Master's Thesis of Global Sport Management

The Beliefs of Participation in Physical Fitness Dance Myanmar:

An Elicitation Study on Government Officials, Employees and public in Naypyidaw

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Abstract

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The evolution of technology in 21st century and some other factors such as lack of time for training, spending time with friends or family significantly reduce opportunities to do physically activities in everyday life. Analysing the role of physical activity for wellbeing and healthy lifestyle are advantageous for impeding and controlling of chronical diseases. The purpose of this study was to elicit the salient beliefs of Physical Fitness Dance (PFD) program and predict the future participation behavior.

This study was an elicitation qualitative method based on Theory of Planned Behavior (TPB), exploring the beliefs amongst participant in the Physical Fitness Dance in Naypyidaw, Myanmar. The Sample participants

were 53 Ministries' officials, 81 employees who spent at least one month, three times a week Physical Fitness Dance program at the end of their office hour as well as 69 public participants who joined this dancing program in public places. Elicitation open-ended questionnaires series based on TPB and content analysis was applied.

The Results indicated that participation in the program encouraged increased physical and mental health, relieved stress, interpersonal interactions, time management, community involvement, and overall beliefs had positive outcomes on quality of life. 'Insecurity about covid19' salient believe was the significant factor that arose in this study. The knowledge of prevention about the Covid19 is needed to educate among the groups.

As conclusion this research investigated how Physical Fitness Dance Program can be developed the further intervention to enhance Physical Activity amongst the citizens and increase access to physical activity to fight a sedentary lifestyle of Myanmar.

Keywords: Theory of Planned Behaviour, Elicitation, Beliefs, Physical Activity, Sedentary, Non-Communicable Disease

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List of Acronyms

EIM – Exercise Is Medicine

ACSM – American College of Sports Medicine

WHO – World Health Organization

MoHS – Ministry of Health and Sports

MoE – Ministry of Education

SPED – Sports and Physical Education Department

MOC – Myanmar Olympic Committee

PFD – Physical Fitness Dance

(MoU) – Memorandum of Understanding

PA – Physical Activity

MVPA – Moderate to Vigorous Physical Activity

AMA – American Medical Association

TPB- Theory of Planned Behaviour

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Chapter 1. Introduction

1.1 Background

Physical inactivity is one of critical public health concerns (Blair et al., 2012) and health is the most important in 21st century. Considerable evidence has shown the relevance of exercise as effective way to prevent of prevention of many diseases.

According to report on National survey of Diabetes mellitus and NCD Risk Factor Survey 2014, 1/3 to 2/5 of deaths are due to cardiovascular disorders and of these more than 90% are attributed to coronary heart disease. Sedentary lifestyle has been implicated as a major risk factor. Sedentary lifestyle of Myanmar, (61.1% male and, 87.9 %female) In overall 74.5% (Ministry of Health Myanmar; World Health Organization WHO; Myanmar Medical Association, 2014).

The Minister of Ministry of Health and Sports, Dr. Myint Htwe attended the WHO seminar the China in 2017. After the return trip from China, a Healthy Myanmar Seminar was held at Royal ACE Hotel, organized by the Ministry of Health and Sport in Naypyidaw, capital of Myanmar on the date of 2nd- and 3rd October, 2017. The vision of the seminar was to build a Healthy Nation as well as every citizen should live adequate lifespan fully, and mission was to give awareness and create intervention strategy of Physical

Activity in order to prevent NCD as well as to cure and rehabilitation in community and health sector.

The topics including Exercise is Medicine initiatives, acute and chronic disease effects of exercise, aerobic or endurance exercises energy system, cardiovascular, respiratory system, and motivation of Healthy behaviour by Dr. Mya Lay Sein, Deputy Minister of the Ministry of Health and Sport. Furthermore, the difference between physical exercise and physical activity, the safety tips of engaging in physical activity, was widely explained by Dr. Ye Tint Lwin, honorary professor, department of physiology, University of Medicine 1 Yangon (MoHS, 2017).

The Minister of Health and Sports, the Minister of Education, the Director Generals, Deputy Ministers and Departmental Heads and sports leaders and delegates were attended in the seminar. The seminar aimed was to intervention strategies for the development of sport as well as to enhance the public health sector to become a Healthy Myanmar.

The outcome of vision and mission from Health Myanmar Seminar and Exercise is Medicine was proposed to the government office of the republic of the union of Myanmar. This become a national plan when the president office of the republic of the union of Myanmar released a guideline letter on 28 November 2017 (Office, 2017).

The national seminar was again held in the same month at in the Wunna Theikdhi Indoor Stadium, Naypyidaw. The ministers and deputy minister, leaders of MoHS, local government, sport leaders from across Myanmar were participated as well as International and local speakers were invited.

The decision was reached to apply the EIM program nationwide. This program included the Physical Fitness Dance (PFD) program (the dance program combines Zumba and aerobic movements) as a tool of physical activity under the four pillars of Exercise is Medicine Myanmar (Yetintlwin, Overview and future direction of EIM Myanmar National Center, 2019).

In addition, the department of Sports and Physical Education works in cooperation with the other ministries and with myriad organizations in the areas of sport. There is a belief among the Myanmar officials that the EIM Program has a potential for positive outcomes in terms of psychosocial, the development of key character elements such as citizenship, skills like teamwork, healthy lifestyles, discipline, sportsmanship, and self-esteem (Ministry of Health and Sports Myanmar [MOHS], 2017).

The Myanmar Ministry of Health and Sport is seeking to apply physical activities to improve the physical and mental wellness of its employees. Life expectancy is comparatively low in Myanmar and health education is sorely

needed throughout the country. Starting with government officials, employees is an important first step.

The Myanmar Ministry of Health and Sports (in partnership with multi ministries) launched dancing as a tool for sedentary lifestyle to enhance to be active and healthy lifestyle, focusing on government initiatives from ministries as well as public to engage physical activity including Physical Fitness Dance.

1.2 Statement of the Problem

The evolution of technology in 21st century and some other factors such as lack of time, tiring, spending time with friends or family are significantly reduced opportunities to do physically activity in everyday life. Analysing the role of physical activity in wellbeing and health supports critical advantages of health for impediment controlling of chronic disease (Boutayeb, 2006).

According to United Nations data the life expectancy is 67.17 years (as of 2020). The death rate of Myanmar in 2020 is 8.289 deaths per 1000 people, a 0.59% increase from 2019. Current Myanmar government statements express the belief that sport plays a key role in the cultural life of the nation and that sport contributes to the construction of a better society and the unity of the people. (Ministry of Health and Sports Myanmar, 2013).

Universal health care is a public health concern. The Myanmar government committed to achieving universal health coverage by 2030, but success has not yet been measured (Su MyatHan; MizanurRahman;

ShafiurRahman; Khin ThetSwe; MatthewPalmer; HarukaSakamoto; ShuheiNomura; KenjiShibuya, 2018).

The appropriate exercise affects the frequency of disease and shows the need for exercise. Many studies have highlighted twenty-six diseases that can be combated by exercise. As an organization, EIM's assertion is that it prescribes exercise as medicine to combat many diseases. It makes clear suggestions based on facts, knowledge and common sense (Pedersen & Saltin, 2015). There is considerable evidence to support these assertions. Of course, the benefits of exercise have been shown by numerous studies.

Physical activity can help relieve symptoms as well as create an atmosphere that promotes social connections and therefore helps people develop networks, counteracting the social isolation pattern (Enst et al, 2015; B. K. Pedersen1, 2015).

1.3 Significance of the study

The Myanmar Ministry of Health and Sport is seeking the tools for physical activities to improve the physical and mental wellness of nation through its officials, employees and public as its initiatives. Measuring and keeping abreast of work place' happiness and daily life enjoyment is important and at the same time to kick out the sedentary lifestyle.

This thesis will strive to analyse the beliefs towards behaviour for future participants on Physical Fitness Dance (in Myanmar). It will also

discover the correlation factors by comparing amongst of the three groups' (government officials, government employees and general publics. This thesis will seek to make conclusions (in terms of the beliefs on PFD participation) which can help the dance program and other exercise improvement in the future. The Ministry of Health and Sport is supportive of this research as the results may help the officials, employees to improve government initiatives and public to get involved exercise in the future.

1.4 The purpose of the Study and Research Questions

This research seeks to explore people's perception and their beliefs towards physical activity. The study intends to elicit the beliefs and acceptance level of physical activity of government officials, employees and publics who have participated and are currently participating in Physical Fitness Dance program in order to promote mass sport as well as Exercise Is Medicine (EIM).

