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Sociodemographic Factors Of The Practice Of Physical Activities And Sports In Brazzaville, Congo

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Abstract
Improving health is associated with the practice of physical or sporting activity. In Central Africa, the socio-demographic determinants of physical and sporting activity among individuals are poorly understood. The objective of this study was to examine the socio-demographic factors associated with the practice of physical and sporting activities among residents of Brazzaville, Congo. This is a survey, using a questionnaire, carried out in the nine districts of Brazzaville from July 2023 to February 2024. A total of 3,752 individuals aged 19 to 70 years participated in the study. Participants were asked to answer a series of questions on: socio-demographic factors and sports facilities frequented for the practice of physical and sporting activity; physical and sporting activity practiced. The survey revealed that team sports, particularly football, were more practiced than individual sports: 85.5% versus 14.5%. The practice of physical and sporting activities was the prerogative of the youngest (under 25 years old) (67.5%). There were more men in almost all activities, except fitness. The overall rate of practitioners varied significantly according to the level of education, the highest rate corresponding to practitioners with a secondary school diploma. Students were the most represented socio-professional category among practitioners (39.5%). Single individuals were the predominant group of practitioners (63.2%). In short, the data obtained already call for actions to promote the practice of PAS in the city of Brazzaville.
Keywords: *sociodemographic characteristics; physical activity; sports; Congo-Brazzaville*

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I. Introduction

Over the past three decades, the practice of physical activity and sports (PAS) by an individual has been recognized as one of the fundamental pillars of good health (CDC, 2017; Gimbert, 2018; O'Donovan et al., 2010). The stakes are high: while our lifestyles are increasingly sedentary, the benefits of physical and sporting activity are recognized in the prevention or management of diseases, or for this benefit on well-being (Rimmer and Marques, 2012). In developed countries, several studies highlight significant disparities in this practice according to gender, social category, territory and lifestyle (Hills et al., 2015; Mignon and Truchot, 2000), all factors of inequalities that accumulate. The approach by large statistical categories made it possible to identify the audiences furthest removed from the practice of physical and sporting activity. For example, women, and especially young girls, people with a health problem or disability, etc., were found (Gimbert, 2018). It also emerges from the literature review that individual situations reveal a diversity of practitioner profiles, each profile being associated with representations of PAS and specific expectations, a way of practicing the activity or even of including it (or not) in daily life. The obstacles and levers to practice, multiple and combining in a variable way during the life of the same individual, can be linked to several factors. Firstly, it is the immediate "environment", both normative (role of social norms), physical (access to places of practice, activity offers or active mobility) and social (role of the entourage). Secondly, the personal situation comes into play (available time, motivation and psychological factors, lifestyle, health status, etc.). In addition, individual practice trajectories show different challenges and expectations over the course of life. Activity experiences in childhood and adolescence are thus decisive in the construction of a taste (or rejection) for PA and in the establishment of routines, with family and school playing a major role. Variations in practice over the course of life are also linked to changes in the environment or personal situation, which potentially act as periods of disengagement from practice, or, on the contrary, as opportunities to represent (or start) an activity. PAS can thus begin at any time in life, provided that it is adapted.

In Congo-Brazzaville, the practice of physical and sporting activities at the population level remains low. However, within the population aged 15 to 64, the propensity to develop a chronic disease is very high (WHO, 2018). In a context of high sedentary lifestyle, where the lack of enthusiasm for PAS is real at all age levels, the Congolese government has been trying in recent years to provide a response to this problem with a real policy of

