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Active Equity

Towards Addressing Gender Gaps in
Sports and Physical Activity in India

Issue Brief #8



Introduction

Research indicates a significant and expanding gender gap in recreational engagement in sports and physical activity (SAPA) in India, presenting crucial long-term implications that demand attention. Addressing this requires a comprehensive understanding of the patterns of activity and inactivity among girls and women over the course of their lives. This includes pinpointing the specific stages and, more importantly, the underlying reasons for their disengagement from different forms of SAPA. This can serve as a launching pad for formulating targeted strategies and interventions to prevent SAPA drop-offs and sustain participation. This issue brief aims to consolidate and analyze the existing research on the subject, highlighting the pressing need for more extensive and in-depth studies to effectively tackle this challenge.

India faces a significant gender gap in SAPA¹. According to the latest findings from the World Health Organisation (WHO), less than half of adult Indian women are physically active.² If current trends continue, the prevalence of inactivity amongst women can be as high as 68.3%.³

This gendered disparity is evident across various age groups. According to India's physical activity (PA) profile by WHO⁴ (shown in Figure 1), 74% of Indian adolescents do not meet the recommended levels of PA, with a relatively narrow gap between boys and girls—72% and 76%, respectively. However, as individuals transition into adulthood, this gap widens significantly. Among adults, there is about a 19% difference in PA levels between men and women, which further expands to 22% among the elderly (70 years and older), with women consistently lagging behind men. This places India among the 61 countries where the gender gap in adult levels of physical inactivity exceeds 10%.⁵

According to a 2019 survey conducted by HealthifyMe, only about one-third (33%) of women in India were physically active, with an additional 22% being only mildly active. These figures emphasize the critical need to address and close the gender gap in PA in India.⁶

New data from the *State of Sports and Physical Activity* report by the Sports and Society Accelerator and Dalberg Advisors suggests that women and girls in India get around 20% lesser minutes of PA compared to men and boys, with significant gaps in the activity levels amongst urban and rural contexts and age

¹ Definitions of the key terms can be found in Annexure I

² World Health Organization

<https://www.who.int/data/gho/data/themes/topics/indicator-groups/insufficient-physical-activity-indicator-group>

³ Strain, T., Flaxman, S., Guthold, R., Semanova, E., Cowan, M., Riley, L. M., ... & Stevens, G. A. (2024). National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 population-based surveys with 5·7 million participants. *The Lancet Global Health*, 12(8), e1232-e1243.

⁴ https://cdn.who.int/media/docs/default-source/country-profiles/physical-activity/physical-activity-ind-2022-country-profile.pdf?sfvrsn=4208cb78_5&download=true

⁵ World Health Organisation, Global levels of Physical Inactivity Offtrack for 2030 (2024)

<https://iris.who.int/bitstream/handle/10665/378026/9789240096905-eng.pdf?sequence=1>

⁶ *Indian men were more "active" than women in 2019: Survey*. The Indian Express. (2020, March 5).

<https://indianexpress.com/article/lifestyle/fitness/indian-men-were-more-active-than-women-in-2019-survey-6300683/>

groups. The adolescent and young women (aged 15-30 years) report the highest gender gaps.⁷

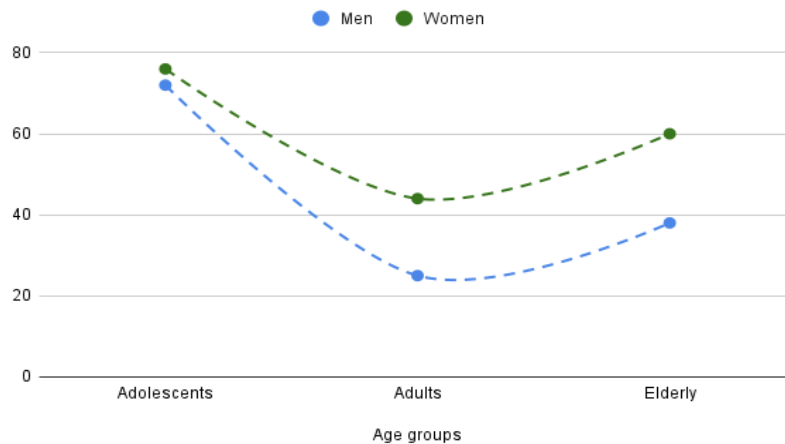
When compared globally, India's physical inactivity rates among women are strikingly higher. According to the latest study of the WHO, currently, 57% of Indian women are inactive, starkly contrasting with the global average of 34% for adult females (Figure 2). Additionally, Indian women also exhibit higher levels of inactivity compared to their Southeast Asian neighbour countries, further highlighting the regional disparities (Figure 2).

Some studies suggest that the recommended minimum levels of PA might vary according to

ethnicity. For South Asians, it has been found that they may need at least 230 minutes of moderate PA per week to fully experience the health benefits of PA and maintain overall well-being.⁸ These figures emphasize the critical need to address and close the gender gap in SAPA in India.

Other research at the pan-India level exploring the patterns of PA across the different zones, ages, regions, and BMI also revealed that men are typically more physically active than women.⁹ In fact, men may engage in PA twice as much as women in India in terms of hourly engagement as men perform around 2 hours of PA daily while women reportedly engage in only 55 minutes a day.¹⁰

Figure 1: Gender gaps in PA levels in India



⁷ SSA-Dalberg. *The State of Sports and Physical Activity Report (2024)*

⁸ Iliodromiti, S., Ghouri, N., Celis-Morales, C. A., Sattar, N., Lumsden, M. A., & Gill, J. M. (2016). Should physical activity recommendations for South Asian adults be ethnicity-specific? Evidence from a cross-sectional study of South Asian and White European men and women. *PloS one*, 11(8), e0160024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4987009/>

⁹ Podder, V., Nagarathna, R., Anand, A., Patil, S. S., Singh, A. K., & Nagendra, H. R. (2020). Physical activity patterns in India stratified by zones, age, region, BMI and implications for COVID-19: a nationwide study. *Annals of Neurosciences*, 27(3-4), 193-203.

¹⁰ Ray, K. (2022, February 12). *Insufficient physical activities for half of Urban Indians: ICMR Study*. Deccan Herald. <https://www.deccanherald.com/india/insufficient-physical-activities-for-half-of-urban-indians-icmr-study-1080834.html>

