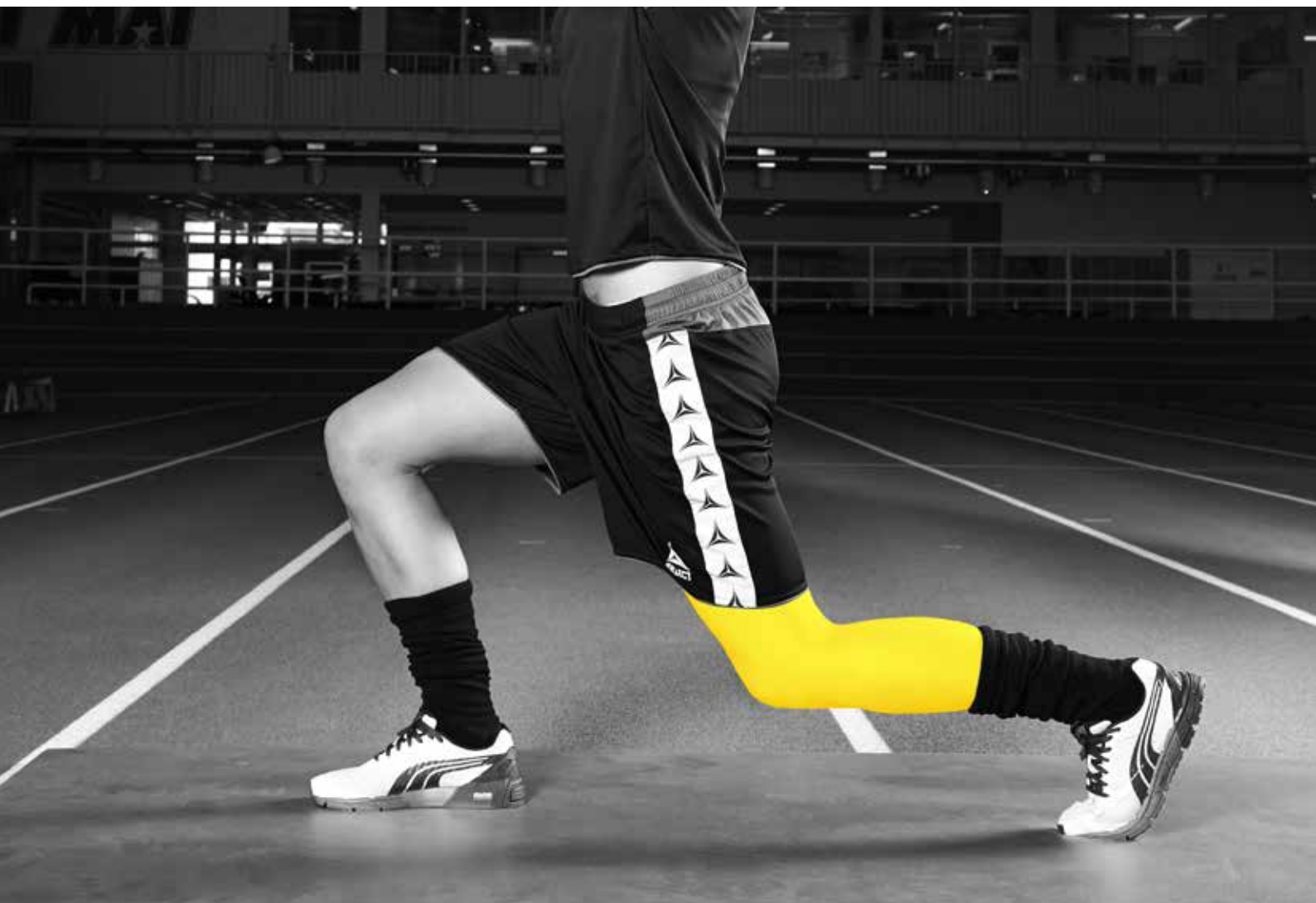


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SUMMARY

This text discusses participation in physical activity and organised sport throughout the lifespan, and factors that promote or hinder a physically active lifestyle. How much exercise should we do? What factors affect how, where and why people engage in physical activity? What promotes or hinders a lifelong engagement in physical activity? We will also briefly examine the stages of socialisation in elite sport.

