

LGBTQ PEOPLE AND EXERCISE

This fact sheet explores the relationship between lesbian, gay, bisexual and trans (LGBTQ) people and exercise. It takes as its starting point the understanding that physical fitness is an important factor in developing individual well-being. Indeed, a large long-term study in Taiwan found that people who exercised for 15 minutes a day reduced their risk of cancer by 10%, and outlived those who did not exercise by 3 years.⁽¹⁾ Exercise may even be a more significant health indicator than the frequently used body mass index (BMI), which measures weight-to-height ratio, but not health impact factors such as lifestyle, genetics, or social-economic status.⁽²⁾ A Canadian study of 29,533 people found that those with a high BMI who exercise regularly had the same life expectancy as people with a low BMI.⁽³⁾ Group exercise and sports also contribute to social belonging and community building. Yet due to homophobia and other social factors, many LGBTQ people may encounter barriers to participating in organized sports or accessing exercise facilities.

IMPORTANCE OF STAYING ACTIVE FOR LGBTQ PEOPLE

- Both The National Coalition for LGBTQ Health and the National Gay and Lesbian Task Force in the US, endorse healthy eating habits and exercise programs for LGBTQ people.⁽⁴⁾ According to lesbian health advocate Dr. Kate O'Hanlan, healthy eating and exercise reduce the chance of cancer, heart attack, and stroke, even when weight remains the same.⁽⁵⁾ However, none of the resources above define what is meant by the term 'healthy' in relation to exercise and well-being amongst diverse populations.
- Regular exercise has been shown to improve mental health, reducing stress, anxiety and depression, and improving self-esteem.⁽⁶⁾ This is especially important for LGBTQ people, who experience higher rates of depression and anxiety than straight cisgender people.⁽⁷⁻⁹⁾
- Regular exercise improves quality of life in older LGBTQ people by strengthening bones, heart, and lungs, lowering blood pressure, increasing energy, improving balance, sleep, and mood, and reducing the risk of diabetes.⁽⁶⁾
- The Public Health Agency of Canada recommends that all adults undertake 2.5 hours of activity a week to achieve health benefits.⁽¹⁰⁾ There is inconclusive evidence concerning whether or not LGBTQ people exercise more or less than heterosexuals. Statistics Canada reports that 21% of LGB Canadians were physically active in 2009, compared with 27% of heterosexuals. This is down from 2003, when 31% of LGB Canadians reported being physically active, compared with 25% of heterosexuals.^(11,12) Data were not collected on gender identity, a limitation of the report, and of research into LGBTQ people and exercise overall.

LGBTQ YOUTH

- A national US study of 156,145 high school youth found that LGB students were less likely than their straight peers to be physically active and were 1.5 times more likely to report having had less than an hour of exercise in a given week.⁽¹³⁾
- The British Columbia Adolescent Youth Survey of 30,000 students in grades 7-12 found that gay and bisexual teens were less likely to participate in organised sports, although the study findings do not account for people undertaking exercise alone. Just 66% of young bisexual men and 52% of gay youth played a sport without a coach or instructor, compared with 82% of young straight men.⁽¹⁴⁾
- The same BC study found that 41% of young lesbians and 38% of young bisexual women played sports with a coach or instructor outside of gym class, compared with 56% of young straight women.⁽¹⁴⁾
- Among young men, 12% of bisexuals, and 18% of gay youth had not exercised at all in the past week, compared with 7% of straight youth. Among young women, only 9% of straight youth reported no physical exercise, compared to 17% of bisexuals, and 15% of lesbians.⁽¹⁴⁾
- The types of activity undertaken matters. Young bisexual and gay men were more likely to participate in weekly dance or aerobic classes than their straight counterparts (24% bisexual, 18% gay vs. 9% straight). By contrast, only 21% of young lesbians reported participating in dance or aerobics, compared with 32% of young straight women.⁽¹⁴⁾
- Lower rates of PE and sports participation may be related to homophobia, biphobia and transphobia at school. One study of school violence in eight US states found that LGBTQ youth experienced harassment and victimization in gym class and in their locker rooms.^(15 - 16)
- Trans youth report difficulty accessing gender appropriate locker space, and barriers to participating in sports teams, and gym classes. This early experience may affect later attitudes toward making exercise a regular part of their routine.^(17,18)
- Anti-obesity programmes in schools that entail surveillance and measurement of young people's bodies may also affect their relationship to exercise and positive embodiment in the long term, according to two qualitative studies from the UK, and an international edited collection of articles.⁽¹⁹⁻²¹⁾

