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BARRIERS TO SPORTS AND PHYSICAL ACTIVITY PARTICIPATION

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Paper examining barriers to participation and how they affect specific socio-cultural and socio-economic groups.

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SUMMARY OF KEY POINTS

The following paper focuses on barriers to participation as they affect specific socio-cultural and socio-economic groups, specifically:

- women;
- people with disabilities;
- people from areas of social disadvantage;
- older people;
- people from black and ethnic minority communities; and
- people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

In considering desirable levels of participation the paper refers to the World Health Organisation recommendation of at least *'30 minutes of daily moderate intensity activity'*.

Barriers are considered under the following broad headings:

- Socio-cultural Barriers;
- Practical Barriers; and
- Knowledge Barriers.

In examining these barriers and how they impact specific groups it is important to recognise that:

- The life experiences of individuals will vary between and amongst the groups examined;
- Specific groups should not be considered as unified entities, they are by contrast heterogeneous groupings of individuals with individual motivations and needs; and
- It is likely a degree of overlap will exist amongst each group, further complicating matters – for example there is a tendency for more vigorous activity women among higher socio-economic positions and more incidences of sedentary lifestyles among women from lower socio-economic positions.

Socio-cultural Barriers refer to specific social and cultural practices, beliefs and traditions within a community or society and how these impact on self perceptions and the perceptions of others. Of particular significance in this area are discourses of sport and physical activity dominated by exclusive notions of elitism and masculinity. A lack of positive and attainable role models is a related issue for most groups examined.

Practical Barriers refer to the physical, medical and economic obstacles to activity that individuals encounter in their daily lives. Issues such as cost, safety, access, time pressures and health issues were significant for each group (although different groups were impacted in different ways).

Knowledge Barriers include the correlation between higher educational achievement and higher levels of physical activity. Knowledge gaps also appear to be linked with socio-cultural factors, self-perceptions and the perceptions of others. Evidence suggests that individuals in specific groups (particularly people from ethnic minority communities and older people) might not be fully aware of *all* the benefits of physical activity. There is also evidence to suggest that *some* service providers might

not be fully equipped to provide for and understand the needs of specific groups (e.g. older people, people with disabilities and specific members of ethnic minority communities).

POLICY CONSIDERATIONS

Given the multiple barriers to participation and the manner in which these intersect between and within social groupings, policy interventions and/or promotional activities are likely to be more successful if they adopt a multivariate approach rather than a 'one size fits all' approach.

Policy interventions might be beneficial if they seek to challenge the notion of sports and physical activity as elite, masculine, young and white pursuits. The dominance of these myths may exclude women, people with disabilities, older people and members of ethnic minority and LGBT communities. Promotional and marketing materials might benefit from providing positive, attainable role models for all of the groups considered

It is evident that most groups face practical barriers to participation. Policy interventions may wish to consider the wider community, neighbourhoods and infrastructure and examine how these can be (re)designed to facilitate and encourage activity.

Higher levels of educational attainment appear to be linked with active lifestyles, policy interventions and promotional campaigns might benefit from addressing these knowledge gaps.

Policy intervention could address the link between socio-cultural factors and knowledge gaps. In addition to providing positive role models, *some* service providers could be better equipped, both practically and attitudinally, to meet the needs of the groups examined.

The WHO's recommended 30 minutes of daily moderate intensity activity suggests that policy interventions should consider a broad understanding of activity to include not only leisure time activity but work and home related activities. In relation to this, one aspect of the Committee's inquiry could be to examine individual perceptions of physical activity to determine whether they fit the broader definition put forward by the WHO.

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1. INTRODUCTION

The following paper focuses on barriers to participation as they affect specific groups: women; people with disabilities; people from areas of social disadvantage; older people; people from black and ethnic minority communities; and people from the Lesbian, Gay, Bisexual and Transgender community. Barriers are examined across three areas: socio-cultural barriers; practical barriers; and knowledge barriers. The final section of the paper outlines some policy considerations based upon the wider analysis.

2. DEFINITIONS

How sport, physical activity and appropriate levels of both are defined may have an impact upon participation or an individual's perception of their own participation level.

