

Barriers and facilitators to sport and physical activity



Know How to Take Care +

The following contributors are listed in alphabetical order.

Authors	<i>Lya Cynthia Porto de Oliveira, Researcher and Project Manager, Montréal – Métropole en Santé</i> <i>Véronique Gosselin, Research Consultant, Montréal-Métropole en Santé</i>
Steering Committee	<i>Anne Marie Aubert, Co-Director, Montréal – Métropole en Santé and Coordinator, Conseil du Système Alimentaire (CSAM)</i> <i>Carine Thouveny, Co-Director, Montréal – Métropole en Santé and Coordinator, Montréal – Physiquement Active</i>
Scientific Advisors	<i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CReSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Suzanne Laberge, Full Professor, Faculty of Kinesiology and Sport Science (EKSAP), Université de Montréal</i>
Technical Support	<i>Sophie Gadbois, Mobilization Agent, Montréal – Métropole en Santé</i> <i>Clémence Harter, Francophone data collection assistant, Consultant, Montréal – Métropole en Santé</i> <i>Valkiria Spring, Anglophone data collection assistant, Consultant, Montréal – Métropole en Santé</i>
Advisory Committee	<i>Aurélie Lebrun, Planning Advisor, Service de la diversité et de l'inclusion sociale, City of Montreal</i> <i>Barbara Poinaut, Director of Communications and Customer Experience, Sports Montréal</i> <i>Caroline Pujol, Executive Director, Sports Montréal</i> <i>Catherine Blanchette, Executive Director, Health, Fitness and Aquatics, The YMCAs of Québec</i> <i>Dafina Savic, Co-Founder and Senior Consultant, Agence UENA</i> <i>Frédérique Bergeron, Planning, Programming and Research Officer, Montreal Regional Public Health Directorate</i> <i>Maryse Caron, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Rosanne Blanchet, Assistant Professor, School of Public Health, Université de Montréal (ESPUM); Researcher, Centre de recherche en santé publique (CReSP) Université de Montréal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal</i> <i>Stéphanie Lessard, Scientific Advisor, Institut national de santé publique du Québec</i> <i>Stéphanie Tremblay, Director of Programs and Social Impact, Alima - Perinatal Social Nutrition Centre</i> <i>Suzanne Laberge, Professor, Centre d'éducation physique et des sports, Université de Montréal</i> <i>Sylvie Chamberland, Co-Director, Carrefour Solidaire Community Food Centre</i>
Editors	<i>Soraya Elbakkali, Consultant, La Forge</i>
Suggested citation	Porto de Oliveira, L. Gosselin, V. (2024). Barriers and facilitators to sports and physical activity: 2SLGBTQ+. Know How to Take Care + project, Montréal – Métropole en Santé. https://www.montrealmetropoleensante.ca/



From community centres to gymnasiums, from collective kitchens to emergency food services, across the island of Montreal, there is a myriad of organisations and activities that seek to help Montrealers live healthy, active lives. However, these services do not always take into consideration the growing diversity of people in Montreal. This can further entrench inequality to accessing these community services.

1 In these groups, we counted on the participation of non-binary, agender, gender fluid, and trans people.

2 Institut national de santé publique du Québec (INSPQ), Division Régional de Santé Publique (DRSP), Ville de Montréal, Agence Uena, École de kinésiologie et des sciences de l'activité physique de l'Udem, École de santé publique de l'Udem, YMCA Québec, Sports Montréal, Carrefour Solidaire - Centre communautaire d'alimentation, Dispensaire diététique de Montréal.

3 The populations we met included black people and people of Asian, Latin American and Arab origin. For the purposes of this research, we have considered both immigrant and non-immigrant populations, as well as different migration statuses.

4 The target neighborhoods included Lachine, LaSalle, Montréal-Nord, Saint-Michel, Ahuntsic, and Cartierville

Know How to Take Care + is a research-action project, led by academics and public managers in partnership with community organizations, speaking directly with underserved populations about the barriers and facilitators to sports and physical activity (SPA) and healthy eating services. The goal is to foster these services to be better adapted to the needs of everyone in Montreal.

A research project was conducted to identify barriers and facilitators to these services. The results will be used to plan better adapted services that meet populations' needs.