Figure 2: Gender Gaps in PA in India measured by age¹¹

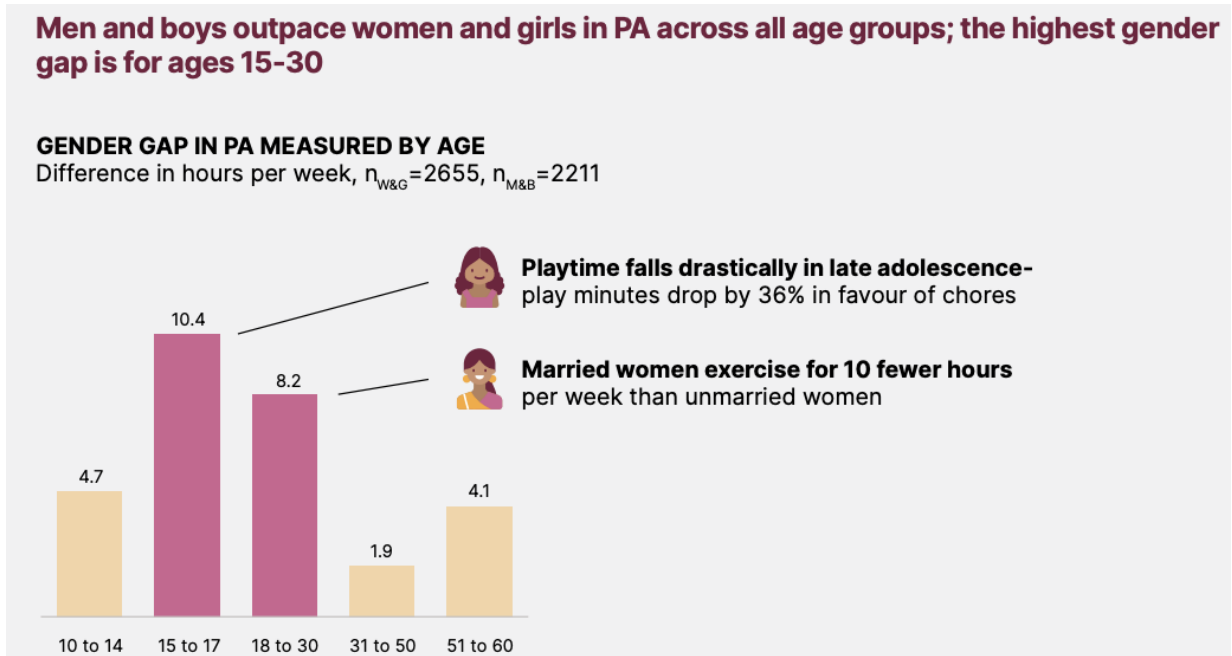
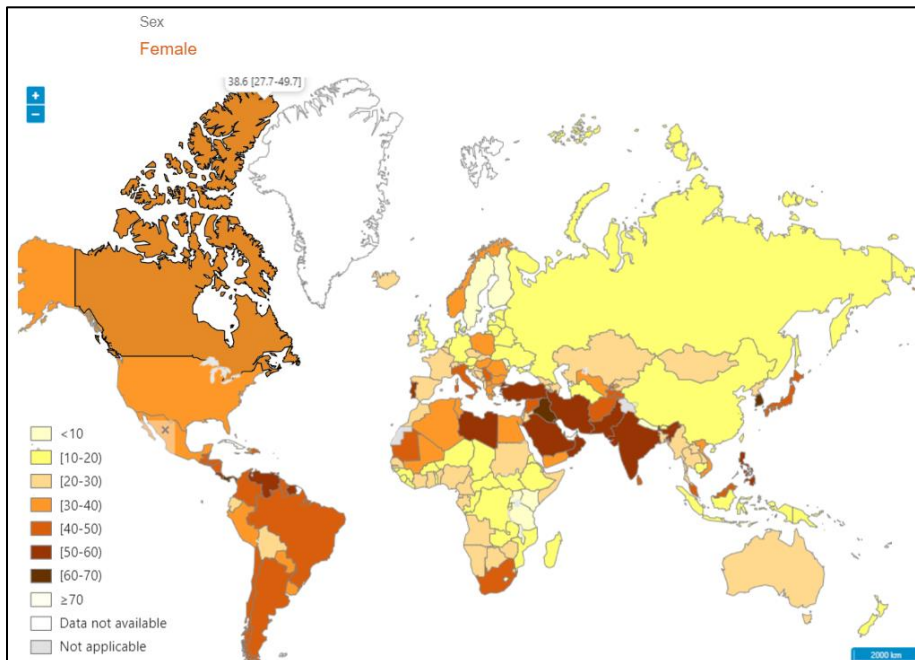


Figure 3 : Global prevalence of insufficient PA among adult women, 2022¹²



¹¹SSA-Dalberg. *The State of Sports and Physical Activity Report (2024)*.

¹²World Health Organization, <https://www.who.int/data/gho/data/themes/topics/indicator-groups/insufficient-physical-activity-indicator-group>

What does this gap imply?

This gap has important health and socio-economic implications. The worldwide recognition of SAPA as a vital instrument for *enhancing physical and mental health* is reinforced by international entities and countries alike. Numerous studies have highlighted the myriad benefits of SAPA in fostering well-being. Physical inactivity, now deemed a global epidemic, is linked to heightened disease occurrence and early mortality.¹³

Research suggests that leisure-time SAPA engagement emerges as a key tactic in mitigating coronary and cardiovascular disease risks, thus effectively curtailing the incidence of non-communicable diseases and their risk factors. Regular engagement in SAPA combats chronic ailments like respiratory diseases, obesity, cancer, heart diseases, diabetes, and stroke, while also enhancing immunity and bone health.

Beyond its physical health benefits, regular engagement in SAPA is instrumental in *improving mental well-being, alleviating stress, depression, and anxiety*. The socio-economic impacts of SAPA are profound, as seen in the economic burden of physical inactivity, which encompasses healthcare costs and the increasing prevalence of non-communicable

and chronic diseases.¹⁴ In India, the growing trend of physical inactivity raises alarms about economic impacts.¹⁵

SAPA's gender disparities also have *far-reaching social implications*, extending beyond economic factors. SAPA contributes to a quality life, fostering social benefits like relationship building, peer support, and nature enjoyment.¹⁶ For women, these gender disparities in SAPA are critical, affecting their overall health, including reproductive health, hormonal balance, and social standing and opportunities for development.

Research focusing on gender and SAPA has primarily examined reproductive health, underlining PA's advantages during and before pregnancy, such as reduced preeclampsia risks.¹⁷ Wellness activities, including SAPA, are beneficial for pregnant women, aiding in maintaining their physical and social well-being.¹⁸ During pregnancy, moderate PA is recommended for women without contraindications. Amongst expecting and new mothers, being active has various benefits for maternal and foetal health including decreased risks of gestational hypertension, gestational diabetes, delivery complications,

¹³ Sfm, C., Van Cauwenberg, J., Maenhout, L., Cardon, G., Lambert, E. V., & Van Dyck, D. (2020). Inequality in physical activity, global trends by income inequality and gender in adults. *International Journal of Behavioral Nutrition and Physical Activity*, 17, 1-8.

¹⁴ Pratt, M., Norris, J., Lobelo, F., Roux, L., & Wang, G. (2014). The cost of physical inactivity: moving into the 21st century. *British journal of sports medicine*, 48(3), 171-173.

¹⁵ Bhawra, J., Khadilkar, A., Krishnaveni, G. V., Kumaran, K., & Katapally, T. R. (2023). The 2022 India Report Card on physical activity for children and adolescents. *Journal of Exercise Science & Fitness*, 21(1), 74-82.

¹⁶ Son, J. S., Nimrod, G., West, S. T., Janke, M. C., Liechty, T., & Naar, J. J. (2021). Promoting older adults' physical activity and social well-being during COVID-19. *Leisure Sciences*, 43(1-2), 287-294.

¹⁷ Sorensen, T. K., Williams, M. A., Lee, I. M., Dashow, E. E., Thompson, M. L., & Luthy, D. A. (2003). Recreational physical activity during pregnancy and risk of preeclampsia. *Hypertension*, 41(6), 1273-1280.

¹⁸ Nesheva, I. (2020). Social Benefits of Wellness Motor Activities for Women with Normal Pregnancy. *Scjournal.globalwaterhealth.org*. https://scjournal.globalwaterhealth.org/wp-content/uploads/2023/01/p.22-27_I.-Nesheva_UK_V.4_Is.1-2_2022.pdf

postpartum depression, and fewer newborn complications.

Thus, the gender disparities in SAPA have *multifaceted effects on national, community, and individual levels*. Nationally, these disparities pose public health challenges, increase healthcare costs, and impede economic growth. At the community level, uneven access to SAPA resources exacerbates health inequalities, potentially disrupting social cohesion and intensifying societal inequalities. For individuals, particularly women, these disparities impact both physical and mental health, underscoring the necessity of inclusive interventions to address these societal implications and promote overall health and equality. The gendered nature of SAPA, with its extensive influence on health, society, and economics, calls for holistic strategies to counter the decline in activity levels among women.