TAKE HOME MESSAGES:

- Physical activity and sports provide multifaceted benefits throughout life, but have different importance throughout the various life stages.
- Early and broad-based participation in physical activities in a family setting predict being an active adult throughout life.
- Early entry into the sampling stage in elite sport, increased sports media exposure, and the commercialisation of sport have created challenges for young athletes and highlighted the importance and timing of the stage of specialisation.
- Re-socialisation around the motives for sports participation during and after adolescence is needed for some young people.
- From a lifelong perspective, the total amount of physical activity, including the activities of everyday life, is what counts.
- This overall amount of physical activity should be central when strategically planning health promotion activities.



INTRODUCTION

We begin by examining choices people make around, and meanings they attach to, participation in sport and physical activity in the context of prevailing social and cultural conditions.

The importance of sport as an arena for promoting public health, democracy and social development has been emphasised for several decades. Physical activity is known to provide important physical and emotional benefits for everyone, and today there is a consensus and ample evidence that physical activity is linked to improved physical fitness, health and psychological wellbeing. No less important are the joy and instant feeling of wellbeing that sport and leisure-time physical activities can bring.

Increasingly, researchers in the field of physical activity and health are focusing on the proportion of time an individual spends on physical activities compared to the proportion spent being sedentary, rather than concentrating on formal training regimens. Questions arise about where, when, how and why people engage in physical activity or organised sport and training. Answering these questions helps us understand what factors promote participation in physical activity and physically active lifestyles. Figure 1 simply partitions the day into time components during which young and older people can engage in various physical activities that contribute to the total amount of physical activity they perform per day.

- 1. During leisure time as leisure-time activities**
- 2. During leisure time as everyday chores**
- 3. During leisure time as transport**
- 4. As a formal construct during working time or the school day**
- 5. During school physical education classes (for young people)**

Figure 1. Scheme of time domains in which physical activity can be performed.
(Adapted with permission from the author, Peter Schantz)

During the past decade, our knowledge of the importance of physical activity in children and young people has increased. Besides developing physical qualities such as aerobic fitness, strength, coordination, flexibility and balance, physical activity also helps improve cognitive abilities, feelings of wellbeing and physical self-esteem. In addition, regular physical activity in both young people and adults reduces the physiological reactions to stress and helps improve sleep and concentration.

Recently, it has been shown that if adults train regularly, they can maintain or improve their motor and physiological capabilities into old age. New research in neuroscience also demonstrates how our brain functions are affected by physical training. Thus, the relationship between physical activity/training and cognitive and emotional functions is increasingly taken more seriously. These findings have led to new ways of thinking about the importance of physical activity. Innovations such as Physical Activity on Receipt (Fysisk aktivitet på recept, FAR) and Physical Activity in the Prevention and Treatment of Disease (Fysisk aktivitet i Sjukdomsprevention och Sjukdomsbehandling, FYSS), are examples.

Many characteristics of today's society affect people's participation in physical activity: new family structures; a more heterogeneous population through migration; new forms of communication and practices (e.g. the social media phenomenon); the dissolving of school catchments; unsafe traffic conditions and other environments. Many of these factors can restrict young people's participation in physical activities and organised sport. Although postmodern society emphasises individuals' responsibility for their health and lifestyle, this liberty is a double-edged sword, especially for the less advantaged groups in society. There is a growing inequality in terms of access to health care and leisure-time activities; sports club membership and living a physically active lifestyle in today's society can be expensive, and may have other prerequisites and conditions that preclude some people from participation.

DAILY RECOMMENDATIONS FOR PHYSICAL ACTIVITY

What does it mean then to be physically active? The American Centers for Disease Control and Prevention (CDC; www.cdc.gov) concluded in the mid 1990s that adults need at least 30 minutes of physical activity per day. The first recommendation for children was set at 60 minutes. Later, recommendations for flexibility and strength-training activities at least twice per week were added. Today, some advocate for an even greater amount of daily physical activity for children: researchers conducting the European Youth Heart Study (EYHS) urge 90 minutes of daily exercise. In 2007, the European Union Parliament decided to recommend increased physical activity for children and young people as a school strategy, to meet the needs of every child. How this strategy will be implemented—through increased time allocated to physical education classes or through other forms of physical activity during the school day—is still unclear among the member countries. In Norway and Sweden, increased time for physical education classes has not yet been implemented; instead, school laws prescribe everyday physical activity during the school day.

