

# Gender Impact Assessment

No. 12



**Women's Health  
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## **Women and Physical Activity**

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**Women and Physical Activity**  
(Gender Impact Assessment No. 12)

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## 1. Introduction

Physical activity is defined by the World Health Organisation as ‘any bodily movement produced by skeletal muscles that requires energy expenditure’<sup>1</sup>. Perhaps more relevant to the health sector is the fact that physical inactivity is ‘an independent risk factor for chronic diseases, and overall is estimated to cause 1.9 million deaths globally each year’<sup>1</sup>.

Physical activity is a gendered issue because the context of women’s lives can impact on their ability to participate in regular physical activity. Women face numerous barriers to being physically active including caring responsibilities<sup>2</sup>, body image<sup>3</sup> and perceptions of safety<sup>4</sup>. Change needs to occur at the societal level to address current gender roles and how they can limit women’s ability to be physically active and maintain health.

## 2. The issue

The National physical activity guidelines for Australians are the same for women and men and encourage adults to think of movement as an opportunity, not an inconvenience<sup>5</sup>. To gain health benefits, physical activity needs to be done at moderate intensity and it is recommended that women and men complete at least 30 minutes of moderate-intensity physical activity on most, preferably all, days<sup>5</sup>. Moderate intensity means being physically active to a level where it is possible to talk but not to sing. Fifty four percent of Australian women meet the national guidelines<sup>2</sup>.

Currently, 30.9 percent of Australian women are overweight and an additional 24 percent of women are obese<sup>6</sup>. Regular physical activity is vital for optimising the physical and mental health of all women. The proven health benefits of physical activity include the prevention of a range of chronic diseases<sup>7</sup>, the promotion of good mental health<sup>8</sup> and the maintenance of a healthy weight<sup>9</sup>. The key chronic diseases that regular physical activity can prevent are type 2 diabetes, cardiovascular disease, osteoporosis and some cancers including bowel and breast cancer<sup>9-11</sup>. Apart from breast cancer, these chronic conditions have a similar impact on both women and men’s health in Australia.

By 2045, more than one quarter of Australians will be aged 65 years or older; double the present level<sup>12</sup>. The increased incidence of chronic diseases such as cancer and diabetes that are associated with population ageing has required a change in the focus of the health system. As addressing the high rates of chronic disease becomes more of a priority, there has been more of a focus on the benefits of a physically active population, which include decreased mortality and expenditure. For every one percent increase in moderate physical activity in the Australian population, 122 deaths per year from coronary heart disease, diabetes and colon cancer would be avoided<sup>13</sup>. This would save \$3.6 million per year which could be used to fund other areas of the health care budget<sup>13</sup>.

As funders of health services, governments are key stakeholders in the health care system. Government’s concern regarding the health of the population does include an element of cost containment and this explains their promotion of health beneficial levels of physical activity through initiatives such as *WorkHealth*<sup>14</sup> and *Go for your life*<sup>15</sup>. This is in part in an effort to control the growth in health care expenditure.

Physical activity has been the focus of many government health promotion interventions. The well recognised '*Life. Be in it.*' program was established in 1975 to 'promote healthy active lifestyles, leisure and recreational activities that promote the prevention and control of chronic disease' and is an early example of the Victorian government's response to physical inactivity<sup>16</sup>. More recently, the '*Go for your life*' program provided funding to build on existing programs and develop new community-based activities in 2006<sup>17</sup>. Neither of these interventions included women specific strategies.

## **2.1 Forms of physical activity**

Physical activity encompasses several types of activities including sport and active recreation, active transport and occupational activity.

Twenty four percent of Australian women participate in organised sport or active recreation, which includes 'non sports' such as bush walking and aerobics<sup>18</sup>. The most popular forms of sport and active recreation for Australian women are walking (32.8 percent), aerobics/fitness (15.7 percent), swimming (10 percent), netball (4.8 percent) and tennis (4.7 percent)<sup>19</sup>. The top three forms of physical activity for women are non-competitive in nature and this is an element valued by women<sup>20</sup>.

Active transport involves expending energy to get from one place to another and includes walking, cycling or other incidental exercise. Active transport can be an alternative to car travel and increases daily physical activity and reduces greenhouse emissions<sup>21</sup>. Other benefits include an increase in the sense of community and improved mental health<sup>22</sup>. Australian studies have shown that 37.2 percent of women combine active transport with recreation or exercise<sup>23</sup>.

For women in areas that are well serviced by public transport, active transport can be an effective way to increase daily physical activity levels. Active transport is often not viable for women residing in areas with poor public transport links and few services within walking distance. This is the situation for many women living in new outer suburban communities as the growth of these areas has not been matched by the provision of public transport infrastructure.

