

Impact of Physical Inactivity on the Health of Professional Women in Pakistan

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ABSTRACT

Health is imperative for bio-psycho-social wellbeing of professional women. Physical activities help to maintain and improve their health and happiness. The present study aimed to explore the influence of physical inactivity on the health of professional women in the contemporary organizations of Pakistan. Quantitative research approach was utilized to examine the issue at hand. A sample of 330 professional women was selected for analysis. Frequencies, percentage and Pearson Bivariate Correlation test was applied to investigate the impact of physical inactivity on the health of professional women in contemporary organizations of Pakistan. This paper highlighted a significant association of sedentary activities with the symptoms of coronary heart disease, obesity and depression among professional women. Obesity and depression were the frequent health issues reported by respondents. Results also revealed significant positive correlation of physical inactivity (less exercise and less involvement in household activities) with the health of professional women.

Keywords: Health, Physical inactivity, Professional Women, Exercise, Household Activities

INTRODUCTION

Physical activity is the basic human need and an elemental precondition all over the world, for the maintenance and enhancement of healthy lifestyle. Healthy people can build a healthy nation and a healthy woman can provide a healthy generation to a nation (Smith et al., 2000). But now a day, most of the professional women are less likely to involve in physical activities and majority of their relaxation time is consumed in sedentary accomplishments. It is found that professional women are exposed to greater workload and stress that limit their access to opportunities for physical activities. Consequently, they experience a number of health issues due to their inactive lifestyle (Besson et al., 2008). Good health is important for ideal performance and quality of life. Physical activity facilitates people to maintain and improve their health and wellness. It also adds pleasing feeling and basis for healthy lifestyle (Katalin, 2008).

Increasing women's participation in the work force not only exposed them to the similar work environment as men but it also has created conflicting role demands and expectations from women (Nelson and Burke, 2000). Whilelm and Roy (2003) illustrated that these conflicting role demands and expectation decreased their opportunity to participate in physical activities. It is found that regular exercise and domestic activities are helpful for professional women in the prevention and management of various physiological and psychological health issues such as obesity, cardiovascular disease and depression (Bhui and Fletcher, 2000).

Scholarship highlighted that physical activity has significant influence on the health of women. Most of the studies concerning the benefits of physical activity are predominantly

focused on males. Very few researchers have focused on the benefits of physical activity for women. These studies contended that regular exercise is essential for the health and wellness of women (Willet, 2000). It is found that women are comparatively inactive as compare to men. One of the main reasons of this difference is the historical disparity for women that limit their access to opportunities toward physical activity. Mounting evidences showed that physical activity is significant to decrease the risk of cardiovascular disease and obesity among women (Brown, Burton & Rowan, 2007).

Physical inactivity leads toward the greater risk of coronary heart disease, obesity and depression among women but there is little scholarship available regarding the influence of physical inactivity on health of professional women especially in the context of Pakistan. The present study seeks to fill this research gap and explored the nature of physical activities of women working in contemporary organizations of Pakistan and highlighted its impact on their health. The next section of the paper focused on the theoretical and conceptual framework of the study with relevant scholarship on the issue at hand. The third section addresses the research methodology adopted for this study. The last sections present the results, discussions, and conclusion of the study.

LITERATURE REVIEW

Health is one of the significant component and asset of an individual. Health promotion, healthy lifestyle and understanding people's illness behavior, is an important area of research in medical sociology. The World Health Organization (WHO, 1948) mentioned that health is not only the absence of disease but a condition in which an individual feels complete physical, mental, and social fitness. Health behavior ranged from medical consultation to decision about diet and physical activities. People seek good health for longer life expectancy, ideal performance and quality of life (Katalin, 2008). Regular physical activity is one of the health behaviors that are imperative for maintaining and improving health and wellbeing. It helps to strengthen muscles, cardiac system, controlling weight and improving immune system (Willett, 2000). Experts suggest thirty minutes of daily physical activity of moderate intensity to maintain physical and psychological fitness (Australian Bureau of Statistics, 2008).

President council on fitness, sports and nutrition (2009) illustrated that modern technology has made our life comfortable and physically less challenging. Now, we require greater exercise and sports to maintain our body fat level. Studies revealed that aerobic exercise should be performed at least three times during week. Stehl (2005) noted that exercise like walking, running; swimming and bicycling reduce the risk of chronic diseases. Such as, regular brisk walking and jogging can decrease the prevalence of cardiovascular disease. It is very difficult to make habit of exercise. Time, money and motivation are the major causes of physical inactivity. Lack of motivation is a major factor that retains people from regular physical activity (Unger, 2009). There is no such thing as truce lack of time; actually we do not make right choices in our leisure time and engage mostly in sedentary activities such as watching television, eating and sleeping.

