Physical inactivity and related diseases are of global public health concern. Previous work has identified that periods of transition across a life course or ‘life-change events’ have implications for drop out for physical activity. Therefore, any attempts to increase or even reverse trends in population physical (in)activity must address the impact of changes in life events or life circumstances on physical activity participation. This note identifies both possible life changes that might affect participation in physical activity and temporal trends in physical activity.

Allender et al\(^1\) identified five life changes which largely reduced physical activity levels:

- in employment status (eg location)
- in residence
- in physical status (eg pregnancy, illness, disability)
- in relationships (marriage, divorce)
- in family structure (parenthood, ‘empty nesters’)

Further potential life events identified might include change from junior to secondary school and from secondary to further and higher education; fatherhood; bereavement; etc. Work on the school transition allied to School Travel Plans has been addressed both in research\(^2\) and applied across a number of local authorities including Cycle Exeter.\(^3\) There is potential to maintain if not increase physical activity levels during this transition phase where journey lengths are usually longer, if walking or cycling are perceived as viable.

Recent analysis of the Health Survey for England has identified that for adult physical activity some notable changes in temporal trends have occurred in the past decade such as an increase in physical activity participation among women, and changes in cycling among sub-sections of the population.\(^4\) Data shows that decreases in cycling reported in other surveys (including National Travel Survey) are not universal across the population. While cycling levels among young men (16-29) have declined, the odds ratio for regular cycling participation among men aged over 45 had increased by 38% in 2006 compared with 1997/98. This may be due to greater health awareness and wider dissemination of the chronic disease-preventing qualities of exercise, which are more apparent in later life, motivating more people from the age groups to uptake sport and exercise. Increases in education levels and access to information eg through expanded internet access may also play a role. Awareness of such changes in physical activity behaviour in differing stages of the life-course may help to increase effective targeting for travel behaviour change interventions drawing on a life-course approach and on the above life change ‘stages’.

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