Occupational activity includes physical activity that occurs in the course of paid or unpaid work and is dependent on the type and nature of work. Occupational activity in paid work can contribute to increased levels of physical activity although it can also contribute to women's reduced ability to participate in more enjoyable physical activity due to tiredness. However, increasingly time spent in many workplace environments is sedentary. An Australian study looking at workers in office, retail and call centre environments showed that sedentary time was significantly greater on workdays<sup>24</sup>.

Unpaid work also factors heavily in women's lives with many women fulfilling multiple care-giving responsibilities, including for children and older relatives, and taking responsibility for meal preparation and cleaning. This can lead to women neglecting their own health and not having the energy or the time to participate in beneficial levels of physical activity<sup>25</sup>.

## **2.2 Benefits of physical activity**

The physical health benefits of physical activity are clear. They include lower blood pressure and cholesterol and maintenance of a healthy weight. Some other examples of benefits include improved mental health and wellbeing<sup>8</sup>, social engagement<sup>26</sup>, enhanced sleep<sup>27</sup> and reduced risk of fractures<sup>28</sup>.

Regular physical activity plays a significant role in improving moods and subsequent mental health has been shown to relieve symptoms of depression<sup>8</sup>. These benefits can be experienced by those with a diagnosed mental illness as well as the general population. The mental health benefits of physical activity frequently motivate those who are already physically active to maintain their routines. The benefits of physical activity on mental health can be achieved even in the absence of fitness gains<sup>29</sup>. This may be due to factors including increased social engagement and increased exposure to sunlight<sup>27</sup>.

Social engagement is another key benefit of physical activity, and for women this often motivates continued participation in physical activity<sup>26</sup>. Regular group exercise is found to be a means of social support, especially for older women<sup>30</sup>.

Improved quality of sleep is related to women's participation in physical activity and it is an important marker of quality of life. People who are physically fit fall asleep faster, sleep better and are less tired during the day<sup>31</sup>. Women who participate in regular physical activity sleep more and experience a better quality of sleep than women who are sedentary<sup>32</sup>.

There are additional benefits for older women who remain physically active. Regular physical activity aids muscle strength, aerobic capacity, reduction of fracture risk and general wellbeing<sup>33</sup>. Strength training can enable older women to maintain their independence and ability to do day-to-day tasks and leisure activities through reducing the risk of developing osteoporosis<sup>34</sup>. Physical activity is associated with maintaining independent function over time, irrespective of increasing age<sup>28</sup>.

## **2.3 Health implications of physical inactivity**

Inadequate levels of physical activity in women and girls are linked to obesity which can contribute to a number of interrelated health issues. These include earlier onset of puberty<sup>35</sup>, polycystic ovary syndrome (PCOS)<sup>36</sup>, gestational diabetes<sup>37</sup>, type 2 diabetes<sup>9</sup>, cardiovascular disease<sup>38</sup> and osteoporosis<sup>39</sup>.

Precocious puberty is one of the earliest expressions of poor health related to inadequate levels of physical activity and obesity. Young girls who are obese can develop precocious puberty, defined as puberty starting before age eight<sup>35</sup>. This early sexual maturation is 10 times more common in girls and has physical, psychological and social implications<sup>35</sup>. Girls with precocious puberty at increased risk of developing polycystic ovary syndrome (PCOS) later on during puberty<sup>40</sup>.

Women who are overweight are also more likely to develop polycystic ovary syndrome (PCOS), a hormonal disorder that affects up to 10 percent of all Australian women<sup>36</sup>. Women

with PCOS may experience problems when trying to conceive and are far more likely to develop gestational diabetes when they are pregnant<sup>41</sup>. There is also a strong association between PCOS and type 2 diabetes with 50-70 percent of women with PCOS experiencing high insulin levels caused when cells don't respond effectively to insulin<sup>42</sup>. Women with PCOS experience worse symptoms when they are overweight. Physical activity has a role to play in both the prevention of PCOS and as an important aspect of managing the disorder<sup>36</sup>.

Type 2 diabetes is now recognised as Australia's fastest growing chronic disease<sup>43</sup>. The 2004-05 National Health Survey indicated that approximately 316 000 Australian women had diabetes<sup>44</sup>. These estimates may understate the real prevalence of diabetes as they exclude cases which are undiagnosed<sup>43</sup>. Women who are inactive are at risk of developing type 2 diabetes as physical activity helps to reduce insulin resistance<sup>45</sup>. For women who are overweight, losing weight is one of the most effective ways of reducing the risk of developing type 2 diabetes<sup>46</sup>. Even a small amount of weight loss, for example five kilograms, improves the body's ability to use insulin<sup>47</sup>.