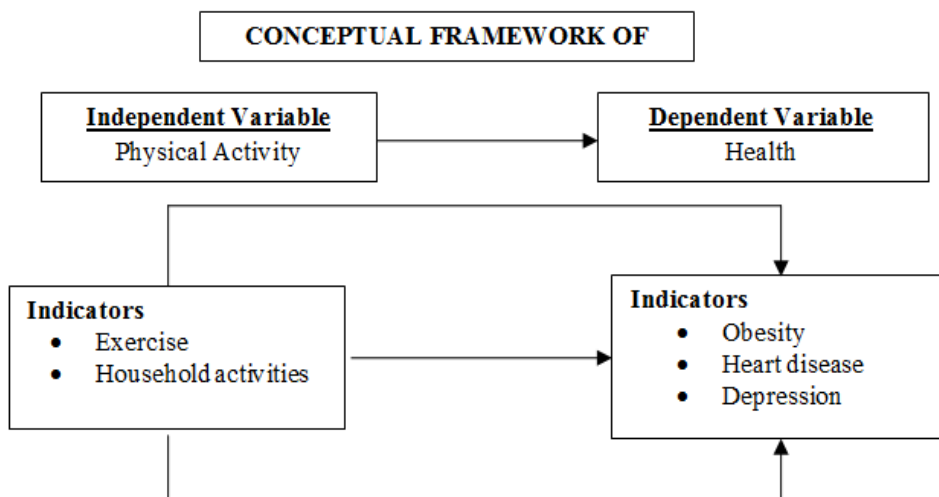
Now women have become driving force of economy due to the growing industrialization and technology advancement. The world's economy is depending on the participation of both sexes (Bonanno, 2000). Changing gender role demands, changed women's behavior both at workplace and at home. Now women are joining traditional male occupations like banking and telecom. But the traditional women responsibilities are yet not changed. Dual responsibilities of women resulted in lack of time for exercise and sports (Kane, 1999). Nelson and Burke (2000) illustrated that little work has been done to promote the health of

professional women. Dual responsibilities of women are largely ignored by most of the organizations. Working hours of women are equal to that of men. Professional women have to maintain the work life balance, consequently they find less time for healthy physical activities.

Most of the professional women are involved in sedentary activities that resulted in the incidence of heart problem, high blood pressure, obesity and depression among them (CDC,1996). Only one third of young women achieve recommended amount of exercise. Women mostly relate the absence of disease and illness with being healthy (Wells, 2002). Boston New England Journal of Medicine Research indicated that over 12000 women have the symptoms of heart disease in a year and one of its major causes is lack of physical activity. Phongsavan et al., (2004) noticed that household activities such as cleaning and washing clothes help to control the cholesterol level in women. It also benefits women for controlling their weight.

Most of the persistent health issue is the lack of physical activity. Physical activity such as exercise, sports and household activities are imperative for professional women to maintain good health and to enjoy work and leisure. It also adds pleasing feeling and basis for healthy lifestyle (Frans and Wackers, 1999). Studies indicated beneficial effects of exercise and sports on the psycho-social well-being of working women (Pate et al., 1995). President’s Council on Fitness, Sports and Nutrition (2009) indicated that regular aerobic exercise is essential to enhance the performance of lungs and heart. It helps to consume the oxygen in order to produce required energy. Moderate exercise such as washing clothes, gardening, cooking and walking helps women to balance the calories in the body and prevent them from a number of diseases such as heart disease, obesity, diabetes and depression (Willett, 2000).

There are exploding number evidences that show that health problems could be prevented through healthy physical activities (Steah, 2005). Kravitz (2008) also explained that physical fitness, mental well-being and happiness are strongly associated with regular exercise. Epidemiological studies revealed the fact that lack of physical activity increases the risk of numerous chronic diseases such as cardiovascular disease, hypertension, stress and depression in women (Herman, 2007). Studies found that physical inactivity develops risk of psychological disorders such as depression, anxiety and mood disorders in women. (Abu-Omar et al., 2004). Smith et al (2000) also pointed out that physiological and psychological disorders can be prevented and postponed through regular physical activity. Professional women have many behavior related coronary heart disease risk factors including high fat diet and lack of exercise. (Whilhelm and Roy, 2003)



RESEARCH METHODOLOGY

The study was quantitative in its nature. Twin cities of Pakistan, Islamabad and Rawalpindi have been selected to examine the impact of physical inactivity on the health of professional women. A sample of 330 professional women from banks and telecommunication sector was selected by using multistage sampling technique. In first stage, banks and telecommunication organizations were selected by using simple random sampling technique and in second stage professional women were selected by using purposive sampling technique.