Another aim is to investigate how their beliefs and perceptions change the majority of participants' behaviour to develop the further intervention to enhance PA amongst the citizens. This research will evaluate how in the future a PFD can be used and increase access to physical activity to fight a sedentary lifestyle of Myanmar.

RQ 1. What are the salient beliefs towards participation in Physical Fitness Dance Myanmar Program?

RQ 2. What are the beliefs of participation in the Physical Fitness Dance program amongst three different target groups, government officials, government employees and general publics from Naypyidaw?

Chapter 2 . Literature Review

This chapter discusses previous studies in the field of exercise and physical activity with the different books, papers, journals and the beliefs towards TPB will be outline on most of the literature cited (Ajzen,1991).

The researcher will review the history of Exercise Is Medicine, the benefits of dance, non-communicable diseases, physical activity, sedentary lifestyle.

The researcher will discuss the issue of the sedentary lifestyle in offices in Myanmar and the factors regarding motivational factors linked to participation in the PFD. This 1968 assertion holds true for academia in 2015: Getting involved in regular physical activity is one of the major elements of health (Robert Sallis, 2015)**.**

Exercise Is Medicine promotes health in the workplace. The organization literature asks "Why isn't exercise assessed at every office visit as a standard of care, just as smoking and body mass index are assessed?" The organization lists what it believes are the many benefits of exercise (Salis, 2015).

2.1 Theory of Planned Behaviour (TPB)

An original TPB derivation (Ajzen, 1985) outline the intention as well as other theoretical constructs to attempt and execute certain action alternately the specific results. According to the TPB, the intention of coming event or

particular action to predict is the motives to take part in the individual's behaviour.

There are three main components consist of predicting human's behaviour: attitudes, subjective norms, and perceived behavioural control(PBC). Attitudes indicate to the general positive or negative evaluation of taking part in particular activity. Subjective norm depends on the individual's visionary on some people's impression that he or she will get by doing a particular behaviour. PBC depends on the individual's intention on that particular behaviour whether he or she can easily perform (Fishbein & Ajzen, 1975). Therefore, according to TPB, the person who has positive toward attitudes surrounding involvement, backing for engaging in the particular event, and a strong intention to engage the behaviour. Moreover, PBC is an intermediary of substantial control, it can be impacted directly on behaviour (Fielding et al., 2008).

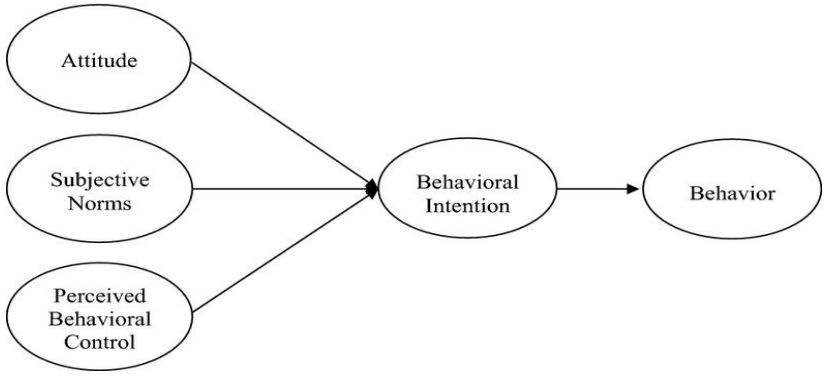
As many researchers know Psychology can be approached in many ways, from functional process to put focus on social institutions. Perceptions that refer to interpersonal arrangements such as social attitudes and personal characteristics have played a significant role (Ajzen, 1988; Campbell, 1963).

A variety of researchers have paying attention on the Theory of Planned Behaviour to access and consider the motivations of different people to participate in different activities. Coping with the psychological processes

concerned, different theoretical frameworks have been proposed (Ajzen, 1991). Several conditions must be attained for successful prediction. The intention and perceived behavioural influence should be aligned with (Ajzen & Fishbein, 1977) or the actions to be predicted in line with (Ajzen, 1988).

Figure 1.

Theory of Plan Behaviour



TPB (Ajzen, 1991)

TPB theorizes three different concepts that define the intention. The first one is the attitude toward behaviour and the level to which an individual has a positive or negative assessment or perform the behaviour. The second one is measuring social influence regarded as the subjective norm. This relates to environment impression or pressure to engage or not in particular behaviour. The last one related to the intention of individual's purposes control over the behaviour.

TPB interacts with the past intention of attitudes, subjective norms and perceived behavioural control, backgrounds which essentially define

intentions and activities. People can hold many beliefs for any behaviour, but at any particular time, they can only attend to a relatively small number (Miller, 2017).

2.2 Theoretical Model of Planned Behaviour

Theoretically, human behaviour (attitude) appraisal, environmental agreement (subjective norm) and self-sufficient conditions attached (Perceived Behavioural Control) are separate methods for predicting the particular behaviour research (Jennings & Seaman, 1988).

TPB is also used to describe intention and behaviour, and its predictive utility is well-established. However, minimal research has investigated the salient behavioural, normative, and exercise-regulation beliefs of people—and the relative contribution of these beliefs to describe attitude, subjective norm, and perceived behavioural control. To broaden TPB's predictive utility, a study of exercise elicitation studies is warranted (Danielle SymonsDowns, Heather A.Hausenblas, 2005).

Most behaviors rely to a certain degree on non-motivational factors (Ajzen, 1985). This causes are the actual influence of human actions. In so long as an individual has necessary and wants to perform, possibilities and resources, he or she can succeed (Sutton et al., 1999).

2.2.1 Beliefs Models

According to (Ajzen, 2012), TPB divided beliefs in three types: Behavioural beliefs are depending on the likely repercussion either the positive or negative outcome associated person's behaviour. *(e.g., the beliefs of the person's activity on his or her consequences of doing physical activity is good or bad).*

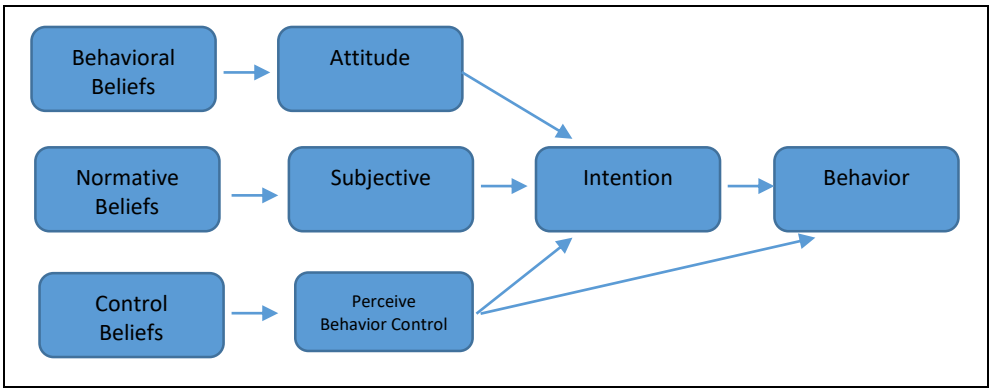
Normative beliefs are depending on the level of people's possibility consent or refusal of engaging the particular behaviour. (e.g., parents disagree on the participation of their children in Zumba dance program as they want to put more focus on study and homework).

Control beliefs are depending on the individual's past experience, knowledge or experience about the given activities, connections and peers that put them in the idea of enable or barrier to perform in given activity. (e.g., I have time and energy that I can do this jujitsu class or else I am not willing to engage due to time difficulty).

These belief-based on the intention toward attitude, many researchers have been applying pilot survey, the beliefs most reported are being applied to construct the key questionnaires based on TPB.

Figure 2.

Model Beliefs of TPB



2.2.1 Elicitation Study

When applying TPB, elicitation is strongly recommended to approach to identify the cognitive beliefs of certain target groups to elicit their salient beliefs. Although TPB used to introduce the intention and behaviour of exercise, only few researchers have applied an elicitation to study human's salient behavioural, normative belief and control beliefs. Therefore, TPB analytical practicability is necessary. An elicitation interview questionnaires are constructed base on TPB.

Ajzen and Fishbein (1980) illustrate that a limited sample is appropriate for the process of belief elicitation. In order to define the related target beliefs, original belief elicitation and measuring study still would be required (C. G. Lee et al., 2020). Research shows formative elicitation study is

a crucial first phase in defining salient beliefs is important to activity and population.

According to (Fishbein, M,Michael J. Manfredo, 1992) beliefs may change from behavior to behavior and, even more critically, from community to community. For this purpose, it is important to perform formative elicitation research in a particular behavioral environment, if the TPB is adopted.