Gestational diabetes is a temporary form of diabetes experienced by 3-8 percent of pregnant women, and women who have had this condition are at increased risk of later developing type 2 diabetes<sup>37</sup>. During 2005-06, about 12,400 (4.6 percent) of Australian women who gave birth in hospital had diagnosed gestational diabetes<sup>37</sup>. An Australian study found that approximately 40 percent of women with previous gestational diabetes developed type 2 diabetes within 17 years of their pregnancy<sup>48</sup>. Most cases of gestational diabetes can be treated with changes to diet and physical activity alone, however some cases require insulin treatment<sup>37</sup>. As gestational diabetes disappears after childbirth, many women do not make any long term changes to their physical activity or diet<sup>43</sup>. This suggests that information and support given to women during and after pregnancy regarding the role of physical activity in preventing and managing gestational diabetes is vital.

Regular exercise before and during pregnancy reduces the odds of giving birth to newborns with excessive birth weight, which is linked with complications for both the mother and the infant<sup>49</sup>. Many women do not receive adequate information from health professionals about how physical activity can be safely incorporated during pregnancy<sup>50</sup>. Physical changes during pregnancy may be perceived as additional barriers to regular physical activity<sup>51</sup>.

Physical activity is essential for building and maintaining healthy bones and therefore vital in the prevention of osteoporosis<sup>34</sup>. Osteoporosis results in reduced bone density and strength, leading to increased risk of fracture from an event where a healthy bone would not be expected to break<sup>39</sup>. This chronic disease is far more common among women (85 percent) than men (15 percent) and mostly occurs in those aged 55 years and over<sup>39</sup>. Osteoporosis is likely to be under-recognised as it has no symptoms and its effects are mainly seen through fractures which are a major cause of morbidity among older women<sup>39</sup>. The impacts of a fracture are wide ranging and can include pain, loss of function, emotional distress and loss of independence<sup>39</sup>. As 31.4 percent of Australian women aged over 60 years live alone, a loss of independence can result in a move to residential care<sup>52</sup>.

Cardiovascular disease (CVD) is the leading cause of death in Australia, and women make up 55 percent of these deaths<sup>53</sup>. Of women who have been diagnosed with heart disease,

66 percent are overweight or obese<sup>54</sup>. People who are not physically active are almost twice as likely to die from coronary heart diseases as those who are<sup>38</sup>. A significant amount of CVD is preventable through reducing risk factors such as being overweight or obese, physical inactivity, smoking, poor nutrition, high blood pressure and high cholesterol.

Physical activity also has a role in the prevention of cancer. There is evidence that physical activity reduces the risk of developing bowel (colorectal) and breast cancer<sup>55</sup>, the two most common cancers in Australian women<sup>37</sup>. The Cancer Council Victoria recommends up to 1 hour of moderate activity daily or 30 minutes of vigorous activity to reduce the risk of cancer<sup>55</sup>. However, this level of physical activity is higher than the National Physical Activity Guidelines and may be difficult to achieve, especially when time constraints are a barrier to regular physical activity for many women.

Across all the above health issues related to physical inactivity, women experience earlier repercussions of their health behaviours<sup>56</sup>. Typically, the onset of poor health and chronic disease is at an earlier age for women compared to men. Physical activity has a key role to play in delaying or preventing the development of chronic disease and improving women's quality of life as they age.

Participation in physical activity at levels that provide health benefits will not prevent all women from developing health conditions but can be an important aspect in the management of chronic conditions.

## **2.4 Factors that contribute to physical inactivity**

Many factors come together to contribute to a person's health or ill health including factors at the societal level which cannot be changed by the individual, and this is especially the case for women.

Significant technological changes in the domestic, community and workplace environments have resulted in people spending more and more time in sedentary behaviours. The modern environment has been described 'obesogenic'<sup>57</sup> which refers to factors that contribute to increased levels of obesity in the population through less physical activity due to labour saving devices, increased passive entertainment and access to low cost energy dense food<sup>58</sup>. As work and domestic environments involve less manual labour, to achieve the same levels of physical activity as previous generations, it is necessary to be more active in leisure time.

An obesogenic environment is not the only factor that has contributed to increased obesity, as links have also been made to socioeconomic status<sup>59</sup>. In a recent Australian study, the proportion of men who were overweight or obese did not differ across socioeconomic groups, however this was not the case for women<sup>13</sup>. Forty five percent of women in the lowest socioeconomic group were overweight or obese compared with 35 percent of women in the highest socioeconomic group. A World Health Organisation study found that obesity was more common among poorer women compared with richer women in all participating countries<sup>59</sup>. These differences across socioeconomic groups are related to varied access to

resources and educational opportunities, safe working conditions, effective services, living conditions in childhood, racism and discrimination<sup>37</sup>.

