

Commentary

Laying the Foundation for Girls' Healthy Futures: Can Sports Play a Role?

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For many girls in developing countries, adolescence is characterized by high risk for early and unwanted sexual activity, forced marriage, and early pregnancy-related events. By themselves, efforts to provide contraceptive services are not likely to change these trends. Sex education provided in school, although important, will not change them either, because many girls do not receive formal education and those who do often have negative experiences, suffering from various forms of harassment and discrimination (Mensch and Lloyd, 1997). The challenge to policy-makers is to provide adolescent girls with more control over their lives so that they may delay sexual activity, marriage, and childbearing until they are ready. In short, efforts to support girls in their transition to adulthood are needed.

In the *Programme of Action* endorsed in 1994 at the International Conference on Population and Development (ICPD) at Cairo, the global community stated its resolve to protect and promote adolescents' rights to sexual and reproductive health information and services. Implementation of this platform, however, has been met with some hesitancy due, in part, to the political sensitivities of providing reproductive health care to young women, particularly unmarried young women. In many settings, reproductive health programs continue to focus primarily on married women, while in their efforts to meet the needs of young and/or unmarried women, health-care providers are still struggling to find approaches that are both effective and politically acceptable (McCauley and Salter, 1995).

Limitations of Services for Adolescents

Providing adolescents with reproductive health information and services in developing countries is a relatively recent development. As Senderowitz (1996) points out, many of the earliest efforts involved family-life education courses offered in schools, but typically, these courses avoided sensitive sexual issues. Health facilities (both clinics and hospitals) have tended to provide reproductive health services to young married women; only recently are services beginning to be offered to those who are unmarried. More recently, mass media, peer education, and social marketing strategies have been attempted.

Although efforts to evaluate various program models are under way, literature reviews on the subject have demonstrated the paucity of rigorous evaluation. Numerous agencies, especially nongovernmental organizations, are trying new ways to serve this population. To date most such efforts have been relatively small in scale and isolated (Senderowitz, 1996).

Clearly, new approaches for reaching young women are needed, as is a more complete understanding of girls' social circumstances. Population Council efforts are under way to identify a range of possible interventions that can reconfigure the terms of adolescence for girls. Sports programs may be one such intervention. Creating opportunities for girls to develop self-esteem, master new skills, and formulate a sense of bodily integrity may be critical to improving girls' health and self-image. Physical education and sports programs may play a role in achieving such opportunities; they are an untapped, yet potentially important locus for public health intervention.

Amid increasing efforts to reach adolescent girls with information and services, program planners and social scientists alike have overlooked the potentially useful vehicle of sports programs. This oversight may

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be explained in part by the traditionally held view that equates sports with masculinity and ignores girls' participation and accomplishments in the realm of sports. It may also be explained by the limited focus of health programs, which leave potentially effective avenues unexplored.

Girls' Perception of Their Bodies

In a number of cultures, the body is working "capital" for many girls and women, particularly those with little education and few economic advantages. Bourdieu (1984) asserts that the female body is "physical capital" that a girl or woman can convert into economic, social, cultural, and symbolic capital. An understanding of the complex relationship between a young woman's body, her self-image, and her reproductive health is central to the promotion of healthful social conditions and a holistic understanding of health (Oakley, 1993).

Most girls learn culturally appropriate female styles of movement through imitation (Young, 1990). To a degree, being athletic appears to work against the repressive effects of conformity and femininity, allowing girls access to the more action-oriented realm of adolescence traditionally enjoyed by boys (Thompson, 1995). Sports programs may also offer girls the opportunity to develop an identity unrelated to sexuality and experience their physicality in a nonsexual way, allowing them more control and autonomy over their bodies.

Many girls come to adolescence with too little factual information about sexuality and too little access to health care. They are often denied access to health information and services (Friedman, 1995). The extent to which sports might serve as an entry point in developing country settings to provide girls with information and services is unknown. However, evidence from the United States suggests that sports and physical education programs may be natural means for providing girls with basic information about their bodies and about selected reproductive health issues. For example, in the United States, physical education teachers and coaches report that their students ask them questions about sexuality (Sabo, 1997). Research indicates that female athletes are more likely to make personal disclosures of this nature to female coaches than to male coaches (Officer and Rosenfield, 1985). Although such an approach has not been tested empirically in the developing world, addressing reproductive health concerns through sports programs, both in the school setting and in community settings outside of schools, may offer a holistic view of health, rather than a narrow focus on contraceptive services and may, therefore, be

politically acceptable for policymakers, program managers, and communities.

How Do Sports Benefit Girls?

Traditionally, sports programs have taught boys about teamwork, goal-setting, the pursuit of excellence in performance, and other achievement-oriented behaviors (Lopiano, 1996). Similarly, for many girls, the possible benefit of sports would appear to range from the physiological to the emotional. Sports can provide girls the opportunity to master new skills, to have fun, to accept challenges, to compete, and to experience the joy of physical movement. Moreover, sports training can lead to the development of important social skills, the formation of peer relationships, and the ability to cooperate and negotiate as a team member. Successful sporting experiences can also help build confidence, self-esteem, and a positive body image (Jaffe and Manzer, 1992).

Most of the research to date linking girls' participation in sports with health has been carried out in the United States or other Western nations. A recent report issued by the US President's Council on Fitness pulls together the research on the physical and mental health dimensions of physical activity and sports for girls in the United States (*President's Council on Fitness and Sports Report, 1997*). The conclusions are striking: Regular physical activity and sports participation can reduce girls' risk of many of the chronic diseases of adulthood; female athletes tend to do better academically and have lower school-dropout rates than their nonathletic counterparts; and regular physical activity can enhance girls' mental health, reducing symptoms of stress and depression and improving self-esteem.