Addressing these gendered gaps requires comprehensive, targeted strategies. The Active Frameworks series developed by the Sports and Society Accelerator acknowledges this by focusing on cities, workplaces, transit systems, and educational institutions as crucial settings for integrating SAPA into the daily lives of children and adults. These frameworks offer innovative, context-specific solutions to foster active and healthy lifestyles across diverse environments. Building on this work, this issue brief adopts a gendered lens to examine the specific barriers that prevent women and girls in India from participating in and sustaining their engagement in SAPA. Understanding these obstacles is crucial for designing interventions that support women in maintaining lifelong participation in SAPA, helping bridge the gender gap and fostering a more equitable, active society.

Contexts for SAPA engagement

In order to understand the barriers to SAPA participation, it is necessary to first understand the contexts and nature of SAPA engagement common for Indian women. Gender norms deeply influence women's engagement in SAPA across various spheres of life. In our society, gender inequality is diverse; it exists in all aspects of life, ranging from education to household work.¹⁹ Many Indian women today engage in a diverse range of PA through transportation, work, or leisure in their daily lives.



Transit

Transit serves as a vital context for PA, significantly influencing mobility from rural to urban settings.²⁰ Cultural norms and safety concerns are significant influencers; modesty and personal security considerations can dictate the modes and times of travel, with many women preferring daylight hours and avoiding isolated routes, potentially limiting their engagement in active transit.

In the urban centres of India, women often engage in PA as part of their transit by walking briskly to crowded bus stations or metro stops, navigating through congested streets while balancing employment and domestic responsibilities. In contrast, rural transit can entail longer distances on foot or bicycle, with women commonly traveling through uneven terrains to access markets, water sources, or fields, thereby integrating SAPA out of necessity.



Work

At work, the nature of PA for Indian women varies widely with the sector of employment. In rural and agricultural settings, women partake in strenuous labour, such as planting, weeding, and harvesting, which is physically intensive but often unacknowledged as 'exercise' due to its obligatory nature.

More commonly in urban areas, particularly for those in the formal economy, sedentary jobs are more common, though some workplaces may offer wellness programmes that encourage activities like stretching, walking meetings, or recreational sports. Workplaces for an important context for PA engagement.²¹ However, these initiatives are not widespread and may be typically found in larger companies or those with international affiliations.



Leisure

Leisure time PA for women in India is deeply influenced by local customs and the social milieu. In schools, the opportunities for SAPA engagement may be mandated to focus on recreation and sports development. Traditional dance practices, which double as a form of exercise, are popular leisure activities in many parts of the country, blending cultural expression with physical exertion.

However, access to leisurely SAPA activities like walking, jogging, or organized sports is often contingent on social acceptance, availability of safe and accessible spaces, and

¹⁹ Jha, P., & Nagar, N. (2015). A study of gender inequality in India. *The International Journal of Indian Psychology*, 2(3), 46-53.

²⁰ [Sports and Society Accelerator: Active Transit for India, 2024](#)

²¹ [Sports and Society Accelerator: Taking the lead on active workplaces, 2024](#)

personal time free from domestic duties. Women from higher socioeconomic backgrounds may have access to gyms and fitness centres, while others often find creative ways to incorporate activity into their day, such as using household chores as an opportunity for movement.

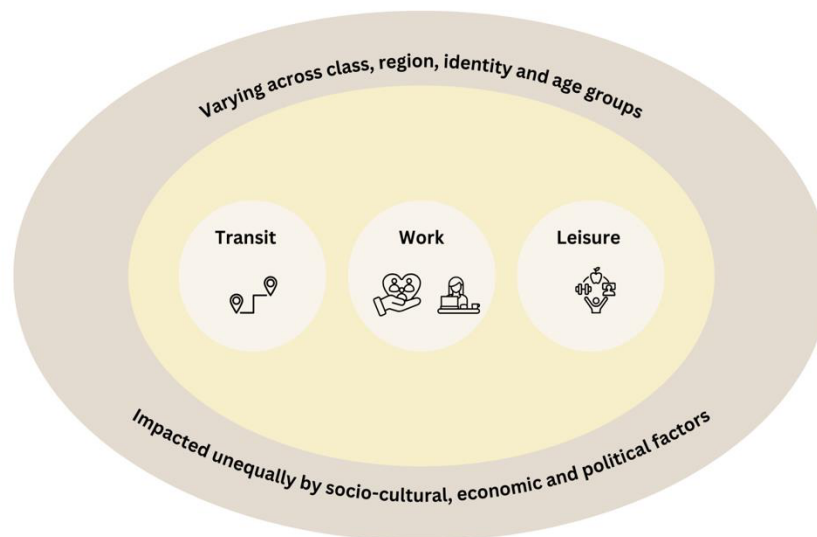
While we recognize that women face myriad barriers across domains, the focus of this paper is mostly on leisure-time and recreational SAPA, reflecting the bulk of research on the topic. Recreational SAPA is especially vital because research suggests that its voluntary nature is more likely to result in long-term engagement and provide mental health benefits through stress reduction and enjoyment. Such activities not only promote social interaction and personal skill enhancement, enriching individual’s quality of life, but also fortify community bonds.

At the same time, many Indian women face heightened barriers in the recreational domain primarily due to societal expectations that often demote leisure time to a lower priority after fulfilling family and domestic responsibilities. The participation of Indian women in leisure-time activities is likely less than that of men.

In fact, around 40% of Indian women reported chores as the primary source of SAPA engagement.²² Unlike activities integrated into work or transit, recreational SAPA requires discretionary time and space, which women, especially in traditional settings, find challenging to secure amidst their culturally assigned roles.

The gender gaps in SAPA engagement in India are intricate, varying across demographics and potentially intensifying or diminishing among different regions, age brackets, and socio-economic statuses.

Figure 4: Environment shaping women’s SAPA engagement



²² Indian men were more “active” than women in 2019: Survey. The Indian Express. (2020, March 5). <https://indianexpress.com/article/lifestyle/fitness/indian-men-were-more-active-than-women-in-2019-survey-6300683/#:~:text=Compiled%20by%20HealthifyMe%2C%20the%20survey,80%20per%20cent%20of%20calories>

Barriers contributing to the decline in SAPA engagement for girls and women

The life stages of women, encompassing early childhood, middle childhood, adolescence, young adulthood, adulthood, and old age, each present distinct physical, biological, and social changes impacting SAPA participation.

- In early childhood, opportunities abound for play and physical development, yet research on SAPA engagement during this stage is limited.
- Transitioning into middle childhood and adolescence, educational environments offer both opportunities and challenges, with academic pressures mounting.
- As women enter young adulthood, factors like higher education, marriage, and domestic responsibilities increasingly influence SAPA levels.
- Adulthood brings its own set of challenges, including menopause and empty nest syndrome, while old age is often characterized by leisure time tempered by health concerns.

It is helpful to look at the obstacles and challenges through the lens of a 'typical' or 'common' SAPA journey that an Indian woman experiences over her lifetime. Recognizing that a 'typical' journey is a generalization and acknowledging that SAPA engagement is influenced by critical factors such as socio-economic status, cultural norms, geographical location, and educational background, this approach still offers valuable insights. By tracing this trajectory—mapping SAPA levels against age, albeit in a generalized manner—