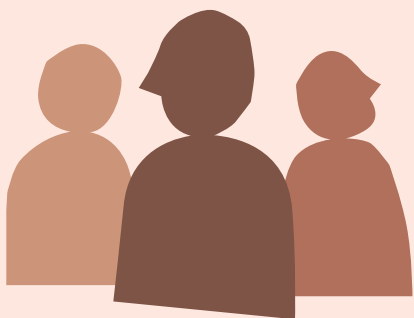
Various forms of data collection were used: interviews, focus groups, and a 40-question survey on health, eating habits, and physical activity.

Gender-based and intersectional analysis (GBA+) was used for data collection and analysis.

A total of 60 people participated in 12 focus groups. For each of the target populations (2SLGBTQ+ and immigrant and/or racialized families), discussions were divided by gender identities: female, male, and those who do not identify with either of these two gender identities.¹

The Know How to Take Care + project is led by Montréal-Métropole en Santé (MMS), with the guidance of an advisory committee made up of 10 organizations,² spanning the governmental, non-governmental, and university sectors.

This research project involved 60 people from two targeted populations



Immigrant and/or racialized families³ from disadvantaged neighbourhoods⁴ (36)



2SLGBTQ+ communities (24)

Highlights

The results presented in this document are based on the testimonies of 24 people from 2SLGBTQ2+ communities who participated in the research activities of the Know How to Take Care+ project. Participants reported taking part in a wide variety of sports and physical activities (SPA), such as dance, badminton, roller skating, martial arts, boxing, and karate, in addition to using active transportation on a weekly basis. These activities are appreciated for the sense of well-being and enjoyment that they bring. They also enable respondents to feel good, take care of themselves, reclaim their bodies, have fun, and look after their mental health.

"I think the more you're part of a minority, the harder it is to find places where [...] you can practice [...], so sometimes it can force you to go farther away. [...] there's a lack of safe space that's not mixed and adapted to our own needs."

Participant from the men+ group

"It can even be an opportunity to make new friends. Exactly, when it's organized and everything, you meet new people."

Participant from the men+ group

Barriers

SPA spaces are perceived as non-inclusive and poorly adapted to the realities and needs of 2SLGBTQ+ communities.

There is a perception, particularly among male participants, that SPAs are not beginner-friendly.

As trans, non-binary and agender people tend to be more economically vulnerable, they may face the economic barrier of high prices for courses and activities.

Facilitating factors

Participants expressed a desire for SPA spaces that are inclusive, affordable, and which accommodate a variety of schedules. Community centers, sports centers, the workplace, or other spaces (such as outdoors) are places that can have these characteristics. The opportunity to practice SPA in a group and through social activities is appreciated by the participants.

Possible solutions

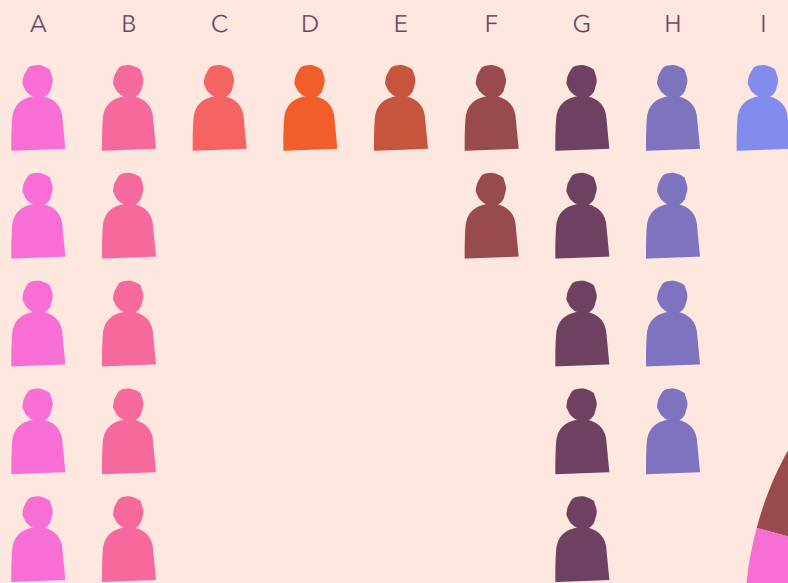
Several solutions were proposed by the people we met to facilitate access to SPAs for people belonging to the 2SLGBTQ+ communities, including:

- ① **Training** SPA staff on the realities of 2SLGBTQ+ communities, and ways to create inclusive queer-friendly spaces.
- ② **Promoting** inclusion and diversity in sport events.
- ③ **Providing** changing rooms or bathrooms for individual use.