promoting mass sport, as much and sport for all. The aim is to make the regular practice of physical and sporting activities part of the habits of the Congolese. It is in this sense that the health policy has supported the development of PAS for all individuals since 2015. Physical activity is becoming more and popular in the large cities . In a spirit of hedonism that integrates pleasure, health more than performance. In the absence of suitable infrastructure and qualified human resources for supervision, people self -organize at home, in public spaces or in commercial leisure structures to practice PAS. Women and men practice walking across Brazzaville and Pointe-Noire, the two biggest cities in the country, to remain in good health. Over the past seven years, walking alone or as part of a group has become a normal activity on Sundays after attending church. It is in this sense that in Brazzaville, in 2018 the municipal council issued an order closing the Avenue de la Corniche (5 km long) every Sunday from 5 a.m. to 11 p.m. The "La Corniche" avenue is closed to vehicles and bikes for walkers to exercise. Walking now attracts as much involvement as football and more walk than play football. Walking has emerged as a social fact. In almost every neighborhood, walking teams are created as were football teams before. The political leaders who sponsor most of these teams walk in the front row. Furthermore, in the space of a few years, a dozen fitness centers have also opened their doors in Brazzaville. To the extent that these activities do not generate any registration with a sports federation and do not involve a license, course attendance or even the provision of advice, these PAS practices are considered self-managed. According to Dugas (2007), all of these new modes of sports consumption mark a "disinterest in federal structures that are somewhat ignored in favor of a so-called "wild" practice" (p. 14). Through snobbishness or unconscious participation, all these PAS practices could establish a culture of physical activity within the Congolese society. Some individuals' participate just to show off, while others do so only to imitate their relatives, friends, or neighbors. Physical activity, like eating a healthy diet, plays a valuable role in the treatment and prevention of obesity and correlated pathologies such as obesity hypertension and heart disease (Wilborn et al., 2009). Furthermore , practicing a physical activity or sport, in Congo-Brazzaville and elsewhere in the world, contributes to socialization by learning and adopting behaviors perceived as heaving social value.

It is in this context that we recently conducted a study devoted to sports practices in the southern districts of Brazzaville, within public sports facilities (Litoto Pambou et al., 2023) . It appears that their spatial distribution did not offer adequate sports for users, despite the population's enthusiasm for sports and the demand from young active customers. However, this study did not examine in detail the socio-demographic factors conditioning the choice of these PAS, the mode of practices. Given the scarcity of work in French-speaking countries of sub-Saharan Africa on this topic, the present study, which was conducted to fill this gap, aims to identify and analyze the different socio-demographic factors that determine the practice of a physical and sporting activity among the inhabitants of Brazzaville. The data from this work should make it possible to: (i) register physical and sporting activity as close as possible to the routines of the Brazzavillois; (ii) change the collective representations associated with physical and sporting activity in order to encourage its practice among the greatest number of inhabitants; (iii) rethink and redevelop the city of Brazzaville so that the neighborhoods offer more opportunities to practice a physical and sporting activity.

II. Materials And Methods

Framework of the study

The study, which was based on a mixed approach (qualitative and quantitative), took place in Brazzaville (Capital of the Republic of Congo), whose population is estimated at around 1,600,000 inhabitants. It was conducted from July 2023 to February 2024 in the city's nine districts in order to take into account the importance of the demographic weight, the socioeconomic level, accessibility to sports facilities and the practice of outdoor sports. The demographic data for these districts are presented in Table 1.

Table 1: Estimated population and area of the nine districts of Brazzaville

Borough	Estimated population (inhabitants)	Area (km^2)
1 Makelekele	74,815	15.53
2 Bacongo	80,000	7.39
3 Poto-Poto	101,000	9
4 Moungali	124.190	14.28
5 Ouenze	162,608	21
6 Talangai	600,000	102
7 Mfilou	20,000	38.75
8 Madibou	100,000	80.45
9 Djiri	20,000	83.46

Sampling

Sampling was carried out after determining the general population, then the cycle population (individuals aged 19 to 70) of each district. Then, two random draws with two fractions of 1/10 were carried out in the study

