



Mid Atlantic Regional Chapter of the American College of Sports Medicine

46th Annual Scientific Meeting, November 3rd - 4th, 2023
Conference Proceedings

International Journal of Exercise Science, Issue 9, Volume 12



More Barriers, Less Benefits: LGBTQ+ College Student's Perceptions Impacting Physical Activity Participation

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College years are formative in developing health behaviors that present post-graduation, with physical activity (PA) participation being no exception. However, sexual minority college students continue to report reduced levels of PA compared to heterosexual students. **PURPOSE:** To examine current PA levels and perceived benefits and barriers to PA among college students, by sexual orientation. **METHODS:** This was a cross-sectional survey with a volunteer sample of college students from a large, Northeastern university. The Global Physical Activity Questionnaire (GPAQ) assessed PA levels and a modified Exercise Benefits and Barriers Scale (m-EBBS) assessed perceived benefits and barriers to PA (18 items). The m-EBBS utilizes a 4-point Likert scale of 1 (strongly disagree) to 4 (strongly agree). An exploratory factor analysis, involving a principal factor analysis with a quartimax rotation, of the m-EBBS condensed the 18 items into 3 factors: 1) Barriers to PA, 2) Physical and mental benefits of PA, and 3) Social outcomes of PA. The following criteria were used to determine inclusion of items: communalities >0.30, a primary factor loading >0.40, and Cronbach's alpha >0.80. Kaiser criterion and the scree test informed preferred factor solution. **RESULTS:** Among participants ($n = 114$), a Mann-Whitney U test revealed heterosexual students had significantly higher weekly minutes of active transportation (AT) (Mean [M] = 196.95; standard deviation [SD] = 167.83; $p = 0.05$) and vigorous-intensity PA (VPA) (M = 148.37; SD = 133.13; $p = 0.03$) compared to sexual minority students. A multivariate analysis of variance (MANOVA) evaluated differences in mean scores of the three factors by sexual orientation status, revealing heterosexual students (H) reported less perceived barriers to PA ($M_H = 1.96$, $SD_H = 0.64$ vs. $M_{SM} = 2.55$, $SD_{SM} = 0.77$; $p < 0.001$), more perceived physical and mental benefits of PA ($M_H = 3.65$, $SD_H = 0.46$ vs. $M_{SM} = 2.38$, $SD_{SM} = 0.49$; $p = 0.002$), and more perceived social outcomes of PA ($M_H = 2.85$, $SD_H = 0.72$ vs. $M_{SM} = 2.34$, $SD_{SM} = 0.67$; $p = 0.002$) compared to sexual minority students (SM). **CONCLUSION:** Sexual minority students participate in less weekly minutes of AT and VPA and perceive more barriers to PA and less health benefits (physical, mental, and social) to PA compared to heterosexual students. Future research is needed to examine why these disparities exist and best practices to reduce PA barriers faced by sexual minority students. **SIGNIFICANCE/NOVELTY:** These findings provide further evidence of barriers to PA unique to LGBTQ+ persons with an overall goal of improving health intervention strategies for this marginalized group.