The EU defines physical activity as *'any bodily movement produced by skeletal muscles that results in energy expenditure above resting level'*¹ and sport as *'all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels'*.²

With regard to desirable levels of activity, the World Health Organisation recommends at least *'30 minutes of daily moderate intensity activity'*. The use of *moderate* is deliberate to distinguish appropriate levels of activity from more intensive activities such as competitive sports or marathon running. Moderate intensity activity is a broader category which includes work related activities, such as taking the stairs rather than the lift, and home related activities, such as house work or walking children to school.³ One aspect of the Committee's inquiry could be to examine individual perceptions of physical activity to determine whether they fit the broader definition put forward by the WHO.

WHO estimate 60% of the world's population fails to meet recommended levels of activity and that inactivity is the cause of two million deaths annually. Inactivity has an economic cost as well, for example in 2000 it was estimated to contribute £75 billion to medical costs in the US.⁴

The section that follows examines existing research to outline the barriers which prevent certain individual and groups from maintaining adequate levels of activity. Possible solutions to these barriers are also examined.

3. GROUPS WITH BELOW AVERAGE PARTICIPATION IN SPORT AND PHYSICAL ACTIVITY

The Department for Culture Arts and Leisure's (DCAL) draft sports strategy (October 2007) identifies a number of groups with below average rates of participation in sports and physical activity, and contains targets and measures aimed at increasing participation amongst these groups. The groups identified within this strategy are: women; people with disabilities; people from areas of social disadvantage; and older people.⁵ Additional research suggests that other groups may also experience below average participation levels, namely people from black and minority ethnic communities⁶, and members of the lesbian, gay, bisexual and trans (LGBT) community⁷.

The following section examines the barriers influencing participation amongst these groups. When considering these barriers it is important to note that:

- Life of experiences between each group may be very different;
- Specific groups should not be considered as unified entities, they are by contrast heterogeneous groupings of individuals with individual motivations and needs; and
- It is likely a degree of overlap will exist amongst each group, further complicating matters – for example there is a tendency for more vigorous activity women among higher socio-economic positions and more incidences of sedentary lifestyles among women from lower socio-economic positions⁸ .

As such it is unlikely that a 'single-bullet' solution to inactivity exists. Similarly, based upon existing research, it is difficult to identify a single factor which holds the same weight for all groups or even for individuals within a specific group. However, research from various sources – including academic journals, stakeholders and sports/health promotion agencies – suggests that the barriers impacting activity may be grouped under a number of general headings (although how these are experienced/manifest themselves will differ on a group/individual basis). For the purposes of this paper it is useful to examine the Barriers affecting activity under the following broad headings:

- Socio-cultural Barriers;
- Practical Barriers; and
- Knowledge Barriers.

Although there is certain overlap between each of these barriers the sections which follow will look at each of these groupings in turn.

3.1 SOCIO-CULTURAL BARRIERS

Socio-cultural barriers refer to the specific social and cultural practices, beliefs and traditions within a community or society which might encourage or discourage physical activity. For many Muslim women, for example, aspects of their faith, rules on mixed gender sports and dress code requirements, have either prevented or given the impression of preventing participation. Socio-cultural barriers might occur in the other direction. Again, drawing on the example of Muslim Women, service providers might hold negative attitudes relating to the specific cultural and religious needs of Muslim Women.⁹ The example of Muslim women suggests that socio-cultural barriers may result in two types of barrier, those directly affecting a particular grouping and their self perceptions and those which might cause others to develop stereotypes regarding a specific group. Looking at the previously identified groups with below average participation levels suggests a similar pattern.

3.1.1 WOMEN

For women, one of the biggest barriers associated with levels of activity is the perception that physical activity is unfeminine. This is apparent in the gender imbalance evident across the higher levels of the sporting industry, the media portrayal of sporting activity and the formative experiences of many women.

