

The Women's Sports Foundation Report Brief: Her Life Depends On It III & Girls and Women of Color

Some of the most iconic female athletes in U.S. sport history have been women of color. In 2015, few female athletes dominated the sports pages as much as African-American Serena Williams, considered by some to be the greatest female professional tennis player in history and one of the most electrifying athletes of any age. Serena Williams is only one among a distinguished list of the female athletes of color today. She is joined by gymnast Simone Biles, bobsledders Cherrell Garret and Elana Meyers-Taylor, basketball player Maya Moore, and many others. All have won national and/or world championships, earned gold medals, and led storied careers as athletes.

While the success of these female athletes of color speaks to the ways in which sport has become more inclusive and available, girls and women of color encounter an array of issues that affect access to sport and physical activity (fewer programs, fewer resources, less access to safe and securing playing areas). By extension, girls and women of color have less access to the educational, social, and health benefits that can be realized from being physically active. The result is girls and women of color are more vulnerable to the negative effects of chronic illnesses and other health concerns that would otherwise be mediated through more active lifestyles. Research shows that women of color generally are more at risk for heart and respiratory problems (heart attack, high blood pressure, stroke, etc.) and have higher incidents of obesity and diabetes (Staurowsky, forthcoming).



In a study of physical education classes, Culp (2013) concluded that there was a need in U.S. physical education to refocus efforts to ensure equity across gender, class, and racial lines as well as religious and political beliefs. That lack of equity is causing girls and women of color to be left behind in terms of sport and physical activity participation.

Girls from lower socio-economic classes and racial/ethnic minorities report reduced levels of physical activity compared to white girls and boys.

Researchers have looked at this issue within community settings and local schools.

- A study by Slater, Fitzgibbon, and Floyd (2013) found that unsupportive neighborhood environments affected physical activity. Focusing on boys and girls in grades 6-9, girls were found to gravitate toward play spaces where there were more people and they knew more people, because of safety and security concerns. The girls also reported that the expectations placed on them at home to do chores and homework affected their decisions about playing in neighborhood after-school programs.
- According to Belcher et al., (2010), males participate more in physical activity than females with black females being the least active across racial and ethnic groups.
- Youth sports are racially diverse, but girls of color are much more likely than their male counterparts to be non-athletes. (Sabo & Veliz, 2008).



- About half of African-American parents (51%) and Hispanic parents (49%) felt that their “community offers more sports programs for boys than for girls” (Sabo & Veliz, 2008).
- Urban girls, especially girls of color, often face unique barriers to participation. Many have jobs in order to supplement family incomes, while others take care of siblings at home. In some ethnic groups, parental support for girls’ athletic participation may be lacking (Place, 2004).
- There is a marked gender gap in physical education (PE), with 84% of urban girls and 68% of rural girls reporting no PE classes in the 11th and 12th grades (Sabo & Veliz, 2008).
- White girls are most likely to be involved with sports at age 6 or younger (53%). The early entry rate for African-American girls is 29%, compared with 32% of Hispanic girls (Sabo & Veliz, 2008).
- The disparate rates at which African-American and white girls participate in physical activity have been attributed to African-American girls more likely attending schools with few resources and higher poverty rates, impacting material resources (gymnasiums and fields); human resources (coaches) and programs and opportunities to play (Graves, Kaufmann, & Frolich, 2014).
- Disparities found in participation among African-American students are also attributed to financial barriers (Graves et al., 2014).
- The ability of families to provide financial support for their daughters to participate in sport does impact the opportunities available for girls, particularly girls of color. In a nationwide survey, 33% of African-American parents reported that their daughter never participated in sport or had to stop because the family could not support them in playing. That compares with 18% of parents of white girls. (Graves et al., 2014).
- In a comparison between white and African-American girls, white girls were found to be three times more likely to be involved in sport through a private organization (21% to 7%). African-American girls were more likely to participate in programs offered through schools (65%, compared to 50%) (Graves et al., 2014).

