

# Women and sport

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**Promoting women's health and well-being through sports and physical activity is a very broad topic. In this article I will dwell only on two of its numerous aspects, which are the importance of active living and physical activity to health and problems related to high-level sports in women.**

In 1997 the World Health Organization (WHO) launched the Global Initiative on Active Living, coordinated by the UKK-Institute in Tampere (Finland), which is one of the collaborating centres of the WHO. The main objectives of the Initiative are to strengthen world-wide advocacy on physical activity and health, provide support to the development of national policies, strategies and programmes, promote community programmes and capacity building, develop local, national, regional and international support networks, involving public and private institutions, and foster the dissemination of current knowledge related to active living and support the development of new knowledge. The WHO called on various international organizations, such as UNESCO, the IOC, various non-governmental organizations and countries who had shown interest in the project to actively cooperate in its implementation.

However, as the way active living and especially physical activities involving women were perceived in the past differ from the meaning they are given in modern society, I would like to begin by a brief outline of some significant historical facts. Women were not allowed to take part in the Games of the first Olympiad of the modern era held in Athens in 1896. However, a Greek woman, presumably called Stamata Revithi, alias "Melpomeni", is said to have unofficially run the marathon. In the late 1880-90s, it was stated in British medical books that vigorous exercise would have adverse effects on female anatomy and reproduction and would, therefore, prove clearly unhealthy. In the same way as physical

## Promoting

### women's health and well-being through sports and physical activity

culture for women has traditionally been of secondary importance to the male world of sports, so has been the case in the field of research in sports medicine as well.



*free-hand drawing of Stamata Revithi.*

Nowadays, in the western countries only 40% of women are sufficiently active to remain in good health. It does not necessarily mean that to do so they must practice any kind of sporting activity, but should perform ordinary tasks such as walking or cycling to work, gardening, dancing, shovelling snow, or walking up the stairs, requiring physical efforts which are beneficial for their health.

Modern scientific research has proved that the female body responds to increased physical activity with improved performance in the same way as the male body. It is also generally agreed that exercise has similar physical and psychological benefits for both genders, as it improves cardiovascular fitness, muscular strength and endurance and therefore ameliorates health, and enhances the quality of life. According to the Report of the Surgeon General' and the American College of



*Group exercises by the Italian gymnastics team in Amsterdam in 1928.*

Sports Medicine<sup>2</sup>, regular physical activity reduces the risk of dying prematurely, contracting heart diseases, developing colon cancer or diabetes. and helps reducing blood pressure. It has positive effects on the body weight and helps building and maintaining healthy bones, muscles, and joints. It relieves feelings of depression or anxiety and promotes psychological well-being in general.

However, there are still areas of concern proper to women, such as irregularities in menstrual patterns, pregnancy and menopause, where the effects of exercise on both health and performance are not fully understood. Nevertheless, physical exercise in all of these conditions is fully recommended by practitioners.

When considering the benefits of physical activity, it is also essential to analyse the risks and harmful effects of physical exercise, and to identify an optimal level where benefits for health are greater than damages. Most of the



"Winter sports".

health enhancing benefits of exercise can be gained through relatively small amount and low intensity of exercise. According to recent research, adults

should exercise moderately at least 3 times a week, 30 minutes each time. When analysing some high-level sports training, it can be established that the risks may go beyond the benefits, and at times the athlete's health may even be endangered.

I shall present as an example *the female athlete triad*, which, in its most severe form, may be a life threatening syndrome. The three symptoms related to it are eating disorders, amenorrhea, and premature osteoporosis, which increases the risk of stress bone fractures, and later in life causes osteoporotic bone fractures.

1) Eating disorders usually start when female athletes are pressured into reaching unrealistic weight as it is believed that lower body weight will improve sports performances and enhance visual appearance. At times, girl athletes may consider losing weight by themselves, but it is only too often that the coach initiates the disorder by commenting



Young hockey players in training.



Hurdles training session.

on the athletes' outlook and supposed overweight. Most girls, and especially adolescent girls, are highly sensitive to comments about their weight or appearance.

