atmosphere that supports everyone, no matter their starting point. Exercise should be treated as something fun and enjoyable, not a "treatment" for ill health. This ethos should also be communicated clearly in advertising to encourage women to attend, with language and imagery that reassure women they will be welcome in that space.

Support network

Offer built-in social support

Social support can encourage women to get and stay active. It offers a sense of belonging and confirms that the activity is for women "like them". One of the biggest hurdles women face if they are inactive is taking that first step. Buddies and support networks can help women ease into an activity they've not done before (or in a long time) and overcome their fears. Support networks can also encourage women to step outside of their comfort zone and try things they would otherwise not have the confidence to do. Support can be in person with others taking part in the activity, buddying up to support each other both in and outside of the activity. It can also be virtual, through an online community such as a Facebook group.



Expand the image of what sporty means

Inspiring, relatable role models

Women don't see others like them being active. Seeing only young, slim women in gyms and other spaces tells women in midlife that physical activity is not meant for them. We can offer more images of relatable women in this life stage being active. Talking about the journeys of women in midlife will show women how they too can overcome barriers, and will help inspire them to be more active.

Make it relevant

Reference specific, relevant benefits

Women don't identify with the specific benefits of exercise during this time of their lives. We need to show women what sport and exercise can do for them during this life stage, such as better sleep and improved mental wellbeing, and the immediate benefits it can provide such as connection with like-minded women and pride for doing something healthy for themselves.

By applying these five principles, we can offer positive opportunities for women in midlife to be more active.

Recommendations

Following the completion of the research, we hosted an online session with experts from the sport, healthcare and HR sectors. Together the group discussed the findings and identified recommendations to improve women's lives during this time, looking at both menopause and physical activity.

The following recommendations come from this group discussion and Women in Sport's review of the research and are aimed at sport and leisure providers.

- **Reframe midlife exercise in an inspiring way: talk more about how great it feels, and less about it being a necessary evil.** We should reframe the conversation around exercise for women in midlife. Rather than only stressing long-term outcomes like weight loss and improved health, we can talk about the immediate benefits to mental health, wellbeing and happiness. We can meet women where they are, offering gentle, beginner level activities that can help women restart their activity journey and provide opportunities to progress as they gain skills and confidence. We should appreciate the many pressures women face and accept that being there now is enough – it is not about how far you go or how many times per week you make it to a class.
- **Use Women in Sport's five principles to improve existing offers and create new opportunities.** Women in midlife are an overlooked group when it comes to physical activity offers. While very active women have likely been able to find their niche, inactive and lapsed women need more support to be active and haven't found it. By using the five principles of midlife, sport and exercise providers can make existing offers more exciting, enjoyable, welcoming and relevant for midlife women. Where opportunities don't exist, the sector can use these principles to build strong offers that will appeal to women and capture their interest.
- **Engage new sectors and stakeholders, such as employers and health professionals, to help get women moving in midlife.** There are powerful cross-sector opportunities to help get women in midlife more active. For instance, healthcare professionals told us they would like to play a role, but are under-resourced and struggle to identify opportunities for women. The sport sector could work with healthcare professionals through programmes such as social prescribing to target women in midlife. Similarly, HR professionals told us that while workplaces want to improve their workers' health and wellbeing, they do not always have creative ideas beyond gym membership and classes. Here again, the sport sector could be a powerful partner in helping employers identify different opportunities for women to get active.

Women in midlife bear too much of society's responsibility; as a result, their mental and physical health is suffering. Women in Sport is determined to ensure women in midlife have their needs met and to seize the opportunity that midlife offers to help women get active. This will not only help women in midlife thrive now, but will also enable them to live healthier, happier lives in the future. Women in Sport will continue to deepen our understanding of the needs of women in this life stage and work with a variety of sectors to improve women's lives.

Together, we can inspire women in midlife to be active by giving them the opportunities they deserve.



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