Structured questionnaire was used to collect the information from the respondents. A close ended questionnaire was developed to evaluate the physical activities and its influence on health of professional women. The responses were measured through scale categories of, to great extent (1), to some extent (2) and not at all (3). Physical activity index was consisted of two subscales: exercise and household activities. Exercise scale was based on six items that include regular walk, jogging, bicycling, dancing, badminton and table tennis (Cronbach's Alpha = .800). Household activities were measured with five items including cleaning, clothes washing, dishwashing, ironing and cooking (Cronbach's Alpha = .782). Health index was developed to examine the physical and mental health of professional women. It was consisted of three subscales that include heart problem, obesity and depression. Heart problem was measured through seven items in which researchers asked about shortness of breath, palpitations, faster heartbeat, weakness, syncope, discomfort in the chest, arm, or below the breastbone and discomfort radiating to the back, jaw, throat, or arm (Cronbach's Alpha = .838). Obesity index was consisted of seven items. It included breathlessness, sweating a lot, snoring, difficulty in doing daily physical activities, feeling very tired every day, back and joint pains and increased weight (Cronbach's Alpha = .826). Depression among professional women was measured through scale of eight statements about feelings of helplessness and hopelessness, loss of interest in daily activities, fatigue and decreased energy, difficulty concentrating, remembering details, and making decisions, restlessness, short temperament, unexplained aches and pains and change in eating and sleeping habits (Cronbach's Alpha = .919).

Analysis has been done by using SPSS (Statistical Package for the Social Sciences) version 16. Frequencies, percentage and bivariate analysis through Pearson Product Moment Correlation were applied for the analysis of issue in hand.

RESULTS

The data was collected from 330 professional women from different contemporary organizations of Pakistan. The mean age of the respondents was 28 years with SD of 4 years. There were 77.9% respondents, who belonged to the age group of (20 to 29), 17.3% belonged to the age group (30 to 39) and 4.8% were above 39 years. The data showed that 64.3% of the respondents were unmarried and 35.8% were married. Majority of the respondents (73%) had Master's degree, while (23%) were graduates and only (4%) had MS/MPhil degree. Average working hours of the respondents were 8hrs per day.

Table 1 demonstrates the information about exercise habits of the professional women. Results showed that to some extent professional women (48.8%) prefer to walk. However, majority of them were not involved in any other type of exercise asked in the questionnaire. Such as 54.8% respondents don't perform jogging and 70% of the respondents don't do bicycling. Results show that 52.8% and 69.7% of the respondents don't play badminton and table tennis respectively.

Table 1. Distribution of the respondents according to exercise habits

Sr.#	Exercise	To Great Extent	To Some Extent	Not at All
1	Walk	114 (34.6%)	161 (48.8%)	55 (16.6%)
2	Jogging	44 (13.4%)	105 (31.8%)	181 (54.8%)
3	Bicycling	24 (7.3%)	75 (22.7%)	231 (70.0%)
4	Dancing	53 (16%)	81 (24.6%)	196 (59.4%)
5	Badminton	39 (11.8%)	117 (35.4%)	174 (52.8%)
6	Table Tennis	24 (7.3%)	76 (23%)	230 (69.7%)

Table 2 represents the household activities of the respondents. It reflects that to some extent, respondents are involved in domestic activities but very few of them perform these activities to great extent. Such as only 27.9% respondents clean their house regularly. Another 15.4% respondents wash their clothes and 20.7% do cooking to great extent. To some extent, 51.5% of the respondents do dish washing and 51.2% iron the clothes at homes.

Table 2. Distribution of the respondents according to household activities

Sr.#	Household Activities	To Great Extent	To Some Extent	Not at All
1	Cleaning	92 (27.9%)	183 (55.4%)	55 (16.7%)
2	Washing Clothes	51 (15.4%)	211 (63.9%)	68 (20.7%)
3	Dish Washing	118 (35.8%)	170 (51.5%)	42 (12.7%)
4	Ironing	121 (36.7%)	169 (51.2%)	40 (12.1%)
5	Cooking	68 (20.7%)	218 (66.1%)	44 (13.2%)

Table 3 shows the symptoms of heart disease among respondent in the present study. The result shows that most of the respondents reported the symptoms of cardiovascular disease such as faster heartbeat, weakness and shortness of breath.