Despite, Fishbein and Middlestadt (1995) discovered that investigators rarely apply it, actually setting up a communication intervention based on their intuition or on perceptions by reference from previous studies that were intended to discuss related attitudes or groups. One of TPB's essential strengths is that an elicitation study provides the foundation of questions to assess principle factors for a given group. Elicitation research helps researchers to assess certain beliefs about a particular group. It is particularly imperative as beliefs differ from population to event or activity (Downs & Hausenblas, 2005). Elicitation studies are suggested by using the TPB to build the cognitive basis of a population's salient exercise beliefs.

2.3 Using Theory for Practice

In determining psychosocial determinants of physical activity, the TPB is useful. It was also useful to design programs for community, group and individual exercise. For instance, when they hold a positive exercise appraisal, individuals expect to do exercise. Exercise services that have a positive

experience are likely to increase the intention to engage, which is likely to impact exercise activity positively.

If people are given encounters with pleasant kinds of physical activities and then gradually motivated to increase the severity, length, and frequency of those activities, positive behavioural beliefs and their assessment can be improved. A major factor in the intention to be physically active is perceived behavioural control. According to Ajzen's TPB, values can be derived from the target people in order to form a successful intervention, since the underlying beliefs act differently with various risky population classes (Ajzen, 1991). Perception is weak when people consider physical exercise as hard to practice. However, helping individuals to resolve obstacles, such as time commitment, other commitments, or feelings of incapacity, can boost perceptions of control over exercise beliefs.

Regular physical activity (PA) is important for better long - term health. The risk of all-cause mortality reduces by engaging in regular PA (Bo Andersen et al., 2000 ; Byberg et al., 2009). Motivation as one of the major enabling control beliefs (Antikainen et al., 2010). While individuals can have several beliefs at any particular time, they can get only a very limited number of beliefs about that behaviour. Ajzen (1991) stated that such influential beliefs are known to be the primary determinants of intention and behaviour and play a key role in creating better approaches to improve behaviour.

Theory-based analysis that describes the reasons driving the choice to participate in activity within participants of the same community of concern can guide prevention interventions that aim to change health behaviour and enhance physical health (Middlestadt, 2012).

To figure a salient beliefs on PA, an average of 30 minutes a day with the goal of investigating whether the order of (TPB) beliefs elicitation questions influences the number and types of beliefs elicited as well as whether affective and instrumental questions elicited different beliefs (Darker et al., 2007). According to Romeike et al. BMC Public Health (2016), examples are sometimes needed to be given to explain the question. The most commonly behavioural beliefs for exercising reported by healthy population is that it will improve their health, is fun, feels good and relax. some people as well as reported time consuming and body soreness (Danielle SymonsDowns, Heather A.Hausenblas, 2005).

Furthermore, Common PA behavioural beliefs include weight control, reduced muscle inflexibility, mutual communication as well as greater standard of living. Typical beliefs are discomfort (Brenes, Strube, & Storandt, 1998; Conn, 1998; Courneya, 1995; Michels & Kugler, 1998) PA beliefs are distinct between communities because of various living environment and there is no information regarding the beliefs of PA (Symons Downs & Hausenblas, 2005; Sun et al., 2015)

Muscle inflexibility, mutual communication as well as greater standard of living. Some study support that physical activity are discomfort (Brenes, Strube, & Storandt, 1998; Conn, 1998; Courneya, 1995; Michels & Kugler, 1998). PA beliefs are distinct between communities because of various living environment and there is no information regarding the beliefs. Moreover, results revealed PA correlations with gender and population experience, women had greater impact on behavioural correlations than males. As of Pate et al., (1995); U.S. Department of Health and Human Services [USDHHS] (1996) the benefit of doing PA in leisure time is connected with wellbeing.

The elicitation research offers a vast volume of insight on the cognitive basis of the behaviour of a target group (Chung Gun Lee; Sunsan Middlestatd; Sei Yeongpark; Junhae Kwon; Kyoungmin Noh; Dong-ll Soe; Wook Song; Jungjun Park; Han-Joon Lee; Hyun Joo Kang; Yeon Soon Ahn, 2020) (C. G. Lee et al., 2020). Therefore, following the recommendations research proposed by Ajzen and Fishbein (1980), current study will obtain elicitation method to identify the participant's behavioural, normative, and control beliefs on PFD amongst officials, employees and general publics from Naypyidaw.

2.4 Physical Activity and Exercise is Medicine

The advantages of daily moderate physical activity (PA) are well supported, but a substantial portion of the population appears to be inactive (Warburton, Katzmarzyk, Rhodes, & Shephard, 2007). PA-enhancing

intervention programs are a public health priority; however most existing programs have met with limited to very minimal success (Hillsdon, Foster, & Thorogood, 2005). These programs are almost entirely focused on convincing appeals to advantages over the value of PA (e.g. performance goals, instrumental attitudes) and coping/problem-solving approaches to self-regulation aspects of PA (self-efficiency self-regulation; Rhodes et al., 2009).

The relationship between exercise and health is proclaimed by health professionals worldwide, but exercise is a form of medicine is an increasingly popular concept in health care, academia, and politics. A proponent of this concept is the Exercise Is Medicine organization (EIM). The organization sees itself as a panacea for a variety of health problems and uncritically endorses exercise as beneficial for everyone (Williams, 2018).

According to Warburton, Nicol, & Bredin (2006) moderate vigorous physical activity can prevent NCD such as cardiovascular disease, diabetes, cancer, obesity and osteoporosis and other chronic disease (Rhodes et al., 2014). Health and disease avoidance exercise prescription has origins that started in antiquity almost two centuries ago. India's Susruta was the first "recorded" doctor recommending pleasant exercise every day.

(Cowie & Hamilton(2014) stated that Regular physical activity (PA) is prescribed as essential to the well-being of a person. Australian recommendations advise 30 minutes of relatively high PA on most, if not all,

days to sustain and boost health. Greek Hippocrates was the earliest published fitness prescription for a customer patient. Together with his suggestion by applying exercise for disease treatment (Tipton, 2015).

In addition, Tipton references Peter Karpovich's (1968) assertations that there improving proof for preventing disease by applying exercise and physical education will soon be part of treatment. Getting involved in consistent regular PA is an important tool for health (Sallis, 2015). As well as it calls exercise a powerful tool and a sedentary lifestyle contributes to chronic disease and earlier death.

Sallis (2015) highlights four fundamental factors which presents to an individual's health status : health is formed 20% by genetics, 20% by environment, 10% by access to health care and 50% by a person's behaviour. EIM is an American Sports Medicine College (ACSM) public wellness program. Its stated aim is to make physical activity evaluation and promotion a practice of clinical care.

When exercise is viewed as ' medicine, it means that cure and redemption rather than health and well-being tales of exercise participation. For some, discomfort is one of the unwanted side effect of participating in PA or exercise and had a detrimental effect on motivation and dedication (Williams et al., 2018).

The emphasis on the therapeutic positive outcome by doing exercise was not representative of pleasures encountered from involvement in exercise. Therefore, health professionals, researchers, and policymakers need to promote more ethical ways of promotion of exercise that could lead to more efficient, person-sensitive action (Lobelo et al., 2014).

The EIM organization stresses the importance of the adoption of three key elements: health systems, community resources and active health technology. It claims this help to establish physical activity as a standard in healthcare.

2.4.1 Exercise Is Medicine Myanmar

Exercise is Medicine 'EIM' is a continuing as well as growing a global health movement dedicated to the idea of promotion of physical Activity (PA) is central to disease prevention, supervision and care. EIM License and Operational Guidelines Agreement for National Centers (a memorandum of understanding, MoU) is made between the University of Public Health (Yangon) and the American College of Sports Medicine ("ACSM"), United States of America in Nov 2019.

EIM Program Officer from the *Exercise Is Medicine* (EIM) organization from United States visited Myanmar (formally the Republic of the Union of Myanmar) to outline how an Exercise Is Medicine program would

work and to discuss with program staff who could roll out the program across Myanmar (EIM Global Center and MoHS MoU, 2019).

The EIM organization's main aims were adopted by the Myanmar Ministry of Health and Sports which are to develop the member of health care professionals who had experience of participating and received the training course provided by EIM as well as on PA of the Myanmar healthcare delivery system.