A 2007 study by the Women's Sport and Fitness Foundation (WSFF) noted that:

- 29% of sporting boards and committees in the UK were made up of women; and
- Newspaper coverage of women's sport accounted for 5% of total sporting coverage during 2006;
- 23% of women reported that early experiences of physical education put them off sport in later life;
- 26% of women were never encouraged to play sport; and
- One in five men considered sporty women as unfeminine.¹⁰

The findings of the WSFF's report suggest the existence of cultural discourses which promote the notion that sport is not for women and women are not for sport. These discourses, it is argued, have marginalised women's sport and have instilled negative attitudes towards sport in a significant proportion of the female population during their formative years.

In addition to the above, women may also find it necessary to compete with traditional cultural stereotypes, that of the 'home-maker' and 'care-giver' for example, which, where prevalent, could place conceptual limits upon a woman's self-perception and the perception of others, as well as practical limits upon a woman's free time.¹¹

As well as featuring a lack of positive, active role models the media is linked to promoting a thin, 'decorative and passive' ideal of the female body. Such an image is at odds with an active body. The WSFF note that:

Some girls say that they find an athletic, muscular body associated with sport undesirable and believe that it is inappropriate of them to develop one, as it appears masculine.

Furthermore: '*a third of 18-24 year olds and approximately half of 25-34 year olds feel greater pressure to be thin than to be healthy*'.¹²

3.1.2 PEOPLE WITH DISABILITIES

Activity amongst people with disabilities might be limited by socio-cultural stereotypes. Research suggests, for example, that the result of segregating disability sports from the mainstream has been two-fold. On the one hand the narrow range of disability sports visible in the media has served to marginalise it. At the same time, restricting coverage to 'serious or more competitive' sport tends to give the impression that disability sport 'is a realm accessible only to the gifted' or elite.¹³

More fundamentally, a reluctance amongst those in '*control of sport*' to '*accept new or different conceptions of athleticism in their sport*' causes '*people with disabilities [to] lose the chance to display their athletic talent and to challenge negative stereotypical conceptions of disabled athletes and disabled people in general as unable or incapable*'.¹⁴

However, it should be noted that among disabled men, in particular, '*exercise provided an opportunity to positively reinterpret their role following a disabling injury*'.¹⁵

3.1.3 PEOPLE FROM AREAS OF SOCIAL DISADVANTAGE

Research examining how socio-cultural barriers influence activity amongst those from socially-disadvantaged communities is lacking. This might be due to the complex relationship between socio-economic position levels of physical activity.

Evidence of correlation between socio-economic status and lower-levels of physical activity is less consistent than evidence of links between social economic status and other health behaviours.¹⁶ Population surveys, for example, do not present clear evidence of a lower likelihood of meeting the recommended levels of physical activity amongst people of lower socio-economic positioning. There is however evidence of a correlation between socio-economic position and the likelihood of achieving little to no physical activity.¹⁷

Where social-cultural barriers are examined, stigmatisation, whether through self-perception or the perception of others, has been highlighted. For example, the stigma attached to being socially disadvantaged has been seen to result in a decrease in physical activity in some cases. In the Midlands of England for example, low-income women refrained from walking due to the perceived stigma attached to not owning a car.¹⁸

3.1.4 OLDER PEOPLE

As is the case with other groups the lack of realistic role models within the community and media was a deterrent to activity.¹⁹ Self-perception was also a factor. Qualitative studies suggest that older people might consider themselves as 'past it' or that 'they wouldn't have the breath'. Sports Scotland's Older People, Sport and Physical Activity: A Review of Key Issues notes that there is a difficulty in disentangling '*real medical barriers from perceived physical problems*'.²⁰

The report, drawing on work from the British Medical Journal, suggests that the cultural expectation that older people should '*put there feet up*' is problematic, stating:

*...well-intentioned relatives and social support may unintentionally have a negative impact by taking away from the older person the household and other chores which could have provided them with much needed regular activity.*²¹

3.1.5 PEOPLE FROM BLACK AND ETHNIC MINORITY COMMUNITIES

The lack of a realistic role model was again a deterrent for people from black and ethnic minority communities. People from this group did not associate physical activity with members of their own community but 'rather as a white, middle-class, male domain'.²²

As mentioned above cultural barriers were a particular concern of Muslim women.²³ As is the case with Muslim women, the attitude of service providers and others towards these perceived 'differences' can negatively impact participation rates. A study commissioned by Sporting Equals notes the existence of racism, both institutional and on an individual basis, in sport and PE, which can have a damaging effect on individuals and their participation levels.²⁴

Furthermore the study suggests that:

Media portrayals and racial stereotypes held by people in the sporting world construct a barrier to fulfilling participation. Stereotypes do not have to restrict opportunity.