Table 3. Symptoms of heart disease in respondents

Sr.#	Symptoms	To Great Extent	To Some Extent	Not at All
1	Shortness of breath	86 (26.1%)	133 (40.3%)	111 (33.6%)
2	Palpitation/irregular heart beats	52 (15.7%)	142 (43.1%)	136 (41.2%)
3	Fast heart beat	76 (23.1%)	166 (50.3%)	88 (26.7%)
4	Weakness/dizziness	122 (37%)	153 (46.4%)	55 (16.6%)
5	Loss of consciousness	41 (12.4%)	138 (41.8%)	151 (45.8%)
6	Discomfort, heaviness, or pain in the chest, arm, or below the breastbone	61 (18.5%)	167 (50.7%)	102 (30.8%)
7	Discomfort radiating to the back, jaw, throat, or arm	53 (16%)	176 (53.3%)	101 (30.7%)

To some extent they feel shortness of breath (40.3%), palpitations such as irregular heartbeats or a "flip-flop" feeling in chest (43.1%), fast heartbeat (50.3%), weakness or dizziness (46.4%), and 5.7% reported loss of their consciousness (41.8%). Respondents

(50.7%) reported that sometime they feel discomfort, pressure, heaviness, or pain in the chest, arm, or below the breastbone, while 53.3% respondents feel discomfort radiating to the back, jaw, throat, or arm, that is one of the serious symptom of heart disease.

Table 4 shows the symptoms of obesity among professional women. It tells that to some extent symptoms of obesity are present in them. Such as sometime they feel breathlessness (37.9%), sweating a lot (59.7%) and snoring 45.5%. Several women (62.1%) informed that to some extent they feel difficulty in doing daily physical activities and feel very tired every day (43.3%). Professional women also reported that sometime they also feel back and joint pains (43%) and issue of increasing body weight (41.8%).

Table 4. Symptoms of obesity in respondents

<i>Sr.#</i>	<i>Symptoms</i>	<i>To Great Extent</i>	<i>To Some Extent</i>	<i>Not at All</i>
1	Breathlessness	74 (22.4%)	125 (37.9%)	131 (39.7%)
2	Sweating a lot	71 (21.5%)	197 (59.7%)	62 (18.8%)
3	Snoring	27 (8.2%)	150 (45.5%)	153 (46.3%)
4	Difficulty in doing daily physical activities	57 (17.3%)	205 (62.1%)	68 (20.6%)
5	Feeling very tired every day	130 (39.3%)	143 (43.3%)	57 (17.4%)
6	Back and joint pains	121 (36.7%)	142 (43%)	67 (20.3%)
7	Increased weight	95 (28.8%)	138 (41.8%)	97 (29.4%)

Depression is a common psychological health issue experienced by many professional women. Table 5 reveals that around 50% of the respondents reported the symptoms of depression to some extent. Such as sometime they feel helplessness and hopelessness (49%), loss of interest in daily activities (50.9%) and fatigue and decreased energy (44.8%). Another 49.7% of the respondents had difficulty in concentrating, remembering details, and making decisions 44.3%. reported restlessness, 45.4% had short temperament, 47% described unexplained aches and pains and 51.5% report changes in eating and sleeping habits to some extent.

Table 5. Symptoms of depression among respondents

<i>Sr.#</i>	<i>Symptoms</i>	<i>To Great Extent</i>	<i>To Some Extent</i>	<i>Not at All</i>
1	Feelings of helplessness and hopelessness	105 (31.8%)	162 (49%)	63 (19.2%)
2	Loss of interest in daily activities	109 (33%)	168 (50.9%)	53 (16.1%)
3	Fatigue and decreased energy	135 (40.9%)	148 (44.8%)	47 (14.2%)
4	Difficulty concentrating and making decisions	119 (36.1%)	164 (49.7%)	47 (14.2%)
5	Restlessness	147 (44.5%)	146 (44.3%)	37 (11.2%)
6	Short temperament/ aggression	138 (41.9%)	150 (45.4%)	42 (12.7%)
7	Unexplained aches and pains	116 (35.2%)	155 (47%)	59 (17.8%)
8	Change in eating and sleeping habits	105 (31.8%)	170 (51.5%)	55 (16.7%)

Table 6 shows that exercise is having significant relationship with each health indicator. Heart problem have strong positive correlation with exercise routine of professional women and its Pearson correlation value is .284. Pearson correlation value of obesity and depression with exercise is .195 and .258 respectively. All the correlations are significant at 0.01 levels.