- To develop the member of health care professionals who are certified by EIM Myanmar National Centre and are actively engaged in providing guidance to individuals based on the core EIM principles.
- To integrate PA as an essential activity in hospitals as well as healthcare systems throughout Myanmar in accordance with EIM principles.
- To increase EIM activities in universities and other educational institutions through the expansion of EIM activities.
- To provide people with who are suitable and local access to credentialed EIM professionals, EIM qualified physical activity program s and EIM recognized places in all sectors of the community.
- To develop an effective network of all EIM stakeholders in Myanmar (Yetintlwin, EIM Myanmar, 2019).

The Exercise Is Medicine principles are being applied by the Ministry of Health and Sport. One of the exercise methods is Physical Fitness Dance under the four pillars of EIM frame work. (Yetintlwin, 2019)

2.4.2 Host Institution

The University of Public Health (located in Yangon) is a government institution under the Department of Human Resource for Health which is a part of the Ministry of Health and Sports. The university was established in July 2007 with the purpose of improving the health of the population.

The role of the university is to develop leaders and managers in the health sector by: (a) training health-related personnel, (b) conducting research, and (c) participating in the practice of healthcare services. The university has nine departments: 1) Health Policy and Management, 2) Epidemiology, 3) Biostatistics and Medical Demography, 4) Occupational and Environmental Health, 5) Health Behaviour and Communication, 6) Population and Family Health, 7) Medical Education Science and ICT, 8) Nutrition and Food Safety, and 9) Public Health Laboratory Science.

The university offers a PhD; Master's in Public Health; and Master's in Hospital Administration; a Diploma in Medical Education; and it offers an e-learning program for public health professionals (Yetintlwin, EIM Myanmar, 2019).

2.4.3 EIM Myanmar National Centre

The EIM Myanmar National Centre was formed in May, 2019. The advisory board was led by the minister of Ministry of Health and Sport. The Vision of EIM Myanmar National Centre is to achieve "Healthy Myanmar" by way of inculcation of culture of regular exercise taking activities. The Mission is to provide guidance to health professionals to promote physical activity as a preventive and therapeutic strategy for chronic diseases and age-related diseases to improve the health of the nation. Officials were appointed to an action group called the EIM Myanmar National Centre. These majority of officials came from the Department of Medicine (a department under MOHS) and a minority came from the Department of Sport and Physical Education.

The very first meeting of Advisory board was held on 30th May,2019. EIM Myanmar National Technical committee was led by Dr. Mya Lay Sein, Deputy minister of MOHs. The Exercise Is Medicine principles are being applied by the Ministry of Health and Sport. One of the exercise methods is Physical Fitness Dance under the four pillars of EIM frame work. (Yetintlwin, 2019).

2.5 Sedentary Lifestyle and NCD

There are some arguments in literature about the terms of sedentary has been complicated since two working identifications are existing, mainly reported within biological and heath literature. Another one mainly reported as

not engaging in even minimum levels of exercise or PA that can be found especially in sport and exercise literature. The term sedentary life style or physical inactivity was identified as performing insufficient amount of PA which is not meeting relevant body movement (Korean Journal of Family Medicine, 2017).

Downs & Hausenblas, (2005) stated that pregnancy is correlated with physiological effected which can lead to sedentary lifestyle Pregnancy is correlated with important mental and emotional consequences that may promote sedentary behaviour and/or poor physical activity (PA) to females. This behaviour is related with an elevated risk of premature birth, depression, type 2 diabetes and cardiovascular disease and many other diseases.

Lack body movement and physical inactivity are the main reason and consequences of non- communicable disease (NCD). Physical inactivity are the challenges of health and wellbeing for human being. Regardless of the advantages of physical activity being generally developed, inactivity remains destructive. This is exacerbated by physical activity intervention tending to be put in more wealthy area and taken up by those who are more educated and in better wellbeing. The situation with NCDs is sometimes referred to as an epidemic. “Non-communicable chronic diseases (NCDs), such as cardiovascular disease, diabetes, and cancer etc.,” (Pharr & Lough, 2016). Pharr added that

"Regular physical activity (PA) reduces the risk for chronic disease and improves overall health. Aerobic exercise helps reduce the incidence of cardiovascular disease (heart disease and stroke) and reduces risk factors for cardiovascular disease such as obesity, diabetes, high blood pressure, and high cholesterol in adult."

Pharr and Lough added that regular physical activity (PA) decreases NCD risk and increase overall health. The risk factors for cardiovascular disease such as obesity, diabetes, high blood pressure, and high cholesterol can be decreased by doing aerobic exercise. The pulmonic, bone mineral density, self-esteem have also been shown to improve.

For women specifically, examples of positive results from daily PA include increased survival after breast cancer diagnosis are likely to reduce as well as the risk of stroke. As the development in the word is increasing nowadays, the NCD becoming a serious problem for the people. "The incidences of inactive behaviour in physical activities is rapidly increasing leading to growth in chronic diseases such as obesity, diabetes, cardiovascular disease and other Non-Communicable Diseases around the world" (Astrup, 2001).

Overweight and obesity have grown significantly and are already reaching epidemic levels. Obese persons are often associated with metabolic

syndrome elements, including insulin tolerance, high blood pressure, and are exposed to greater risk of multiple chronic conditions, such diabetes type 2, forms of cancer, and breathing problems (Pi-sunyer, 2002).

According to Stein and Colditz (2004) over $117 billion is incurred in the annual direct and indirect costs of obesity, and larger rates of obesity represent a substantial proportion of recent increases in healthcare expenditures only in United States alone (Stein & Colditz, 2004). Thus the obesity crisis is now a serious threat to public health and will undoubtedly become worse in the future (Y. Lee & Pratley, 2005). According to Warburton, Nicol, & Bredin (2006) moderate vigorous physical activity can prevent NCD including obesity, cardiovascular disease, diabetes, cancer and osteoporosis and other chronic disease (Rhodes et al., 2014).

2.6 Practical Dance for Health in Several Countries

The governments of many countries around the world promote dance for its health benefits. Australian Department of Health & Human Services, (2016) stated that "Dancing can be a tool of reducing aging, shapes and sizes to stay fit and beauty. Exercise can boost muscle tone, strength, endurance, and health. Dancing is a pleasant way to become more physically active and stay healthy.

Mass exercise activities are popular in China. Many types of cultural exercises and ancient sports are commonly carry out in China for more than

5000 years. Such exercises have been used by older Chinese adults to prevent from illness, enhance their health and to improve their fitness for decades.

Many of Chinese people are practicing traditional sport and PA since long time ago. There are more than 900 types of traditional Chinese sports and martial arts which comprising more than 120 variants of self- defence are practised by more than 56 Chinses ethnic groups. (Guo et al., 2016)

Dance activity has been linked to multiple specific health benefits "such as stress control and improvement serotonin level" and there is research indicating that dancing can prevent Alzheimer's disease and other dementia. Power (2020) lists the benefits of dance as physical stress-reduction, cardiovascular) and psychological (feeling related to dance community). Other studies echo the physical and psychological benefits of dance (Schroeder et al., 2017).

Another one is called the Dancing Heart and it is a program that was created by Kairos Alive, a non-profit organization. The Kairos employees are professional dancers and artists who execute a series of music workshops, dance while standing or sitting in chairs, perform expressive dances, full breathing techniques, and tell stories of their lives. A broader interdisciplinary collaboration including students and professors from both the Departments of Occupational Therapy and Physical Therapy at St. Catherine University (Bruesewitz, 2012). Furthermore, McKinley et al. (2008) researched a program

of tango dance explicitly intended to improve balance and reduce the risk of falling.

2.7 Physical Fitness Dance Myanmar Program

Under the guideline of Ministry of Health and Sports, an Assistant Director of the Myanmar Ministry of Health and Sport Daw Alice Than and her team had been given training to trainers in PFD under the four pillars of Exercise Is Medicine principles from May 2017 till August, 2020.

Department of Sports and Physical Education continuously promote the PA for citizens as well as to support the aim of EIM in community setting along with Mass Sports Activity. The Department of Sport and Physical Education trained trainers of PFD from across Myanmar. Various training courses for PFD were organized by the Ministry of Health and Sport and its department as follows:

1. the first PFD coaching course was conducted from 11 to 22 June, 2018 with 71 participants in Naypyidaw.
2. Second course/ 2018 – 184 participants
3. First course/2019 Trainees from SPED – 154 participants
4. High school teachers – 140 participants
5. PE Training – 600 participants
6. Referees and Coaching Course (MWSF) 300 Trainees

7. Myanmar Fitness Dance course Feb/2019

Health Literacy Promotion Unit's health literacy support for 280 Fitness Dance Training of Trainers from 15 States and Regions in 30 Oct 2019 (KoHtayKanaung, 2020).