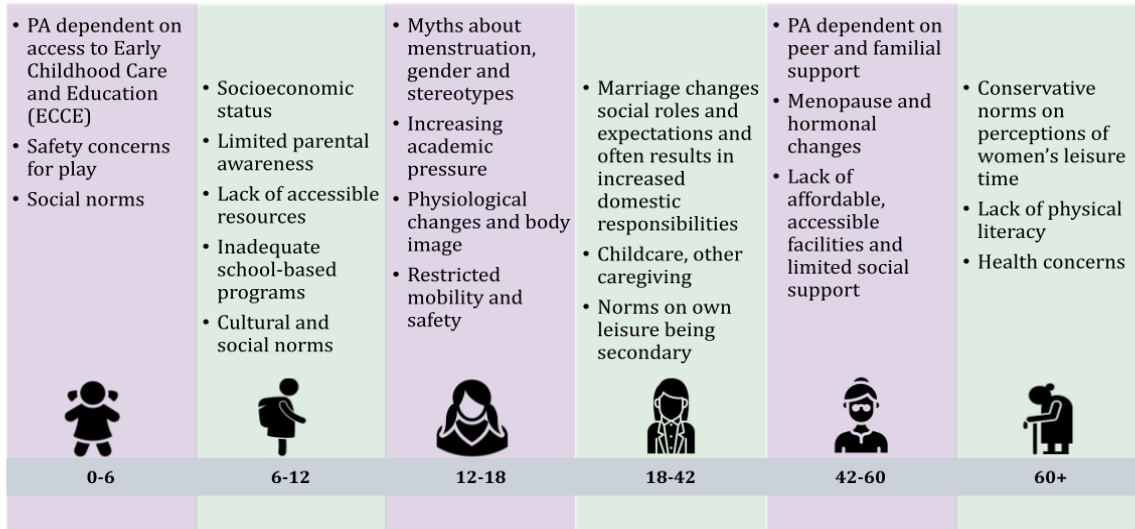
we can establish a conceptual foundation to identify patterns, understand the impact of these influencing factors, and devise targeted intervention strategies. The visual representation of this journey is in Figure 5 below. The key focus is on challenges that may exacerbate drop-offs—times when SAPA levels either plateau or diminish significantly. Recognizing these inflection points is critical, as they shed light on the specific life stages where proactive and effective interventions are most crucial for maintaining or enhancing SAPA among women. It should be noted that there are large gaps in gender-focused research on SAPA levels over different life stages. Therefore, this research synthesizes various sources to map out these levels, as discussed throughout this paper. To be clear, the primary goal of this conceptualization is not to pinpoint precise SAPA metrics for each age group but to highlight the potential drop-off points and explore their underlying causes within the context of a woman's life journey.

Across these stages, persistent gender-specific factors such as societal perceptions of the female body, restricted mobility, time constraints, and access to resources consistently impact SAPA engagement. Notably, although overall PA levels tend to increase in the 18-70 age group, where structural factors like family obligations, body image, marital status, and peer support play significant roles.²³

²³ Mathews, E., Pratt, M., Jissa, V. T., & Thankappan, K. R. (2015). Self-reported physical activity and its correlates among adult women in the expanded part of Thiruvananthapuram City, India. *Indian journal of public health*, 59(2), 136.

Figure 5: Factors influencing SAPA engagement across different life stages

The challenges that restrict women’s physical activity vary according to the life stage they are in



As noted above, the norms and practices primarily drive the decline in women's SAPA levels at various life stages, shaping their perceptions, awareness, and access to SAPA opportunities. Some aspects are explained in detail below.

- Socialisation and gender norms:** Gender stereotypes actively mould women's body perceptions and their engagement in SAPA, with societal norms dictating ideal body types²⁴ and preferred sports.²⁵ Although women’s participation in leisure has evolved in the twenty-first century, significant challenges remain. Factors like space, environment, and socio-economic status diversely influence women’s lifestyles and leisure engagement.²⁶

These socio-cultural norms, prevalent throughout a woman's life from infancy to old age, are especially critical during adolescence when children internalize gender norms and explore their identities. Social norms established in childhood and adolescence contribute to lower motivation and engagement in SAPA as a leisure activity.²⁷

Furthermore, the young adulthood phase is pivotal as professional development, marriage, and childbirth significantly shape women’s identities and values.

Senior women, in particular, often view leisure as limited to their immediate surroundings, a reflection of broader societal power dynamics.²⁸

²⁴ Deshmukh, V. R., & Kulkarni, A. A. (2017). Body image and its relation with body mass index among Indian adolescents. *Indian Pediatrics*, 54, 1025-1028.

²⁵ Pandey, G. (2020, March 5). *What do Indians think about women in sport?*. BBC News. <https://www.bbc.com/news/world-asia-india-51701924>

²⁶ Adlakha, D., Hipp, J. A., Brownson, R. C., Eyler, A. A., Lesorogol, C. K., & Raghavan, R. (2017). “Can we walk?” Environmental supports for physical activity in India. *Preventive medicine*, 103, S81-S89.

²⁷ Garg, S. (2023). Gender differences in pathways influencing leisure time physical activity: A structural equation analysis. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 17(5), 102761.

²⁸ Prakash, I. J. (1999). Senior women's perception of leisure in India. *Tourism Recreation Research*, 24(1), 82-85.

- Perception of self and SAPA: Research reveals that women who perceive their health as poor are more likely to be physically inactive.²⁹ Another study found that women's motivation for leisure SAPA is hampered by lower self-efficacy and a diminished perception of SAPA's benefits.³⁰ Additionally, women often engage in SAPA with the aim of boosting self-esteem, reducing weight, or altering their appearance for social acceptance.³¹

Prevalent misconceptions are responsible for significant body image dissatisfaction among girls. South Asian women often view PA as selfish or fear judgment.³² These societal perceptions, deeply rooted in patriarchal structures, pose significant threats to women's health and well-being.

- Accessibility, mobility and safety: Safety concerns significantly deter women from engaging in SAPA, with many accepting harassment as an unfortunate reality. Women often face restrictions in transportation, limiting their mobility and access to SAPA opportunities.

In the realm of employment, workplaces can provide a setting for SAPA, with women reportedly spending more time in PA at work than at home across four

regions in India.³³ However, the lack of safe environments remains a major barrier for many girls. Limited access to appropriate sports equipment and safe spaces stands out as a key reason for the decline in women's SAPA levels.

- Biological and physiological changes: Hormonal and physiological changes significantly influence women's experiences with SAPA, particularly during adolescence³⁴ and middle adulthood, marked by menarche and menopause. These biological shifts intertwine with the need to navigate new social norms, cultural practices, and traditional values that arise concurrently.

Additionally, factors such as body consciousness, fitness standards, and prevalent myths and stereotypes, often amplified by the male gaze and misinformation, contribute to a decline in women's activity levels. This complex interplay underscores how biological transformations are compounded by societal expectations³⁵, leading to reduced SAPA engagement among women.

- Academic pressure: During adolescence and early young adulthood, academic

²⁹ Pengpid, S., & Peltzer, K. (2022). Prevalence and associated factors of physical inactivity among middle-aged and older adults in India: results of a national cross-sectional community survey. *BMJ open*, 12(8), e058156.

³⁰ Pandey, G. (2020, March 5). *What do Indians think about women in sport?*. BBC News.

<https://www.bbc.com/news/world-asia-india-51701924>

³¹ Garg, S., & Raman Kutty, V. D. I. (2019). Do I need exercise? A qualitative study on factors affecting leisure-time physical activity in India. *Qual Rep*, 24(5), 1065-1082.

³² Babakus, W. S., & Thompson, J. L. (2012). Physical activity among South Asian women: a systematic, mixed-methods review. *International Journal of Behavioral Nutrition and Physical Activity*, 9(1), 1-18.

³³ Anjana, R. M., Pradeepa, R., Das, A. K., Deepa, M., Bhansali, A., Joshi, S. R., ... & ICMR-INDIAB Collaborative Study Group. (2014). Physical activity and inactivity patterns in India—results from the ICMR-INDIAB study (Phase-1)[ICMR-INDIAB-5]. *International Journal of Behavioral Nutrition and Physical Activity*, 11, 1-11.

³⁴ Sharma, P., Malhotra, C., Taneja, D. K., & Saha, R. (2008). Problems related to menstruation amongst adolescent girls. *The Indian Journal of Pediatrics*, 75, 125-129.

³⁵ Peng, B., Ng, J. Y., & Ha, A. S. (2023). Barriers and facilitators to physical activity for young adult women: a systematic review and thematic synthesis of qualitative literature. *International Journal of Behavioral Nutrition and Physical Activity*, 20(1), 23.

pressures significantly impede girls' engagement in SAPA. Participation in SAPA can decline as girls transition from school to higher education.

