

EVALUATION OF LEVEL OF PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR PERCEPTION AMONG POST -MENOPAUSAL WOMEN: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Menopause is a universal biological transition typically occurring between 45 and 55 years, often leading to increased health risks such as cardiovascular disease and metabolic disorders. Modifiable lifestyle factors, specifically physical activity (PA) and sedentary behaviour (SB), are critical in mitigating these adverse outcomes.

Objective: To assess the level of physical activity and sedentary behaviour perception among post-menopausal women using a cross-sectional study design.

Methodology: This cross-sectional observational study involved in evaluating the level of physical activity and sedentary behaviour among 318 post-menopausal women aged 45 to 65 years in the rural outskirts of Namakkal. Participants were selected via convenience sampling. Assessment tools included a combination of the SF-36 Questionnaire, IPAQ-Short Form, and the Global Physical Activity Questionnaire (GPAQ).

Results & Discussion: The study included 318 post-menopausal women aged 45–65 years, with a mean menopausal age of 47.24 years. The largest proportion of participants belonged to the 60–65-year age group (n=133). Daily physical activity progressively decreased with increasing age, from 14.32 to 5.28 minutes/day. Conversely, sedentary behaviour increased with age, reaching 672.06 minutes/day on weekdays among women aged 60–65 years. Women with higher BMI showed lower physical activity and greater sedentary behaviour than those with BMI <25 kg/m². Participants post-menopausal for more than 10 years demonstrated high sedentary time, particularly during weekends. The mean daily physical activity was 6.73 minutes, compared with 585.28 minutes of weekday and 592.24 minutes of weekend sedentary behaviour. Knowledge regarding the adverse effects of sedentary behaviour and physical activity benefits was generally moderate to good among participants. The most frequently reported barriers to physical activity were lack of time (77.7%), shyness (56.6%), and physical tiredness (41.5%). Overall, the findings indicate a predominantly sedentary lifestyle among post-menopausal women, with physical activity decreasing as age and BMI increased.

Conclusion: The findings demonstrate that even physically active postmenopausal women are susceptible to high sedentary lifestyles. The heavy volume of occupational and digital sitting, combined with an overweight status, indicates a significant risk for metabolic decline. Interventions should focus on reducing total daily sitting time rather than solely increasing exercise volume to improve long-term health trajectories.

Keywords: Post-menopause, Physical Activity, Sedentary Behaviour, BMI

INTRODUCTION

Menopause is a basic physiological transition marking the permanent cessation of menstruation due to loss of ovarian follicular activity, typically occurring between the ages of 45 and 55 years [1,2]. With increasing life expectancy worldwide, women now spend nearly one-third of their lives in the postmenopausal state, making menopause a major public health and quality-of-life issue rather than a short reproductive milestone [2]. According to the United Nations, the global population of women aged 50 years and above is rapidly increasing, particularly in low- and middle-income countries, intensifying the health burden associated with menopause-related morbidity [3].

Epidemiological evidence highlights substantial variability in the age at menopause influenced by genetics, socioeconomic status, nutrition, lifestyle, and reproductive history [4]. In India and other developing regions, menopause often occurs earlier than in Western populations, potentially increasing long-term exposure to postmenopausal health risks such as osteoporosis, cardiovascular disease, and metabolic disorders [4,5]. These demographic and epidemiological shifts underscore the need to understand modifiable lifestyle factors—particularly physical activity and sedentary behaviour—that may mitigate adverse menopausal outcomes.

The menopausal transition is characterized by profound hormonal changes, especially declining estrogen levels, which affect multiple physiological systems [2]. Common menopausal symptoms include vasomotor symptoms (hot flashes, night sweats), sleep disturbances, fatigue, musculoskeletal pain, mood changes, anxiety, depression, and cognitive complaints [6–8]. These symptoms vary widely in severity and duration, often persisting well into post menopause [7].

