CHAPTER 2
DEALING WITH THE ISSUES

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Supporting gender equity requires financial, facility and human resources. However, there are many reasons why it is important for your organization to commit to a unique initiative like OTM.

Participation in sport and physical activity reduces the risk of developing chronic diseases such as type 2 diabetes, cardiovascular disease and osteoporosis, and is essential in maintaining a good body image and discouraging disordered eating and smoking.

- Between ages of 12 and 19, girls are significantly less active than boys, with 64% of girls compared to 52% of boys considered physically inactive. Estimates suggest that as many as 84% of Canadian Youth are not active enough to meet international guidelines for optimal growth and development. (1998/99 National Population Health Survey, CFLRI 2001)

- People who are inactive face a greater risk of type 2 diabetes, premature death, heart disease, obesity, high blood pressure, osteoporosis, stroke, depression and colon cancer. Medical experts assert that no pill, either currently or prospectively in use, holds as much promise for sustained health as a lifetime program of regular physical activity. (Health Canada, 2003)

- The benefits of physical activity include heightened self-esteem and self-efficacy; increased physical and mental health and well-being; decreased tobacco, alcohol and other drug use; lower incidence of eating disorders; reduced risk for developing type 2 diabetes, coronary heart disease and osteoporosis. (Reid, et al., 2000)

- In comparison to females who did not participate in physical activity programs, females who participated in the programs reported higher levels of self-esteem and improved physical health. They also reported significantly lower levels of depression, stress, disturbed sleep, and loneliness. (Frisby & Fenton, 1998)

- In general, physical activity has a beneficial effect on mood, cognitive functioning and psychological well-being. Exercise is also related to a decrease in levels of anxiety, depression, and psychological stress. (Reid & Dyck, 1999)
50% of 9 year old females and 80% of 10-11 year old females are on some type of diet. 70% of normal weight females in high school feel fat and are on a diet. (Council on Size and Weight Discrimination, 1996; Ferron, 1997)

By age 18, more than 50% of young women perceive themselves as too fat, despite having normal body weight. (Henderson & King, 1998)

Young people who are physically active are far less likely to use tobacco, alcohol, or other drugs. (Heart Health Coalition, 1997)

Research on teenage attitudes has shown that smoking represents a symbol of belonging to a social group, particularly in early secondary school. However, participation in sport and physical activity can provide a healthy source of camaraderie and social support. (CAAWS, 1995; Statistics Canada, 1996; US Department of Health and Human Services, 1994)

In recent years, health care professionals have become increasingly concerned with low levels of self-esteem amongst young women. Low self-esteem has been correlated with many negative consequences including high susceptibility to peer pressure, low life satisfaction, and depression. Participation in sport and physical activity is one way to increase self-esteem, providing girls and young women with positive environments and opportunities to experience success.

Girls who participated in after-school activities that included physical activity were more likely to have a more positive sense of self than girls who participated in non-physical activities or did not participate at all. (Melpomene Institute, 1996)

Girls with low self-esteem are more likely to drop out of sports or physical activity, take up smoking at a young age, and are more susceptible to peer pressure surrounding drugs and alcohol. (CAAWS, 1995)

Low self-esteem correlates with low life satisfaction, loneliness, anxiety, resentment, irritability, and depression. (Henderson & King, 1998)

Females, beginning at an early age, under-value and underestimate their capacity (and potential) for competency in physical activity. As a result, girls’ physical activity skill levels constantly fall further behind their male peers’. Therefore, girls may select only activities that are traditionally female, or worse, be turned off physical activity altogether. (Dahlgren, 1988)

In early adolescence, studies show that girls’ IQ scores drop and their math and science scores plummet. They lose their resiliency and optimism and become less curious and inclined to take risks. They lose their assertive, energetic personalities and become more deferential, self-critical and depressed. They report great unhappiness with their bodies. (Pipher, 1994)

It's a Question of Self-Esteem

"Self esteem isn't everything; it's just there's nothing without it..."
Gloria Steinem

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Participation in sport and physical activity is associated with a heightened quality of life. While the many benefits of physical activity are well-known, girls' and women's participation continues to be devalued and limited by overt and covert social and systemic barriers.

- Females are interested in physical recreation pursuits, and are more likely than males to want to increase their rate of participation. (Smale & Shaw, 1993)

- Many studies have shown that girls and young women understand the importance of physical activity to their health and want to increase their participation (cf. Kippen 1999; Smale & Shaw, 1993). That their participation remains low suggests that social and systemic barriers (e.g. lack of opportunity, choice, time) are affecting their involvement.

- Females report more constraints to participation than do males, including lack of time, money and resources, as well as attitudinal constraints and safety concerns. (Smale & Shaw, 1993)

- If a girl does not participate in sport by the age of 10, there is only a 10% chance she will be physically active when she is 25. (Melpomene Institute, 1993)

- Beginning at the age of 12, girls’ involvement in physical activity declines steadily until only 11% are still active by age 16-17. (Hay & Donnelly, 1996)

- Only 10% of female students in BC enroll in physical education when it becomes elective. Considering the abundance of evidence concerning the positive contributions of physical activity to health, this is a particularly disturbing trend. (Gibbons, et al., 1999)

- Denying girls [and women] the feelings of mastery and pride and the opportunities for growth that sport can offer is a blow not only against their cardiovascular fitness (for example), but against their long-term potential. To squander any measure of our daughters' athletic abilities might be to squander their academic, social, and emotional capacities in ways we are only just beginning to understand. (Zimmerman & Reaville, 1998)

Girls’ and women’s involvement in sport and physical activity as athletes, coaches and administrators is unrepresentative of their population. Worse, their accomplishments are often not acknowledged within larger society. Providing gender equitable programs will provide girls and women with the opportunity to succeed and feel confident in a sport environment, enabling them to pursue all areas of involvement.
Many fitness, recreation and sport organizations across Canada do not allocate their resources, programs, and decision-making fairly to both females and males without bias. As a result, the demographic profile of the people who use the organization’s facilities does not match the demographic profile of the community. (Pathway to Gender Equity, 1999)

The media does not provide equal coverage of female and male participation in physical activity, or of their accomplishments in sport. A survey of Canada’s largest daily newspapers indicated that based on column inches, 92% of space was devoted exclusively to male athletes, while female athletes received only 3%. (CAAWS, 1994)

Only 6 of 16 members of the Canadian Olympic Committee’s (COC) Executive Committee are women. (COC, 2003)

In 1994 there were only 48 women (13%) among the 377 athletes and builders celebrated in Canada’s Sports Hall of Fame. In 2001, there are only 63 (15%) among the honoured members. (Kidd, 1994; Canadian Sports Hall of Fame Website, 2001)

Policy supporting equity for girls and women in physical activity and sport is happening at all levels of Canadian society.

International:
The Brighton Declaration on Women and Sport, 1994

National:
Canadian Charter of Rights and Freedoms, Section 15, 1981
Sport Canada, 1986
Canadian Parks and Recreation Association, 1995

Provincial:
BC Provincial Government, 1992
NS Sport and Recreation Policy, 1994
ON Policy of Full and Fair Access, 1994

Municipal:
Federation of Canadian Municipalities, June 1989
The City of London Gender Equity Policy, 1996
City of Coquitlam Gender Equity Program, 1999
City of Hamilton Gender Equity Policy, 1999

(Refer to Appendix A – It’s the Law for examples of these policies)