Table 6. Correlation between exercise and different indicators of health

<i>Variables</i>	<i>r</i>	<i>p</i>	<i>n</i>
Heart Problem	.284**	.000	330
Obesity	.195**	.000	330
Depression	.258**	.000	330

**Correlation is significant at the 0.01 level (2-tailed).

The table 7 depicts the strong positive correlation of household chores with each indicator of health. It shows that professional women face health problems due to the lack of involvement in household activities. Pearson correlation value of heart disease, obesity and depression with household activities is .432 and .494 and .550 respectively and $p < 0.01$.

Table 7. Correlation between household activities and different indicators of health

<i>Variables</i>	<i>r</i>	<i>p</i>	<i>n</i>
Heart Problem	.432**	.000	330
Obesity	.494**	.000	330
Depression	.550**	.000	330

**Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

Physical activities such as exercise, sports and household activities are imperative for professional women to maintain good health, and to enjoy work and leisure. It also adds pleasing feeling and basis for healthy lifestyle. This study aimed at exploring the relationship of physical inactivity with the health of professional women in twin cities of Pakistan, Islamabad and Rawalpindi. The data was collected from 330 professional women, from banks and telecommunication sectors. Health is one of the significant aspects of an individual's life but most of the professional women take it for granted.

It is recognized that health can be improved and maintained with the help of good [lifestyle](#) choices. Individual's capabilities and behaviors are the main elements of good health. Health behaviors of individuals ranged from healthy diet and physical activity to consultation with doctor. Among all of the health behaviors, physical activity is most important aspect that influences health and well being of professional women.

The results of the study showed that most of the professional women are physically inactive and involved in sedentary accomplishments. Data showed that they do not participate in regular exercise such as walking, jogging and dancing. Few professional women do walk but jogging and dancing was very rare among the respondents. Frans and Wackers (2009) also pointed that regular moderate exercise helps to improve health, quality of life and ability to enjoy work and leisure. Sports are also necessary part of healthy lifestyle. The results

illustrate that professional women in the contemporary organizations of Pakistan are not involved in sports, such as badminton and table tennis; even most of them never played these games.

Household activities help to control the weight and cholesterol level in women. But results showed that professional women also do not perform their household chores such as cleaning, washing clothes and cooking to great extent. To some extent they are involved in these activities as compared to exercise and sports. One of the major reasons of physical inactivity among professional women is longer working hours and work place pressures, due to which they find less time for healthy physical activities. Such as in banks, they have to work overtime due to work overload. Traditional gender roles and expectations also restrict women to involve in aerobic exercise such as jogging and sports. Societies do not allow women to perform these activities. Brown, Burton and Rowan (2007) also illustrated that women are comparatively inactive as compare to men due to the historical disparity that limit women access to opportunities toward physical activity. Lack of motivation is also a major factor behind the physical inactivity of women (Unger, 2009).

Regular physical activity is necessary for maintenance of good health and well-being of professional women. It facilitates to strengthen their muscles and control body fat level. Modern organizations have reduced physical activity due to the application of advanced technologies such elevators and escalators. Also women have to sit continuous in offices that resulted in increased body weight, risk of coronary heart disease and depression. The results of this study indicated a strong positive correlation of physical inactivity with the health of professional women. It was found that most of the professional women have the symptoms of heart disease, obesity and depression. Pearson bivariate product moment correlation test was applied to test this hypothesis. Result showed significant relationship of exercise and household activities with different indicators of health. There are exploding number evidences that showed that health issues could be prevented through healthy physical activities (Steah, 2005). Kravitz (2008) also noted that physical fitness, mental well-being and happiness are strongly associated with regular exercise. Phongsavan et al. (2004) argued that physiological and psychological disorders can be prevented and postponed through regular physical activity.

CONCLUSION

Health of the professional women is imperative for socio-economic development of a society. Physical activities help to prevent women from various physiological and psychological health disorders. It is concluded that most of the professional women in the contemporary organizations of Pakistan are not involved in healthy physical activities, which lead them to health issues like obesity, heart problem and depression. It is found that one of the major reasons of many health problems is physical inactivity. Regular exercise helps to have a healthy life because it burns extra fats in body and helps to gain control a number of chronic diseases. Professional women should try to spare some time for exercise every day. Even moderate activities like household chores, gardening and climbing stairs at home and office can make a difference. Professional women should also make the habit to walk short distances rather than to use transport and leisure time should be spent in healthy activities. This study is unique in its subject matter and it is a significant contribution in existing data of knowledge about health issues of professional women in contemporary organizations of Pakistan. It has broadened the lens to examine the existing condition of working women with special reference to health. It can also be helpful to contribute in developing policies and plans for working women by both government and non-government organizations especially with orientation to health.

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