Academic demands often overshadow the importance of SAPA, calling for interventions that balance educational pressures with PA opportunities in Indian society.³⁶ Furthermore, the prioritization of academics and decisions regarding higher education act as additional deterrents to SAPA.

A negative correlation between higher education and SAPA among women has been identified.³⁷ Although educational institutions can provide opportunities for socialization and SAPA, the All India Survey on Higher Education 2020-21 reported that only 49% of young women are enrolled in higher education, indicating limited access to these beneficial environments.³⁸

- **Marriage:** Marriage fundamentally alters the SAPA levels and opportunities for women. As women enter adulthood, marriage marks a significant shift, aligning them with cultural expectations of domestic roles.³⁹

The responsibility for household chores and childcare predominantly falls on married women, limiting their mobility

and independence. In many cases, they need familial permission or accompaniment to leave their homes.

Patrilocal exogamy, a practice where a wife lives with her husband's family, may further confine women's freedom, affecting their education and SAPA.⁴⁰ A research study also found a negative correlation between marriage and women's SAPA participation, noting unmarried individuals are more likely to engage in sports. The findings of a time-use survey underscored marriage as a critical factor in women's PA levels, revealing that an unmarried employed young woman spends approximately 1.5 hours on these activities, while her married counterpart dedicates around five and a half hours.⁴¹

- **Lack of time:** The burden of domestic chores and responsibilities predominantly falls on women in India, significantly impacting their availability for leisure and SAPA. As a result, employed women, who juggle both domestic and professional duties, find very limited time for rest and recreation, often having less than an hour per day for personal reflection and rest. This trend continues into young adulthood, where the primary responsibilities of women expand to

³⁶ Rajaraman, D., Correa, N., Punthakee, Z., Lear, S. A., Jayachitra, K. G., Vaz, M., & Swaminathan, S. (2015). Perceived benefits, facilitators, disadvantages, and barriers for physical activity amongst South Asian adolescents in India and Canada. *Journal of physical activity and health*, 12(7), 931-941.

³⁷ Adlakha, D., Hipp, J. A., Brownson, R. C., Eyler, A. A., Lesorogol, C. K., & Raghavan, R. (2017). "Can we walk?" Environmental supports for physical activity in India. *Preventive medicine*, 103, S81-S89.

³⁸ Department of Higher Education. All India Survey on Higher Education 2021-22. <https://aishe.gov.in/aishe-final-report/>

³⁹ Singh, M., Shekhar, C., & Shri, N. (2023). Patterns in age at first marriage and its determinants in India: A historical perspective of last 30 years (1992–2021). *SSM-Population Health*, 22, 101363.

⁴⁰ Desai, S., & Andrist, L. (2010). Gender scripts and age at marriage in India. *Demography*, 47, 667-687.; Rammohan, A., & Vu, P. (2018). Gender inequality in education and kinship norms in India. *Feminist Economics*, 24(1), 142-167.

⁴¹ Dhanaraj, S., Mahambre, V., & Chnadra, S. (2022, August 5). Indian men work more but women have less leisure time. <https://theprint.in/opinion/indian-men-work-more-but-women-have-less-leisure-time/1068648/>

include intensive childcare, further diminishing their opportunities for recreational or extracurricular PA. A married, working woman is likely to have the least amount of leisure time.⁴²

Professional commitments exacerbate the scarcity of leisure time underscoring the challenge of managing time effectively for SAPA engagement. In middle adulthood, some women experience 'empty nest syndrome' as their caregiving responsibilities decrease, potentially offering more time for SAPA. However, this increase in free time may not always translate into increased SAPA participation due to ingrained lifestyle patterns.⁴³

Older women in India tend to engage more in mild SAPA. Yet, the responsibility of caring for elderly relatives can offset this trend, again reducing the time and opportunity for leisure-time SAPA, as reflected in the survey findings where women devote a substantial portion of their time to caregiving activities.

- **Children and care work:** Women traditionally bear the brunt of childcare and elderly care responsibilities. This care work, predominantly unpaid and unrecognized, constitutes a major portion of their daily tasks. Women are likely to prioritize their children's SAPA-engagement more than their own.⁴⁴

According to a Time Use Survey conducted in 2019 by the National Statistical Office, women spend an average of 299 minutes per day on unpaid domestic work, compared to just 97 minutes for men. This highlights the disproportionate division of labour in the household.⁴⁵

Many women consider the PA involved in childcare to be adequate for their daily exercise needs, often neglecting or unable to pursue other forms of SAPA or leisure activities due to these extensive care commitments.⁴⁶

- **Lack of socio-emotional and financial support:** Financial resources and societal attitudes greatly impact women's SAPA participation, affecting both access and active involvement. Financial backing plays a crucial role in enabling young girls and women to participate in club activities and sports.⁴⁷

The absence of peer support often leads to a decline in SAPA levels starting from adolescence. Social encouragement is a significant motivator for SAPA engagement among women. The lack of such support acts as a hindrance for girls and women of various ages. The absence of peer support can also be a key obstacle for schoolgirls engaging in PA, while among adult women, peer support is one of the most critical factors influencing PA participation.

⁴² Ibid.

⁴³ Rathi, N., Bhandarkar, R., & Kulkarni, M. (2023). Recreational Physical Activity in Urban India: Perceptions and a Pilot Intervention. *Behaviour Change*, 40(2), 133-153.

⁴⁴ Garg, S., & Raman Kutty, V. D. I. (2019). Do I need exercise? A qualitative study on factors affecting leisure-time physical activity in India. *Qual Rep*, 24(5), 1065-1082.

⁴⁵ <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1660028>

⁴⁶ Garg, S., & Raman Kutty, V. D. I. (2019). Do I need exercise? A qualitative study on factors affecting leisure-time physical activity in India. *Qual Rep*, 24(5), 1065-1082.

⁴⁷ Singh, M. K., Singh, S., & Yadav, R. C. (2013). Analytic Study of Poor Participation of Women in Games and Sports. *International Journal of Behavioral Social and Movement Sciences*, 2(1), 306-317.

All these barriers to SAPA are intersectional and contextual, with their impact varying in magnitude. Persistent obstacles across institutional, personal, social, and environmental domains influence health behaviours. Socioeconomic status further complicates this landscape: middle-class women may often grapple with balancing work and leisure, while lower-class women may face economic barriers to engaging in leisure activities.

This status also influences SAPA levels and nutrition among school children, underscoring the necessity for inclusive interventions.⁴⁸ Urbanization, technology, and socioeconomic factors present unique challenges to SAPA among urban women, differing from those in rural areas.⁴⁹ In urban settings, SAPA is often work-aligned, whereas rural women exhibit

the lowest engagement in recreational activities, highlighting the disparities.⁵⁰

Therefore, the intersection of socioeconomic class with regional dynamics calls for nuanced interventions that address these contextual differences in urban and rural settings.

These barriers restrict daily engagement and emphasize that SAPA as an end is underutilized for many. For professional and elite female athletes, these challenges are further intensified by additional obstacles such as securing sponsorships, navigating societal norms, and ensuring safety. These factors significantly hinder their ability to sustain and progress in their athletic careers and merit a separate examination.

⁴⁸ Gulati, A., Hochdorn, A., Paramesh, H., Paramesh, E. C., Chiffi, D., Kumar, M., ... & Baldi, I. (2014). Physical activity patterns among school children in India. *The Indian Journal of Pediatrics*, *81*, 47-54.

⁴⁹ Sullivan, R., Kinra, S., Ekelund, U., AV, B., Vaz, M., Kurpad, A., ... & Kuper, H. (2011). Socio-demographic patterning of physical activity across migrant groups in India: results from the Indian Migration Study. *PLoS One*, *6*(10), e24898.