According to the latest public health report in Sweden, physical activity among young people (11, 13 and 15 years of age) has increased; 45% report that they are active 5–7 days per week on a moderate-to-vigorous level, while around 25% report they are physically active less than 2 days per week. Children of parents with higher education tend to be more physically active and also watch less television. A correlation also exists between physically active children and those who walk or bike to school. Closeness to facilities or leisure environments (e.g. parks, green environments, sports halls) is also associated with higher levels of physical activity. However, a large proportion of children and young people in Sweden do not meet the daily recommendations for physical activity, and only about half of the adult population reaches the recommendation of 30 minutes per day.

SPORTS PARTICIPATION

Sports participation is organised in very different ways throughout the world. In many Western countries, sport is often initially organised through school, and later through college or university. That is, sport is school based. This means that the implementation of most sports functions falls under the umbrella of school sports organisations: the planning of competitions and training; the access to facilities and coaches; and auxiliary help from physiotherapists, medical practitioners, etc. In the Nordic countries, sports participation is mainly club based, and is organised through sports clubs under the auspices of one or

two state-financed sports confederations that have affiliated sports federations. Nearly all children in these countries participate in organised sport some time during their childhood.

Since the turn of the century, the decreasing amount of physical activity among youth in the Western world and the falling numbers participating in organised sport have gained attention. The dropout rate in organised sport has triggered a debate about the effects of early forced specialisation. Early sports research did not regard dropping out from organised sport as unusual; it seemed reasonable that youths (mainly boys) would participate in sport during adolescence and then move on to other activities. Today, however, an important public health aim of the state-financed sports movement is to secure and promote regular physical activity in children and young people. For example, in Sweden the state has taken special initiatives to support young people's access to and participation in sport, to promote girls' participation in sports, to increase cooperation between local clubs and schools, and to prolong sports participation by girls and boys (the Handshake Project and the Sports Lift Project).

About 50% of Swedish 15-year-old boys and girls are members of a sports club, with about 30% remaining as members during their upper secondary school years. Although a higher proportion of boys than girls are members, boys also drop out to a higher extent. Young boys from minority groups have similar levels of membership to boys of Swedish background, but girls from minority groups have much lower membership levels than girls of Swedish origin. Similar patterns of club membership occur in all Nordic countries.

During adolescence, the pattern of club sport participation among girls changes dramatically; ballgames such as football and indoor hockey lose popularity, while activities such as dance, aerobics and swimming gain popularity. The only sport that remains popular (among the top five for 15-year-old girls) is equestrian sports. In boys of this age, gym activities and strength training are added to the previously most popular sports, team ballgames. The most common spontaneous physical activities among 15-year-olds are going for a walk or a run, playing football and swimming.

According to a long-term Swedish study, inactive 15-year-old girls and boys share the following characteristics in comparison with their more active counterparts: have a lower economic standard (especially the girls); are less often members of a sports club; and have few friends who participate in sports. They also participate less often in outdoor activities with their parents, have poorer health (especially the girls) and motor skills, and have lower physical capacity.

Girls aged 15–17 years who dropped out of sport early or who had never been involved in organised sport said they felt uncertain about how to become physically active. This response was frequently given by girls with a low socioeconomic background, but notably was absent among boys with a similar background. Furthermore, the rate of participation in the subject Physical Education and Health in the later years of compulsory school and during upper secondary school is higher in boys than in girls. Some studies of young inactive adolescents indicate that they are interested in health, but lack social supports and knowledge of how and where to be physically active. Inactive girls would like to train with other girls, but fear being the object of attention or being harassed and ridiculed. To become more engaged in physical activities, inactive adolescents would like a greater variety of available activities, better leaders and trainers, and more easily available information (e.g. through the web) about possible physical activities. Additionally, this group places importance on developing a feeling of competence through participating in the activity.

FACTORS THAT PROMOTE OR HINDER PARTICIPATION IN PHYSICAL ACTIVITY AND SPORT

The diverse contexts of young peoples' lives today are important for understanding their engagement—or lack of engagement—in physical activity and organised sport, and the meaning they place upon it. A research program called the Life Activity Project showed that adolescent middle-class boys and girls in Great Britain and Australia place different meanings on the physical activities in their life—the physical activities seem to play different roles and satisfy different individual needs in each gender. The boys' ideal image was that of a committed, competitive and capable young man, with success in sport tightly linked to this image. In contrast, the girls' ideal image of a young woman included physical activity for staying healthy and to structure and balance their busy lives.