PFD and Myanmar Women's Sport Federation

The Myanmar Women's Sports Federation organization jointly initiated with MoHS on the "Healthy Myanmar Activity" as a mass activity across Myanmar.

Deputy Minister of Ministry of Health and Sport, Dr. Mya Lay Sein, during her services as Minister's consultant in 2017 - 2018, proposed PFD as a tool of Physical Activity while MoHS and Myanmar Women Sports Federation were jointly promoting the PA and Exercise Is Medicine by using Myanmar Fitness Dance. MWSF started travel traveling to every State & Region in coordinating with Respective Local Government of State and Region.

They provide Health Education awareness and the Benefits of Exercise and Sports together with Myanmar Fitness Dance as a promotion of Mass sport and as well as EiM. During 2018, 2019 and 2020, they covered almost all states and regions of Myanmar. The Myanmar Women's Sports Federations objectives are:

- To get Myanmar people involved in exercise actively and get them strong both physically and mentally
- To create a healthier society through Myanmar Women's Sports Federation activities
- For the participants to share the physical knowledge gained in the activities with their society.
- To build relationships among participants (Federation, Myanmar Women's Sport, 2019)

PFD Across Myanmar

The Myanmar Women's Sports Federation went to fifteen states and regions across Myanmar to demonstrate the "Exercise is Medicine" program.

- On 20th May 2018 in Myanmar's Mon State 1,100 participants were made up of Women's Sports Federation sub-committee members, sports officers and staff drawn from 10 townships across Mon State, students, and locals.
- On 22nd May 2018 in Kayin State 600 participants (including the chairman of member of parliament, Women's Sports Federation sub-committee members, civil service local staff and local people took part in EIM activities.
- On 2nd June 2018 in the Mandalay Region 2,000 participants including the regional chief minister, Women's Sports Federation sub-committee

members, civil service local staff and local people participated in EIM activities.

- On 5th June 2018 in Sagaing Region, 680 participated (including the regional chief minister's wife, the wife of the Minister for Social Welfare, other Union Ministers' wives, female Members of Parliament, civil service local staff and local people).
- On 11th August 2018 in Kayah State 2,000 participants took part (including the Minister for Social Welfare).
- On 12th August 2018 in Shan State 1,200 participants took part (including the regional chief minister's wife, the Minister for Shan State Social Welfare, the President of the Shan State Physical and Sports Education Committee, the Minister for Regional Natural Resources and Environmental Conservation, the chair, co-chair and members of the Women's Sports Federation sub-committee.
- On 13th September 2018 in Nay Pyi Taw there were 1,400 participants (including the Union Minister for Ministry of Healthy and Sports, Departmental Union Ministers' wives, Deputy Minister for Ministry of Health and Sports and Civil Service staff).
- Between 21-22 Feb 2020 in Chin State there were 2,100 participants (including high school students, officials, members of the public, the wife of Henry Van Thio (Vice President of Myanmar) and the Deputy

Minister of MoHS participated in EIM Physical Exercise program (Federation, Physical Fitness Dance, May 2019).

PFD and Mass Sports Myanmar

People across Myanmar actively get involved in mass sport including walking in the early morning. Mass sports started engaged in Myanmar for three months in a year (November, December and January) since 1964. However, it became only December month in a year from 2000. (SPED, 2000).

Furthermore, PFD started added in 2018 (Kyisoe, 2018). This early morning exercise was actively engaged by leaders from multi ministries such as Ministers, Deputy Ministers, Director Generals and head of offices as well as Myanmar citizens. Participants started walking together from one spot and ended up in the same destination, then after walking, people gathered and line up in the field, started ding stretching, aerobic and PA including PFD with music led by sports officials, the PFD coaches and some technician officers.

Several companies and sponsors provide shirts, beverages, cakes, drinks and fruits. Several ministries, citizens from respective places are actively engage in the mass sport activity every Saturday morning especially in the month of December. In order to actively doing exercise in December mass sport, many people are preparing the fitness dance movement since early two to three months prior especial there is a culture called December Mass

Sport activity in every Saturday morning during December in the whole Myanmar.

The mass sport was engaged actively by the leaders such as Ministers, deputy ministers, director generals and head of offices from multi-ministries. People across Myanmar are actively get involved in December mass sport include walking in the early morning activity. They all started walking together from one spot and ended up in the same destination, then started doing physical activities including Physical Fitness Dance with music led by sports officials, the PFD coaches and doing together in a big field or football pitch.

Many of citizens are actively getting involve in this mass sport activity, some companies, sponsors provided shirts, beverages, cakes and drinks. In order to participate in December mass sport actively, officials, employees and citizens are preparing aerobics movements as well as the fitness dance in 2 to 3 months prior December mass sports activity (HtetWai, 2018).

Chapter 3 . Method

Based on literature review, the current study will apply TPB, elicitation method (Ajzen,1980) on Myanmar Physical Fitness Dance activity. The process of approaching the participants, research method, collecting the data and data analysis was discussed in this chapter.

In order to identify the participants' salient beliefs and comparing the factors from the three groups on PFD in Myanmar, an elicitation qualitative research with semi- structured interview questions based on TPB was applied to identify the salient and to predict their future participation behaviour.

3.1 Research Design

As mentioned above, the salient beliefs and comparing the beliefs of Physical Fitness Dance participants, an elicitation method was performed to elicit the model salient beliefs such as behavioural, normative, control beliefs between the three groups sample utilizing the process proposed by (Ajzen, 1991).

In this research, the participants who spent at least one month, three times a week Physical Fitness Dance program at the end of their office hour as well as public participants from Naypyidaw who joined this dancing program in public places and on weekends were asked. The sample consist of both male and female aged between 11-70 from three different groups, 53 government officials, 81 employees and 69 public participants.

3.2 Data Collection

Semi structure interview with elicitation open-ended questionnaires series based on TPB, was sent through the office of Director General of sports and physical education department, to director of planning and research division, mass sport and media communication division, director of Naypyidaw SPED as well as the in charge of PFD program.

Following the theoretical rationale and measurement procedures of Ajzen (1991); and Middlestadt et al. (1996), an elicitation study was applied on three target groups: government officials, employees and general publics from Naypyidaw city in late 2020. This consist semi- structured interview based on the beliefs categorise from TPB. The questionnaires are prepared as the following:

Behavioural Belief Questions:

- What do you see as the advantages or good things that will happen if you take part in PFD program in post Covid19?
- What do you see as the disadvantages or bad things that will happen if you take part in PFD in post Covid19?

***Normative Belief Questions*:**

- Who (individual or group) do you think would support you if you take part in PFD program in post Covid19?

- Who (individual or group) do you think would object you if you take part in PFD program in post Covid19?

Control Belief Questions:

- What makes it easier for you to take part in PFD program in post Covid19?
- What makes it difficult or impossible for you to take part in PFD program in post Covid19?

3.3 Overview of Participant Characteristics

The participants consist of three different group categories: government officials, government employees and general publics from Naypyidaw. The government officials and employees from 14 ministries and public participants included university students, basic education students, bank accountants, shop keepers, tailors, company workers, wives of government officials and employees, and people from Naypyidaw. A total of 203 consist of 53 (26.11%) government officials, 81 (39.9%) employees and 69 (33.99%) general publics who live in Naypyidaw, Myanmar were the respondents. Participants were 203 [females = 150 (73.89 %), males = 53 (26.11 %)] including government officials, employees and general publics from 14 ministries and Naypyidaw territory, Myanmar. Ranging in age between 11-70, but most participants are between age 21 to 47 (see table1).

The elicitation salient belief study was held among 53 participants from government officials, 81 participants from government employees and 69 participants from general publics. Open-ended interview based on TPB (behavioural beliefs) were conducted. The behavioural beliefs pointed out more than 30% by the respondents were considered the most salient beliefs (Ajzen, 1991).

Table 1:
Participants Characteristic

Position	Gender	Qty	Percentage	Age range	N
Official	Male	18	8.87	21-30	3
				31-40	8
				41-50	4
				>51	1
	Female	35	17.24	21-30	10
				31-40	15
				41-50	4
				>51	5
Employee	Male	19	9.36	21-30	9
				31-40	8
				41-50	2
	Female	62	30.54	21-30	36
				31-40	20
				41-50	9
General Public	Male	16	7.88	11-20	5
				21-30	3
				31-40	8
	Female	53	26.11	11-20	10
				21-30	15
				31-40	15
				41-50	10
				>51	3
	Total	203	100.00		203

- **Defining Government Officials**

The government officials define as the gazetted officers and above level in any field of the department. Their general duties and responsibilities are; administering the staffs in the department and delegate the tasks to them, preparing the regular statistics and reports to present to the management in right time, protecting the security of the confidential documents and files in the department, maintaining the personal information of the staffs as well as making sure to get the right payment such as salary, yearly increment, leave payment and travel allowances for the staffs and in case of pension, helping the staffs to get retired properly according to the rules and regulations other duties could include monitoring the staffs in the department to work under the rules and regulations in care of emergency arise, manage, and unite the subordinates to coordinate working together.