The disparities in opportunities for girls from racial minorities are reflected in the participation patterns that have developed in college and university athletic programs. According to *NCAA Race and Gender Demographics* for the 2012-13 academic year, 47% of collegiate varsity athletes are female. Black female athletes comprised 11% of female athletes, with less than one



percent of female athletes being American Indian/Alaska Native, Native Hawaiian and Pacific Islander; 1.9% Asian; 4.3% Hispanic/Latina; and 2.2% two or more other races.

- Examining the participation and affiliation of sport teams at the NCAA Division I level, women of color embody the largest percentages in the sports of basketball (66.5%), outdoor track and field (42.7%), and softball (36.6%) with black women representing the greatest number of participants in each (e.g., 57.6% in basketball) (NCAA Race and Gender Demographics, 2014).
- Female athletes of color are grossly absent from sports such as lacrosse, golf, swimming, field hockey, softball, tennis, and even soccer—the sport that has seen the greatest increase in participation and sponsorship since Title IX was implemented (Brake, 2010; McDowell & Carter, forthcoming).

The Negative Consequences of Fewer Playing Opportunities for Girls and Women of Color

Selected findings from *Her Life Depends on It III* include:

Cardiovascular Disease (CVD):

- Among adult females, more than 1 in 3 will have some form of cardiovascular disease, and the numbers with cardiovascular disease has continuously exceeded those of men since 1984. Females comprise 51% of CVD death rates, which translates to about 400,422 women dying annually. African-American women have the highest prevalence of CVD of all women. CVD includes high blood pressure, coronary heart disease (CHD), and stroke (American Heart Association, 2014).
- The prevalence of CVD in women 20 years of age or more varies by race/ethnicity. It is 47% among African-Americans, 34% among whites, and 31% among Mexican-Americans (Mosca, Goldberg, Kurokawa, Rizzon, & Corrente, 2014).

- The prevalence of heart disease is 7.6%, 5.8%, and 5.6%, respectively, among African-American, whites, and Mexican-Americans. Asian women have the lowest prevalence of heart disease at 3.9% (Mosca et al., 2014).
- In a study of African-Americans aged 45-64 years, physical activity was inversely associated with cardiovascular disease (CVD), heart failure, and heart disease incidence (Bell, Lutsey, Windham, & Folsom, 2013).
- Classic risk factors for CVD are similar in women as in men. However, there are sex differences in the prevalence of these factors. While women and men report equal rates of hypertension (1 in 3 adults), more women 65 and older have high blood pressure than men. The highest rates of hypertension are among African American women (Mosca, Barrett-Conor, & Wenger, 2011).
- According to the American Heart Association (2014), stroke is the third-leading cause of death among women. Each year, 55,000 more women than men have a stroke. African-American women are at the highest risk for stroke.
- Spanish-speaking Hispanics are significantly less likely to identify symptoms of cardiovascular risk factors than whites, African-Americans and English-speaking Hispanics (DuBard et al., 2006).

Obesity and Diabetes

- Diabetes rates are 2-4 times higher among African-American, Hispanic/Latino, American Indian and Asian/Pacific Islander women than among white women (American Diabetes Association, 2014).
- Non-Hispanic blacks have the highest rates of obesity (47.8%), followed by Hispanics (42.5%), non-Hispanic whites (32.6), and non-Hispanic Asians (10.8%) (Ogden et al., 2014).



- Lower socioeconomic groups (Scharoun-lee et al., 2009), and African-American and Mexican-American girls and women are at increased risk in comparison to white females (Sinha & King, 2009).
- A 10-month nutrition and physical activity intervention with obese African-American children ages 2-19, consisting of 60 minutes of cardiovascular activities and 30 minutes of toning exercises twice a week, was successful in decreasing overweightness among these youth (Fletcher et al., 2009).
- Hispanic girls who were at risk for being overweight reported significantly fewer bouts of moderate physical activity, less involvement with team sports, and more time spent watching TV (Stovitz et al., 2008).

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The full report can be accessed online at:
www.WomensSportsFoundation.org/HerLifeDependsOnIt3

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