• eISSN 2288-1557 •

JLM
Journal of Lifestyle Medicine

Vol. 13, No. 2, 119-122
https://doi.org/10.15280/jlm.2023.13.2.119

Mini Review

Gender and Physical Activity: What We Can Learn from The Ottawa Charter for Health Promotion?

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Received May 2, 2023
Revised July 27, 2023
Accepted July 31, 2023

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Physical activity is a modifiable risk factor for non-communicable disease. This study used the Ottawa Charter as a framework to explore responses for low physical activity caused by gender inequity. The researchers examined factors related to physical activity in women based on Ottawa Charter strategies. Promote the knowledge, beliefs, and attitudes of women about health issues, as well as work in socio-demographic factors as social support. The community level corresponds to the physical settings that affect physical activity. Lack of suitable places and facilities, absence of walking paths, neighborhood hazards, insufficient sports campaigns for women, shortage of government financial support for female athletes, and religious legislation in Islamic countries are the barriers to ensure physical activity in women. This review provides a comprehensive understanding of the relevant advantages of physical activity in women across the Ottawa Charter declaration.

Keywords: Physical activity, Socioeconomic factor, Women

INTRODUCTION

First International Conference on Health Promotion, held in Ottawa in 1986, presented the Ottawa Charter for Health Promotion for action to achieve Health for All by the year 2000 and beyond. According to the charter, "health promotion is the process of enabling people to increase control over, and to improve, their health". From this perspective, social justice and equity as well as peace, shelter, education, food, income, a stable eco-system, and sustainable resources are the fundamental conditions and resources for health. The charter presents basic strategies and approaches for health promotion [1].

Physical activity (PA) is defined as any bodily movement produced by skeletal muscles that requires energy expenditure [2]. It refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work [3]. PA is a modifiable risk factor for non-communicable diseases such as heart disease, diabetes mellitus, cancer, obesity, hypertension, osteoporosis, osteoarthritis, and mental diseases such as depression [4]. Particularly, when PA performed in social settings is well established as an effective stress reliever and has been related to improved physical and mental health, reduced burden of pain and other somatic signs, life satisfaction, and decreased risks of lifestyle diseases [5]. It has been associated with reduced mortality [6] and has beneficial effects on quality of life [7].

According to the World Health Organization (WHO), adults aged 18-64 years, should do at least 150-300 minutes of moderate-intensity aerobic physical activity; at least 75-150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week as well as muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits [8].

More than a quarter of the world's adult population (1.4 billion adults) are insufficiently active [9]. There has been no improvement in global levels of physical activity since 2001 [10].

GENDER AND PHYSICAL ACTIVITY

Women are more inactive physically than men. In high-income countries, 26% of men and 35% of women were insufficiently physically active, as compared to 12% of men and 24% of women in low-income countries in 2016 [11]. Adolescent girls were less active than adolescent boys, with 85% vs. 78% not meeting WHO recommendations of at least 60 minutes of moderate to vigorous intensity physical activity per day.

Although everyone is to be provided with more opportunities to be active, it is obvious that most of the influencing factors of PA do not affect women and men equally, and therefore, may lead to fewer opportunities for women to be active. Gender differences have been proved as one of the most important reasons for inactivity in women [8,12-15].

Gender inequity is defined as a power imbalance with women being more vulnerable [16] which is a threat to the population health [17].

Gender inequity in health still exists around the world even in developed countries [3], although is more precarious in traditional patriarchal societies [18].

Compared to men, women are assigned less to leadership roles, are paid less, have lower education level, serve more as carers of children and sick family members (including members suffering from a chronic disease), do more unpaid domestic labour, are more likely to be under pressure of cultural and/or religious notions, face more challenges in commuting, more burden due to women's multiple roles as mothers, wives, housekeepers, caregivers, etc. Most of these inequities contribute to less PA in women. For example, lower education has been shown to be related with less knowledge about PA positive effects on health [19].

In this paper, the authors take the Ottawa Charter as a framework to explore responses to low PA of women resulting from gender inequity and how to address them.