A further explanation for the discrepancies in obesity rates is income inequality. This is supported through low rates of obesity among countries where the gap between richest and poorest is small and high rates of obesity where income inequality is far greater<sup>57</sup>. Income inequality may contribute to the obesity epidemic exacerbated by inactive lifestyles<sup>60</sup>.

## **2.5 Barriers to physical activity**

Regular physical activity is vital for both women and men, however there are differences in the barriers to participating in physical activity. Social, cultural, economic and political factors impact on women's health and their ability to be physically active.

Women experience many and varied barriers to participating in physical activity. These include time, caring demands, lower socioeconomic status, body image, safety and urban planning and existing health conditions<sup>4, 13, 19, 61-62</sup>. Often the barriers are connected, as is the case with caring demands and lack of time. Some women experience more than one difficulty when aiming to be physically active. Women's multiple roles both in and out of the paid workforce can be the cause of some of these barriers as women may put others' needs before their own.

### **2.5.1 Lack of time**

Women often cite a lack of time as a barrier to their participation in physical activity<sup>26</sup>. Work and study commitments contribute to a lack of time for physical activity for 19 percent of Australian women<sup>19</sup>. In addition to these commitments, women commonly have responsibility for organising a household and others within it. The support of others within their household to facilitate women's participation in physical activity is a significant enabler as women are often more time poor than men<sup>63</sup>.

### **2.5.2 Parenting/ caring demands**

The social construct of gender can mean that women do not reach adequate levels of physical activity due to their roles in paid and unpaid work. This extends to family commitments which are a barrier to physical activity for women more often than they are for men<sup>19</sup>. With caring for others a key part of many women's lives, time spent on self-care including physical activity can be limited. Fourteen percent of Australian women attribute insufficient time due to family commitments as their main reason for not participating in sports or physical recreation<sup>19</sup>. People with at least one child at home were 20 percent less likely to be 'sufficiently' active than those without, and as women are more commonly the primary carers of children, they are more likely to be physically inactive<sup>2</sup>.

Using active transport to increase physical activity can pose additional barriers for women caring for small children. Poor pram accessibility is the most significant barrier to using public transport for mothers under the age of 25 years<sup>64</sup>. Buses and trams can be particularly difficult to board and this may result in women being less physically active, limiting their access to services, social networks and community participation.

### **2.5.3 Lower socioeconomic status**

People with lower socioeconomic status (SES) are less likely to be physically active than those with a higher SES<sup>65</sup>. In one Victorian study, 80 percent of women in the lowest socioeconomic group were physically inactive compared with 67 percent of women in the highest socioeconomic group<sup>13</sup>.

The circumstance surrounding women of varying SES influences their participation in physical activity. For women of low SES, physical activity can be a necessity rather than a choice. Physical activity is required in their transport and within their paid work<sup>66</sup>. Women of low SES often do not experience the same benefits of physical activity such as social interaction and are more likely to have negative perceptions of physical activity. Women from high SES groups have more opportunity to choose the form of physical activity they are involved in and this is often structured and occurs during their leisure time<sup>66</sup>.

Women with a lower SES may encounter a number of barriers to participation in physical activity. Areas of lower SES are often at a greater distance from metropolitan regions with less access to public transport and other services. Specific approaches would be required within preventative activities to engage this group of women to enable them to increase their physical activity. These approaches could include increasing perceptions of safety within areas of low SES and increasing access to facilities that enable women to be active<sup>4</sup>.

### **2.5.4 Body image**

There are many different factors which influence women's body image including expectations of, and pressure from, family, peer groups, media and society<sup>3</sup>. Both women and men experience social pressure to achieve an idealised physical form. While men in Western culture aim for a larger, more muscular build which increases their need to be physically active, this is not the case for women. The ideal form for women in Western culture is a thin build. This focus on thinness reinforces the notion that women are ideally fragile and weak and does not encourage physical activity to be healthy and able<sup>67</sup>.

Although body image impacts on the health and wellbeing of women throughout their lifecycle, young women aged 15-22 years have more severe body dissatisfaction<sup>61</sup>. While positive body image promotes physical and mental health, when body image is negative, it can become a barrier to participation in physical activity.

Body image dissatisfaction has been associated with decreased healthy behaviour, including physical activity. Women may feel too self-conscious of their bodies to participate in physical activity such as swimming or group sport. Some women report feeling 'too fat' to exercise as well as too shy and too embarrassed<sup>26</sup>. Overweight women also experience prejudice and discrimination that are further barriers to participation in physical activity<sup>68</sup>. This discrimination impacts on body image and can lead to total withdrawal from being physically active<sup>3</sup>.