Physical activity can also mean different things to various groups of young people. These meanings are often closely linked to social and cultural contexts with different ideals, physical identities and sought-after values. These findings highlight often neglected aspects of the circumstances surrounding physical activity in young people's lives, and present a challenge for the promotion of physical activity in this group. The notion of what physical activity represents to young people must be widened.

SPONTANEOUS OR UNORGANISED PHYSICAL ACTIVITY

Many factors interplay in terms of where, how and when people prefer to participate in physical activities. Therefore, if initiatives to promote spontaneous or unorganised physical activity are to be successful, these factors must be considered. Over the last few years, venues for spontaneous sports activities (spontanidrott) have been built as a part of the state initiative mentioned earlier. These venues for a variety of ballgames have often been placed close to schools to support daily physical activity for school children. Unfortunately, they have mainly attracted boys already playing organised sport. The reasons behind this imbalance are largely unknown, and the City of Stockholm, for example, is trying to understand why other boys and girls don't use the venues for outdoor physical activities. Studies so far have suggested factors such as the lack of options to play in smaller groups, that the playing areas are too open, and that some groups of young people are not interested in the conventional sports activities usually played in similar venues.

Research on unorganised physical activity in adults shows that both feelings of safety and aesthetic factors play a part; for example, the inclusion of natural areas (e.g. greenery) along a walking or biking route stimulates physically active commuting. A safe atmosphere particularly influences women's feelings about appropriate areas for outdoor physical activities (see text 4.4).

So we can see that, as girls approach their late teens, their preferred physical activities often change and their requirements may not be satisfied within the framework of traditional sports clubs. From a pedagogical perspective, we can view this as a need for re-socialisation with physical activity during late adolescence. As earlier preferences, experienced norms and values change, the individual orients towards new social contexts that require new physical activities, or at least a broader view of what can be included in this term.

THE STAGES OF ELITE SPORT SOCIALIZATION

The stages of sampling, specialisation and investment

On average, an athletic career starts at the age of 7–10 years, during what are termed the sampling years. The sampling years start earlier in some sports, for example, gymnastics, figure skating and ice hockey. Young people who continue with elite club sport during and after adolescence move into the stages of specialisation and investment, in which the individual starts to develop and practise highly specialised, strategic, competitive and sport-specific skills.

Throughout these stages, the athlete is periodically challenged and transitions through several steps. Specific demands related to practice, competitions, early selections and lifestyle are placed on the athletes during this time. Hence, the ability to endure and develop in elite sport is not only related to an individual's physical and mental capacity in terms of their particular sport, but also to broader traits as well. The individual's experience of and capacity to handle these stages of sport socialisation can be understood by examining how social structures and social processes are acted and enacted, and how these stages are interconnected with the process of identity formation. In other words, on both group and individual levels, individual sportspersons must manage the benefits and costs of participation in specific sports, including in relation to other areas of their life.

A Danish study by Krogh Christensen and Kahr Sørensen explored how talented male football players (aged 15–19 years) attempted to balance and manage the relationship between two central aspects of their everyday life: their interests and ambitions in elite sport (football) and their education. Tensions developed when their dedication to and aspirations in the world of football conflicted with the goal of pursuing an education and with other values. Apparently, the dream of a career as a professional football player exerted a 'magnetic attraction' on the young players.

Alfermann and Stambulova, and other researchers, talk about an *obsession* during the stage of specialisation. This obsession is essential for success at the elite level in today's sports environment, but may have negative effects for both the athlete and his or her personal environment, including family and peers. The players in the Danish study struggled to meet the demands in the two spheres of their lives. The study describes the tensions that arose, and how these tensions may be related to the adolescent transition period, in which a shift in peer relations, changes in physical and social positions, and an expansion of life's horizons normally occur. Sometimes these tensions cause disturbances in social and mental development and intensify stress, sleep problems, the desire to 'drop out', and mental problems, when the aspirations of the external world (e.g. completing one's education) conflict with personal aspirations (e.g. the dream of becoming a successful professional football player).

Early forced specialisation may have complex, negative consequences in terms of physical, psychological and social development. In professional football, for example, specialisation is preceded in the sampling phase by cut-off dates and early selection of talented players. Further research is needed to more fully understand the effects of early specialisation and selection on both athletes and particular sports.