population, by district. Each district, in accordance with the administrative division of the city of Brazzaville, is divided into districts, which are subdivided into blocks. For representation purposes, the selection of districts and blocks within each district was carried out according to a draw of 1/3 for each entity. Thus, 173 blocks were retained at the end of this process. From the households making up this population, the minimum draw method of 1/10, a fraction admitted during national survey operations (Hambleton et al., 1995), made it possible to select 5,142 households. This procedure also took into account the geographical location of the habitable areas (number of streets, surface area). Thus, one street out of three was retained within the monitored block and one plot out of five on the said review (once on the left, once on the right). The inclusion criterion for the study was: declaring practicing a physical and sporting activity, occasionally or regularly. The eligibility criteria were age between 19 and 70 years and residence in the survey sector. Furthermore, if several individuals practiced a physical and sporting activity in a household, only one of them was selected by random drawing. In all cases, the individual's consent was a prerequisite for participating in the study. Ultimately, 3752 individuals participated in the study, divided into 2583 men (68.8%) and 1169 women (31.2%).

Survey tools

The questionnaire

Regarding the quantitative part of the study, a questionnaire was used. It was constructed based on the specialized literature on the social determinants of the practice of PAS (Miller et al., 2018; Petee et al., 2006; Pharr et al., 2020; Shaw and Spokane, 2008;). The questionnaire consisted of two distinct parts. The first referred to the sociodemographic information of the participants and that of the sports facilities (or play areas) frequented for the practice of physical and sporting activity: age, sex, district and neighborhood of residence, socio-professional status, marital status, level of education, characteristics of the facility. The second focused on the physical and sporting activity practiced . The questionnaire was distributed to all participants. The validity of the questionnaire content was established by an in-depth review of the literature on the social factors of the practice of physical and sports activities, followed by a contextualization in the Congolese environment. Its reliability was assessed by Cronbach's alpha (α) coefficient, giving values of 0.91 for the first part of the questionnaire, 0.87 for the second part, and 0.89 for the entire questionnaire. A pre-survey was also conducted to analyze and verify the homogeneity of the content of the items.

Maintenance

It was aimed only at individuals aged 65 and over, the age of 65 being the retirement age in Congo. The individual and semi-directive interview, lasting 30-45 minutes, focused on the representations associated with the practice of physical and sporting activity among the elderly and the social factors limiting this practice. The use of the semi-directive interview technique required the development of an interview grid. This had three aims: to provide the framework for discussions; to propose a distribution of time allocated to each of the themes; to identify the object of study. Thus, we developed a grid containing open questions that were discussed with each of the participants. The interview was conducted using a dictaphone with a sound recording and full transcription of each interview. The interviews took place at the home of each participant surveyed, on a day set by the participant.

Procedures

The implementation of this survey and its protocol were approved by the Departmental Directorate of Sports and Physical Education of Brazzaville. The study was conducted in accordance with the ethical recommendations of the Declaration of Helsinki and its revisions, as well as the guidelines on ethics and professional conduct of the National Commission for Ethics in Human and Social Sciences of the General Delegation of Scientific and Technical Research, near the Ministry in charge of scientific research in Congo. The participants were fully informed of the objectives of the study. Informed consent was obtained from each of them.

Study variables

The dependent variable was the practice of physical and sporting activity. The independent variables were: age, sex, level of education, socio-professional status, marital status, type of practice.

Operational definition

Sports facilities, as defined by Augustin (2002) and in accordance with the guidelines of the Congolese Ministry of Sport, include the following structures: stadiums, gymnasiums, local sports platforms, developed and undeveloped fields, fields located in schools and open to the surrounding population, athletics tracks, tennis courts and swimming pools.

Data processing and analysis

Regarding the data obtained by the questionnaire, descriptive statistics were used to determine, in addition to the means and standard deviations of age, the numbers and percentages of individuals in relation to the different variables of the study. The significance of the differences perceived between two percentages was verified according to the classic tests of inferential statistics. The comparison of several percentages was carried out using the S test of Sokal and Rohlf (1997). The Student t test was used to compare two means. As for the data obtained using the interview, the analysis technique was based on the transcription of the interviews. The recordings were transcribed in their entirety, word for word. A rereading of these transcriptions allowed, through the frequency of expressions, to group the speeches of the respondents by theme and to construct analysis categories and units of meaning. The transcriptions were analyzed according to the thematic analysis procedure described by Braun and Clarke (2006). The data from the quantitative study were processed using SPSS 23.0 software, those from the interview using NVivo 11 software. The significance threshold for the statistical tests was set at 5%.