### **2.5.5 Existing health conditions**

Existing health conditions can also be barriers to women to becoming involved in physical activity. As the Australian population ages, more people will develop a chronic condition and a substantial number will develop more than one<sup>62</sup>. Women with existing health conditions

are advised to consult a health professional prior to becoming involved in regular physical activity, potentially an additional barrier. Women's existing health conditions may also limit the range of choices of physical activity that they are able to participate in.

### **2.5.6 Safety and urban planning**

The ability to move in and out of a community as well as the design of movement within a community can impact on the health of residents. Appropriate urban design ensures residents have easy access to amenities and recreation facilities, and can help foster a sense of community and connectedness<sup>22</sup>. Facilities such as seating along walking paths, well lit paths and clean public toilets can increase women's use of public spaces for physical activity<sup>4</sup>. Australian built environments do not often encourage active lifestyles, instead reinforcing sedentary behaviour and car dependence<sup>22</sup>. Careful design and people-friendly environments can promote active lifestyles by encouraging walking, cycling, public transport and active recreation<sup>21</sup>.

Fear of victimisation and crime is widespread among women and this influences the travel patterns of women who use public transport<sup>4</sup>. Design elements that consider safety enable women to be more physically active and participate fully in their communities<sup>4</sup>. Some design elements to improve women's safety include locating bus stops in centres of activity rather than more isolated locations, ensuring adequate lighting on train platforms, bus stops and streets, and ensuring that waiting areas are visible to those in the surrounding area rather than blocked by advertising<sup>4</sup>.

Perceptions of safety influence the nature and the extent to which people use their local environment<sup>22</sup>. Design that aims to reduce crime, through better lighting and parklands that face house fronts, can enhance the physical, mental and social wellbeing in a community<sup>21</sup>. Women's concerns about personal safety, higher levels of traffic and crime have a great influence on their participation in walking<sup>23</sup>. Communities with footpaths in well lit areas are more conducive to women walking within their neighbourhoods.

Fear for personal safety leads women to use precautionary measures, for example, completely avoiding walking, bicycling and particular transit environments<sup>4</sup>. Safety concerns have greater impact on women from lower socioeconomic groups and CALD backgrounds who tend to live in higher crime neighbourhoods, work at odd hours and typically have less transport options<sup>4</sup>.

## **2.6 Population groups with additional barriers**

Some populations of women experience further barriers to being physically active on a regular basis in addition to the barriers discussed above.

### **2.6.1 Indigenous Australian women**

Indigenous Australian women make up 2.3 percent of all Australian women<sup>69</sup>, and 1.2 percent of Victorian women<sup>70</sup>. Indigenous Australian women and men experience significantly poorer health outcomes compared with other Australians and poor nutrition and physical inactivity are major contributors to the Indigenous health gap<sup>71</sup>. Other more immediate issues that contribute to poor health include poor access to education and

employment, and as such, physical activity may be less of a priority within this group of women. In 2004-05, 34 per cent of women from Aboriginal and Torres Strait Islander (ATSI) backgrounds were obese, double the rate of non-Indigenous women, and over half of women from ATSI backgrounds reported their level of physical activity as 'sedentary' compared to a third of non-Indigenous women<sup>72</sup>.

Additional barriers to participating in physical activity exist for urban Indigenous Australians. These include being judged by others when in public spaces, the cost of physical activity and accessibility<sup>73</sup>. Increasing the levels of physical activity in Indigenous Australian women is challenging considering the discrimination that they face for both their ethnicity and their body size if they are overweight<sup>68</sup>. Work to combat this discrimination may assist in increasing the number of Indigenous Australian women who are physically active.

### **2.6.2 Women from culturally and linguistically diverse backgrounds**

Of approximately 2.5 million women living in Victoria, over 25 percent speak languages other than English at home<sup>69</sup>. In Victoria, women from culturally and linguistically diverse (CALD) backgrounds comprise 19 percent of the total female population<sup>69</sup>. Women born outside the main English-speaking countries especially those not proficient in spoken English, are less likely to participate in both organised and non-organised sport and recreational activities<sup>74</sup>. Cultural expectations may also restrict the participation of some of women from certain forms of physical activity<sup>75</sup>.

Behaviours relating to physical activity are influenced by culture and this extends to concerns about public safety for women from CALD backgrounds<sup>76</sup>. These concerns often stem from experiences of social exclusion and marginalisation<sup>76</sup>. Perceptions of public safety are significant for women whose appearance identifies them as being from a certain background.

Socialisation for many CALD groups occurs more often in people's homes than in public spaces<sup>76</sup>. In this home environment, gender roles may result in women being involved in food preparation while men participate in physical activity outside. These social norms can result in women from CALD backgrounds being less physically active contributing to their increased risk of developing common chronic diseases<sup>76</sup>.

