



Knowledge Exchange Seminar Series (KESS)

'Playing Like a Girl': Rising to the Challenge of Increasing Female participation in Physical Activity and Sport in Northern Ireland Policy Briefing – June 10th 2015

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Introduction

The aims of this policy briefing are:

1. To establish the health case for participation in physical activity (PA) and sport; to outline rates of participation in PA and sport in Northern Ireland (NI) by boys/girls and men/women, including the correlates of and the motives and barriers to PA for women in particular;
2. To examine the socio-historical basis for gendered attitudes to sport and PA that shape individual actions; and
3. To consider examples of international practice and make recommendations for a more coherent and systematic policy approach to the engagement of girls/women in sport and PA in NI.

The health case

The health benefits of physical activity (PA) are well established and irrefutable. Regular lifelong PA significantly increases longevity and reduces the risk of a range of non-communicable diseases including cardiovascular disease, stroke, cancer, type 2 diabetes, obesity and improves mental well-being, cognitive function in adults and academic achievement in children.¹ Physical inactivity is the 4th leading cause of death worldwide.² 16.9% of deaths in the UK are attributable to physical inactivity. If everyone in the UK population were physically active incidences of coronary heart disease would decrease by 10.5%, type 2 diabetes by 13%, breast cancer by 17.9% and colon cancer 18.7%. It is estimated that in Northern Ireland physical inactivity is responsible for approximately 2500 deaths per year. Physical inactivity causes more deaths per annum than smoking but significantly less resource has been devoted to tackling it.¹ Current guidelines suggest that all adults should undertake 150 minutes of moderate intensity PA per week. Children

are recommended to undertake at least 60 minutes per day.³ Competitive and recreational sport is just one source of PA. In addition, PA can be accumulated from occupational sources or at work, domestic or home-based activity and in personal transport (or getting about), for example through walking and cycling.

Physical activity levels of women and girls in Northern Ireland

Across most countries in the developed world women are less physically active and report lower levels of participation in sport than men. In the 2010 Northern Ireland Sport and Physical Activity Survey (SAPAS) undertaken by Sport NI, 4623 respondents aged 16+ self-reported their PA across all 4 domains (sport, domestic, occupational and personal transport). PA participation declines with age but, at all ages, female participation is lower than male: less than 40% of NI females meet the current PA guidelines, ranging from 52% of 20-40 year olds to only 15% of those over the age of 70. When surveyed, only 25% of women report participating in sport compared to 43% of men.⁴ Notwithstanding differences in survey methods, sporting participation rates for women in Northern Ireland are considerably below levels reported in Scotland (48%)⁵ and the rest of Europe (37%).⁶ The Nordic countries, Sweden Finland and Denmark report the highest levels of participation in sport and PA and smallest gender gap.⁶ Although education and socioeconomic status are established correlates of PA, data from SAPAS suggest that women in social classes A B C and D have largely similar rates of meeting the current PA guidelines (44-51%): only those from the casual or lowest grade workers or the unemployed (social class E) report lower proportions of women meeting the PA guidelines than their less socio-economically deprived counterparts (29%). In younger females, objectively measured PA in 7-8 year olds indicates that Northern Ireland has the lowest proportion of children meeting the current guidelines in the UK (43.4%) with stark differences between the proportion of boys (63.3%) and girls (37.8%) meeting these.⁷ For young women, the transition from primary to secondary school and the post-16 transition are times when the gap between male and female participation widens as female rates of participation decline even further.

Sources of physical activity for women

Data from SAPAS demonstrate differences in the sources of PA for men and women in Northern Ireland. Sport accounts for just 15.4% of women's participation in PA (compared to 20.3% in men). Accordingly there may be scope to engage a wider proportion of the female population. The majority of women's PA (54.5%) comes from domestic PA. Both men and women gain about 15% of their PA from personal transport. Walking is a popular form of PA among women in Northern Ireland with over 65% reporting walking for 10 min or more during the previous week.⁸ The high proportion of adults who already walk underscores the importance of walking as a source of PA and reinforces the view that the promotion of walking may represent a viable method for increasing PA at a population level. Given that adherence to new PA regimes is poor⁹ it may be more effective to increase the volume of existing activities than try to encourage the addition of new activities.¹⁰ Indeed in the NI Household Survey 58% of women indicated that they participated in sport in the last four weeks, however when "walking for recreation" is excluded from the sport category this drops to only 23%. This shows that walking is both a popular and, for many women, the only form of regular participation in sport and PA. Walking has fewer of the physical, social and psychological barriers associated with more traditional forms of exercise.¹¹ (Allender et al., 2006). It is socially acceptable, accessible to the majority of the population, low cost, relatively low risk and has limited skill or equipment requirements. For inactive adults and most middle aged and older women, we have shown that walking for recreational purposes is also likely to be moderate intensity¹² and so could contribute to the achievement of PA guidelines. Research by our group has demonstrated that by walking at a speed of just 3mph (20mins per mile) many women would achieve an exercise intensity that would not only meet the current physical activity guidelines but also improve physical fitness.¹³