Participant characteristics

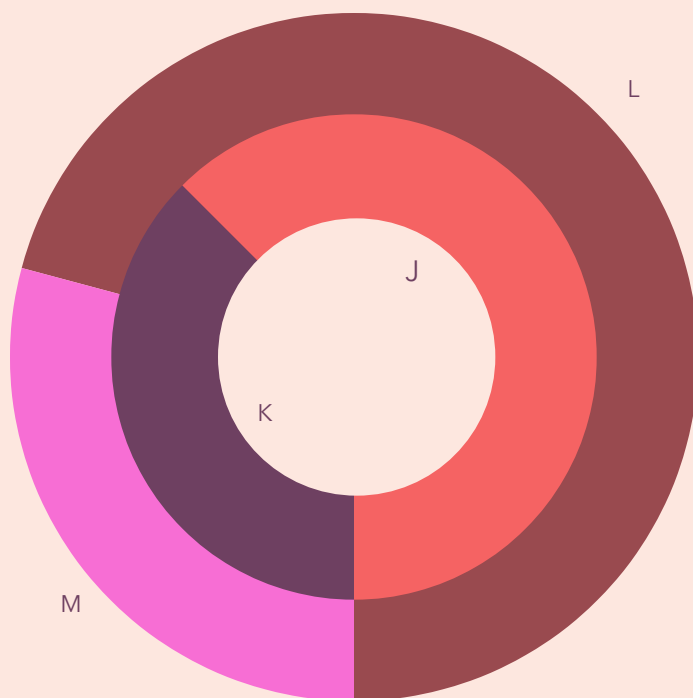
The research consulted 24 people, aged between 18 and 44, from 2SLGBTQ+ communities.

Gender



A	5	Cisgender woman
B	5	Cisgender male
C	1	Agender
D	1	Trans woman, Non-binary
E	1	Fluid type
F	2	Trans man
G	4	Trans man, Non-binary
H	4	Non-binary
I	1	Prefer not to answer

Ethnicity and Nationality



Nationality

L	17	Canadian citizens
M	7	Non-Canadian citizens

Ethnicity

J	15	Caucasian
K	9	Non-Caucasian (one person self-identifies as Black, one as West Asian or North African, and one as Latin American or Caribbean. Two people say that they were born of a mixed union.)



SPA preferences and practices

Participants talked about taking part in a wide variety of SPAs. Among the preferred activities were dance, badminton, roller skating, martial arts, boxing, karate, team sports (volleyball, rugby, soccer), hiking, cycling, walking, swimming, running, gym training, yoga, bouldering, and stretching. The majority also used active transportation every week to get around.

The preferred SPAs were appreciated for the sense of well-being and enjoyment that they bring to respondents. Many see them as a way of doing good, taking care of themselves, reclaiming their bodies, having fun, and looking after their mental health.

Among the participants, 19 people indicated that they would like to take part in physical leisure activities or sports supervised by a professional trainer. Activities they would like to do more of include yoga, swimming, dance, climbing, weight training, combat sports, and self-defence classes. The latter were identified as necessary by some participants.

"It takes the stress away. It makes me feel alive, strong, and capable. Not being taken for granted or not enough [...] Taking care of my body is a gift. When I do sports, I feel I'm taking this gift, to have gratitude. It allows me to eat well and sleep well."

Participant from the non-mixed group

Fundamental barriers to practicing SPAs



Spaces perceived as non-inclusive

Unsuitable spaces and practices for beginners



Costs are too high

Lack of knowledge of the realities of 2SLGBTQ+ communities



Spaces perceived as non-inclusive

Participants reported feeling unwelcome in SPA environments for several reasons. These spaces are perceived as stereotypically masculine and focused on performance and competition. Facilities reinforce a gender binary through locker rooms and the way sports are practiced can also assume a gender binary (e.g. single-sex sports leagues). Many described facing discrimination against 2SLGBTQ+ in SPA environments.

Trans people, for their part, deplore a lack of adaptation to encourage their participation in leagues and in SPAs in general, which reinforces their sense of exclusion.

"I think the more you're part of a minority, the harder it is to find places where [...] you can practice [...], so sometimes it can force you to go farther away. [...] there's a lack of adapted space that's not mixed and adapted to our own needs."

Participant from the men+ group

"[...] what's the image of an athletic person? It's really about dominance, aggression. It's about being at the top as a man."

Participant from the non-mixed group

"I used to play sports and since I've been taking hormones [to start a gender transition] I've stopped playing sports. I asked the federation about it. And they said, we've got nothing down here. If I go back [to the field], it would be illegal [so] I'm not saying I'm trans."