LESBIANS & BISEXUAL WOMEN

- The amount of exercise that lesbian and bisexual women do compared to that of heterosexuals seems to be about the same. A US study of over 300 lesbians found that 51% exercise regularly, compared to 47% of heterosexual women.⁽²²⁾
- A 1996 study of 186 lesbians in the Greater Toronto Area found that only 20% exercised less than 1 hour per week, while 35% exercised 1-3 hours per week, and 37% exercised over 3 hours per week, well over recommended amounts.⁽²³⁾ This research pre-dates the establishment of some of the many LGBTQ sports leagues that now exist in the city, and the actual number of participants undertaking exercise may now be higher.⁽²⁴⁾ A small UK study confirmed this, finding there were no significant differences in exercise frequency or motivation between lesbians and straight women.⁽²⁵⁾

- An Australian study of 307 LGBTQ people found that 63% of lesbian and bisexual women exercised regularly. Yet only 44% met the minimum recommendations for weekly exercise, and 14% reported not being physically active at all.⁽²⁶⁾
- A study of 737 women in Pennsylvania found no differences between straight and lesbian women in terms of the amount of exercise they reported, although lesbians tended to report heavier housework activities such as yard work or house maintenance.⁽²⁷⁾
- Homophobia may deter lesbian and bisexual women from exercising. The Australian study found that 55% of lesbian and bisexual women had experienced homophobic insults in connection with their participation in sports.⁽²⁶⁾

GAY & BISEXUAL MEN

- A small US study of 25 gay men and 25 straight men found no difference between gay and straight men in terms of the amount they exercised.⁽²⁸⁾ However, a UK study of similar size found that gay men exercised significantly less than straight men did, and that gay men's motivations for exercise were based on wanting to control their appearance, while straight men emphasized enjoyment and competition.⁽²⁵⁾
- Homophobia may deter gay and bi men from exercising. In an Australian study, only 45% of the 154 gay men respondents report playing team sports, compared with 62% of the 141 lesbians. Gay men who played team sports were less likely to be out at their gym than men who played individual sports, and 29% of gay and bisexual men reported experiencing homophobic insults while participating in sports.⁽²⁶⁾
- Some research suggests that there is pressure to conform to specific body types within gay and bisexual men's communities. A mixed-methods study with 129 HIV-positive men in New York City found that 59.7% had a regular workout routine and that participants use their workouts, diets, and grooming practices to reinforce their masculinity against stereotypes of gay effeminacy.⁽²⁹⁾ A Toronto study of 400 gay and bisexual men, including trans men, found that age, disordered eating, depression, sexual risk and internalised homophobia were factors in this group's drive for muscularity.⁽³⁰⁾ Additionally the findings of the New York study suggest that that risk-taking, and commodifying one's body within a sexual marketplace are also part of the gay men's motivation for exercising. Men who reported steroid or Viagra use within the past three months were also more likely to report having unprotected sex.⁽²⁹⁾
- A study of 126 white heterosexuals and 388 white, black and Latino LGB men and women in New York, found that gay and bisexual men who attended a gym or who participated in sports teams had a higher prevalence of eating disorders than straight men.⁽³¹⁾

TRANS PEOPLE

- The Australian study mentioned above found that only a third of trans participants report being physically active within the past week.⁽²⁵⁾
- Transphobia may deter trans people from exercising. The Australian study found that 25% of trans people had experienced insults in connection with sports, and 58% reported avoiding playing certain sports because of their gender identity. The same

study found that 29% of LGBTQ people felt the mainstream gym they belonged to was not welcoming of trans people, as did 5% of those who belonged to an LGBTQQ gym.⁽²⁶⁾