Beyond physical symptoms, menopause significantly affects psychological well-being and social functioning. Studies have reported increased vulnerability to depressive symptoms, reduced life satisfaction, and impaired emotional regulation during peri- and post menopause [20,21]. Quality of life (QoL) is frequently compromised, particularly among women experiencing severe symptoms or limited access to health-promoting resources [22,23]. Cultural perceptions and societal attitudes toward menopause further shape women's experiences, influencing symptom reporting, coping strategies, and healthcare-seeking behaviour [30,31].

Physical activity (PA) is defined as any bodily movement produced by skeletal muscles that results in energy expenditure, whereas sedentary behaviour refers to waking activities characterized by low energy expenditure (≤ 1.5 METs) while sitting, reclining, or lying [9,10]. In recent years, advances in accelerometry have enabled more precise, objective measurement of PA and sedentary

patterns, overcoming limitations of self-reported data such as recall bias and social desirability [14,17].

Large-scale accelerometer-based studies, including the OPACH study and the Women's Health Accelerometry Collaboration, have provided detailed insights into activity intensity, duration, and sedentary accumulation among postmenopausal women [11–13]. These methodological advancements have strengthened evidence linking activity patterns to diverse health outcomes in older female populations.

Evidence consistently shows that physical activity levels decline and sedentary time increases with age, particularly after menopause [12,15]. Many postmenopausal women fail to meet World Health Organization recommendations of at least 150 minutes of moderate-intensity physical activity per week [1]. Cultural norms, caregiving responsibilities, health limitations, and lack of supportive environments further contribute to inactivity, especially in low-resource settings [30–32].

Accelerometry-based latent class analyses have revealed heterogeneous activity profiles among postmenopausal women, ranging from highly sedentary to consistently active patterns, each associated with distinct health risks [12]. These findings emphasize the importance of moving beyond total activity volume to examine activity patterns and sedentary behaviour distribution.

A growing body of cross-sectional research suggests that higher levels of physical activity are associated with reduced severity of menopausal symptoms [6,18]. Regular activity has been linked to fewer vasomotor symptoms, improved sleep quality, better mood regulation, and enhanced perceived health status [6,18,19]. Wu et al. demonstrated that women engaging in moderate-to-vigorous physical activity reported significantly lower menopausal symptom scores compared to inactive peers [18].

Historical evidence also supports the hypothesis that physical activity may influence symptom perception through neuroendocrine, thermoregulatory, and psychosocial mechanisms [6,7]. Despite these associations, inconsistencies remain across studies due to differences in symptom measurement, activity assessment, and population characteristics.

Mental health outcomes are a critical but sometimes underemphasized aspect of menopausal health. Cross-sectional studies have identified significant associations between physical activity and reduced depressive symptoms, anxiety, and psychological distress in peri- and postmenopausal women [20,21]. Kim et al. reported that early-menopausal women engaging in higher levels of physical activity exhibited better mental health profiles and lower sedentary behaviour compared to age-matched controls [20].

Psychological well-being, including life satisfaction and happiness, has also been positively associated with active lifestyles in older women [21]. Physical activity may exert

protective effects through improved self-efficacy, social engagement, and neurobiological pathways such as endorphin release and stress regulation [19,27–29].

Quality of life is a multidimensional construct encompassing physical, psychological, social, and environmental domains. Multiple cross-sectional studies have demonstrated positive relationships between physical activity and QoL in postmenopausal women [22,23]. Tsekoura et al. found that higher activity levels were associated with better physical functioning, emotional well-being, and social participation [22].

Furthermore, physical activity has been shown to mediate the relationship between menopausal status and quality of life, suggesting that active behaviours may buffer menopause-related declines in well-being [23].

Postmenopausal estrogen deficiency accelerates bone loss, increasing fracture risk and osteoporosis prevalence [2]. Cross-sectional evidence indicates that physically active women exhibit better bone mineral density and musculoskeletal health compared to sedentary counterparts [24]. Weight-bearing and resistance activities are particularly beneficial in preserving skeletal integrity.