A recent study reported that young women from some CALD backgrounds may be less likely to engage in physical activity than their Anglo-Australian peers<sup>77</sup>. This study showed that when mothers of young women from CALD backgrounds were physically active with their daughters, this increased their daughter's physical activity levels. Strategies that promote physical activity among young women should also consider targeting their parents and need to take into account cultural differences in parental support to be physically active<sup>77</sup>.

### **2.6.3 Same-sex attracted women**

In Australia, same-sex attracted are more likely to be overweight or obese (49 percent) than the Australian female average (38 percent)<sup>78</sup>. As mentioned previously, overweight women experience prejudice and discrimination which can act as an obstacle to their participation in physical activity<sup>68</sup>. Same-sex attracted women who are overweight potentially face discrimination based on both their weight and their sexuality.

Discrimination against same-sex attracted people can interfere with their daily activities, including being regularly physically active. A recent survey asked same-sex attracted women if fear of prejudice or discrimination caused them to modify their daily activities. Nineteen percent responded 'yes' and an additional 56 percent responded 'sometimes'<sup>78</sup>. Addressing discrimination may increase participation in regular physical activity among same-sex attracted women.

#### **2.6.4 Older women**

Older women are one of the most inactive groups in the Australian population<sup>30</sup>. This may be partly explained by the chronic physical conditions that can make it difficult for older women to participate in regular physical activity. Older women tend to suffer higher levels of morbidity including musculoskeletal problems making them less able to be physically active than men of the same age<sup>23</sup>.

Australian women walk more regularly than men until they reach 65 years of age, when men's walking rates increase beyond the rates of women<sup>23</sup>. Increasing the number of older women participating in physical activity will involve better management of chronic conditions, encouragement from health professionals and considerations in urban design.

Research has found that older people are less likely to be motivated by public health messages to be physically active to avoid developing chronic conditions<sup>79</sup>. Cancer prevention specifically is not perceived as a personally relevant health message<sup>79</sup>. While people are open to screening for cancer after the age of 60 years, research participants felt that taking action to reduce the risk of cancer needs to begin before people are 60 years of age<sup>79</sup>.

### **3. Policy context and challenges**

Both the Victorian and Federal Government have acknowledged their commitment to promoting healthy lifestyles including increasing physical activity. A number of measures have been introduced to address the increase in overweight and obesity of Australians, however most of these policies and government health strategies are gender blind in that they do not reflect the way in which participation in physical activity differs between women and men in Australia. Federal and Victorian government initiatives will be explored in more depth below.

Increasing the levels of physical activity for Australian women is not addressed through a physical activity strategy. What does exist is a complex range of policies that primarily aim to address increasing levels of chronic disease in the population and the rates of overweight and obesity at a population level.

#### **3.1 Federal Government**

There have been several Council of Australian Governments (COAG) agreements that aim to improve health through increased participation in physical activity. COAG initiatives are jointly supported by Australian, State and Territory Governments. These include:

### *The National Preventative Health Strategy*

The Preventative Health Taskforce was established to develop this strategy with a focus on three preventable risk factors - obesity, tobacco use and the harmful consumption of alcohol<sup>80</sup>. Seven key recommendations target obesity with the aim to halt and reverse the rise in overweight and obesity. Women are not specifically listed as a targeted population within the obesity recommendations. However, there are recommendations that have the potential to positively impact on women's participation in physical activity, including reforms to the built environment, transport, sport and active recreation, a social marketing strategy and the implementation of workplace health programs.

### *The Health Prevention National Partnership*

The *Health Prevention National Partnership* agreement was made in January 2009 to reform Australia's efforts in preventing the lifestyle risks that cause chronic disease<sup>81</sup>. Funding is conditional on commitment to a number of pledges. One of these is to work towards increasing the proportion of adults meeting national guidelines for physical activity and healthy eating. Young women are identified as a population group vulnerable to eating disorders. The remainder of the content refers predominantly to adults and children<sup>81</sup>.

### *Measure Up*

This campaign is a component of the *Australian Better Health Initiative* and aims to reduce the risk factors for chronic disease<sup>82</sup>. The *Measure Up* campaign is also referred to within the *Health Prevention National Partnership* agreement. This social marketing campaign includes recommended waist measurements for women and men, however enablers and barriers to participation in physical activity are not addressed.

### *Healthy Spaces and Places*

In acknowledgement of the role that the environment plays on the health of the population, the Federal Government has funded a partnership between the Australian Local Government Association, the National Heart Foundation of Australia and the Planning Institute of Australia<sup>22</sup>. The collaboration has produced a web-based national planning guide that includes practical tools, case studies and guidelines, to assist planners and designers to incorporate active living principles into the built environment<sup>22</sup>. This guide is gender blind in that it fails to consider the needs of women when planning the built environment.