- Virginia's Transgender Task Force, supported by the Virginia Department for Health, claim that additional barriers for trans people, such as costs associated with gym membership or sport participation, body shame, and discomfort with public scrutiny, may deter some trans people from engaging in exercise regularly.⁽³²⁾
- Researchers at the University of California, San Francisco, suggest that transmen taking testosterone be made aware of the increased metabolic demands the hormone places upon their bodies in terms of struggles to gain weight or problems with anxiety and fatigue, within a context where gaining muscle mass is regarded as a marker of masculinity. They recommend that those trans men experiencing these issues be screened for protein, calorie and vitamin deficiencies.⁽¹⁷⁾

OTHER FACTORS IMPACTING ON LGBTQ PEOPLE AND EXERCISE

- Hate crime and harassment may well affect LGBTQ people's ability to feel and be safe when exercising in public. Although gay, lesbian and bisexual people do not perceive themselves at much greater risk of violence than straight people, according to 2004 data from Statistics Canada, they report higher rates of violent victimization, and physical and sexual assault, as well as robbery, than heterosexuals and have less faith that the police will help them. Gay men and lesbians were reported to experience 2423 violent incidents per 1,000 population, which is 2.5 times higher than the rate for heterosexuals. Bisexuals reported 4153 violent incidents per 1,000 population, 4 times higher than the rate for heterosexuals.⁽³³⁾
- Anti-fat bias has significant detrimental effect on LGBTQ people's uptake and enjoyment of physical activity, according to a qualitative study from Canada.⁽³⁴⁾ Fear and hatred of fatness, or fatphobia, similarly underlies compulsive and dysfunctional relationships to exercise. Qualitative research from Finland reveals that it is common for women experiencing fatphobia to put off undertaking physical activity until they have lost weight.⁽³⁵⁾ Fat people may have difficulty in accessing appropriate clothing and equipment.⁽³⁶⁾ They may fear injury if they have previously been physically inactive.⁽³⁷⁾
- The concept of 'Stereotype Threat' refers to the fear experienced by minority populations of embodying stereotypes relating to their identities, and risking humiliation and further social ostracism. This could mean gay men who are afraid of appearing effeminate or larger people fearing that they appear unfit. Anxiety relating to Stereotype Threat may prevent people from undertaking exercise, according to a US study of Health At Every Size.^(38,39)
- There are many sport-related LGBTQ groups in large cities such as Toronto, but sports centers and fitness facilities more generally lack resources for lesbians and this may present a barrier to undertaking exercise.^(40,41)

GAPS IN THE RESEARCH

- More research is needed about the effect of homophobia, biphobia, and transphobia on LGBTQ participation in sports, and access to exercise facilities in Canada.
- More research is needed into the qualitative experience of exercise among LGBTQ people in order to discover the cause of lower exercise rates.
- There is a scarcity of research into the effect that participating in sports or belonging to a gym may have on closeting or self-disclosure. An Australian study found that 85% of LGBTQ participants belonged to a gym, and 16% were members of an LGBTQ gym. Of those who were members of a mainstream gym, only 20% were out at their gym.⁽²⁶⁾
- More research is needed on the role of masculinity and body image, and the effect that stereotypes of masculinity have on participation in sports and individual exercise (such as bodybuilding). As well, more studies are needed that examine the relationship between embracing a hypermasculine identity and engaging in high risk activities, as well as a critical understanding of muscularity and gender expression.
- Much attention has been paid to the question of where trans athletes fit within a binary sex-segregated sporting world. More research needs to be done on the exercise habits of trans people who are not professional athletes, and on the barriers they may encounter to engaging in regular exercise.

IMPLICATIONS FOR HEALTH CARE PROVIDERS

- Health care providers should be aware that many factors, including homophobia, biphobia, transphobia, sexism, gender roles, body shame, and cultural expectations may influence LGBTQ people's attitudes toward exercise.
- Health care practitioners should maintain an interest in community projects about tackling homophobia, biphobia and transphobia in sport and exercise and share this information with clients.^(24,42)
- Emphasis should be placed on LGBTQ people incorporating exercise into their daily routine, rather than on weight loss, as the former may be a more accurate measure of health and the latter can promote yo-yo dieting, exacerbate eating disorders and reinforce body shame.
- Health care providers should beware of treating exercise as a box-ticking chore and should emphasise activity that is joyful, available to people with a variety of abilities, and increases quality of life. Practitioners should acknowledge people's abilities and limitations positively, for example by suggesting adaptive forms of exercise for people with disabilities, or access to safe, low-cost sports amenities.
- Health care providers should seek out affirming opportunities for LGBTQ people to participate in sport and exercise, including organisations for plus size fitness, for example Full Bodied Yoga, which is provided at Sheena's Place in Toronto.⁽⁴³⁻⁴⁵⁾
- Harassment and violence against LGBTQ students in gym class or on the sports field may affect their fitness habits well into adulthood, and may ultimately impact life expectancy. Health care providers can be an important ally to youth and families who are trying to address homophobic, biphobic and transphobic bullying in schools.
- Views of masculinity as primarily physical may be intimately linked with sexual risk-taking in gay men. Health care providers should be aware of the way that gay and