III. Results

Spatial distribution of sports facilities

The distribution of sports facilities by district is presented in Table 2.

Table 2: Number of sports facilities per district

	CT (n)	UCT (n)	ST (n)	SP (n)	Stadium (n)	Gymnasium (n)	SC (n)	TC	Pool	Total (n)
District 1	3	5	12	1	1	2	1	1	--	26
District 2	1	4	9	1	1	--	1	--	--	17
District 3	1	1	7	--	1	--	--	--	1	11
District 4	--	--	6	1	--	--	--	--	--	7
District 5	--	--	7	1	--	1	--	--	--	9
District 6	--	--	10	1	--	1	--	--	--	12
District 7	--	-	7	1	--	--	--	--	--	8
District 8	--	3	6	--	--	--	1	--	1	11
District 9	--	5	9	--	--	--	1	--	--	15
Total	**5**	**18**	**73**	**6**	**3**	**4**	**4**	**1**	**2**	**116**

Abbreviations: CT, convertible terrain; TNA, unconvertible terrain; TMS, school terrain; PS, sports platform; CS, sports complex; CT, tennis court.

An uneven distribution of sports facilities and PAS practice areas was observed, the largest of which was noted in the southern districts of Brazzaville (Makélékélé and Bacongo), with frequencies of 22.4% and 14.6% respectively. The districts of Poto-Poto (located in the center of Brazzaville), Madibou (newly created and located in the south of Brazzaville) and Talangai (North of the city) occupied the median position. On the other hand, the districts of Ouenze (North of the city), Djiri (far north of the city), Moungali (city center) and Mfilou (south-east of the city) occupied the last ranks. Gymnasiums were located in five districts, developed fields in three districts, developed fields in three districts, sports platforms in six districts. Furthermore, among the four recent sports complexes, three belonged to private institutions (one located in the WHO-Africa regional office area, the other two to French associations). An over-representation of (undeveloped) fields located in schools was noted (n=73/116, or 63%). The insufficient number of swimming pools (n=3) and tennis courts was also noted. As for the athletics tracks, they were all located in the sports complex and a multi-sport stadium built by the Congolese State. Finally, 15 fitness rooms were counted, nine of which were managed by individuals in a private capacity. The others were located in public gymnasiums.

Physical and sporting activities practiced

Team sports were more practiced than individual sports: 85.5% (n=544). Among team sports, we found successively football (n=2385, or 74.3%; $p<0.01$), basketball (n=316, 9.8%), handball (n=284; 8.8%), volleyball (n=152; 4.7%) and traditional team sports (n=71; 2.4%). As for individual sports, these were more likely to be walking, jogging and hiking (n=181; 33.3%), combat sports (judo, karate, kung fu, ju-jitsu, MMA) (n=108; 19.8%), gymnastics (n=68; 12.5%), Olympic athletic sports (running, jumping, throwing) (n=65; 1.9%), pétanque (n=51.94%), fitness (n=33; 6.1%); table tennis (n=14; 2.6%), cycling (n=12; 2.2%), lawn tennis (n=7; 1.3%), swimming (n=5; 0.9%).

The practice of physical and sporting activity, a question of age and generation

The practice of PAS in Brazzaville was the prerogative of young people aged 19 to 24 (n=2534, or 67.5%; $p<0.05$), followed by young adults aged 25-34 (n=668; 15.1%) (Figure 1).