Participant from the non-mixed group

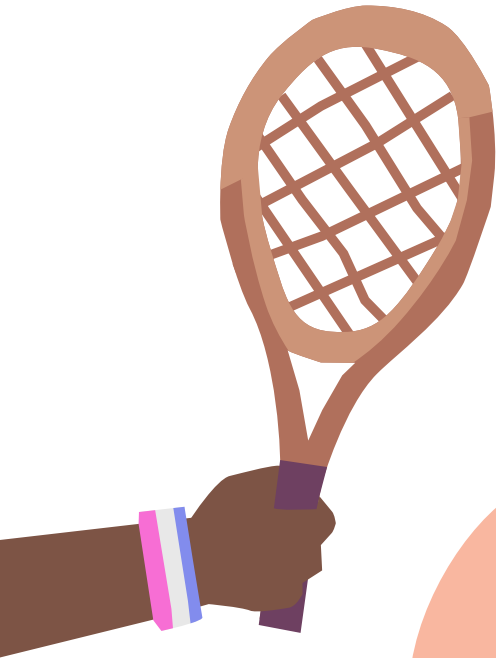
"It's so gendered [sports groups and SPA spaces] and you have to check the box of female or male. Having queer spaces. It's not a matter of choice. It doesn't exist. I'm not comfortable entering a men's league. So, to enter as trans, I don't want to."

Participant from the non-mixed group



Unsuitable spaces and practices for beginners

There is a perception, particularly among male participants, that SPAs are not welcoming to beginners.



"It's intimidating [...] You go to the gym. There are a lot of really strong people there and generally, there's a look about you like 'what are you doing here?'. So, if you don't feel comfortable in sports, if it's your first time at the gym."

Participant from the men+ group

"It's not that there aren't any activities [for beginners], it's that if you want to do [a sport or physical activity] for the first time, well, clearly it's not in a class [where] people have been doing it for 6, 7, 8 years (...)."

Participant from the men+ group

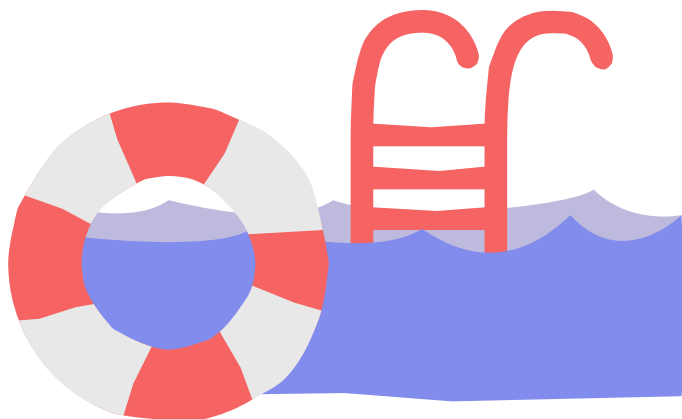
Costs are too high



The high cost of courses and activities is less of a barrier than the factors named above, but was still identified by all of the 2SLGBTQ+ participants. As trans, non-binary and agender people tend to be more economically vulnerable than cisgender men and women, this barrier could affect them more.

Lack of knowledge of the realities of 2SLGBTQ+ communities

Trans people, in particular, expressed a certain apprehension (or fear) of medical and sports personnel, creating an additional barrier to participating in SPAs. This apprehension is based on the perception that there is a lack of knowledge about hormone intake and its impact on SPAs, their training needs, and injury management.



"We're really invisible. There aren't many studies that follow us when we start taking hormones. What can help us? What's going on with our bodies?"

Participant from the non-mixed group

"When I had my mastectomy, I consulted a doctor because I wanted to know if the scarring was compatible with resuming sports, which were very important to me. Would I have big scars if I took up sports again? And the doctor wasn't able to give me an answer. So, I preferred to go back to sports, without any information. I said to myself, too bad. And now I've got big scars. I made a choice, but the doctors didn't have any information [to give me]."

Participant from the non-mixed group



Facilitators to physical activity



Inclusiveness and affordability

Local, inclusive spaces where SPAs are affordable, fun-focused and can be done on a wide variety of schedules are desired by many people who identify as members of 2SLGBTQ+ communities. Community centers, sports centers, the workplace or another space (such as outdoors) have been identified as places that can have these characteristics.

"I try to target community venues in my neighborhood (...). Let's say, in Villeray, Patro le Prévost, because they will be more affordable classes."