masculine identities overlap and the impact they may have on sexual risk assessment.

REFERENCES

- (1) Wen CP, Wai JPM, Tsai MK, Yang YC, Cheng TYD, Lee M, et al. Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study. *The Lancet* 2011:Republished ahead of print.
- (2) Lee D, Sui X, Artero EG, Lee I, Church TS, McAuley PA, et al. Long-Term Effects of Changes in Cardiorespiratory Fitness and Body Mass Index on All-Cause and Cardiovascular Disease Mortality in Men: The Aerobics Center Longitudinal Study. *Circulation: Journal of the American Heart Association* 2011;124:2483-2490.
- (3) Kuk JL, Ardern CI, Church TS, Sharma AM, Padwal R, Sui X, et al. Edmonton Obesity Staging System: association with weight history and mortality risk. *Appl Physiol Nutr Metab* 2011 08/01; 2011/10;36(4):570-576.
- (4) Rose M. New national health strategy marks 'first step' in addressing health disparities. June 17, 2011; Available at: <http://LGBTQhealth.wevolutionary.com/content/new-national-health-strategy-marks-first-step-addressing-health-disparities>, October, 2011.
- (5) Dulong J. Lesbian's Weight Debate. *The Advocate* 2004;March 16:32-34.
- (6) Chodzko-Zajko W, Schwingel A, Price CH. Successful Aging: The Role of Physical Activity. *American Journal of Lifestyle Medicine* 2008;3:20-28.
- (7) Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin* 2003;129(5):674-697.
- (8) Rotondi Khobzi N, Bauer GR, Scanlon K, Kaay M, Travers R, Travers A. Depression in male-to-female transgender Ontarians: Results from the Trans PULSE Project. *Canadian Journal of Community Mental Health* 2011;30(2):113-133.
- (9) Rotondi Khobzi N, Bauer GR, Scanlon K, Kaay M, Travers R, Travers A. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE Project. *Canadian Journal of Community Mental Health* 2011;30(2):135-155.
- (10) Public Health Agency of Canada. Physical Activity Tips for Adults (18-64 years). 2012;HP1--16/3-2011e-PDF.
- (11) Statistics Canada. The Daily, Tuesday June 15, 2004: Canadian Community Health Survey. 2004.
- (12) Statistics Canada. Gay Pride: By the Numbers. 2010.
- (13) Center For Disease Control and Prevention. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009. June 6, 2011;60.
- (14) Saewyc E, Poon C, Wang N, Honna Y, Smith A, The McCreary Center Society. Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC. 2007.
- (15) Bochenek M, Widney Brown A.
Hatred in the hallways: violence and discrimination against lesbian, gay, bisexual, and transgender students in U.S. schools. 2001.
- (16) Taylor C, Peter T. Every class in every school: Final report on the first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. 2011.
- (17) University of California, San Francisco. Centre for Excellence for Transgender Health: General Prevention and Screening. 2011; Available at: <http://transhealth.ucsf.edu/trans?page=protocol-screening>.
- (18) Transgender Law Center. Transgender and Gender Non-Conforming Youth: Recommendations For Schools. 2010.
- (19) Evans B, Colls R. Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index (BMI) in Anti-Obesity Politics. *Antipode: A Radical Journal of Geography* 2009;41(5):1051-1083.
- (20) Evans j, Rich E, Davies B, Allwood R editors. Education, Disordered Eating and Obesity Discourse: Fat Fabrications. Abingdon: Routledge; 2008.
- (21) Wright J, Harwood V. Biopolitics and the Obesity Epidemic: Governing Bodies. London: Taylor & Francis; 2008.
- (22) Harris Interactive. Lesbian body image differs from that of women overall, New US survey finds. 2005.
- (23) Moran N. Lesbian health care needs. *Canadian Family Physician* 1996;42:879-884.
- (24) OutSport Toronto. OutSport Toronto. 2013; Available at: <http://outsporttoronto.org/>.
- (25) Grogan S, Conner M, Smithson H. Sexuality and exercise motivations: Are gay men and heterosexual women most likely to be motivated by concern about weight and appearance? *Sex Roles* 2006;55(7-8):567-572.
- (26) Symons C, Sbaraglia M, Hillier L, Mitchell A. The Sports experiences of Lesbian, Gay, Bisexual and Transgender
(LGBTQ) people in Victoria. 2010.
- (27) K. M. Delfine. A comparison of physical activity among women based upon sexual orientation. Pittsburg, PA: University of Pittsburg; 2007.
- (28) Kaminski PL, Chapman BP, Haynes SD, Own L. Body image, eating behaviors, and attitudes toward exercise among gay and straight men. *Eating Behav* 2005 6;6(3):179-187.
- (29) Halkitis PN, Greem KA, Wilton L. Masculinity, body image, and sexual behavior in HIV-seropositive gay men: a two-phase formative behavioral investigation using the internet. *International Journal of Men's Health* 2004;3(1):27-42.