Although considerable research has been conducted about the overall benefits of sports, little is known about their effect on reproductive health, which encompasses a broad range of issues. Measuring the effect of sports on reproductive health directly is, therefore, difficult. The link between sports participation and the lowered risk of pregnancy has not been formally or systematically researched, and empirically based conclusions are, therefore, not warranted at this time. Researchers in the United States have only recently begun to observe and theorize about ways that athletic socialization influences the psychosexual development of girls and boys. Sabo and Melnick (1996) have formulated several hypotheses about how biophysical, psychological, and social processes may link sports participation and the decreased risk of pregnancy among adolescent girls. One of their hypotheses is that elevated self-esteem derived from participation in sports may influence girls'

sexual decisionmaking and enhance their ability to negotiate use of contraceptives.

For girls who devote time and energy to their sports, a part of their adolescent identity is derived from being an athlete or a team member. In addition, because being an athlete carries with it a strong public identity (public performances, wearing uniforms), adolescent girls may strive to preserve this role and to maintain their physical health. Another hypothesis Sabo and Melnick offer is that girls may perceive pregnancy as a serious impediment to both short-term and long-term athletic interests and, therefore, make efforts to avoid it. Other researchers have documented that sports participation augments girls' self-esteem, an important finding, because low self-esteem has been found to contribute to an elevated risk for adolescent pregnancy (Crockenberg and Soby, 1989).

In the United States, when a girl participates in a team sport, she is automatically drawn into a health-care system, because physical examinations are generally required for participation, and she may have increased contact with medical professionals. Once in this loop, female athletes have access to information as well as opportunities to ask questions about various health issues. The question arises as to whether being drawn into a health-care system contributes to a reduction of the risk of pregnancy by improving a girl's access to health-care information and services. Using data from a variety of sources, including data sets from the Family and Adolescent Study (New York State Research Institute on Addictions), the Youth Risk Behavior Survey (Centers for Disease Control, Atlanta), and the National Educational Longitudinal Study (National Center for Education Statistics, Washington, DC), sports researchers in the US are beginning to investigate these and other theoretical links between athletic participation and teenage pregnancy.

Comparative data sets may not exist in the developing world to allow for testing such hypotheses. Moreover, although the answers to these questions are of interest, other questions should be posed that take into account the sociocultural context of the particular country under study. Beyond the issue of pregnancy prevention, broader sociological dimensions of girls' participation in sports require further study. For example: Do sports programs help broaden community and family perceptions about appropriate roles and behavior for girls in developing countries? Do sports programs help girls develop peer relationships? Can sports programs serve as vehicles through which key health messages can be transmitted to girls and help them develop healthy perceptions of their bodies? Empirical testing of these and other questions is central to our understanding of the complex relationship between sports participation and reproductive health.

Possibilities in Developing Country Settings

A growing number of girls and women are participating in some form of sport worldwide, and increasingly, sports-related issues are appearing on the agenda of developing countries. At the Fourth World Conference on Women held in Beijing in 1995, the Platform for Action made specific reference to sports and physical activity for girls and women (Paragraphs 83(m), 107(f), 280(d)).

An important historic event was the first International Conference on Women and Sports, held in Brighton, England, in 1994. More than 280 delegates from 82 countries representing governmental and nongovernmental organizations and education and research institutions endorsed what is now known as the Brighton Declaration on Women and Sports. The Declaration outlines a set of guiding principles intended to increase the involvement of women in sports at all levels, and in all functions and roles (*Brighton Declaration*, 1994). Another important development has been the International Olympic Committee's establishment of a working group on women and sports.

In many countries of the developing world, a range of sports and physical education activities is under way. Within governments, ministries of sport (sometimes referred to as youth and sport or sport and cultural ministries) are responsible for developing national sports strategies. These strategies may include establishing national sports teams and federations, developing sports facilities and infrastructure, and, in some countries, creating mass sports programs aimed at involving all segments of society. In countries where no full government ministry is dedicated to sport, nationally recognized sports councils are often in place to handle sports development. Within the formal education sector, physical education (which includes both movement sciences and instruction in sports and games) is usually incorporated in the overall school curriculum. Often, physical educators serve as coaches for after-school sports clubs.

Outside of government, community-based sports and recreation programs have flourished in recent years. One such example is a community-based program in Kenya linking youth, sports, and environment. Initiated in 1987, the Mathare Youth Sports Association (MYSA) began as a self-help project to involve youth of both sexes in community-development activities, including garbage clean-up, while providing sports opportunities for adolescents of the Mathare slums. Today, nearly 3,000 girls ranging in age from 10 to 18 are actively involved in this community-wide soccer program. Since its inception, MYSA has extended its efforts to incorporate HIV-awareness training for its members and has embarked on a gender-equity project. In Mali, girls' bas-

ketball programs have been established through both the *sport civile* and *sport scolaire* (community and school-based) programs. In Vietnam, plans are in progress to develop a community-based soccer program targeting out-of-school young people of both sexes. The overall goal is to provide recreational opportunities, as well as information about HIV and other key reproductive health issues.

The scope of sports and physical education experiences for adolescents in the developing world appears to be significant, yet to date, it remains essentially undocumented. Efforts to identify, experiment with, and evaluate existing sports programs could provide useful information for future program design. As interest in this area grows, a unique opportunity exists to learn through sports and physical education programs about how to increase girls' participation in sports and how to provide girls with vital health information and new skills.

In recent decades, the sports industry, the sports media, and sports competitions have become international. How this globalization will reshape the perceptions, experiences, and practices associated with girls' and women's sports in various countries will be important to understand. Youth advocates, program planners, and those concerned about the health and well-being of girls should begin to experiment with a variety of programming approaches, including sports, as a way of supporting girls in their transition to adulthood.

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