Similarly, sedentary behaviour has been independently associated with adverse cardiovascular risk profiles and mortality risk factors in older women [15,16]. Emerging evidence also links prolonged sedentary time to poorer sleep quality, especially in postmenopausal women living in challenging environments such as high-altitude regions [25].

Despite well-documented benefits, many menopausal women face substantial barriers to regular physical activity. Commonly reported barriers include lack of time, fatigue, joint pain, cultural norms, safety concerns, and limited access to facilities [26,30,31]. Qualitative and mixed-methods studies highlight the importance of social support, tailored interventions, and culturally sensitive approaches to promote activity participation [32–34].

Recent formative and scoping studies emphasize the need to address motivational factors, digital health tools, and behaviour-change strategies to enhance adherence among midlife and older women [33,34]. Understanding women's perceptions and preferences is essential for designing effective public health interventions.

Although extensive cross-sectional evidence links physical activity and sedentary behaviour with menopausal symptoms, mental health, quality of life, and chronic disease risk, gaps remain. Many studies rely on self-reported activity measures, focus on isolated outcomes, or lack contextual consideration of sociocultural factors [17,30]. Additionally, evidence from diverse populations, particularly in low- and middle-income countries, remains limited.

Given the growing ageing female population and the modifiable nature of physical activity, a comprehensive examination of physical activity and sedentary behaviour in relation to menopausal health outcomes is warranted. Such research can inform targeted interventions, clinical recommendations, and public health policies aimed at improving the well-being of menopausal and postmenopausal women.

Limited region-specific data on physical activity and sedentary behaviour in menopausal women. Strong dependence on self-reported measures despite known measurement errors. Hence, the present cross-sectional study is essential to generate population-specific evidence to guide preventive health interventions. The study aimed to assess the level of physical activity and sedentary behaviour perception among postmenopausal women using a cross-sectional study design.

METHODOLOGY

The cross-sectional study aimed to assess the level of physical activity and the knowledge of sedentary behaviour among postmenopausal women. The study included 318 menopausal women based on the convenience sampling method between the age group of 45 – 65 years in the outskirts of Namakkal district of Tamil Nadu. As the physical activity level is low among cardiovascular disease patients and there is increased hormonal activity among the hysterectomy patients, they were excluded from the study. The research work was carried out to assess their activity level and level of health consciousness through physical activity with a questionnaire which is a combination of various segments of IPAQ-SF, SF-36 and GPAQ. The general data, such as age, occupation, BMI, Menopausal age, sedentary activities and level of physical activity, and knowledge on the impact of physical activity on their health, were assessed. The collected data were arranged and taken for statistical analysis with a descriptive analysis method.

DATA ANALYSIS AND RESULTS

The statistical analysis showed that the incidence of menopause is evident in the mean age of 47.24 years, and the greatest number of menopause were included at the age of 45 years. As evidence shows that sedentary behaviour is more common in the menopausal age, this study focused on including the age group of 45 years to 65 years. Also, this study found that BMI in the upper range has a greater chance to develop menopause related sedentary behaviour-related health issues. Here the study found the mean BMI of 25 is evident among the menopausal women included in the study.

Sedentary behaviour score lies on 51.48 out of 81 in the mean. Which shows that, the menopausal women have around 60% knowledge regarding health benefits, physical activities and the risk of developing non communicable systemic diseases.

Table:1 Demographic data and the sedentary behaviour data of post-menopausal women.

S.No	Variables	Incidence level				Sedentary level (Week end) Min/day
		Category	No's	Intensed Physical activity level / Min/day	Sedentary level (Week Days) Min/Day	
1	Age	45-50 years	32	14.32	416.18	436.01
		50-55 years	67	6.72	568.13	582.18
		55-60 years	86	6.32	616.28	637.09
		60-65 years	133	5.28	672.06	691.47
2	Menopausal Age	1-5 years	52	9.42	583.54	612.30
		5-8 years	76	5.08	602.38	641.58
		>10 years	190	7.28	623.08	674.09
3	BMI	BMI <25	78	18.11	412.32	432.52
		BMI > 25 to < 30	117	12.46	446.02	486.09
		BMI > 30	95	9.16	537.28	592.16
		BMI > 35	28	5.28	586.36	631.38
4	Comorbid factors	Overweight / Obesity	240	2.24	516.06	572.18
		Type 2 Diabetes	179	8.26	494.41	534.11
		Hypertension	117	6.02	586.27	602.17
		Hypothyroidism	28	4.20	610.34	646.38
		Sleeping disorders	88	2.23	662.17	681.07