Overall, national policies and initiatives that aim to increase physical activity across the population are focused on chronic disease prevention. Chronic disease rates are spread fairly equally between men and women which may be one reason why gender blind policy is common. Measuring the impact of these policies requires guidelines for population-level prevention that don't currently exist in Australia. In the United Kingdom, the National Institute for Health and Clinical Excellence has developed a range of public health guidelines that Australia could explore adopting or adapting. These include 'the prevention, identification, assessment and management of overweight and obesity in adults and children'<sup>83</sup> and 'guidance on the promotion and creation of physical environments that support increased levels of physical activity'<sup>84</sup>.

The above Federal Government policies require gendered evaluation to determine the impact on women's physical activity and therefore their health. Evaluation that takes gender into account is more likely to lead to gender sensitive policy in the future.

### **3.2 Victorian Government**

The Victorian government has developed a range of health policies that include efforts to increase levels of physical activity across the population.

#### *Go for your life*

In the 2006 Victorian state election, funding was allocated to the *Go for your life* Strategic Plan<sup>15</sup>. This four year plan aims to increase levels of physical activity and healthy eating by Victorians in an effort to combat increasing levels of chronic disease. The *Go For Your Life* plan acknowledges the poorer health outcomes that people from socioeconomic disadvantaged backgrounds experience. A key omission within this strategy is women as a specific population group. Many groups are identified for specific population group activities including children, adolescents, men, culturally and linguistically diverse communities and seniors. The absence of women within this plan contributes to the misconception that chronic disease does not have a significant impact on women's health.

#### *WorkHealth*

*WorkHealth* is a part of *WorkSafe* Victoria and is an element of the Victorian Government's plan to improve the health of the Victorian workers and the productivity of workplaces<sup>14</sup>. This initiative targets the workplace as a setting to promote health and wellbeing. Identifying those at risk of developing a chronic disease is a key function of the program. *WorkHealth* has the potential to prevent chronic diseases including diabetes and cardiovascular disease through individual health checks for workers and tailored advice on how to increase physical activity. However it does not impact on any of the societal factors that are associated with participation in physical activity. The success of *WorkHealth* depends on the industries that commit to the program. With the potential for an unequal engagement in the initiative resulting in more male-dominated industries participating in the program, effort needs to be made to ensure that more female-dominated workplaces are actively encouraged to become involved.

#### *Victoria's Plan to Address the Growing Impact of Obesity and Type 2 Diabetes*

The Council of Australian Governments (COAG) has agreed to make type 2 diabetes a national reform priority and from this, *Victoria's Plan to Addressing the Growing Impact of Obesity and Type 2 Diabetes* has been developed<sup>85</sup>. The Plan acknowledges that physical activity is strongly connected to the prevention of type 2 diabetes and includes several noteworthy points. Increasing the health promotion capacity of the medical workforce through the inclusion of relevant modules with the training curriculum is one positive aspect of the plan. The role of the built environment in facilitating physical activity is also considered with work to improve access to facilities and infrastructure planned. The additional barriers to being physically active for people living in areas of disadvantage are recognised, however women are not addressed within the Plan as a separate population group that face unique barriers.

### *Victoria's Cancer Action Plan 2008-2011*

*Victoria's Cancer Action Plan* aims to reduce five major cancer risk factors which include physical inactivity and obesity<sup>86</sup>. There is no consideration of the gendered nature of physical activity. As physical activity has been shown to reduce the risk of developing breast and bowel cancer, women are a population group that need to be a focus of preventative programs<sup>55</sup>.

### **3.3 Other Victorian initiatives**

#### *Active Script*

The Victorian *Active Script* program was established in 1999 by Victorian Divisions of General Practice<sup>87</sup>. The aim of the program was to increase the number of general practitioners that deliver appropriate, consistent and effective advice on physical activity to patients. *The Active Script Program* involved general practitioners providing written scripts for physical activity to their patients. This initiative was successful in increasing the capacity of Divisions of General Practice to support general practitioners to promote physical activity<sup>87</sup> and self reports from patients involved indicated a moderate increase in activity levels mostly attributed to walking. Initiatives of this type are valuable as they allow women to discuss how to include physical activity into the context of their lives and allow general practitioners to tailor recommendations that women are more likely to be able to meet.

#### *The Victorian Aboriginal Nutrition and Physical Activity Strategy*

*The Victorian Aboriginal Nutrition and Physical Activity Strategy* acknowledges that high body mass and physical inactivity are ranked the second and third most important risk factors affecting Indigenous health<sup>88</sup>. A strength of the strategy is that it also recognises that the social determinants of health underpin Indigenous lifestyle and health outcomes and therefore the health sector is not able to improve the situation alone<sup>88</sup>. The importance of an intersectoral response including housing, employment and education is acknowledged. This would contribute to increasing Indigenous women's participation in physical activity and reduce their risk of developing chronic disease consistent with the evidence discussed earlier.