⁵⁰ Newtonraj, A., Murugan, N., Singh, Z., Chauhan, R. C., Velavan, A., & Manikandan, M. A. N. I. (2017). Factors associated with physical inactivity among adult urban population of Puducherry, India: a population based cross-sectional study. *Journal of clinical and diagnostic research: JCDR*, *11*(5), LC15.; Pengpid, S., & Peltzer, K. (2022). Prevalence and associated factors of physical inactivity among middle-aged and older adults in India: results of a national cross-sectional community survey. *BMJ open*, *12*(8), e058156.

What can we learn from what's happening globally and in India?



Global

As mentioned in the sections above, gender gaps in SAPA are a global phenomenon, not confined to India alone. A 2018 Lancet study found that in 159 out of 168 countries, women are less active than men, indicating a widespread disparity driven by gender norms that affect leisure and high-intensity PA.⁵¹ Over the last two decades, countries worldwide have implemented various measures to bridge this gap, employing creative campaigns, collaborative programmes, and targeted policies. These initiatives collectively emphasize the need for multifaceted strategies addressing local and global barriers, utilizing media and community engagement to foster a culture of inclusivity and provide positive examples in SAPA participation, highlighting the importance of enabling safe spaces for women and girls and also involving families and the larger community as stakeholders and drivers of change.

Initiatives like 'This Girl Can' in the UK and 'Fast and Female' in Canada have effectively leveraged media, mentorship, and community-driven models to create safe and supportive environments for women and girls to engage in SAPA. Similarly, Women Win focuses on empowering young girls through sports while addressing broader social issues such as economic empowerment and reproductive rights (see Annexure II for examples of global initiatives). These initiatives illustrate the

transformative power of sports as a tool for building leadership, promoting well-being, and fostering gender equality across communities.



India

Across both public and private sectors, numerous initiatives in India are also working to increase the participation of women and girls in SAPA. These efforts not only aim to enhance female participation but also utilize SAPA as a tool to raise awareness and promote gender equality. Programmes like Fit India emphasize making PA accessible to all, offering resources and age-appropriate guidelines to engage both men and women. Khelo India programme has sports for women as one of its 12 verticals, creating pathways for sports development.

Alongside these government programmes, various sports-for-society organizations are actively working to develop grassroots sports, particularly for women and girls. These organizations focus on creating access to sports, building awareness around the importance of participation, and engaging local communities to bridge gender gaps. By working directly with communities, they foster a more inclusive sports environment, ensuring that opportunities are available and accessible for all, thereby contributing to long-term societal change (see Annexure III for a detailed overview of the practices in India).

⁵¹ Guthold, R., Stevens, G. A., Riley, L. M., & Bull, F. C. (2018). Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants. *The lancet global health*, 6(10), e1077-e1086.

What's the way forward in India?

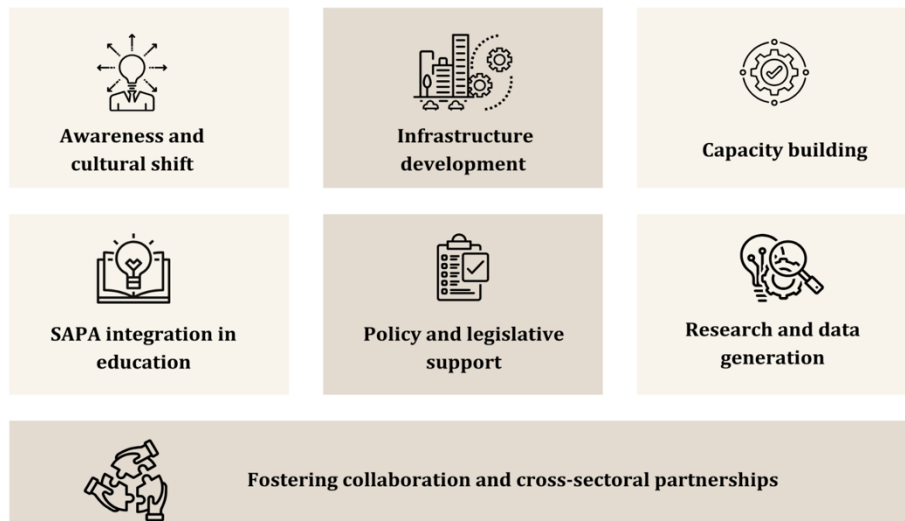
The multifaceted and complex nature of the factors impacting participation in SAPA must be emphasized and focused upon to bridge the gender gap in SAPA.⁵² Advocating for cultural shifts that empower women, promoting autonomy and equal access to public spaces requires policy-level changes accompanied by collaboration and support from society to efficiently tackle biases around gender and SAPA.

This review of gendered barriers underscores the importance of a tailored, gender-sensitive, and gender-inclusive approach to address the unique challenges that Indian women may face at different stages. Our Active Frameworks emphasize key actors and areas of focus by offering implementable strategies for enhancing SAPA across diverse contexts.

These frameworks recommend targeted interventions and adaptable solutions. Building on this foundation, this issue brief highlights specific solutions and areas where change can bridge gender gaps in PA.

Addressing the interconnected factors contributing to the gender gap in SAPA is essential. A holistic approach to promoting SAPA among women and girls can empower them to lead more active, healthier lives. The recommended intervention areas in Figure 6 below underscore the importance of a multipronged strategy, which not only encourages participation but also supports the sustained engagement of women and girls in SAPA. Achieving this requires collaborative efforts from all key stakeholders.

Figure 6: Action areas to address gender gaps in SAPA



⁵² Bauman, A. E., Reis, R. S., Sallis, J. F., Wells, J. C., Loos, R. J., & Martin, B. W. (2012). Correlates of physical activity: why are some people physically active and others not?. *The lancet*, 380(9838), 258-271.

Further, the framework below (Table 1) identifies some of the key actors in driving change, along with their potential roles and examples of possible actions. These are indicative and not exhaustive. The stakeholders in the first column could serve as lead actors, supported by the collaborative efforts of other key players. The transformative potential of these interventions depends on the concerted and coordinated efforts of systemic stakeholders

working across multiple domains to empower individuals and communities.

The successful implementation of these recommended action areas relies on strategic and collective engagement from government bodies, civil society organizations, health professionals, and educational institutions among others. Together, they can foster holistic, sustainable, and gender-inclusive engagement in SAPA.

Table 1: Summary of suggested recommendations (not exhaustive)

Key Stakeholders (Roles and Responsibilities)	Possible Actions
<p>Government and Local Authorities</p> <ul style="list-style-type: none"> • Policy and framework development • Monitoring and evaluation mechanisms • Designing and maintaining safe spaces • Ensuring access to diverse forms of SAPA in the neighbourhood 	<p>Representation in sports governance: Promote equitable representation of women in leadership roles within sports organizations and governance structures.</p> <p>Monitoring and evaluation mechanisms: Establish systems to assess the impact of gender-based policies in SAPA, with clear feedback loops ensuring ongoing evaluation and improvement of programmes.</p> <p>Community-based sports hubs: Multi-sports community complexes offering regular SAPA activities, including both competitive and non-competitive options.</p> <p>Safe and accessible public spaces: Develop and maintain well-lit, clean, secure areas for women to engage in SAPA activities, including clean facilities and restrooms.</p> <p>Digital awareness campaigns: Leverage social media, TV, radio, and digital platforms to promote SAPA participation among women across ages and abilities.</p> <p>Public engagement events: Organize community marathons, sports events, and workshops to foster a culture of SAPA and build widespread awareness about women’s participation in sports.</p>
<p>Health institutions and professionals</p> <ul style="list-style-type: none"> • Holistic wellbeing promotion • Accessible awareness programmes 	<p>Early awareness building: Offering professional guidance and expertise to raise awareness about the critical role of SAPA in promoting holistic wellbeing, childhood to old age.</p> <p>Community programmes: Create programmes in collaboration with local institutions and community leaders that provide regular SAPA opportunities in neighbourhoods, ensuring inclusivity and continuity of participation.</p> <p>Mobile SAPA clinics: Mobile vans equipped with sports and fitness resources to reach underserved communities and</p>