Correlates, determinants, motives and barriers for female participation

Research into correlates (factors associated with activity) or determinants (those with a causal relationship) of PA has expanded rapidly in the past two decades.¹⁴ Correlates of PA include factors at the individual, environmental and social level (and possibly even genetic and evolutionary factors) that predispose some people to activity or inactivity. From the correlates or determinants that can be altered in an attempt to increase physical activity, individual factors have received the most research attention to date. For women, individual factors include an understanding of the health benefits of activity, self-efficacy or confidence to undertake sport and PA in a given situation, and a readiness and

willingness to change. Environmental correlates for women include access to programmes and recreational facilities and the perceived safety and neighbourhood design (walkability) of the environment for being active. Social support from family, friends and peers is also positively associated with participation.¹⁵ In addition, socio-cultural norms (discussed below) and government policies affect physical activity at local (school or workplace), regional, or national levels. On an individual level, the most frequently reported motives for participation in PA by women include enjoyment, feeling 'in good shape', health, weight control, appearance and social factors. Conversely, the main barriers to PA cited include a perception of 'not being the sporty type' or low self-efficacy for being active (often as a result of past experiences), perceived lack of time and cost. An awareness of the correlates and determinants, motives and barriers for women's participation in regular physical activity should be the starting point for interventions and policies that aim to increase participation. Correlates of PA should therefore be included in public health surveillance in order to inform policy makers and ensure limited resources are appropriately targeted.

Interventions to increase female participation in physical activity

Interventions to increase physical activity are more likely to be successful if they address individual, social and environmental levels. To date many interventions have focused on the individual level and attempted to change behaviours through education e.g. by providing information on PA through community wide mass media campaigns and short messages targeting key groups. The recent "This Girl Can" campaign by Sport England is one such example designed to raise women's self-confidence and redress gender stereotypes (<https://www.sportengland.org/our-work/equality-diversity/women/this-girl-can/>). Behavioural and social approaches often employ multicomponent interventions to encourage low active individuals to incorporate more lifestyle physical activities (e.g. walking) into their daily routines. Such interventions address the "lack of time" and 'not the sporty type' barriers described above. A focus on lifestyle physical activities may also be more cost-effective compared to more formal supervised facility-based exercise programmes. A review of what interventions work best concluded that pedometer based walking interventions – where individuals are given a step counter to allow them to monitor the number of steps they take each day and set progressive goals to increase daily steps – are one of the most effective ways of increasing PA.¹⁶

Recent and/or on-going work by our group has considered the efficacy of a range of interventions designed to increase PA in girls and women. A peer-led school-based walking intervention in low active adolescent girls,¹⁷ a pedometer intervention to increase walking in low active university staff as part of the International University's Walk@Work project¹⁸ and a home-based walking programme designed to reduce the decline in PA during pregnancy in primigravida women¹⁹ have all been evaluated with local participants. While many of these interventions have been shown to be effective in the short-term and at the level of the individual, they need to be scaled and supplemented by changes in the social and built environments in order to have an impact. In order to increase female participation in sport and PA at population level interventions must make the physically active option the easy option.