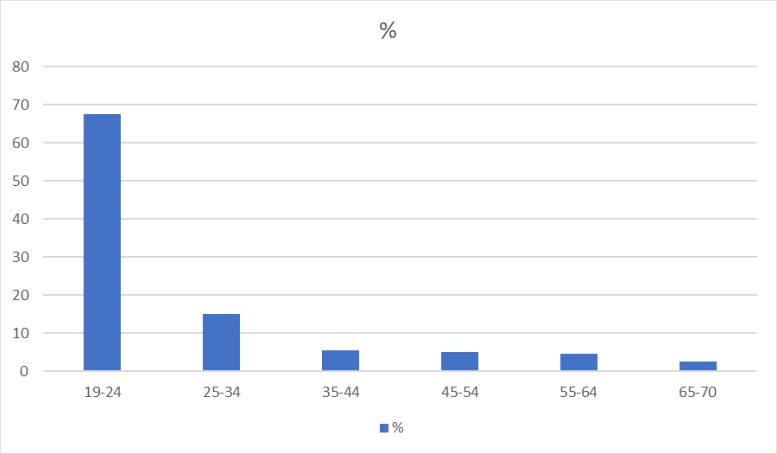

Figure 1: Evolution of sports practices with age

After the age of 64, nearly 3 individuals out of a hundred were physically and sportingly active. Team sports (football, basketball, handball, volleyball) were the preserve of young people aged 19 to 34. Two thirds of football players were under 34. As for walking, it was more practiced by individuals aged 35 to 64. As for cycling, walking, pétanque, hiking and pétanque, their practice was more of interest to individuals aged 55-70 (n=152/175, or 86.8%). Table 3 reports the distribution of men and women by age group.

Table 3: Distribution of practitioners of both sexes by age group

Age (years)	Men		Women		Total	
	n	%	n	%	n	%
19-24	1685	66.5*	849	33.5	2534	67.5*
25-34	564	84.4***	104	15.6	668	17.8
35-44	154	76.6**	47	23.4	201	5.3
45-54	93	53.4	81	46.6	174	4.6
55-64	67	63.2*	39	36.8	106	2.8
65-70	20	28.9*	49	71.1**	69	2
Total	**2583**	**68.8**	**1169**	**31.2**	**3752**	**100**

Abbreviations: *, significant difference at p<0.05; **, significant difference at p<0.01; ***, significant difference at p<0.001.

There were more men in each age group, except for the 65-70 age group where there were more women. Between the ages of 45 and 54, men and women were generally equally likely to practice physical activity. After the age of 64, the proportion of women who practiced physical activity was higher than that of men.

Activities conditioned by sex

Among the 3208 team sports practitioners, there were more men than women: 67.4% (n=2163) *versus* 32.6% (n=1145) (p<0.05). These differences were particularly evident in football: 2321 men (97.3%) *versus* 64 women (11.2%) (p<0.001). Only young girls under 25 were attracted to this activity. Table 4 shows the numbers and percentages of practitioners according to gender and PAS practiced.

Table 4: Numbers and percentages of practitioners according to gender and physical and sporting activity

	Men		Women		Total (N)
	n	%	N	%	
Team sports					
Handball	175	61.6*	109	38.4	284
Basketball	182	57.6	134	42.4	316
Volleyball	102	70.4**	45	29.6	152
Traditional games	19	26.8	52	73.2*	71
Individual sports					
MJRP	98	54.1	83	45.9	181
Martial arts	87	80.5**	21	19.5	108
SAO	53	81.5**	12	18.5	65
Gymnastics	47	69.1*	21	30.9	68
Fitness + bodybuilding	9	27.3	24	72.7*	33

Abbreviations: MJRP, walking + jogging + hiking; SAO, Olympic athletic sport; *, significant difference at p<0.05; **, significant difference at p<0.01.

In team sports, there were more men in basketball, handball and volleyball, the opposite finding in traditional games [1]where women were more present. As for the practice of individual sports, men predominated in martial arts (judo, karate, kung-fu, taekwondo, aikido, ju-jitsu), Olympic athletic sports and gymnastics. On the other hand, fitness was more practiced by women: 72.7% (n=24) *versus* 27.3% (n=9). However, a near parity of gender was observed in walking + jogging + hiking.

Physical activities, education level and socioeconomic level relationships

Table 5 shows the number of practitioners according to education level and socioeconomic level in both sexes.

