



# Barriers to Cycling

Online Literature Survey by Jo Clay July 2008

**Revolutions for Women' study** [2006 Deakin University study. 2403 sample size  
[www.bv.com.au/file/Revs%20exec%20summary%20Final%2012Oct06.pdf](http://www.bv.com.au/file/Revs%20exec%20summary%20Final%2012Oct06.pdf)]

The study found the following.

- Cycling in Australia is relatively low in global terms and even lower, disproportionately so, for women.
- Women who commenced or returned to cycling cited health and fitness as the primary reason. Other reasons were relaxation and stress reduction, preparation for a cycling or other event, the opportunity to learn new skills and social factors, such as being active with family members and being an active role model for children.
- Women who continued cycling were encouraged to do so by their enjoyment of cycling and events, the sense of independence they gained, the ability to incorporate incidental activity into busy lives, setting and achieving cycling goals and the opportunities to learn new skills and increase self-confidence. Contact with 'realistic' role models who were not elite cyclists encouraged them to continue. Contact with other female cyclists was even better.
- Factors that constrained cycling were:
  - lack of confidence and cycling skills (especially cycling in traffic and in groups);
  - lack of fitness;
  - adverse traffic conditions and fears about sharing the road with motor vehicles;
  - perceived driver aggression and assault, substandard end of trip facilities and bike security;
  - cultural norms about appropriate cycling clothing and appearance;
  - dress and appearance codes at work and meetings;
  - getting the right advice in a 'blokey' bicycle retail environment
- Supportive cycling conditions for women included modern, well-equipped bicycles, appropriate facilities at work (eg showers and secure bicycle storage) and safe cycling routes, particularly off-road paths both for recreation and transport.
- Cycling participants in the study were nearly twice as likely to be adequately active as the comparable adult Australian population. They also participated in substantially higher levels of vigorous physical activity that has additional health benefits. Unlike the average Australian population, their physical activity rates did not decline with age.

**Cycling Promotion Fund ([www.cyclingpromotion.com.au](http://www.cyclingpromotion.com.au))**

***Cycling – Getting Australia Moving (January 2008)***

This CPF report looked at the contribution cycling can make to the health of adult Australians; the barriers that prevent increased participation; and what can be done to overcome those barriers.

- Cycling is increasing around Australia and campaigns and cycling events were successful in encouraging more cycling, but their effectiveness could be enhanced by more supportive physical environments, such as bicycle lanes and paths.
- Compared to other industrialised countries, cycling rates are low in Australia but bicycle ownership is high. The potential for increasing cycling is good.
- The current value of cycling to the health system was calculated at approximately \$227.2 million per annum. Additional benefits were quantified at \$63.9 million per annum (for reduced congestion) and \$9.3 million per annum (for reduced greenhouse gas emissions).

Barriers to cycling were found as follows.

- *Environmental barriers.* Urban design was important. For instance, higher density, mixed use development reduces average trip distance and encourages cycling and walking for transport. Lower density development with separate residential and commercial zoning does the opposite. Bicycle infrastructure was also important. The current lack of good quality integrated networks of bicycle paths is problematic, especially for women who comprise only 20% of commuter cycle traffic.
- *Individual factors.* A lack of skills and confidence was a barrier. Providing riding classes and campaigns focusing on motivators of health and fitness could combat this.
- *Social and cultural factors.* Low income areas were less likely to cycle, as were women, older Australians and culturally diverse groups. Education campaigns could address this barrier.
- *Safety concerns.* Safety concerns were among the most significant barriers in focus groups. Traffic speed, congestion, motorist aggression and a lack of a designated cycle paths were problematic. The perception of risk was often disproportionate to the actual risk – hospitalization rates for cycle accidents were 7 times lower than for football accidents. The more people there are cycling, the safer it becomes. Safety problems could be overcome by reducing speed limits, improving road user education and improving bicycle infrastructure.

**Melbourne City Council** [go to [www.melbourne.vic.gov.au](http://www.melbourne.vic.gov.au) ]

The Melbourne City Council conducts an annual bicycle account to report on the progress of Melbourne's *Bike Plan 2007-2011*. The account summarises the behaviour and opinions of those who cycle, cycling infrastructure and safety standards. Canberra could obtain good information on its own policies, including whether shower and bike rack facilities are sufficient to encourage commuter cycling, by conducting a similar annual report or by commissioning a one-off report.

The report found that from 2006 to 2007, cycling increased from 4% of morning peak traffic on particular roads to 8%.

Melbourne seeks to be a first class cycling city. It intends to do this by:

- creating good signage to alert cyclist to potential hazards and provide direction;
- providing secure, convenient storage and parking facilities;
- providing safe paths that are preferably separate from motor vehicles; and
- ensuring on-road and off-road cycle paths are well connected.