### **3.4 Gender analysis framework**

A gender analysis framework is one way of ensuring that policies and programs acknowledge that physical activity participation is gendered. It is a tool that encourages the development of policy to take account of and be responsive to gender. It is predicated upon the following:

- All policies have an impact on women and men;
- Policies and programs affect women and men differently; and
- Diversity exists between individual women and men and within groups of women and men.

The framework can help identify, understand and address the various and overlapping factors that influence women's participation in physical activity. The framework consists of three elements:

1. *Gendered data:*

Use gender-disaggregated statistics proactively in planning to gauge the extent to which women and men benefit or are affected by policy.

2. *Gender impact assessment:*

Monitor new and existing policies for their gender impact and use knowledge to adapt existing or proposed policies to promote gender equity in both planning and implementation.

3. *Gender awareness raising:*

Take opportunities to build capacity and understanding of how policies and programs can cause or lead to discriminatory effects.

These stages will help to ensure that policies and programs reflect the lived experiences of women in Australia and better enable women to be physically active.

## **4. Recommendations**

1. *Gender sensitive policy*

Policy is needed that considers, and is responsive to, gender in a comprehensive and systematic way. This should take into account women with additional barriers to participating in physical activity to enable them to take preventative measures to improve their health. The use of a gender analysis framework would assist the development gender sensitive policy.

2. *Develop Australian guidelines for population-level prevention activities*

To measure the impact of preventative care, Australia needs to investigate guidelines for population-level prevention similar to those produced by the National Institute for Health and Clinical Excellence in the United Kingdom. Through this, better data could be collected and more information would be available on what works to increase physical activity across varying population groups, including women. The collection and publication of sex-disaggregated data would enable the development of gender sensitive policy.

3. *Address the societal factors that lead to physical inactivity*

Consistent evidence has shown there are many combined factors that contribute to women's low levels of physical activity. Women's physical activity is influenced by their roles in paid and unpaid work, their socioeconomic status, body image and concerns about personal safety. Addressing these factors rather than focusing on the physical activity levels of individuals will lead to better population health.

4. *Increase the capacity of health professionals to advise pregnant women on suitable physical activity*

Many women do not receive adequate information from health professionals about how physical activity can be safely incorporated during pregnancy<sup>50</sup>. Tailored information provided to women about suitable forms of physical activity during their pregnancy can help them to remain active for the course of their pregnancy. Health professionals are ideally placed to provide this information to overcome the barriers to being physically active while pregnant.

5. *Engage health professionals to discuss physical activity with their patients*  
Health professionals, including general practitioners, are in a unique position to alter their practice to discuss maintenance of good health and encourage preventative health steps in their patients. About 80% of the Australian population visit a GP at least once in any year and more women than men visit a general practitioner<sup>89</sup>. From this, engaging health professionals to discuss physical activity with their patients would be one way to promote regular physical activity. Further capacity building for health professionals to confidently give advice or to write referrals to other health professionals with physical activity expertise is warranted.
6. *Design environments that encourage active transport and community connections*  
Though incorporating recommendations within the *Healthy Spaces and Places* guide, women may feel safer within their communities and more likely to increase their physical activity levels.
7. *Challenge discrimination experienced by same-sex attracted women, Indigenous Australian women and women from CALD backgrounds.*  
Programs and policies to increase women's participation in regular physical activity need to challenge prevalent community attitudes to certain groups of women in the Australian population. This may contribute to breaking down the barriers some women experience and ensuring all women have the opportunity to increase their health status and wellbeing.
8. *Improve research*  
Expanding the evidence base on women and physical activity will lead to the development of more effective policies and interventions. Current research covers barriers to women's participation in physical activity so a focus on the conditions that may facilitate women's participation in physical activity is warranted. More rigorous research is required and can be achieved through the use of tools such as accelerometers rather than self reports to gain more accurate accounts of physical activity. Gender sensitive evaluation on current initiatives to increase women's physical activity would inform future practice.

## **5. Conclusion**

Physical activity is a gendered issue because of the differences in preferences, barriers and enablers to participation and the effects of physical inactivity. Physical activity is vital to the health of both women and men, and gender specific approaches are needed to optimise participation.

Increasing women's levels of participation in physical activity will take time, as change needs to occur at the societal level to address current gender roles and how they can affect women's ability to be physically active.

Over the last five years a number of Federal and State government strategies have been developed to increase the levels of physical activity in the population. The aim has been to

reduce rates of overweight and obesity that contribute to an increase in chronic disease and add to the burden on the health system. These initiatives have been broadly aimed at the population in general. New health initiatives and government policy need to acknowledge the reality of women's lives to increase physical activity levels and therefore women's overall health status.

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