

# Women and Healthy Living in Canada

Fact Sheet Number 2 Fall 2012

## SEDENTARY BEHAVIOUR

### RETHINKING WOMEN AND HEALTHY LIVING IN CANADA

*Rethinking Women and Healthy Living in Canada* examines the sex, gender, diversity and equity dimensions of healthy living among women in Canada by conducting sex- and gender-based analyses of the healthy living discourse, key healthy living topics and selected healthy living strategies.

Fact sheets on women and healthy living have been prepared on physical activity, sedentary behaviour, self-injury, food insecurity, sodium, tobacco, alcohol, sexual behaviour and condom use.

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Women and men are equally sedentary but their behaviours differ and may be associated with different health effects for women and men, effects that are independent from physical activity.

Sedentary behaviour has become a distinct field of inquiry with its own logic, origin and impact on health, separate from too little physical activity [1]. Health effects associated with sedentary behaviour include increased risk of weight gain, type 2 diabetes, some cancers, cardiovascular disease and poor mental health [2-4].

Sedentary behaviour include television viewing, computer and handheld device use, reading, occupational sitting, motorized transportation and other behaviours that involve sitting. Although the definitions are not consistent in the literature, in Canada, sedentary behaviour has been defined as a distinct class of behaviours characterized by little physical movement and low energy expenditure ( $\leq 1.5$  metabolic equivalent units) [4].

The Canadian Sedentary Behaviour Guidelines recommend that children and youth spend no more than 2 hours per day on recreational screen time and that time spent on sedentary transportation and extended sitting should be limited throughout the day [5]. There are currently no Canadian guidelines suggesting limits to the amount of time that adults spend sedentary, despite research suggesting that sedentary time increases with age.

### Sex-and gender-based analysis

Sex- and gender-based analysis (SGBA) begins with four core concepts: sex, gender, diversity and equity.

1. **Sex** refers to the biological characteristics that distinguish male from female bodies. Sex differences include different chromosomal patterns, reproductive organs, hormones and proportions of fat to muscle.



2. **Gender** refers to socially constructed roles, relationships, attitudes, behaviours, relative power, etc., that shape and describe what it means to be male or to be female in a society.

3. **Diversity** can be identified as variations in culture, ethnicity, sex, gender, age and ability that affect our values, beliefs and behaviours, influencing all aspects of our lives.

4. **Equity** is achieved when there are no unfair differences within and among populations that lead to differences in health status. Social systems and policies should

ensure that everyone has access to the resources, opportunities, power and responsibilities they need to ensure their full, healthy potential [6].

### Sex issues

Girls and women's sedentary behaviours differ from boys and men and their behaviours have been associated with different health effects. For men, sedentary behaviour has been associated with an increased risk of colon cancer, while for women there may be increased risk for endometrial cancer and ovarian cancer [4]. Despite these differences, current sedentary behaviour guidelines do not include sex- and gender-specific recommendations.

### Gender issues

It is estimated that men and women spend approximately equal hours per day sedentary [7]. However, women and men engage in different sedentary behaviours. For example, more men than women report being frequent users of computers and television, while women are more likely to report frequent reading [8]. Girls and women also spend time in communication-based sedentary behaviours such as talking on the phone, texting and instant messaging [9], and also while 'hanging around' and socializing [10].

## Diversity issues

Differences in sedentary behaviour exist in terms of sex, age, marital status, education and immigrant status. Frequent leisure-time computer users (11 or more hours per week) are often younger, have not been married and are often men. Unemployment is also associated with frequent leisure-time computer use for both women and men.

Frequent television viewers, on the other hand, are more likely to have lower levels of education (less than secondary education), be in the lowest household income quintile and be living in rural areas. Recent immigrants are more likely to report frequent computer use than people who are Canadian-born, but less likely to report watching television [11]. Canadian girls are more likely to watch TV and use computers, than to play video games or read [8].

## Equity issues

Inequities can influence time spent in sedentary pursuits, including inequities related to power, gender and income. Neighbourhood safety is an important factor for sedentary behaviour and children's television time has been linked to their mother's perception of neighbourhood safety where children in the least safe neighbourhoods tend to spend more time watching TV [12]. It is possible that girls and women may have less power and entitlement to move with safety in their neighbourhoods and may therefore spend more time sedentary. Women may also be more likely to have jobs with limited ability to change the structure of their workplace and, as a result, have fewer opportunities to reduce the amount of time spent sitting.

## Critique

The relationships between sedentary behaviour and morbidity and mortality have not received as much research and policy attention as the relationship between physical activity, morbidity and mortality. Most studies to date focus on a limited number of sedentary behaviours, such as watching television and computer games,

and therefore exclude other behaviours that women may be involved in. Measuring sedentary behaviour is a challenge as these behaviours are often engaged in sporadically throughout the day and may be harder to remember than scheduled physical activities. Self-reports, a common measure of both physical activity and sedentary behaviour, may therefore not be a reliable measure of sedentary behaviour [4,11].



## References

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Atlantic Centre of Excellence for Women's Health:  
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Prairie Women's Health Centre of Excellence:  
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The Source/ La Source:  
[www.womenshealthdata.ca](http://www.womenshealthdata.ca)

SGBA e-learning resource:  
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