Recent walking/running initiatives such as "Couch 2 5K", "Jog Belfast" and "Parkrun" have shown some initial success in attracting high proportions of women to undertake regular moderate to vigorous intensity PA with early indications suggesting that the proportion of women participating in all three programmes is above 50%.²⁰ These initiatives share some key features which address the social support motives of women, build self-efficacy by starting at low volumes and intensities of PA and provide low cost, time-efficient and safe opportunities to take part in regular PA. Unlike other parts of the UK, Northern Ireland currently does not have a National Physical Activity Plan but instead has chosen to embed physical activity within policy aimed at tackling obesity e.g. "A Fitter Future for All"²¹ and in the NI Sport strategy 2009-19, "Sport Matters".²² Similarly, or perhaps in response to the absence of physical activity policy, sports policy has come to have many non-sporting policy objectives. Given the low levels of PA and the many health benefits of being physically active beyond obesity, a bespoke cross-departmental physical activity plan is warranted which includes efforts targeted at increases in PA the individual, environmental and societal levels, with a specific focus on girls and women. The Toronto Charter for Physical Activity, a global call for action to increase PA provides an excellent starting point for such a national plan: it identifies four actions based upon nine guiding principles for countries, regions and communities committed to increasing health-enhancing physical activity.²² Its effectiveness requires a coherent approach at the societal level.

Socio-cultural ideas about sport and gender

As has been noted above, international, European and UK research has indicated a persistent gender gap in physical activity (PA) and competitive sport.²⁴ Two particular tendencies are evident in this research. One, generally speaking, women (youth/adult) are participating more in sport than their previous cohorts, but a significant gap remains. Two, the representation of women in decision-making/leadership roles has also increased but at a much slower rate. The gender gap exists on and off the 'field of play'. This requires us to move beyond the level of individual motives alone and to the ways in which society-wide approaches to sport and PA constrain girls/women in leadership and governance. Some research alludes to horizontal segregation and to the potential existence of a glass ceiling in sport in particular.²⁵ That is to say, while gains have been made in relation to the visibility of women, barriers exist that are embedded in institutional practices and reproduced in society-wide practices. After all, gender equality in sport and PA is a proxy for gender equality in society more generally. For this reason, it is suggested that more organised initiatives (with formal political/policy weighting) are required to make systematic inroads into a socio-cultural barrier, that is, the continual reproduction of the longstanding ideology that sport is (and has been) a male preserve (Liston, 2005, 2007, 2014).²⁶

Gendered ideologies about sport and PA which exist today have their roots in the Victorian era when modern sports and pastimes took on the forms that are most recognisable to us today. For instance, research demonstrates that, in the UK and Ireland, modern sports and pastimes became one of the last bastions of male exclusiveness.²⁷ Sports in particular became modern 'mock' battles in which traditional forms of masculinity found expression and social protection. Pastime activities too were part of this gendering process. Contact team sports came to be associated with traditional hegemonic forms of masculinity in the Victorian era (eg. boxing, rugby union and league, football, cricket) while those activities with more of an aesthetic form and less demanding physical exertion were regarded more appropriate for women (e.g. gymnastics, calisthenics, tennis (though not without restraints on a certain type of 'tennis face'), golf and cycling (also subject to some negotiation given apparent risks for motherhood). Though over 100 years ago, these ideas continue to impact today on the ways in which we think about the appropriateness of PA and sport.²⁶ Women continue to be over-represented in body-management-type activities (focusing on appearance) while males, whether young or old, tend to participate in sport and PA, more often, for longer duration, in more combative/competitive forms and in greater numbers.

The body – whether physically active or sporting – is a distinctive visible site in which gender differences are created, maintained, reproduced and challenged. Prevailing ideologies about what it means to be feminine or masculine, to hold one's body in certain ways, to walk/jog/run 'like a girl' or 'like a boy' and to express physicality are continually played out in participation rates, in individual motives and in attitudes towards PA and sport. In short, PA and sport are more than just a protuberance or a neutral space disconnected from 'real' life. These social spaces reflect social attitudes about what is regarded as acceptable and appropriate for men and women. PA and sport are therefore an important window, in their own right, through which to examine society and its members, in particular, the value placed by societies on the equal involvement of all its members. Interventions to increase women's involvement in PA and sport are more likely to be successful in the longer-term if they adopt a society-wide approach, i.e. if they incorporate a change not only to behaviour and individual motives, but also to those deeply embedded attitudes and values about the role of women in society. This requires leadership at many levels.