Table 5: Level of education and socioeconomic level of practitioners

	Men		Women		Total	
	n	%	n	%	n	%
Level of education						
Primary	226	77.4**	66	22.6	292	7.8
Secondary 1st cycle	1283	73.1**	472	26.9	1755	46.8
Secondary 2nd cycle	825	60.1*	548	39.9	1373	36.6
License	135	72.2**	52	27.8	187	5
Master	70	76.9**	21	23.1	91	2.4
PhD	44	81.5***	10	18.5	54	1.2
Socioeconomic level						
Down	624	68.6**	285	31.4	909	24.2
AVERAGE	1872	69.2**	834	30.8	2706	72.1**
Pupil	87	63.5*	50	36.5	137	3.7

Abbreviations: *, significant difference at p<0.05; **, significant difference at p<0.01; ***, significant difference at p<0.001.

The overall rate of PAS practitioners varied significantly depending on their level of education. It went from 7.8% (n=292) for individuals with a primary school leaving certificate to 46.8% (n=1755) for those who had completed the first cycle of secondary education · However, among men, two phases were observed: the first, which was decreasing, corresponded to the transition from the end of the primary cycle (77.4%) to the end of secondary education (60.1%); the second phase, on the other hand, was increasing, going from 60.1% among individuals with a second cycle of secondary education to 81.5% for PhD holders. On the other hand, among women, a decrease in the number of practitioners was observed, from 22.6% for primary school leaving certificate holders to 39.9% for secondary school leaving certificate holders. Beyond that, a drop in female practitioners was observed, going from 39.9% to 18.5%.

Furthermore, PAS were more practiced by individuals with a moderate socioeconomic level (72.1% of the sample; n=2706-p<0.01), followed by those with a low socioeconomic level. The activities practiced by the former included team sports (n=2992/3208) including football for men (n=2208/2385), but also martial arts and traditional games, walking, jogging and hiking are forgotten. Individuals from high socioeconomic levels, the least numerous (n=137; 3.7%), practiced more gymnastics (n=53), walking + jogging + hiking (n=47), cycling, pétanque, both forms of tennis (table tennis), swimming and fitness (especially women). However, walking was the only activity practiced regardless of socioeconomic level. Table 6 summarizes the data relating to the most practiced PAS according to socioeconomic level.

Table 6: Rate of PAS practice according to socioeconomic level

Rate of practical	Socioeconomic level		
	Weak	Moderate	Pupil
50% and more	Football, walking	Football, walking	Walk
40 to 49%	Team sports, SAO	Team sports, SAO	Fitness
30 to 39%	Martial arts	Martial arts, gymnastics, jogging	Gymnastics, jogging, hiking
20 to 29%	Jogging, bodybuilding	Petanque, cycling, hiking	Swimming, cycling
10 to 19%	Traditional games	Bodybuilding, fitness	Lawn tennis, table tennis
Less than 10%	Hiking, biking	Swimming	Aikido

Abbreviation: SAO, Olympic athletic sport.

Practice of PAS, socio-professional status and marital status

The number of PAS practitioners according to socio-professional status is reported in Table 7.

[1]In Congo, the traditional games played are dominated by ''Nzango'', a game of skill with the feet and hands, and ''Kongo'', a game of skill with the hands.

Table 7: Distribution of PAS practitioners according to socio-professional status and marital status

	n	%
Socio-professional status		
Informal activities	785	20.9
Middle management (State and private sector)	432	11.5
Senior executive (State and private sector)	211	5.6
Student	1407	37.5
Retirement	74	2
Unemployed	843	23.6
Marital status		
Bachelor	2374	63.2*
Married	458	12.2
Free union	922	24.6

Abbreviations: *, significant difference at $p<0.05$.

The first socio-professional category of PAS practitioners was composed of pupils and students (39.5%), followed by the unemployed (23.6%) and workers in the informal sector (20.9%). Middle and senior executives in the State and the private sector, the last in the practice of PAS, successively represented 11.5% and 5.6%. Retired individuals occupied the first rank (2%). Regarding the marital status of practitioners, married people and those who lived as a couple represented 30.8%; out of the 1169 women in the sample, 690 practiced a physical activity, which represents an overall rate of 18.4% and a relative rate of 59%. On the other hand, more than six individuals out of ten (63.2%) were single. This difference was also significant between single women and married women: 81.1% versus 18.9%. Of the 24 women practicing fitness, 21 of them were married (87.5%).