- **Defining Government Employees**

As for the Government Employees consist of all employees including junior clerks, senior clerks and lower position than gazetted official position. They must Adhere and follow the guidelines of superior (branch clerk and superintendent), perform the assigned duties according to the procedures and protocols, systematically maintain the files and documents in case by case properly. If any difficulties found, they shall immediately report to the superior

(Branch clerk and Superintendent) and make sure to keep the confidential official information and take responsibility not to leak.

- **Defining General Publics**

The public participation group is various. It includes middle school students, high school students, members of Myanmar Maternal and Child Welfare Committee members, wives of parliament members, wives of government officials and employees, wives of military and police, some elderly and some other citizens such as tailors, shopkeepers, groceries sellers, etc who live in Naypyidaw for different reasons.

School students are doing PFD in PE time, at least three times a week, while others do PFD especially on weekends and as a mass sport activity. The public aged between 11-70 were asked through FPD coaches and teachers form schools to response their beliefs and point of view based on TPB questions.

3.4 Procedure

Firstly, the interview questions were sent to director general's office, then director of planning and research division, director of mass sport and media, director of Naypyidaw territory and the person in charge of the Physical Fitness Dance.

The participants were given the information about the research in advance. They were chosen randomly by the in charge of Physical Fitness

Dance. The initial target sample was 140, however 211 respondents replied. 8 was excluded due to the criteria of respondents which supposed to be at least one month for practicing period. The government officials, government employees and general publics from Naypyidaw who have experience in Physical Fitness Dance program were involved and the age range was between 11-70 years old. This three groups were to elicit their beliefs towards PFD, and to compare their beliefs to figure out their possibility of participation in PFD.

Secondly, the trainers of PFD explained the reason of this research to target participants. They explained about the study was a voluntary, and this research would not affect any of their job or position. Assurance will be provided that all information will be kept confidentially. The questions and all response were transcribed and translated from Burmese into English. Later, the transcribed were read and re-read familiar with the data to make it is accuracy.

Thirdly, the respondents were asked to state the positive or negative outcome to engage in PFD (behavioural beliefs). They were then being examined to mention any person or party who will support or stop them from doing PFD (normative beliefs). Additionally, they were asked to categorize reasons that might stop or enable to engage in PFD program (control beliefs). All the beliefs pointed out more than 30% are applied for analyse (Behavioural, 2010). All these elicited beliefs were used for analyses the beliefs elicited from the elicitation to understand an intention of participation PFD in post Covid19.

Director of planning and research division, director of mass sport and media communication division, director of Naypyidaw territory Sport and physical education department instructed their administration staff to co-operate in data collection process. The administrative staff to agree to assist to collect the data and contacted to the researcher through social media (e.g., Facebook messenger video call, messenger voice calls, messenger and viber text message). Researcher had to explain them the guideline to conduct open-ended questionnaire with semi-structure interview. An Assistant Director from SPED trained some trainers of PFD supported on data collection process. provided some official documents for government officials, government employees as well as to public participation.

3.5 Methods and Analyses

As mentioned, elicitation research the identify model salient beliefs among the three groups by using the strategy recommended by Fishbein and Ajzen (1991). To encourage the participants to clarify as many factors as they can, the Think-aloud method were suggested by (Meyers, Gamst, & Guarino, 2006). Content analysis was conducted for analysing responses (Shannon, 2005), and the most frequently beliefs mentioned more than 30% from the respondents were applied to compare the three target groups (Behavioural, 2010).

Chapter 4. Results

This chapter will show the result of semi structured interview with open-ended questionnaire based on the TPB. The interviews questions were sent and conducted through online google form and email through SFED offices due to pandemic situation and took for three weeks from September to October, 2020. Below are the research results.

4.1 Salient Beliefs

Five advantages and two disadvantages as shown in table 2 presents the most frequently mentioned beliefs reported in terms by doing PFD, ‘improve physical & mental health’,’ relieves stress and promotes relaxation’, ‘make me feels good and happy’, ‘looking good & control weight’. Employees and general publics stated the same factors. In order to get two factor for negative outcomes (disadvantage) ‘doing PFD can cause me injury’, ’knee and back pain’ were reported.

In normative beliefs, all groups reported ‘friends’, ‘family members’ who would approve them to do PFD. ‘authority’ was cited by both officials and employee groups, however, it’s not mentioned in general public group. Furthermore, all groups identified that ‘no one will disapprove me for my participation in PFD’.

As shown at table three, 30% of control beliefs mentioned by respondents were ‘having Instructor’, ‘fun time& pleasure’, ‘easy access and

open spaces', 'society support (office program)' will make them easy to engage in PFD.

Table 2:
Behavioural Beliefs towards Physical Fitness Dance

Factors	***Behavioural Beliefs***	***Responses***	***%***
Government Officials (53)	Improve Physical & Mental Health	35	66.04
	Relieves stress and promotes relaxation	28	52.83
	Make me feels good and happy	19	35.85
	Looking good (P.F) & Control weight	20	37.74
	Chance of injury	16	30.19
Government Employees (81)	Improve Physical & Mental Health	54	66.67
	Relieves stress and promotes relaxation	52	64.20
	Make me feels good and happy	24	29.63
	Looking good (P.F) & Control weight	44	54.32
	Knee & Back pain	29	35.80
General Publics (69)	Improve Physical & Mental Health	37	53.62
	Relieves stress and promotes relaxation	55	79.71
	Make me feels good and happy	24	34.78
	Looking good (P.F) & Control weight	29	42.03
	Knee & Back pain	25	36.23

Moreover, they were again examined to point out factors which will make their engagement in PFD difficult. All groups mentioned 'lack of time 'while 'feeling insecurities and worried about effected by the remaining Covid19 decease' was identified only by employee group.

To answer the first research question of '*what are the salient beliefs of participants on Physical Fitness Dance Myanmar in post covid19?'*, the elicitation method was conducted to elicit the salient beliefs from frequency answers by the respondents.

Table 3:
Normative Beliefs towards Physical Fitness Dance

Factors	Normative Belief	Responses	%
Government Officials (53)	Friends	38	71.70
	Family members	28	52.83
	Authority	19	35.85
Government Employees (81)	Friends	66	81.48
	Family members	52	64.20
	Authority	42	51.85
General Publics (69)	Family Members	39	56.52
	Friends	36	52.17

Table 4:
Control Belief towards Physical Fitness Dance

Factors	***Control Belief***	***Responses***	***%***
Government Officials (53)	Lack of time	25	47.17
	Having Instructor	18	33.96
	Fun time and pleasure	16	30.19
Government Employees (81)	Supporting environment(friends)	43	53.09
	Having Instructor	29	35.80
	Lack of time	41	50.62
General Publics (69)	Easy access & Open Spaces	38	55.07
	Having Instructor	24	34.78
	Lack of time	29	42.03

The result showed that most salient beliefs in behavioural appeared four positive beliefs (advantage) by doing PFD such as improve physical & mental health, relieves stress and promotes relaxation, make me feels good and

happy, looking good (P.F) & control weight in all target groups. However, there are two disadvantage factors, knee & and back pain, chances of getting injury were identified in all target groups.

The most salient normative beliefs, there are three individual or groups who will approve to do PFD were, friends, family members and authority. Four common enabling salient beliefs were identified, easy access and open spaces, supporting environment (Friends), having instructor, fun time and pleasure. One most difficult barrier factor identified by all group is lack of time. In addition, insecurity & worried about remaining pandemic was raised by employees.

The result showed that three factors, 'Reduce stress and promotes relaxation', 'Improve Physical & Metal Health' and 'looking good and control weight' are salient for all target groups. Similarity, friends, including work partners from office mentioned by officials and employees, as well as classmates and friends from school was mentioned by students. Family members were salient for all the groups whereas my wife, my husband, my parents were more mentioned by officials and employees, and parents, grandpa, grandma, uncle or aunt were mentioned by publics group which including students and multi back group from Naypyidaw. Addition, authority is frequently mentioned salient beliefs of officials and employees.