3.1.6 PEOPLE FROM THE LGBT COMMUNITY

Research examining the physical activity amongst members of the LGBT community is limited. However, a study jointly commissioned by UK Sports Councils noted not only existence of prejudice, homophobia and discrimination in sport but a lack of

expertise (and often the desire) to address them. The source of prejudice around LGBT issues in sport was traced to *'the application of gender stereotypes and gender perceptions of masculinity and femininity'*. Further more these attitudes are *reinforced and underpinned by wider social attitudes'*.²⁵

3.2 PRACTICAL BARRIERS

Practical barriers refer to elements of an individual's day-to-day life which may prevent them from taking part in sport of physical activity; such barriers might range from time constraints to financial implications.

3.2.1 WOMEN

For women time constraints are considered a significant barrier to participation. The WSFF found that the majority (66%) of women in the UK experience time pressures, these pressures are most acute among working women and working mother in particular.²⁶

Other practical barriers women might encounter include:

- Financial – women earn on average £559 per month less than men which can act as a barrier;
- Women with young children and those living in rural areas may experience problems accessing transport;
- Personal safety can be a particular problem for women; and
- Access to facilities – sports facilities often prioritise *'male sports'* allocating *'pitch time'* to men/boys at preferred times.²⁷

A lack of fitness itself is also considered a barrier. A third of respondents to the WSFF study considered themselves too unhealthy to exercise, a facet that may be linked, in some case, to body image issues (see above 3.1.1).²⁸

As mentioned above, the traditional female stereotype of 'home-maker' and 'care-giver' may place practical and conceptual limitations on women's physical activity levels.²⁹

In addition a women's socio-economic standing may influence the types and levels of activity they partake in. As noted previously, there is a tendency for more vigorous activity women among higher socio-economic positions and more incidences of sedentary lifestyles among women from lower socio-economic positions³⁰. However, this must be considered in line with evidence which suggest that the women from lower socio-economic condition tended to have higher levels of home related activities such as housework and DIY.³¹

3.2.2 PEOPLE WITH DISABILITIES

The practical barriers facing individuals with disabilities will be particular to their specific disability. However, some of the general obstacles include:

- **Barriers in the built and natural environment** – persons with disabilities reported that the natural environment is *'inherently inaccessible'*. This was due to *'inaccessible access routes, doorways being too narrow, facility front desk being too high for people in wheelchairs to communicate, and lack of elevators'*.

- **Cost/Economic Barriers** – persons with disabilities noted that ‘*membership and transportation costs are the primary economic barriers directly affecting their ability to access recreation and fitness facilities*’. This was often accentuated by having ‘*fewer economic resources compared to their nondisabled counterparts*’.
- **Equipment-related barriers and facilitators** – three main barriers were identified: not enough space between equipment for wheelchair access; poor equipment maintenance; and a lack of adaptive or accessible equipment.
- **Policy and Procedures** – persons with disabilities noted that facilities often lack policies relevant to them. They noted too that facilities often lack a dedicated staff member to assist with access issues. Other issues included facilities not allowing disabled persons enough time to use the facility and requiring personal assistants to pay membership fees.³²
- **Transport** – inaccessible transports systems, lack of public transport near facilities, disabled person may have to pay more if forced to use a taxi, information on public transport, lack of awareness of requirements by public transport staff, and community transport not including sports facilities on routes.³³

3.2.3 PEOPLE FROM AREAS OF SOCIAL DISADVANTAGE

People from lower and higher social economic positions tend to be physically activity in different ways. Individuals from higher social economic positions tend to be more positively associated with leisure time activity while higher levels of work-related physical activity have been highlighted amongst individuals from lower socio-economic positions.³⁴ Income is thought to impact an individual’s ability to access recreational facilities. For example:

Individuals with higher discretionary income can choose to live in environments that are more conducive to an active lifestyle as well as more readily obtain social and material resources that help to maintain an active lifestyle even in adverse conditions (e.g., lack of family support; lack of facilities in the neighbourhood).³⁵

Areas of social disadvantage may themselves discourage residents from participating in certain physical activities. Areas with high levels of crime might, for example, cause residents to question the safety of activities such as jogging.³⁶ Access issues might also be a barrier to people living in areas of social disadvantage; studies in Scotland highlight the unequal distribution of recreational facilities in favour of high socio-economic areas and have concluded that this may contribute to lower participation in physical activity amongst people from areas of social disadvantage.³⁷

Lower socio-economic status is associated with higher levels of obesity³⁸ and general levels of poor health which may affect mobility and therefore lead to decreased levels of participation.³⁹

3.2.4 OLDER PEOPLE

Amongst the older population cost and time barriers have been cited as the main obstacle to activity.⁴⁰ Time constraints have been seen to arise from the care duties and voluntary activities many older people undertake.⁴¹ Cost is likely to be factor since approximately 17% of older people live in low income households.⁴²

Other practical barriers affecting older people include access to activities specifically designed to their age group (a particular problem in rural areas), access to transport (again particularly problematic in rural areas) and safety concerns (both in the context of taking part in activities - fear of injury, and in the context of travelling to activities – fear of attack).⁴³

Both existing health problems and the fear contracting medical problems from activity pose significant obstacles for older people. The fear of falling was a particularly prevalent barrier.⁴⁴

3.2.5 PEOPLE FROM BLACK AND ETHNIC MINORITY COMMUNITIES

Being a member of a black and ethnic minority community is associated with higher incidences of social disadvantage.⁴⁵ As such many of the practical obstacles faced by members of the community will be similar to those outlined in section 3.2.3 – low income, poor living conditions and poor health all impact activity levels. However:

‘...important though it is, ethnicity is not the sole defining criterion. It is the way ethnicity intersects with gender, class, income, disability, age, religion and other factor that shapes sporting opportunities.’⁴⁶

3.2.6 PEOPLE FROM THE LGBT COMMUNITY

Studies on the LGBT community and its relationship to sport and physical activity tend to focus on issues of identity and prejudice⁴⁷. In addition the heterogeneous nature of individuals from the LGBT community (i.e. LGBT is only one marker of identity intersecting with many others) makes it difficult to identify any overarching practical barriers.

3.3 KNOWLEDGE BARRIERS

Knowledge barriers incorporate a number of aspects, formative education experiences, knowledge of the health benefits of activity and service provider understanding of a particular groups needs.

3.3.1 WOMEN

As outlined in section 3.1.1 the view that sport is a male domain is prevalent even at school level, this has instilled a negative perception of sport among many women.⁴⁸ As such the opportunity to reinvigorate the education system and readdress cultural perceptions of femininity exists. Similarly, the issue of body image⁴⁹ suggests the need for an education programme which promotes a conception of ‘beauty’ that values the healthy rather than the thin body.

3.3.2 PEOPLE WITH DISABILITIES

The emphasis on elite disability sports, outlined in section 3.1.2⁵⁰, implies the need to think *‘more broadly about sports opportunities for people with disabilities in relation to the issues of choice, integration, inclusion and fairness... [and] to envision a broad array of opportunities.’⁵¹*

The reluctance of those in ‘control of sport’ to ‘accept new or different conceptions of athleticism in their sport’ and the experiences of some disabled people of service provider staff who are too quick to make assumptions about disabled users or who lack confidence in providing sport/leisure services specifically targeted towards disabled persons,⁵² suggests that *some* service providers lack the knowledge base to accommodate the needs of disabled people.