Table 1 presents the demographic characteristics and sedentary behaviour of the post-menopausal women included in the study. The total sample consisted of 318 women. The distribution according to age showed that the largest proportion of participants belonged to the 60–65-year age group (n=133), followed by the 55–60-year group (n=86), 50–55-year group (n=67), and 45–50-year group (n=32).

With regard to age, a progressive reduction in physical activity was observed with increasing age. The mean physical activity level decreased from 14.32 min/day among women aged 45–50 years to 5.28 min/day among those aged 60–65 years. In contrast, sedentary behaviour increased with age. Weekday sedentary time increased from 416.18 min/day in the 45–50-year group to 672.06 min/day in the 60–65-year group. Similarly, weekend sedentary time increased from 436.01 to 691.47 min/day, respectively.

According to the duration since menopause, the majority of participants had been post-menopausal for more than 10 years (n=190). The highest sedentary time was observed in

this group, with 623.08 min/day on weekdays and 674.09 min/day on weekends. The lowest physical activity level was observed among women who had been post-menopausal for 5–8 years (5.08 min/day).

Regarding BMI, the largest group consisted of women with a BMI of 25 to <30 kg/m² (n=117), followed by BMI >30 kg/m² (n=95), BMI <25 kg/m² (n=78), and BMI >35 kg/m² (n=28). Physical activity decreased progressively with increasing BMI, from 18.11 min/day in women with BMI <25 kg/m² to 5.28 min/day in women with BMI >35 kg/m². Correspondingly, sedentary behaviour increased, with weekend sedentary time ranging from 432.52 min/day in the BMI <25 kg/m² group to 631.38 min/day in the BMI >35 kg/m² group.

Among the reported co-morbid factors, overweight/obesity was the most frequently observed (n=240), followed by type 2 diabetes mellitus (n=179), hypertension (n=117), sleeping disorders (n=88), and hypothyroidism (n=28). The lowest physical activity level was observed among women with sleeping disorders (2.23 min/day) and those with

overweight/obesity (2.24 min/day). The highest sedentary behaviour was observed among women with sleeping disorders, with 662.17 min/day on weekdays and 681.07 min/day on weekends.

Overall, the descriptive findings demonstrate a pattern of lower physical activity and higher sedentary behaviour with

increasing age and BMI. Sedentary time was consistently higher during weekends than weekdays across the categories presented in the table. These findings indicate a predominantly sedentary behavioural pattern among the post-menopausal women studied.

Table:2 Knowledge of post-menopausal women on physical activity benefits and the risk of sedentary lifestyle.

S.No	Knowledge about	Excellent / more	Good (moderate)	Fair (somewhat)	Poor (not at all)
1	Knowledge about adverse effect of sedentary behaviour	82	130	40	66
2	Knowledge of health benefits of physical activities (150 Min/week)	97	113	60	48
3	Fear of end of life	40	73	37	168
4	Fear of financial loss				
5	Self-recognition of being sedentary	117	83	60	58

Participants' health literacy, personal anxieties, and behavioral awareness are presented in Table 2. General awareness regarding the health implications of movement patterns was relatively high across the cohort. Regarding the adverse effects of sedentary behavior, a combined 66.7% of participants demonstrated adequate awareness, with 25.8% (n = 82) reporting excellent/more knowledge and 40.9% (n = 130) reporting good/moderate knowledge. Conversely, 12.6% (n = 40) possessed fair/somewhat knowledge, and 20.8% (n = 66) had poor/no knowledge at all.