According to a retrospective study of former successful male and female elite athletes by Stråhlman (2009), it takes about 10 years to reach an expert, elite level¹, which is maintained for 5–15 years until retirement. The study found that entering the sampling stage at an early age had consequences for the following stage of specialisation. The specialisation stage was strongly associated with the starting age in both men and women. The earliest starters were found in team games, while precision sports and individual sports such as athletics, swimming, skiing and power sports had older starters. Another finding was that the earlier the entrance into the specialisation stage, the shorter the professional career, and the earlier the retirement. That is, an early start to specialisation and an elite career leads to a shorter career overall.

Changes in society have also affected the timing of specialisation. The commercialisation and privatisation of youth sport, together with changes in parenting style, have altered views on and strategies for specialisation. This has led to earlier specialisation and the involvement of private initiatives. The commercialised distribution of funding and other resources are major factors underlying this phenomenon of early specialisation. All of the factors discussed above, as well as the increased exposure of sports in the media, have combined to place more emphasis on the stage of specialisation and when to start an elite career.

Despite these (sometimes) negative effects, the careers of elite female athletes have been positively prolonged due to better and changing social conditions. Many female athletes now continue their career into their late twenties and mid-to-late thirties. This is partly explained by the considerable changes in the area of gender relations during the past decades, including expanded options for combining a sports career with work, study or even motherhood. For example, the number of women athletes in the Summer Olympic Games rose from 21.5% to 41.7% of the competitors between 1980 and 2004, and from 24.4 % to 38.3 % in the Winter Olympic Games. The London 2012 Games were the first in which women competed in every sport, and the United States was represented by more women than men.

Unfortunately, little research has been conducted on aspects of female athletes' professional sports careers, partly because the history of women in professional sport is shorter than that of men. For instance, the issue of the effects of female sports migration has not been researched. However, we do know that reduced gender discrimination and changing national and international laws have increased women's participation in sport and expanded the possibilities for a professional career. Nevertheless, fewer women than men still view sport as a professional career option, and women have fewer available opportunities.

The stage of retirement

The last stage of elite sport socialisation is retirement. Elite athletes stop competing at different times in their lives, depending, amongst others factors, on which sport they play. If the sport demands a high level of physical fitness (e.g. cross country skiing, cycling), athletes might retire at a younger age than athletes in sports requiring less aerobic fitness but highly skilled techniques (e.g. shooting). According to research, the most common causes for career termination and retirement are chronological age, de-selection, injury and free choice.

¹ Stråhlman (2009) examined athletes born in the 1960s and 1970s who had reached the elite level and competed internationally in either the Olympic Games or in World Championships. He also referred to an investigation of former elite athletes from the 1920s to the 1950s.

We know little about this last stage of sport socialisation, including how former athletes construe their retirement and role exit and handle identity concerns, but this is a growing field of research.

Motherhood is one significant factor that may change or end a female athlete's career, although there are several examples of female athletes who continued in successful careers. In a study of elite sportswomen who were mothers, Kryger Pedersen noted an increased ability to manage the internal sphere of competition and the personal feelings of achievement in the world of sport, as well as the ability to combine other spheres of life with their sports career. These women could evaluate their personal sports skills from a broader perspective, leading to a new understanding of achieving excellence. Instead of focusing on tournaments and on relationships with trainers and consultants in the *external* sphere of competition, the study respondents found new ways of coping with the interplay between the internal and external spheres of competition, including the dimensions of technique, discipline and attitude. These female athletes became experts on constructing experience and knowledge independent from external constructions such as social and cultural frameworks. They exemplified disciplined and socialised individuals with an ability to negotiate.

CONCLUSION

Today we can claim that such a variety of forms of physical activity for young and older people has never before been offered. However, in terms of implementing the recommended levels of physical activity, there is much to accomplish. The projected demographic distribution of the Nordic population adds urgency to the need to strategically plan for and build environments that include opportunities for physical activity, in order to promote physically active lifestyles that support health and wellbeing. To keep younger and middle-aged people as physically and mentally fit and healthy as possible is vital, not least because of the increasing health care costs associated with the growing proportion of people over 80 years of age.