Other considerations

The number of practitioners in the nine districts of Brazzaville ranged from 10.7% in Djiri (peri-urban district) to 31.6% in Ouenzé (cosmopolitan commune) (Figure 2).

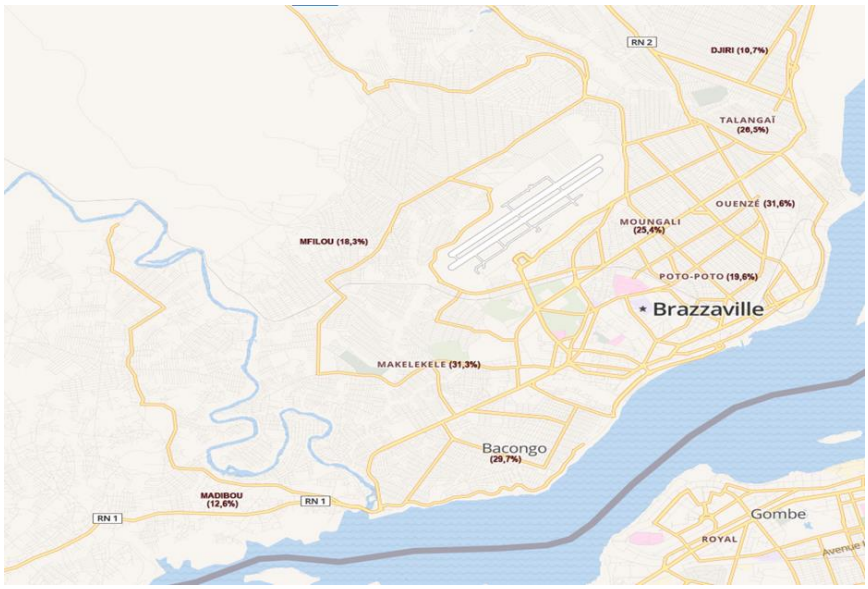

Figure 2: Map of Brazzaville
RN: National road

In all districts, football was the most practiced PAS. However, the practice of martial arts was very present in the districts of Poto-Poto, Ouenzé and Talangaï . In the districts of Bacongo and Makélékélé , there was a pronounced practice of football, walking and hiking. Finally, within a household, the practice of an PAS was found in at least one member (93.5% of citations; $n = 508$ - $p < 0.001$).

IV. Discussion

In this study, individuals active in the practice of physical and sporting activities are younger (under 25 years old) and physical or sporting activity decreases with age. This observation is found by the majority of authors. In France, 90% of children aged 15 to 24 practiced a physical or sporting activity in 2003. This high prevalence of practice among the youngest is clearly linked to the stage of psychological and physiological development in young children and adolescents during which the child seeks thrills and confrontation with others

through games. Other variables can also play a contributing role. Thus, several poles have been identified: the school environment, the family environment, the personal sphere and lifestyle. The high practice of PAS among pupils/students is associated with sports education and sports in the context of physical education classes, but also with the influence of parents and peers. In the neighborhoods, the practice of football in the streets and vacant lots is common from childhood to adolescence. In Congo, most players on football teams practiced this sport early in conditions specific to developing countries (without sports shoes, first with tennis balls, then plastic balls, and finally with leather balls). This type of practice concerns " Mwana foot", mass football played in working-class neighborhoods without referees or coaches.