IMPROVING WOMEN'S PHYSICAL ACTIVITY FROM THE OTTAWA CHARTER PERSPECTIVE

The Ottawa Charter recommends basic strategies for health promotion including building healthy public policy, creating a supportive environment, strengthening community action, developing personal skills, and reorienting health services. In addition, Ottawa Charter recommends making use of Advocacy, Mediating, and Enabling as effective strategies to meet its intended goals [1].

1. Building healthy public policy

Public policy can help creating, maintaining or lessen socioeconomic inequalities between groups [20]. They may contribute to gender equity/inequity in different ways. Building healthy public policy is a key strategy to promote health at the population level. Interventions at this level require adoption of healthy public policies in non-health sector.

Making public policies healthy will result in equitable opportunities for women to participate in PA. Some examples include more flexible working hours for women, provision of accessible and affordable day-care centres for children,

making exercise facilities affordable, use of government funds to provide areas to engage in physical activity and for zoning requirements that would include walking and biking paths, and requiring physical education in schools.

It is worth mentioning that gender roles and health-related behaviours linked to those roles in many health promotion programmes have led to a focus on behavioural change at the individual level, rather than on policy change at the societal level [21]. For example, prevention strategies to reduce harmful stress among working women often include measures where the pressure is put on women to develop their own personal stress coping strategies to balance competing gender roles. Targeted women often feel accused of not being able to cope with multiple pressures arising from their responsibilities as mothers, wives, housekeepers and workers. To avoid this, complementary measures to ease women's burden should also be introduced.

2. Creating supportive environments

Supportive environments at the personal and social levels affect PA. Environment factors at social level include perceived family and friends' support of PA [22] and support from staff/instructor. The most obstacles at this level include less time for family/friends, family structure (single-parent family/number of children), having children, family struggle, unsupported from friends/peers, unsupported from staff/instructor or social. Greater accessibility, availability, and quality of friends and family supports are stronger facilitators at this level. Air pollution, transport system, PA facilities, and safe places for PA also are considered as environmental factors.

In terms of PA, some examples of creating supportive environments include creating safe places from crime and safe neighbourhoods, availability of places for PA, making facilities for exercise and indoor and outdoor recreation available and accessible for women, and enjoyable scenery, considering walking and bicycling.

3. Strengthening community action

Women are to be involved in health planning at all levels. Women should become as equal as men in each phase of planning, implementation, and evaluation of PA promotion activities and interventions.

At the heart of the community, the action process is the empowerment of communities - their ownership and control of their own endeavours and destinies. Community-based interventions for health matters espousing empowerment are prominent in the health field [23]. Community resources could have a significant effect on creating a supportive personal environment to promote physical activity in women [24].

PA campaigns and using media may be necessary to change perceptions about desirable levels of PA among people and to persuade families that participation in leisure-time PA is normal.

4. Developing personal skills

This strategy targets Individual level factors, including self-efficacy for PA, knowledge, attitude, and perceived barriers, belief, preferences, and motivation which are associated with reported time spent in PA and in sedentary behaviour.

The strategy includes providing women with information about benefits of PA especially for women, implement interventions to modify their adverse attitude, promote their self-efficacy and enabling them to engage in PA. Personal skills have to be facilitated at school, home, work, and community settings.

5. Re-orienting health services

All people, community groups, health workers, health service institutions and governments must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. All health sectors must move on a health promotion path, beyond their responsibility for providing clinical and curative services.

CONCLUSION

Almost 40 years after the Ottawa Charter, it is still a comprehensive and practical guide to promote physical activity of women. Considering all the influencing factors of healthy behaviours, the Ottawa Charter would increase success of programs planned to promote women's PA. We need to go beyond the individual factors and take socio-ecological factors into account as well according to the Ottawa Charter.

NOTES

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- **Authors' contributions:** M.L. supervised the study. F.E. and M.A. curated the data. M.S.N wrote the original draft of the manuscript. All authors read and approved the final manuscript.
- **Conflicts of Interest:** No conflict of interest.
- **Funding:** None.
- **Acknowledgements:** Medical Ethics and Law Research Center of Shahid Beheshti University of Medical Sciences (SBMU) stating that this article has been derived from a research design approved by the research council of this research committee (IR.SBMU.RETECH.REC.1401.680).

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