As emphasised in the beginning of this discussion, we need to look at people's overall level of everyday physical activity, rather than focusing on weekly gym sessions or training for team sports, or long walks taken only on the weekends. Although new forms of training such as running, walking, cycling and tai chi and zumba classes attract many adult women and men, in reality these numbers represent only a minority of the population. However, it is interesting that, in our late modern society, people seek opportunities to practice fitness training *together*. Often these forms of training are undertaken outdoors and accompanied by group leaders. To train together seems to contribute to manageability (i.e. being able to incorporate regular physical activity into one's lifestyle) and to meaningfulness, which creates positive feelings.

Although new forms of training for adults are appearing, lifelong studies of physical activity and lifestyles show that early and broad-based experiences of physical activities in a family setting predict being an active adult throughout life. Just being a member of a sports club from a young age and being an active adolescent is not enough; for physical activity to become a lifelong habit, a child must acquire a taste for it early on, and in a less structured way.

Therefore, giving young people time for both play and structured physical activity during childhood and adolescence is of great importance; likewise, strategic societal planning can

provide opportunities for physical activity and sport in the lives of the population. Girls and boys, women and men must all have opportunities for everyday physical activity combined with choices for leisure-time activities. This approach is important from both individual and public health perspectives when planning physical activity and sports participation throughout the lifespan.

SELECTED REFERENCES

- Alfermann, D., & Stambulova, N. (2007). Career transitions and career termination. In G. Tenenbaum & R. C. Eklund (Eds), *Handbook of sport psychology* (3rd ed., pp. 712–736). New York: Wiley.
- Baker, J., Cobley, S., & Fraser-Thomas, J. (2009). What do we know about early specialization? Not much! *High Ability Studies*, 20(1), 77–89.
- Blomdahl, U., & Elofsson, S. (2006). *Hur många motionerar/idrottar för lite och vilka är dom?: En studie av den unga befolkningen i Stockholm, Haninge, Jönköping och Lidingö* [How many practice sport too little and who are they? A study of young people from Stockholm, Haninge, Jönköping and Lidingö]. Stockholm: Idrottsförvaltningen Forskningsenheten [Sports Management Research Unit].
- Brown, K. J., & Connolly, C. (2010). The role of law in promoting women in elite athletics: An examination of four nations. *International Review for the Sociology of Sport*, 45(1), 3–21.
- Coakley, J. (2009). The good father: Parental expectations and youth sports. In T. Kay (Ed.), *Fathering through sport and leisure* (pp. 40–50). New York & London: Routledge.
- Cote, J., & Hay, J. (2002). Children's involvement in sport: A developmental perspective. In J. M. Silva & D. Stevens (Eds), *Psychological foundation of sport* (pp. 484–502). Boston: Merrill.
- Engström, L.-M. (2008). Who is physically active? Cultural capital and sports participation from adolescence to middle age — a 38-year follow-up study. *Physical Education & Sport Pedagogy*, 13(4), 319–343.
- Hagströmer, M. (2007). *Assessment of health-enhancing physical activity at population level* (Doctoral dissertation). Karolinska Institute, Stockholm.
- Krogh Christensen, M., & Kahr Sørensen, J. (2009). Sport or school? Dreams and dilemmas for talented young Danish football players. *European Physical Education Review*, 5(1), 115–133.
- Kryger Pedersen, I. (2001). Athletic career — 'Elite sports mothers' as a social phenomenon. *International Review for the Sociology of Sport*, 36(3), 259–274.
- Stråhlman, O. (2009). Elite sport sampling, specialisation, investment and retirement: A descriptive and explorative analysis. In *SVEBI:s årsbok, Svensk beteendevetenskaplig forskning* (pp. 177–202). Lund: SVEBI.
- Thedin Jakobsson, B., Lundvall, S., Redelius, K., & Engström, L.-M. (2012). Almost all start but who continue? A longitudinal study of youth participation in Swedish club sports. *European Physical Education Review*, 18(1), 3–18.
- Wahlgren, L., & Schantz, P. (2012). Exploring bikeability in a metropolitan setting: Stimulating and hindering factors in commuting route environments. *BMC Public Health*, 12, 168. doi:10.1186/1471-2458-12-168
- Wennerholm Juslin, P., & Bremberg, S. (2006). Report no. 16. *Self-determination affects child and adolescent health*. Sweden: Swedish National Institute of Public Health.
- Wright, J., & Macdonald, D. (Eds). (2011). *Living physical activity: Young people, physical activity and the everyday*. London: Routledge.