- 2) Due to low body fat, extreme physical or psychological stress, the menarche (beginning of menses) may be delayed or the menstruation of a female athlete may stop altogether. The disorder which causes either the absence of menstruation for more than 3 months, or as a result of which there are less than 3 periods a year is known as

*amennorrhoea*. According to recent studies, up to 44% of female athletes suffer from amenorrhoea at least at a certain point during their career. It is important to underline that the absence of menses is the symptom of inadequate training and not, as it may be thought, the normal consequence of sustained physical efforts.

- 3) The third and worst of the three symptoms is premature osteoporosis. It is a well known fact that exercise helps strengthening the bone structure. In females, this is



Family sports training.

achieved mainly through the female hormone oestrogen. In amenorrhoea, which resembles menopause, the natural oestrogen production stops, and this consequently leads to inevitable bone loss. Even if this loss can be partially overcome by means of medication and specific exercises, it can never compensate for the bone loss caused by estrogen deficiency. The amount of bone loss correlates with the severity and length of menstrual irregularity. If amenorrhoea is combined with poor calcium intake for years, a young athlete may have the bones of a 70 year-old-woman,

There are some "risk sports" which are particularly exposed to the triad. These include sports with scored performance, endurance sports, sports requiring contour revealing clothing, sports using weight categories, and sports emphasizing preadolescent body build. Girls should not be prevented from practising these sports, but information about their potential dangers should be spread more widely among athletes, coaches, physical education teachers, health care practitioners, and the general public. Health and well-being should be promoted and young athletes should be encouraged to follow healthy weight role models and banish the myths that the thinner the body, the better.

Finally, I would like to go back to the previously mentioned issues of physically active lifestyle and health enhancing activities and give an example regarding European children. Health care professionals suggest that adolescents should be physically active daily. At the age of 11, 80% of boys exercise twice a week during their leisure time whereas the girls exercising at the same age are only 60.70%. At the age of 15, still about 80% of the boys are physically active, but the proportion of active girls has dropped to 40-50%. These adolescent girls between the ages of 11 and 15 are a real challenge

not only in terms of active lifestyle, but also in high-level sports.

International guidelines aiming at promoting health enhancing physical activities (HEPA) have been set. According to them, active lifestyle should already be acquired in childhood, which will help for it to be followed through adolescence to adulthood. At its lowest level, active living does not mean daily exercise routine, but small changes in life style such as using the stairs instead of the elevator, leaving the bus one stop earlier and walking the rest, can prove very beneficial for the health. Recent

research has also shown that the same health benefits can be accounted for if physical activities are accumulated by short sessions or performed in one go. To increase one's fitness, the exercise has to gradually become more intense, frequent, and continuous.

Walking from one bus stop to another is not likely to transform anyone into a top-level athlete, but by creating positive attitudes toward physical activity and its healthy nature, and keeping in mind the fact that exercise is a "medicine" which is free and available, we will certainly witness a brighter future.

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"Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General, Washington DC, 1996.

<sup>2</sup>\*American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription, 5th Ed. Baltimore: Williams & Wilkins, 1995.

## Seminar in Ethiopia

**The Ethiopian Olympic Committee organized a three-day national seminar on Women and Sport from 21 to 24 December 1998 in Addis Ababa. Over eighty participants from all regions of the country, as well as representatives of the Ministry of Education, Health and Public Affairs, of universities and the media attended the seminar.**

The seminar was opened by Tadelech Haile-Mikael, Minister of Women's Affairs in the Prime Minister's Office, who also contributed to the discussions throughout the seminar. The IOC was represented by Fékrou Kidane, Director of International Cooperation and Communication.

During three days, the participants had the opportunity to review the situation of women in sport in Ethiopia and analysed potential solutions to develop their role in the sports community at all levels. As a result of this symposium, a Women's Committee was elected within the NOC to follow up these issues and implement the recommendations which were adopted on this occasion. The NOC also decided to nominate additional women on its

Executive Board at the forthcoming elections.

Moreover, it was decided to establish a national association for women and sport, which will encompass governmental and non-governmental organizations dealing with sport and the enhancement of women's role in the sports arena.

As it has been the case in Ethiopia, several other national symposiums have been successfully organized during the last year by National Olympic Committees which did not yet have a specific policy in this field. The IOC, therefore, encourages all NOCs to implement similar initiatives in their country and thereby foster awareness-raising as well as concrete measures about the role women must play in the Olympic Movement and sport in general.



Group photo of the participants.