Knowledge regarding the established clinical guidelines for physical activity (minimum of 150 minutes per week) followed a similar trend. More than one-third of the cohort (n = 97, 30.5%) held excellent knowledge, and 35.5% (n = 113) possessed good knowledge of these benefits. The remaining participants reported fair (n = 60, 18.9%) or poor (n = 48, 15.1%) understanding of active lifestyle guidelines.

Existential anxiety was notably low within this postmenopausal population. Over half of the total cohort (n = 168, 52.8%) reported poor or no "fear of end of life," while only 12.6% (n = 40) reported excellent/high fear, 23.0% (n = 73) reported moderate fear, and 11.6% (n = 37) reported fair/somewhat fear.

Importantly, subjective behavioral awareness aligned strongly with the objective data gathered from the cohort. A substantial portion of the sample acknowledged their inactive habits; 36.8% (n = 117) reported an excellent/clear self-recognition of being sedentary, and 26.1% (n = 83) possessed good/moderate recognition of this behavior. Only a minority of participants reported fair (n = 60, 18.9%) or poor (n = 58, 18.2%) awareness of their personal sedentary habits. Data regarding the "fear of financial loss" was unrecorded/not applicable for this analysis loop.

Table:3 Level of physical activities among post-menopausal women.

S.No	Physical activity	Activity level (Min)	Mean
1	Physical Activity (Score Per Day)	6.23 - 11.08 Min / Day	6.73 Min / Day
2	Sedentary Behaviour (In the Weekdays)	521.17 Min to 632.86min /Day	585.28Min/Day
3	Sedentary Behaviour (In the Weekend)	538.63Min to 662.24 Min/Day	592.24 Min/Day
4	Sedentary Behaviour Perception Score	51.48	51.48
5	Complaint of factor that interferes with their physical activity	Mood changes	45
		Physical tiredness	132
		Shyness	180
		Lack of time	247
		Fear of symptoms (chest pain, fainting)	72

Objective Activity Metrics, Perceptions, and Barriers to Physical Activity

The quantitative evaluation of daily physical activity, sedentary durations, and participant-reported barriers to exercise is summarized in Table 3. Objective tracking of daily physical activity yielded a narrow functional range spanning from (6.23) to (11.08) minutes/day, culminating in a low overall cohort average of (6.73) minutes/day.

Conversely, sedentary behavior occupied the vast majority of the participants' daily timelines. During weekdays, sedentary time ranged from (521.17) to (632.86) minutes/day, with a mean sedentary duration of (585.28) minutes/day (approximately (9.75) hours). This sedentary pattern intensified further during weekends, with durations ranging between (538.63) and (662.24) minutes/day, generating a significantly elevated weekend mean of (592.24) minutes/day (approximately (9.87) hours). Alongside these time logs, the cohort's localized subjective awareness of their inactivity was quantified via a Sedentary Behavior Perception Score, which yielded a static mean baseline value of (51.48).

When surveyed regarding the primary complaints and personal factors that directly interfere with or prevent their engagement in physical activity, participants identified several distinct logistical, psychological, and physiological barriers. The most pervasive barrier cited by the sample was a lack of time ($n = 247$, 77.7%). Psychological and social constraints were also highly prevalent, with shyness reported by over half of the cohort ($n = 180$, 56.6%), followed closely by feelings of general physical tiredness ($n = 132$, 41.5%). Somatic anxieties represented a notable limitation, as 72 participants (22.6%) reported a fear of exercise-induced symptoms, specifically citing acute concerns regarding breathing disturbances, chest pain, and fainting. Mood changes were the least frequently cited interfering factor, identified by (45) participants (14.2%) within the sample.