3.3.3 PEOPLE FROM AREAS OF SOCIAL DISADVANTAGE

Education has also been examined as a factor impacting activity levels amongst people from socially disadvantaged communities. Inequalities in educational attainment may result in under-exposure to health messages. Those attaining higher-levels of educational achievement are likely to better understand the benefits of an active lifestyle and may therefore be more proactive in seeking opportunities to engage in physical activity.⁵³

3.3.4 OLDER PEOPLE

A study by the British Geriatric society suggests that levels of knowledge about the specific health benefits of physical activity were high amongst older people, and that the majority of older people believe they partake in adequate levels of activity. Despite this many had low levels of leisure time activity, suggesting a mismatch between beliefs and practice.⁵⁴

The same study notes a lack of awareness of the non-health benefits of activity, such as socializing among older people.⁵⁵ Both of these factors suggest the need for creating greater awareness of the benefits and recommended levels of activity amongst older people.

The difficulty some older adult have in gaining access to activities specifically designed to their age group suggest that service providers could be better equipped to accommodate this group.⁵⁶

3.3.5 PEOPLE FROM BLACK AND ETHNIC MINORITY COMMUNITIES

A 2007 Sporting Equals study noted:

...lack of awareness amongst ethnic minority groups of the facilities and opportunities to participate in sport and physical activity locally. This is, in part, due to a lack of marketing of services in a way that targets ethnic minority communities. Literature is often not translated, little use is made of ethnic minority publications, radio stations or organisations as a source of distributing information

As is the case with older people, the above suggest that targeted promotional activities could have benefits.

The experiences of Muslim women, outlined in section 3.1, suggest that service providers could be better equipped both practically and attitudinally to accommodate members of black and ethnic minority groups.⁵⁷

3.3.6 PEOPLE FROM THE LGBT COMMUNITY

Again research is somewhat lacking in this area. However, the note prevalence of homophobia in sport suggests the need for promotional materials which advance a more equitable ideal of masculinity and femininity in sport.

4. POINTS OF CONSIDERATION AND POLICY IMPLICATIONS

What is apparent from the above is that the barriers to participation are multiple and may intersect each other in different ways depending upon an individual's background. This suggests that any policy intervention or promotional campaign should reflect this and be multivariate in nature.

The WHO's recommended 30 minutes of daily moderate intensity activity suggest that policy interventions should consider a broad understanding of activity to include not only leisure time activity but work and home related activities.

The link between health issues and low levels of physical activity appears to create a viscous circle in which those who might most need to increase levels of activity might be the most discouraged from doing so.

Examining socio-cultural barriers suggests that, for most, self perception and the perceptions of others are important factors in encouraging or discouraging activity.

- The need to provide positive role models is evident for almost every group examined.
- Similarly, it appears that a cultural change is needed. Sport and physical activity appear to be dominated by notions of elitism and masculinity which are exclusive.

Practical barriers such as cost, safety, access, time pressures and health issues were significant for each group (although different groups were impacted in different ways).

- In light of this, policy interventions may consider the role of the wider community, neighbourhoods and infrastructure and how these elements might be (re)designed/utilised to facilitate activity.

Higher levels of educational attainment appear to be linked with active lifestyles.

- Policy interventions and promotional campaigns might benefit from addressing these knowledge gaps.

Policy intervention could address the link between socio-cultural factors and knowledge gaps.

- In addition to providing positive role models, service providers could be better equipped, both practically and attitudinally, to meet the needs of the groups examined.

Finally, the scope of this paper was to consider the barriers to activity. There is likely benefit in further research examining what motivates individuals to become involved in sport and physical activity.

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- ⁵¹ *Ibid*
- ⁵² English Federation of Disability Sport, Barriers faced by disabled people http://www.efds.net/index1.php?incpage=ngb/ngb_11e.php (accessed 02/12/2009)
- ⁵³ Cerin *et al.* How socio-economic status contributes to participation in leisure-time physical activity, *Social Science and Medicine* 2008 66: 2596-2609
- ⁵⁴ Crombie *et al.* Why older people do not participate in leisure time physical activity: a survey of activity levels, beliefs and deterrents, *Age and Ageing* 2004; **33**: 287–292
- ⁵⁵ *Ibid*
- ⁵⁶ Sports Scotland Older People, Sport and Physical Activity: A Review of Key Issues Research Report no. 96 p50
- ⁵⁷ Women's Sport and Fitness Foundation and Sporting Equals, Muslim Women in Sport, January 2010 p1