	collaboratively increase access to SAPA and conduct regular health and fitness assessments.
Civil society: Sports-for-society organizations <ul style="list-style-type: none"> • Community engagement • Capacity building 	<p>Women coaching programmes: Train local women as coaches and sports leaders to lead community SAPA programmes, ensuring more female role models in sports.</p> <p>Mentors and peer-led SAPA groups: Facilitate the creation of women-only community groups for collective walking, exercising, and mutual support and mentorship from trained experts.</p> <p>Family-oriented SAPA initiatives: Encourage family engagement in SAPA-based activities through programmes targeting collective participation (e.g., parents and children, intergenerational SAPA-based activities and across abilities).</p>
Educational institutions <ul style="list-style-type: none"> • Gender-sensitive curriculum • Participation opportunities at all levels 	<p>Gender sensitization and menstrual health education: Educate young boys and girls, and families on gender issues and promote body-positive attitudes toward menstruation and SAPA participation.</p> <p>SAPA-based curricula: Integrate SAPA into the formal education system, focusing on physical literacy for all students, with particular emphasis on girls.</p>
Private sector <ul style="list-style-type: none"> • Funding initiatives and CSR funds deployment • Innovation and Entrepreneurship 	<p>Programme funding: Supporting programmes working towards gender equity in SAPA through CSR and other funding initiatives.</p> <p>Entrepreneurship and innovation in sports: Support women-led entrepreneurial ventures within SAPA, fostering new opportunities in SAPA-aligned careers along with coaching, and other related fields.</p> <p>Technology driven solutions and products suited for women: Develop women-specific sports equipment and wellness products.</p> <p>Childcare support initiatives: Provide accessible and affordable childcare for parents.</p>
Research institutions <ul style="list-style-type: none"> • Data-driven insights • Intervention development 	<p>Investment in gender-focused research: Promote academic and field research to better understand gender disparities in SAPA, identifying barriers and solutions to improve participation among women.</p> <p>Data-driven insights: Utilizing evidence and data from national and international studies to build targeted interventions and bridge gaps in participation.</p> <p>Best practice sharing: Develop platforms (e.g., digital dashboards) to share best practices and success stories related to female participation in SAPA, allowing for replication in diverse contexts.</p>

Conclusion

Understanding the multifaceted challenges women and girls face in engaging in SAPA requires a nuanced and inclusive approach. Tackling gender biases and discrimination is essential to increasing participation and retention in SAPA engagement. The stages of adolescence and young adulthood, when sharp declines in SAPA are observed, present crucial stages for targeted interventions. Social norms that restrict leisure time, mobility, and opportunities in public spaces often underlie this decline.

It is crucial to examine the drop-offs in participation to understand how intersectional and diverse factors such as cultural stereotypes, policy frameworks, social and financial support, nutrition, health and infrastructure contribute to widening the gender gap in India. The connections between SAPA, leadership and livelihoods also need to be emphasized as participation in SAPA can enhance leadership skills and confidence, supporting employment and career opportunities for women, especially in business.⁵³ Additionally, it is important to acknowledge that the linkages between education, health, skill development and SAPA from a gendered lens remain under-researched, particularly in the Indian context.

Given the complex and interconnected nature of these challenges, additional research is necessary to develop targeted, evidence-based strategies that address the unique barriers women and girls face across life stages.

Undertaking research within these contexts and generating national-level data in SAPA, with an emphasis on gender is critical to achieving active equity. Much of the discourse around women's health has centred primarily on those of reproductive age, often viewed through the lens of family planning, leaving the broader scope of women's PA and well-being underexplored. Nutritional and dietary issues exacerbate health conditions and serve as significant barriers to SAPA participation, particularly for women and girls which merit detailed and specific examination. Participation in SAPA for women and girls is inextricably linked to their gender identities and the social fabric of our society. Adequate and balanced nutrition, early opportunities, positive models, and play a critical role in enhancing and sustaining engagement in SAPA, underscoring the need for a holistic approach. Global and local practices that promote gender equity in SAPA can serve as models.

By emphasizing awareness, accessibility, policy reform, investment, and collaboration, India can create an environment where women from diverse backgrounds can engage in SAPA. However, achieving this requires dismantling societal structures that confine women to traditional household roles, ensuring that care responsibilities are shared more equitably.

⁵³ Where will you find your next leader? Report by Ernst & Young Global, 2020
https://www.ey.com/en_au/athlete-programs/why-a-female-athlete-should-be-your-next-leader#:~:text=Sport%20participation%20helps%20girls%20grow,them%20into%20successful%20business%20careers

Annexure I

Term	Definition
Sports and Physical Activity (SAPA)	Sports and physical activity (SAPA) is an umbrella term that encompasses various forms of sports, physical activity, and physical education including informal play, recreational activities, and various forms of physical exercise that may not be classified as traditional sports.
Physical activity	Physical activity (PA) is any bodily movement produced by skeletal muscles that requires energy expenditure. PA encompasses all movement undertaken in the contexts of work, transit or recreation. As per the global guidelines, children aged between 5 and 17 must get 60 minutes of moderate to vigorous aerobic activity a day and vigorous-intensity aerobic PA for bone and muscle strengthening at least three days a week. For adults, 150–300 minutes of moderate-intensity aerobic PA as well as 75–150 minutes of vigorous-intensity aerobic PA in a week, is recommended. ⁵⁴
Gender	Gender is understood to be a social construct which impacts the life of an individual based on social factors such as norms, identity, behaviour, and roles. It defines social identity along with social factors such as behaviour, expectations, and roles of predominantly being a man or a woman. Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. ⁵⁵
Socialization	Socialization is a process by which individuals learn to behave to become acceptable within the society often by internalizing norms and behaviours.
Body Mass Index	Body Mass Index (BMI) BMI is an index of weight-to-height that is commonly used to classify weight and obesity amongst individuals. It is defined as the weight in kilograms divided by the square of the height in meters (kg/m ²). It may be helpful in assessing risks for the development of or the prevalence of several health issues. ⁵⁶

⁵⁴ <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

⁵⁵ https://www.who.int/health-topics/gender#tab=tab_1

⁵⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4890841/>

Annexure II

Initiative	Description	Key Takeaways
<p>WomenWin</p> <p>Global</p> <p>2006</p>	<p>This women's fund supports organizations and initiatives globally, focusing on three key areas: girls' rights through sports, women's economic resilience, and the democratization of philanthropy.</p> <p>Their GRLS initiative aims to utilize sports and play to empower young girls to exercise their rights and promote gender equity in sports.</p>	<p><i>Collaborating and supporting diverse projects:</i> Support a wide range of sports-for-development projects, focusing on wide ranging areas such as sexual and reproductive rights, safeguarding, inclusion, life skills development, entrepreneurship, and employability.</p> <p><i>Learning materials and resources:</i> Their open-source learning lab provides accessible e-learning materials aimed at supporting gender equity through sports, including knowledge-building and capacity-building toolkits and guidelines for stakeholders globally.</p>
<p>This Girl Can Campaign⁵⁷</p> <p>United Kingdom</p> <p>2015</p>	<p>This campaign aims to destigmatize and popularize PA amongst women and girls by challenging stereotypes, providing spaces for alternative examples and promoting inclusivity.</p> <p>The campaign utilizes the power of media and online platforms by sharing stories, resources, and links to help women and girls see realistic examples of fitness and SAPA engagement regardless of their size, age, ability, and backgrounds to empower women.</p>	<p><i>Digital platforms for community building:</i> Change the narratives around sports and fitness and showcasing diverse examples of women engaging in PA to foster a sense of community.</p> <p><i>Collaborative Partnerships:</i> Develop partnerships, such as with Disney, to create accessible activities that encourage women and families to get active together, promoting a culture of inclusivity. This collaboration promoted activities for parents and children to play and dance along.</p>