The male predominance noted in our study (67.4%) is almost a constant to varying degrees depending on the studies (Gimbert, 2018; Drieskens , 2019; Macassa et al., 2016). Regarding female practice of physical and sports activities, significantly lower rates are reported in Arab countries: 41.2% in Qatar (Al- Nakeeb , 2015), 52.6% in Jordan (Zindah et al., 2008), 17.7% in Syria (Al Ali et al., 2011), 31.6% in Kuwait (Ahmed et al., 2012), 43.4% in the United Arab Emirates (Abdulle et al., 2006), 22.5% in Bahrain (Al- Mahroos and Al- Roomi , 2001). These differences are attributed to the norms and the role attributed to women in Arab society, not to mention the dress code which does not allow them to wear sportswear according to Western standards to practice physical and sporting activity (Benjamin and Donnelly, 2013; Mabry et al., 2010; Serour et al., 2007). In Congo, as elsewhere in sub-Saharan Africa, the difference in practice between men and women can be explained by the masculinizing representations of sport. Furthermore, in Congo, young girls and women are regularly called upon to perform domestic tasks and participate in essentially feminine activities, which can considerably reduce the time spent practicing physical and sporting activities and, as a result, reduce the level of physical activity. According to Lange and Pilon (2009: 12), "the role of mother and wife assigned to the latter would be the reason for their greater involvement in domestic work. Also, the reconciliation between domestic work and the practice of organized physical and sporting activity proves difficult."

In addition, the rate of physical and sports activities practice among married or living with a partner men and women was lower than that of single people (36.8%) versus (63.8%; $p < 0.05$). Among women, the gap was clearer between single people and married people: 81.1% versus 18.9% while other authors have observed the opposite (Taniguchi and Shupe , 2014). Our women are more inclined to carry out household chores, which according to them represent a form of physical activity rather than sport. This is in line with Sobal and Hansen (2010), who noted in the United States that physical activity among married women is more often associated with tasks such as gardening and maintenance work. According to Nomaguchi and Bianchi (2004), this is a consequence of the time constraints associated with marriage and parenthood. These factors compete with time spent on other forms of physical activity. It is therefore necessary to use time more efficiently to be physically active while performing household chores. This idea is supported by studies that reveal that one of the main reasons why adults stop practicing physical and sporting activity is lack of time (Caspersen et al., 2000 ; Droomers et al., 2001 ; Pharr et al., 2020). Our results also showed that among the 24 women practicing fitness, 21 were married (87.5%). This highlights the preference of married women to practice physical and sporting activity for conditioning and fitness maintenance in fitness studios. This may be explained by convenience issues, as it is easier for a married woman to practice such activity at a time that suits her rather than doing it in a group at a fixed time.

Furthermore, our results also report that the rate of physical and sporting activity practitioners with a high socioeconomic status was lower than that of practitioners with a moderate socioeconomic status and that of individuals with a low socioeconomic status: 3.7% versus 72.1% and 24.2% respectively. These observations are contrary to most studies carried out across the world. For example, in South Africa Mlangeni et al. (2018) report respective practice rates of 28%, 21.3% and 17.3% for individuals of high, medium and low socioeconomic level. These differences are linked to the level of development of the country. In Congo, the context of unemployment of individuals of low socioeconomic level allows them to find more time for the practice of physical or sporting activities, outside of their informal activities carried out for survival.

Finally, civil servants in Congo only work from 8 a.m. to 2 p.m. They therefore have the whole afternoon to find a time slot to practice a physical or sporting activity. Nevertheless, the rates found among practitioners from low and middle socioeconomic levels are lower than those noted in developed countries. These differences can be attributed to the quality and insufficient number of sports facilities as noted in this work, but also to their accessibility as highlighted by several authors (Eime et al., 2015; Freeston et al., 2017).

V. Conclusion

Our results showed that some socio-demographic characteristics of physical activity and sports practice in Brazzaville are specific to the African environment. The inadequacy of sports facilities, their quality and their unequal distribution have led to a reduced practice of physical and sports activities among individuals. Social norms and social representations of physical and sports activities have had an impact on women in the form of a decrease in practice, both in team sports and individual sports. In addition, the rate of practice of physical and

sports activities among married individuals was lower than that of single people. These results call for the implementation of awareness campaigns on the benefits of physical activity as a priority, but also the adoption of health measures to combat physical inactivity, which exposes people to the risk of various pathologies.

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