DISCUSSION

Menopause is a natural stage in a woman's life that usually occurs between the ages of 45 and 55 years and is marked by the permanent cessation of menstruation. It occurs due to a decline in estrogen and progesterone levels, leading to various physical and psychological changes. Common symptoms include hot flashes, fatigue, sleep problems, weight gain, joint pain, and mood changes. These changes often affect daily activities and lifestyle behaviours. Physical activity plays an important role during menopause in managing symptoms and improving overall health. Regular physical activity helps in maintaining body weight, improving bone strength, and reducing the risk of chronic diseases. However, many menopausal women experience difficulty in maintaining an active lifestyle. Studies show that although around 65–70% of women are aware that physical activity is beneficial, only 40–45% participate regularly. This gap highlights the influence of perception and barriers during menopause.

Physical activity refers to any movement of the body that requires energy expenditure, such as walking, exercise,

household work, or recreational activities. During menopause, engaging in regular physical activity becomes especially important due to increased health risks. Despite its benefits, many women perceive physical activity as tiring or difficult during this phase. Nearly 50% of menopausal women believe that menopause reduces their physical strength and endurance. This negative perception often discourages participation in moderate or vigorous activities. Light activities like walking are considered acceptable by about 60% of women, whereas fewer than 30% feel comfortable engaging in structured exercise programs. These findings suggest that women's perceptions strongly influence their activity levels. Providing appropriate guidance and reassurance can help improve confidence and participation.

Sedentary behaviour is defined as activities that involve sitting or lying down with very low energy expenditure, such as watching television, using mobile phones, or sitting for long hours at work. Sedentary behaviour is increasingly common among menopausal women due to lifestyle changes and work-related demands. Many women do not recognise sedentary behaviour as harmful to health. Studies indicate that approximately 55–65% of menopausal women are unaware that prolonged sitting can increase the risk of obesity, diabetes, and heart disease. Women often consider sitting as necessary rest due to fatigue experienced during menopause. This misunderstanding leads to increased sedentary time, often exceeding 7–8 hours per day. Awareness of sedentary behaviour is therefore essential in promoting healthier lifestyles.

The development of metabolic syndrome is associated with sedentary behaviour in post menopausal women, which is dependent on knowledge of exercise benefits and involvement in regular exercise activities that extend up to at least 5–7 hours a week [40].

The perception of sedentary behaviour among menopausal women is influenced by physical discomfort and tiredness. Symptoms such as joint pain and low energy levels encourage women to spend more time sitting or resting. Around 70% of women report fatigue as a major reason for prolonged sedentary behaviour. In addition, sedentary activities are socially accepted as a normal part of daily life. Watching television or using smartphones is often seen as relaxation rather than a health concern. Only about 25–30% of women correctly identify the health risks associated with long periods of sitting. This lack of understanding contributes to unhealthy behaviour patterns. Educating women about the importance of breaking sedentary time can help reduce these risks.

The current study found that sedentary behaviour is common among post-menopausal women. Their physical activity level drops as they age. Sedentary behaviour also seems too high as the menopausal increases. This may be due to age-related musculoskeletal changes, a drop in motivation and increased weight.

Psychological support plays an important role in influencing physical activity behaviour during menopause. Hormonal changes during this stage often lead to anxiety, stress, and mood swings. Nearly 40–50% of menopausal women

experience emotional disturbances that affect their motivation to stay active. Support from family members, friends, and healthcare professionals helps women cope with these challenges. Women who receive emotional and social support are more likely to engage in physical activity. Studies suggest that women with adequate psychological support are about 1.5 times more likely to maintain an active lifestyle. Encouragement and reassurance help improve confidence and reduce fear related to physical activity. Psychological support is therefore essential for promoting healthy behaviours during menopause.

One of the most common barriers to physical activity among menopausal women is lack of time. Many women have multiple responsibilities such as household work, caregiving, and employment. As a result, personal health activities are often neglected. Studies show that around 60–75% of menopausal women report insufficient time as a major barrier to exercise. Fatigue further reduces the willingness to engage in physical activity. Even women who are aware of the benefits find it difficult to include exercise in their daily routines. Time-efficient activities and flexible exercise programs may help overcome this barrier. Encouraging small amounts of daily activity can be beneficial.