All the target groups describing, ‘having instructor’, ‘having a dance coach’ or ‘having facilitator’ are the most salient beliefs by all target groups which they think that make them easier to participate in PFD. However, ‘lack of time’ is the most elicited by both official and employee groups.

4.2 Comparisons Findings

Table 4 shows the most frequently beliefs mentioned by respondents at government officials, employees and public’s groups to compare to answer research question number two ‘What are differences in underlying beliefs of cognitive factors towards Physical Fitness Dance among government employees, government officials, and public target groups from Naypyidaw?’, within each of the TPB belief categories.

Behavioural belief towards PFD

In terms of positive outcomes by doing PFD, four beliefs reported by all groups were emerged. However, the major diversity was how very so often individual beliefs are mentioned (Kristina Romeike, 2016).

To give an example, ‘decrease stress and promote relaxation’ was mentioned the most by 80% of public respondents while 53% by officials and 64% by employees group. One possible explanation for this variation is that the general publics are more diversity of background such as shopkeepers, tailors or students who have more sensitive issues and the risk of environmental impacts such as living with parents, homework and study,

earning money for living, and housewives that are managing kitchen and take care of their children. Government officials and employees seem they have stable income, stable job, free accommodation, free transportation provided by government and their living style has less stress than publics group.

Looking good & control weight was identified 54% while official and public groups cited 42% and 38% each as a result of the employee participants has more girls' participation and most of them are 21 to 30 and they seem to care about good looking and controlling weight in this age.

Furthermore, knee and back pain were surprisingly identified by employee and public group while official group did not mention it. The likely reason why this two groups mentioned this factor while their age range is lower than officials group is that, they put effort and dance with more difficult technique while official do the simple movement just to have fun.

Moreover, officials group mentioned 'chance to get injury' (30%) while employees and general public groups mentioned yet they were less than 30% respectively. The possibility answer is that the official participants' age range is slightly higher than employee general public and they seem more sensitive in terms of the participants age rage is older than other groups as we can see in table 1.

Table 5:
Comparisons Officials and Employees and Public Groups

Factors	*Officials*	*Employees*	*Public*
Behavioural Belief (Advantages)			
Reduce stress and promotes relaxation	**53%**	**64%**	**80%**
Improve Physical & Mental Health	66%	67%	54%
Looking good & control weight	38%	54%	42%
Make me feels good and happy	36%	-	35%
Behavioural Belief (Disadvantage)			
Knee and Back Pain	-	36%	36%
Chance of injury	30%	-	-
Normative Belief (Approve)			
Friends	**72%**	**81%**	**52%**
Family members	53%	64%	57%
Authority	36%	52%	-
Control Belief (Easy)			
Easy access and Open spaces	-	-	**55%**
Supportive (Friends)	-	43%	-
Having instructor	**34%**	**36%**	**35%**
Fun time and pleasure	30%	-	-
Control Belief (Difficult)			
Lack of time	**47%**	**51%**	-
Insecurity (worried about remaining pandemic)	-	40%	-

Normative beliefs towards PFD

In terms of normative beliefs, all groups mentioned 'friends' will approve or support me to participate in PFD' by officials 72%, employees 81% mentioned higher percentage than general public group 52%. One possible explanation for the disparity is that general officials and employee's groups are coming from diverse cities. Most of them do not have family in Naypyidaw and they like being with their friends.

Furthermore, officials and employees mentioned ‘authority person’ 36%, 52% each, which is not mentioned at general public groups. One of the likely reasons for this was that government officials and employees need to get approval by office authority who are higher position at their respective department for participating in PFD as most of them are doing PFD at the end of office hour. However, general publics do PFD mostly after their working hour or on weekends and students from public groups are doing in their PE class which they don’t need to get approval.

Control beliefs towards PFD

In control belief, *easy access and open spaces makes me easy* was mentioned 55% only by publics groups. In this case, as students from public groups are provided space at schools and for their PE time which make them ease to participate in PFD. Naypyidaw governor and responsibility members from Ministry of Health and Sports jointly promoted mass sport activities, as there are lots of open spaces and outdoor fitness equipment which they can access easily to do exercises including PFD.

In addition, another factor that salient belief ‘having a friend to do PFD with’ (43%) mentioned by employee group was vary from official and public groups (25%) and (29%) respectively which is not counted as salient beliefs in this study. A response to this factor shows that employees are spending more

time with their friends while they are far from home for office work in Naypyidaw.

This factor was also mentioned as well as in *normative belief* approve for officials and employee's groups. In this case officials group shows less percentage about friends is that most of officials are married and they are provided family apartment, housing where they can live with family, while most of employees are living at dormitory with friends and other office members.

Moreover, 'having instructor' was the most frequently mentioned factors that made it easy to engage in PFD by all groups, (34%) in officials, (36%) in employees, and (35%) in public groups respectively which is the best strategy for all groups to be active. Other factor mention by only official group is 'fun time and pleasure'. This factor looks like the officials group seem they just do PFD to enjoy or as a fun which we can also see in behavioural beliefs 'makes me feel good and happy'.

With regards to barriers, 'lack of time' was the central response mentioned by all groups (47%, 51%, 28%) respectively. As most of officials and employees are staying in Naypyidaw without their family, most of them mentioned 'I need to go market for grocery, I need to cook, I need buy flowers to change for alter and pray' from employee and official groups.

Moreover, as all Ministries are located distance from apartment and hostel. Besides, transportation hasn't been developed yet people need to go either by their own vehicles such as car, bike, cycling nor, buses that provided by their departments it took them around an hour.

As our public group consists of several backgrounds including students, shopkeepers, tailors, wives of officials and employees, some of them need cooking and taking care of family as well as doing homework and study by students.

Furthermore, it followed by 'insecurities and still worried about covid19'was reported by employee 40%. It seems employees group worried to be effected by the remaining Covid19 disease even though the question was asked 'PFD in post Covid19'. Employee groups work in a group closely and react with more people, they seem like more sensitive than other two groups.

Chapter 5. Discussion

Aim of the research was to elicit the salient beliefs and predicting their future behaviour using elicitation method depends on job positions and environment diverse groups by comparing the underlie cognitive of PFD amongst government officials, employees and general public groups from Naypyidaw.

Most of the respondents seemed to have knowledge on doing exercise including the benefits of Physical Fitness Dance, both for physical and mental (Schroeder et al., 2017). The participants' behavioural beliefs was generally positive like other previous studies mentioned on improved health, control weight, relief stress, makes me feel good and happy (Brenes et al., 1998; Conn, 1998; Courneya, 1995; (Danielle SymonsDowns, Heather A.Hausenblas, 2005) we can see table 2 in the previous chapter.

Although, some beliefs reported negative that respondents do not familiar on the consequences of good things or bad things happened by doing physical activities including PFD, as a result of not getting involved in PA at the past time. Some of employees, for instance, said that "I engage it because my department head wants me to do PFD", some said 'just to be active' after a long hour sitting at the office' (engaging in PFD) without thinking about the positive or negative outcome, similar to the belief we can find in previous elicitation studies (Romeike et al., 2016). Moreover, some respondents stated

that they feel better when they are sweat, which points to a more affective belief rather than thinking about the advantages and disadvantages of PA which the previous study agreed (Romeike et al., 2016). The most salient beliefs were connected to the health of both physical and mental benefits of PFD, (Eileen Smith Anderson-Bill1, Richard A Winett,Janet R Wojcik, 2011) agreed and indicates that this behavioural beliefs may be one of the reasons for our target group continue to engage in PFD.

Nonetheless, the middle school students from public group stated that they did not aware that chronic disease-related to physical exercise. Highlighting the importance of physical (in)activity on programs can increase target group knowledge and allow them to explore the positive outcome of PFD, which will enhance their belief in PFD. (Romeike et al., 2016).

As of previous study (Brenes et al., 1998; Conn, 1998; Courneya, 1995; Michels & Kugler, 1998) the respondents mentioned ‘family’, ‘friends’, ‘doctors’, ‘authority person’. However, the current result shows official and employee raised ‘authority’ as one of the important factor.

Our result shows that social support (having coaches and friends who can dance with) and the (lack of time) are important factors for engaging or not engaging in PFD, a finding that has been reported in previous research among general populations (Smith Anderson-Bill et al., 2011; Trost et al., 2002). Furthermore, Employee group participants raised “worried about

covid19" although the question mentioned clearly, "what do you think that make you difficult in post covid19?". As mentioned earlier in chapter four, the employee groups respondents are the middle age range between 21-31 who are working in a group, and may be more sensitive about the pandemic than other groups.

Besides they were given example the answer of this while they were instructed to respond the interview. Symons Downs and Hausenblas (2005) stated that the beliefs can be vary among populations due to different life circumstances in previous study.