⁵⁷ <https://www.thisgirlcan.co.uk/about>

<p>Fast and Female Initiative⁵⁸</p> <p>Canada</p> <p>2005</p>	<p>This initiative aims to encourage and empower girls and women to stay in sports. This includes programmes exclusive for women to enable safe environments.</p> <p>It provides opportunities for female athletes to become mentors and role models for 8-20 years to develop their leadership skills and confidence.</p>	<p><i>Preventing dropouts in sports:</i> Emphasize the non-competitive aspects of sports to encourage sustainable participation and the development of valuable life skills among women.</p> <p><i>Role models and mentorship:</i> Provide platforms for experienced female athletes to mentor younger girls, helping them build leadership skills and continue their sports journeys.</p>
<p>Breaking Barriers⁵⁹</p> <p>Adidas</p> <p>2020</p>	<p>This initiative adopts a multipronged approach with a focus on building awareness, enhancing knowledge, developing skills and capabilities as well as partnerships for community engagement.</p> <p>The initiative has established innovative labs, online courses, and mentorship programmes. The central objective is to encourage and retain women and girls in sports by creating a safer, more accessible, and equitable environment for them.</p>	<p><i>Long-term leadership Development:</i> The initiative trains local champions for two years, equipping them with gender equity skills to drive grassroots change in their communities.</p> <p><i>Partnerships for impact:</i> By collaborating with 15 non-profit organizations, Adidas leverages diverse expertise to enhance the reach and effectiveness of its gender equity programmes, fostering inclusive participation at various levels.</p>
<p>Active Families Programme⁶⁰</p> <p>New Zealand</p> <p>2019</p>	<p>This programme promotes SAPA engagement amongst families with children below 18 years of age by encouraging them to be engaged in fun activities, educational sessions and group activities.</p>	<p><i>Family-centred approach to SAPA:</i> Recognize the role of parents, siblings, and families in promoting SAPA, shifting the responsibility from just mothers to the entire family.</p> <p><i>Holistic health support:</i> Offer a well-rounded approach that includes both PA and nutritional guidance, ensuring</p>

⁵⁸ <https://fastandfemale.com/about/>

⁵⁹ <https://www.adidas-group.com/en/magazine/purpose/breaking-barriers-taking-step-towards-true-equality-in-sports>

⁶⁰ <https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/green-prescriptions/active-families>

	There are virtual and person appointments with designated coordinators, drawing up plans and mapping progress of the family.	comprehensive support for family health.
<p>Active Women and Girls⁶¹</p> <p>Australia</p> <p>2018-2021</p>	<p>This initiative aimed to lead a comprehensive strategy to promote gender equity in sports and activity at the local level.</p> <p>The initiative identifies age-appropriate motivators for girls and women to enhance their participation and establish pathways for sports development.</p> <p>It aims to work along four main pillars of enhancing participation, culture and environment, infrastructure, and media actions.</p>	<p><i>Enhancing leadership and governance:</i> Focus on elevating women into leadership and governance roles within sports to influence positive change and ensure representation at all levels.</p> <p><i>Data-driven strategy:</i> Utilize monitoring and data collection to identify barriers to women's participation in sports and tailor strategies accordingly for more effective engagement.</p>
<p>Moving The Goalposts⁶²</p> <p>Kenya</p> <p>2001</p>	<p>This initiative takes a sport for development approach to raise awareness about key issues through sports. It focuses on increasing the skills and opportunities of girls and young women through football in rural communities</p> <p>It links gender-based violence, reproductive health, HIV/AIDS, and economic empowerment within youth sports programming.</p>	<p><i>Building awareness and empowerment:</i> Use sports to develop leadership skills in girls, enabling them to engage with and raise awareness about important economic and social issues.</p> <p><i>Skill-building programmes:</i> Within sports programmes like football, train young women to become trainers, referees, and first-aid volunteers, fostering empowerment and self-sufficiency.</p>

⁶¹ https://changeourgame.vic.gov.au/data/assets/pdf_file/0017/39005/2018_active_women_and_girls_strategy.pdf

⁶² <https://www.mtgk.org/>

Annexure III

Organizer/ Initiatives	Initiative/Programme	Key Takeaways
<p>Sports for Life Programme / Nanhi Kali Project⁶³</p> <p>Naandi Foundation</p> <p>1998</p>	<p>Sports is integrated into the broader educational framework of the Nanhi Kali project.</p> <p>The programme aims to reach every girl over the age of six and engages the community through trained sports allies who act as mentors and role models for the girls and the larger community.</p> <p>It recognises sports as an important part of the development and empowerment for girls and equips them with skills and confidence that will serve them well in life.</p>	<p><i>Women-led sports mentorship:</i> Over 6,500 women have been trained as sports allies, serving as role models and mentors for girls. This women-led approach ensures a supportive environment and sustainability by embedding change within the community.</p> <p><i>Overall sports development:</i> In addition to the sports for development initiatives focusing on life skills and awareness initiatives, the annual Toofan Games provide a competitive platform for recognising talent and engaging the community.</p>
<p>Young People's Initiative⁶⁴</p> <p>Maitrayana</p> <p>2018</p>	<p>By teaching netball, the programme provides participants with opportunities to develop their athletic abilities while simultaneously enhancing life skills such as confidence and leadership.</p> <p>By creating safe spaces for these young women, it also addresses critical issues like sexual reproductive health and gender-based violence, fostering a holistic approach to empowerment.</p>	<p><i>Safe spaces for addressing critical issues:</i> By creating secure environments, the programme tackles sensitive topics such as sexual reproductive health and gender-based violence, providing participants with the support needed for holistic empowerment. They also empower girls by building awareness about their rights.</p> <p><i>Focus on leadership and employability:</i> The programme cultivates leadership and employability skills, preparing participants to become local leaders and role models within their communities, which has a ripple effect in promoting gender equality.</p>

⁶³ <https://www.nanhikali.org/milestones>

⁶⁴ <https://maitrayana.in/#initiative>

<p>Community Sports Programmes⁶⁵</p> <p>Pro Sport Development</p> <p>2013</p>	<p>The programme utilizes a multi-sports curriculum to foster health and well-being, social and emotional development and gender sensitivity for children between the ages of 5-16 years.</p> <p>It aimed to create environments for safe interactions and spreading awareness at the community level.</p>	<p><i>Youth as change agents:</i> Recognizing the role of both girls and boys in challenging and transforming gender norms is essential for societal change.</p> <p><i>Mixed gender play:</i> The programmes encourage boys and girls to engage in SAPA, creating a platform for co-learning, meaningful discussions and changing attitudes towards gender.</p>
<p>Shakti Girls⁶⁶</p> <p>Slum Soccer</p> <p>2014</p>	<p>The initiative aims to empower adolescent girls aged 12 to 18 from rural and underprivileged backgrounds by utilising sports, life skills and computer literacy to work towards SDGs 3, 4 and 5.</p> <p>The programme teaches football to girls to break down stereotypes and shift societal perception and encourage a broader acceptance of gender equality.</p>	<p><i>Digital literacy and 21st century skills:</i> Implement a well-rounded programme that combines sports with life skills training and digital literacy. By teaching interpersonal communication, teamwork, and resilience through football, alongside computer literacy and health education, the project creates a multifaceted platform for empowering young girls to thrive in both physical and digital environments.</p> <p><i>Community leadership pipeline:</i> Using football programmes to develop a mentorship and leadership. These leaders will take responsibility for sustaining engagement and empowerment within their communities, creating a ripple effect that amplifies the project's impact by fostering a culture of support and leadership.</p>

⁶⁵ <https://prosportdev.in/community-sports-program>

⁶⁶ <https://www.slumsoccer.org/projects.php?project=14>



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