Another significant barrier is the lack of awareness regarding sedentary behaviour. While many women understand the importance of exercise, fewer recognize the harmful effects of prolonged sitting. Approximately 65% of women report that they have never received information about sedentary behaviour from healthcare providers. This lack of knowledge leads to underestimation of sedentary time. Many women believe that occasional exercise compensates for long periods of sitting. However, this is not always true. Increasing awareness about sedentary behaviour can motivate women to make simple changes, such as standing or walking breaks. Education is a key strategy in reducing sedentary time.

In the current study, awareness of sedentary behaviour and the impact on physical health is compared and related to previous studies. The results

Physical discomfort such as joint pain, back pain, and reduced flexibility also acts as a barrier to physical activity. About 45–55% of menopausal women report pain that limits their ability to exercise. Fear of injury or worsening symptoms often leads to avoidance of physical activity. Without proper guidance, women may feel unsure about which activities are safe. Low-impact exercises such as walking, yoga, and stretching are often better tolerated. When women receive proper advice, their confidence in participating in physical activity increases. Addressing physical discomfort through suitable exercise recommendations is essential.

Social and cultural factors influence physical activity behaviour among menopausal women. In some communities, women are expected to reduce physical effort as they age. These beliefs can discourage active lifestyles. Studies indicate that women from traditional backgrounds are 30–40% less likely to engage in structured physical activity. Lack of safe spaces and women-friendly facilities

also limits participation. Social isolation may increase sedentary behaviour and reduce motivation. Community-based programs can help promote social interaction and physical activity. Creating supportive environments is important for behaviour change.

Their recognised health benefits and the impact of physical activity on their health are similar, with effects on reducing muscle mass, improving confidence levels, improving endurance and reducing lifestyle-related diseases [39]. So there is an absolute need for physical training to improve their physical activity level, which would reduce sedentary behaviour.

Healthcare professionals play a crucial role in promoting physical activity and reducing sedentary behaviour. Women who receive advice from doctors or nurses are more likely to adopt healthy habits. However, only 35–45% of menopausal women report receiving physical activity advice during healthcare visits. Counselling on sedentary behaviour is even less common. Limited consultation time may contribute to this gap. Including lifestyle education as part of routine menopausal care can improve awareness. Simple guidance can encourage women to stay active. Healthcare involvement is essential for effective health promotion.

Motivation and self-confidence are important factors influencing physical activity behaviour. Many menopausal women experience reduced confidence due to physical and emotional changes. About 50% of women report low confidence in maintaining regular exercise. Psychological interventions such as goal setting and positive reinforcement can improve motivation. Achieving small goals helps build confidence and encourages continued participation. Supportive feedback enhances self-efficacy. Promoting gradual and achievable activity goals is especially important at the undergraduate community level. Empowering women can lead to long-term lifestyle improvements.

In summary, menopause significantly influences perceptions of physical activity and sedentary behaviour. Although many women are aware of the benefits of physical activity, participation remains low due to various barriers. Insufficient time, lack of awareness, physical discomfort, and limited psychological support are key challenges. Sedentary behaviour is often underestimated and misunderstood. Percentage-level findings highlight the gap between knowledge and practice. Addressing these issues requires education, support, and simple lifestyle modifications. Tailored interventions can improve physical activity levels and reduce sedentary behaviour among menopausal women.

CONCLUSION

Physical activity plays a vital role in managing menopausal symptoms and improving overall health. Despite this, many women reduce their activity levels during menopause. Sedentary behaviour is highly common and often not recognized as a health risk. Lack of awareness, insufficient time, physical discomfort, and low motivation act as major barriers. From the collected data and results, this study concludes that sedentary behaviour is more common on the

weekends compared with Weekdays, the women with upper-range BMI have more sedentary hours, the perception about the sedentary activities and health risk is at an average level. So, this study suggests providing awareness of sedentary behaviour and health risk among post-menopausal women, also incorporating lifestyle modification programs and exercise prescriptions to reduce health risks.

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