Furthermore, we found that more practical barriers such as lack of time as obstacle to engage PFD for the official and employee groups. The control belief barrier the lack of times can however relate to the declaration of the respondents that they may be tired at office as well as they take time on the way of going back to their apartment from office. They need to make food, washing, cleaning by themselves.

Additionally, most of officials and employees group stated that they prefer going back to their hometown and spending time with family on their holidays and weekends. For that reason, PFD improvement design or plan shall emphasis on demonstrating how to make time for PFD and how to integrate PFD with family members on weekends, and into their busy schedule.

Teuscher et al., (2015) stated that mong a similar target group, PA is even referred to as a collective group interaction rather than an individual activity. A suitable technique for encouraging our respondent to avoid a sedentary lifestyle could be to inspire them to meet with other friends for exercise and PFD.

Unlike our participants, other populations in previous study have mentioned costs for gym, weather as barriers to engage in PA (Salmon et al., 2003 ; Reichert et al., 2007). Costs was not directly mentioned by current groups as a barrier, however, some employees indirectly pointed when they answered the time barrier, (e.g., I need to go to market for grocery because my income isn't enough to eat food at outside, and as cooking takes time). Some of barriers related to cost could be happened behind the study such as (eg. transportation, buying a fuel for vehicles) as Naypyidaw has less developed for public transportation system till current study.

5.1 Limitation and Strengths of the Study

The intention number of respondent was reached even though the employee male groups and official female groups, 8 respondents had experience less than one month, that the criteria of inclusion were not met.

Moreover, as we have explored focusing on the salient beliefs and compare the beliefs in general. We can see as a proof in employee group as most of them mentioned that they are worried to be effected by the remaining

of Covid19 thought the question was clearly mentioned ‘post Covid19. In this regard, the respondents might have referred to different kinds of activities during the data collection period (eg. Covid19 case was raising up in Myanmar during September and October 2020).

Furthermore, language skills were limited as the open-ended questions were translated from English into Burmese, and again, after collecting the data, translated it from Burmese into English. As limitation, bias could be happen as translated the open ended responses from Burmese into English by one person, and the findings should be interpreted carefully.

We may have gained respondents who have already been interested in dancing or exercising. The respondents might have positive beliefs on PA or PFD. Furthermore, women participation is more than man participation similar to previous research (Brenes et al., 1998; Courneya, 1995; Courneya et al., 1997; Courneya et al., 1998; Estabrooks & Carron, 1998,1999).

According to Rhodes et al., (2014) , however, presented gender issues as a strong one since our participant has 74 percent female and 26 percent male participation. A strategy for male to enhance PFD could therefore be to stimulate the male members of the target group to create more extreme dancing movement that can enhance the male participation and social support such as a creative dance combine with vigorous physical movements.

In general, four the behavioural beliefs of our participants were positive. We might have skipped some negative beliefs in the samples, which may be the key to apply for intervention in the future. Moreover, limitation of this research is that, focusing the study group only from Naypyidaw.

However, this may be a very significant context, especially for people with more varied backgrounds including government officials and employees from various cities and lifestyles. Therefore, while the method introduced was appropriate to answer the research questions, the environmental impacts should also be considered in the creation of extensive health promoting approaches, especially among disadvantage populations (Symons Downs & Hausenblas, 2005).

5.2 Future Research & Recommendation

In this study similar beliefs were frequently reported by all groups. Awareness, mindset, sociological relationships, and time management primarily linked to these beliefs and barriers. The major differences amongst these populations were all that officials and employee's respondents pointed out in normative beliefs that 'authority' will approve me to engage PFD.

However, in control belief like other study, both government and employee raised time issue, less than 30% cited at general public groups. Furthermore, Covid19 was raised by employees while the official and general public groups did not discuss. The current study clarified the beliefs related

to behavioural, normative, and control beliefs on PFD among government officials, employees and general publics with salient beliefs to predict their intention towards their behaviour whether to engage in PFD or not.

Most of the beliefs arose are alike among the three target groups, nonetheless the variances were slightly found base on background population and job characteristics. Collecting demographics and health of participants in advance and after the program would be useful for future research. It would be useful in defining the populations served more precisely in the program (i.e. persons with different cognitive or obesity). It might facilitate also relevant intervention information (i.e. for men exercise) that could be most beneficial to promote men participation.

In addition, Dance was not developed in the area of cognitive therapy and does not involve job therapists. However, it may be useful to further explore the impact of dace-based interventions for patients inside a physical therapy setting. The program tends to have a positive belief that current research has provided individuals practical exercises to engage in.

5.3 Summary and Conclusion

After the further discussion above, the answers for the two research questions to sum it up. The first RQ is '*What are the salient beliefs of participants on Physical Fitness Dance Myanmar?'* The salient beliefs factors are; Improve Physical & Mental Health, relief stress and promotes relaxation,

make me feels good and happy, looking good & control weight, chance of injury, those are behavioural beliefs arose from all groups. Friends, family members, authority in normative beliefs. Lack of time, having instructor and friends and peers, fun and pleasure are control beliefs that mentioned by all groups.

The second RQ is '*What are differences in underlying beliefs of cognitive factors towards Physical Fitness Dance among government employees, government officials, and public target groups from Naypyidaw?'* The answer arose within each of the TPB belief categories. Differences are slightly differing from the population target and job background (eg. Looking good related to gender and age range; authority and lack of time by officials and employee groups, insecurity about effecting covid19).

Among all those arose 15 factors by comparing the beliefs of three groups, (i.e., reduce stress, improve my physical and mental health, friends, having instructor, lack of time) are the key determinant intention of participation in PFD. These mentioned salient beliefs are major role to put focused for intervention strategy in the future.

However, control belief (e.g. Lack of time, and insecurity about effecting covid19) was arose. Arranging time management skill in the program, giving awareness of the consequences of NCD, including PFD program in office hour can easily solve for this problem. However, 'insecurity about

covid19' salient believe was the significant factor that arose in this study. The knowledge of prevention about the Covid19 is needed to educate among the group.

To conclude, this study suggests that policy makers, public health practitioners and urban planners could apply TPB to develop Physical Activity promotions for the people of Myanmar. The result from this study can be provided the idea of intervention PA or PFD for fighting against sedentary lifestyle, PFD and PA as a tool for prevention and cure, promoting health and happiness among current study population towards Myanmar citizens in the future.

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국문초록

피트니스 댄스 프로그램 참여에 대한 신념 : Naypyidaw 지역 고위 관료, 공무원, 대중들에 대한 도출 조사

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21 세기 기술의 발전과 더불어 운동 시간 및 친구나 가족과의 시간 부족은 매일의 삶 속에 신체활동 기회를 감소시킨다. 웰빙과 건강한 라이프스타일을 위한 신체활동의 역할을 분석하는 것은 만성 질환을 통제하는데 유익한다. 이 연구는 피트니스 댄스 프로그램에 대한 핵심 신념들을 도출하고 미래의 참여 행동을 예측하는데 목적이 있다.

이 연구는 계획된 행동 이론을 바탕으로 Naypyidaw 지역의 피트니스 댄스(Physical Fitness Dance, PFD) 프로그램 참여에 관한 핵심 신념을 탐구하기 위해 도출 조사 방법을 사용하여 수행되었다. 참여자들은 53 명의 고위 관료, 근무시간에 최소 한달 이상 주 3 회 PFD 프로그램에 참여한 81 명의 공무원, 그리고 공공장소에서 PFD 프로그램에

참여하게 된 69 명의 대중들이었다. 도출 조사에 사용된 오픈형 질문지는 계획된 행동 이론을 바탕으로 개발되었다.

연구의 결과는 프로그램에 참여한 사람들의 신체적, 정신적 건강 건강 증진, 스트레스 완화, 대인적 상호작용, 시간 관리, 커뮤니티 관여, 그리고 전반적인 신념들을 살의 질에 대해 긍정적인 결과를 가져오는 것을 보여주었다. 이 연구에서는 코로나 19 에 대한 불안도 유의한 요인으로 발견되었다. 이 집단에서는 코로나 19 예방에 관한 지식이 교육될 것이 요구된다.

결론적으로, 이 연구는 PFD 프로그램이 어떻게 시민들의 신체활동을 증진하고 미얀마의 좌식 생활을 이겨내기 위한 신체활동의 접근을 향상시키는 추가적인 개입을 개발할 수 있을지 조사하였다.

주요어: 계획된 행동 이론, 도출 조사, 신념, 신체활동, 좌식, 비전염성 질병

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