- (30) Brennan DJ, Craig SL, Thompson D. Factors associated with a drive for muscularity among gay and bisexual men. *Culture, Health & Sexuality* 2012;14(1):1-15.
- (31) Feldman MB, Meyer IH. Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders* 2007;40(3):218-226.
- (32) Virginia Transgender Task Force. Physical fitness for transgender people. *Transgender Health* ;5(1):1, 4.
- (33) Statistics Canada. Sexual orientation and victimization. 2004.
- (34) Sykes H. *Queer Bodies: Sexualities, Genders, & Fatness in Physical Education.* New York: Peter Lang Publishing; 2011.
- (35) H. Harjunen. *Women and Fat: Approaches to the Social Study of Fatness.* Jyväskylä, Finland: University of Jyväskylä.; 2010.
- (36) Goldberg J, Ashbee O. *Trans Care: Fit or Fatphobic? Trans People, Weight and Health.* 2006.
- (37) Lyons P, Burgard D. *Great Shape: The First Fitness Guide for Large Women.* Palo Alto, CA: Bull Publishing; 1990.
- (38) Bacon L. *Health At Every Size: the surprising truth about your weight.* Dallas, TX: BenBella Books; 2008.
- (39) Steele CM, Aronson J. Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology* 1995;69(5):797-811.
- (40) Brittain DR, Baillargeon T, McElroy M, Asron DJ, Gyurcsik NC. Barriers to Moderate Physical Activity in Adult Lesbians. *Women & Health* 2006;1(43):75-92.
- (41) Community Groups - Queer Groups in Toronto: Sports and Recreation. 2013; Available at: <http://www.xtra.ca/public/toronto/CommunityGroups/Search.aspx>.
- (42) The Canadian Association for the Advancement of Women and Sport and Physical Activity. Addressing Homophobia in Sport. 2009; Available at: <http://www.pridehouse.ca/?TabId=74>.
- (43) Ernst C. A Day in the Life of an HAES Fitness Trainer. *Health At Every Size* 2005;19(2):83-88.
- (44) Eliason J. Not Jane Fonda: Aerobics for Fat Women Only. In: Rothblum E, Solovay S, editors. *The Fat Studies Reader.* New York: New York University Press; 2009. p. 312-319.
- (45) Full Bodied Yoga. Available at: <http://www.sheenasplace.org>.

ACKNOWLEDGEMENTS

This fact sheet was written by Dr. Charlotte Cooper, Dr. Margaret Robinson and Lorelee Gillis. Special thanks to the 12 community members and service providers who reviewed this fact sheet prior to publication. The group included LGBTQ fat activists, dieticians and nutritionists, researchers, and community based service providers.

Feedback on this document is welcome. Comments and questions can be addressed to Lorelee Gillis: lgillis@RainbowHealthOntario.ca

Last updated: March 2014