Gender equality in sport and PA

Not surprisingly, feminist-inspired work has the most to say on the related subjects of equality of access, opportunity and outcome. Notable international examples of initiatives designed to boost women's involvement in sport include Title IX (United States) that prohibited sex discrimination in any educational programme or activity receiving any type of federal financial aid, thus reaching public and private sectors. There are three parts to Title IX: effective accommodation of student interests in participation; financial assistance; and, other programme components including equipment, supplies, coaching, medical and training facilities and so on. In the main, the equality standard in Title IX has been one of equal opportunity. Mandatory compliance dates were set and policy interpretations were drafted to provide yardsticks on how to judge compliance in interscholastic and intercollegiate athletics, intramural and recreation programmes.²⁸ These do not have the force of law but are given deference by the courts. Today, more than 40 years on

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the effects of Title IX continue to be discussed, given the dominance of men in coaching, managerial and executive roles in federally funded sports programmes. One of the notable outcomes of Title IX has been the benefit to women's sports of increased funding for their development, infrastructure and governance. However, in 2014, 4 out of 10 coaches for women's teams are females, 1 out of 5 athletic directors is a female as are 12 out of 100 head sports information directors. Legal and social battles continue in the US over the right of women to participate with men in contact sports.²⁹

On this side of the Atlantic, Nordic countries have generally been cited as examples of progressive approaches to gender equality in society, also mirrored in sport and PA.³⁰ Norway, for instance, boasts particularly high levels of sports participation especially among girls/women.³¹ In fact, the most recent Norsk Monitor revealed that the proportions of adult women participating in sport regularly had almost doubled.³² While Norway exhibits similar trends in sport and PA to most other developed countries – that is, towards increased participation in both since the 1970s – distinctive in its case is the 'cultural traction' of sport and the norms of civic engagement.³³ Norway also introduced gender quota regulations in 1987 that were enforced in boardroom roles in national sports federations. As Green, Thurston and Mordal Moen put it: 'the female parental role-model for children (and girls especially) in Norway is increasingly likely to be a (paid) working, sporty mother' (2015: 11). The most salient lesson to be learned from this case is that, instead of individually oriented approaches, sports policy (including PA) needs to adopt society-level perspectives in addressing more egalitarian gender and socio-economic related conditions.

Closer to home, the UK and the Republic of Ireland – both signatories to the Brighton Declaration for Women in Sport as is Northern Ireland (through Sport NI) – have introduced initiatives designed to boost women's participation in sport and PA. These include dedicated funding streams for women's participation and that require those NGBs (national governing bodies) with lower rates to learn from others (e.g. Bury's initiative to adapt sport to women's lifestyles rather than the other way round; netball in the city; and, Women in Sport programme by the Irish Sports Council, launched after the Women in Sport Conference and the Joint Committee's report).³⁴ On average, signatory organisations to the Brighton Declaration have taken some action in approximately half of the areas identified as having been in need of intervention, UK Sport being one of the most active in this area since 2006. Approximately another half requires action however. Across Europe there is now a commitment, enshrined in the European Commission's latest proposal for strategic actions to a dual track approach to persistent gender gaps in sport and PA. This involves specific actions to advance women in sport and the mainstreaming of gender elements in sport policies and more general actions. The former seeks to redress past discrimination while the latter promotes equality between women and men into the future e.g. monitoring and evaluation of policies, regulatory measures and spending programmes. Here it is felt that a formal approach to gender mainstreaming is required to effect systematic and longstanding change at the societal level.

Conclusion

If Northern Ireland is to make systematic inroads into the significant gender gap that exists in PA and in sport, then a coherent policy (government) approach has to be adopted. Effecting change from individual to societal levels requires a meaningful commitment to the Brighton Declaration and the Toronto Charter. The NI Female Sports Forum is a welcome initiative but it alone cannot effect change on a national level. This requires the introduction of and investment in multi-component policy interventions informed in their actions by commissioned research into the gender gap and supported by the Assembly's Gender Diversity Champion. Without this coherent approach we are likely to continue to perpetuate a well intentioned but limited 'policy on the hoof' approach to gender equality in sport and PA.

Recommended Priorities for Action

1. Commission local research into the gender gap in PA and sport similar to that of Ballintine et al (KESS, January 2015).
2. Consider the establishment of an Assembly group to examine gender mainstreaming in sport and PA led by a female and comprised of role models/experts in sport and sports research.

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3. Develop a cross-departmental national physical activity plan which incorporates the commitments outlined in the Toronto Charter.
4. Support the implementation and robust evaluation of interventions designed to increase and sustain the participation of women and girls in sport and physical activity in accordance with the Brighton Declaration.
5. Develop robust physical activity and sport surveillance systems that provide regular, accurate information on levels of participation and the correlates and determinants of female participation across the lifecourse to ensure limited resources are appropriately targeted.

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