Participant from the women's group+

"Obviously, cost and flexibility in terms of scheduling can be helpful. But the fact that a space is inclusive of 2SLGBTQ+ communities is also crucial because it's not fun to practice a sport if you have to hide who you are or be careful how you talk."

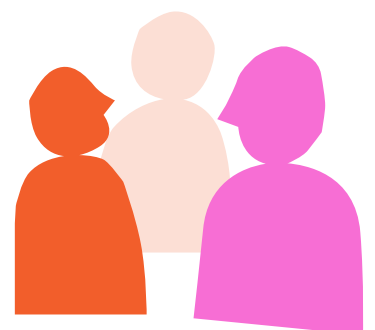
Participant from the non-mixed group

"It can even be an opportunity to make new friends. Exactly, when it's organized and everything, you meet new people."

Participant from the non-mixed group

SPAs for socializing

The opportunity to practice SPAs in a group and through social activities is appreciated by the participants.



Possible solutions

The people we met proposed several solutions for making SPAs more inclusive for people who identify as 2SLGBTQ+:

- ① **Training** SPA staff on the realities of 2SLGBTQ+ communities, and ways to create inclusive, welcoming spaces for these communities.
- ② **Facilitating** the exchange of expertise and experience between sports staff who already serve the 2SLGBTQ+ communities and staff who are unfamiliar with the realities of this clientele.
- ③ **Reiterating** and apply zero tolerance to all forms of discrimination in SPAs and promote inclusion in these spaces.
- ④ **Promoting** inclusion and diversity in sport events.
- ⑤ **Providing** changing rooms or bathrooms for individual use.
- ⑥ **Supporting** the creation of safe spaces for 2SLGBTQ+ communities to practice SPAs. These spaces could be organized through dedicated schedules for 2SLGBTQ+ communities, sports leagues or events for 2SLGBTQ+ communities.
- ⑦ **Supporting** access to insurance and healthcare professionals for sports and physical activity-related injuries.

Glossary

2SLGBTQ+

Acronym meaning lesbian, gay, bisexual, trans, queer or questioning, intersex, asexual, aromantic or agender, and two-spirited (2 or 2S). The “+” sign refers to any other gender and sexual diversity community not mentioned in the initial letters.

ADHD

Attention deficit disorder with or without hyperactivity (ADHD) is a neurodevelopmental disorder. Symptoms may include difficulty paying attention, hyperactivity, and/or impulsivity.

Agender

A person who identifies as neither female nor male.

Carte proximité

Food voucher project that supports local food systems. The card is prepaid and can be used at select markets and retailers that are committed to sourcing local products.

Cisgender (cis woman or cis man)

A person whose gender identity corresponds to the sex and gender assigned at birth.

Dumpster diving

The practice of recovering edible food from the trash bins of grocery stores, convenience stores, and restaurants.

Eating disorders

Psychological disorders that negatively affect people’s relationship with food, which can include but is not limited to anorexia. In this research project, people mentioned a chronic lack of appetite due to psychological disturbances, as well as obsession with gaining or losing weight.

Equity

Equity refers to a fair and balanced distribution of resources (opportunities and benefits) that takes into account individual circumstances, needs and existing inequalities.

Food stamps

Prepaid food access cards. There are several food stamp programs in Montreal.

GBA+

Gender-based analysis and intersectionality (GBA+) is a process, a tool and a method of analysis and action. It aims to combat existing discrimination by taking into account the rights and realities of people who experience multiple forms of discrimination at the same time (intersectionality). GBA+ thus enables the development of more equitable projects, interventions and public policies.

Gender dysphoria

Refers to the discomfort, distress, or suffering experienced by some transsexuals as a result of feelings of inadequacy between their gender identity and their sex/gender assigned at birth.

Gender fluid

This term may be used by a person whose gender identity and gender expression are not static, and may fluctuate over time and/or circumstances.

Gender identity

The internal personal experience of his or her gender. This includes the feeling of being a woman, man, both, or neither, or somewhere else on the gender spectrum. Gender identity can fluctuate and change over time.

Healthy eating

Healthy eating refers to diets that are nutritious, varied, and minimally processed. The composition of a healthy diet varies according to individual needs and cultures. In this research project, we asked participants about their references to healthy eating before we explored the topic with them.

Immigrant and/or racialized families

In the context of this research, this term refers to people who are responsible for at least one minor and who identify with one or more of the following groups: Black, Asian, Latino, Arab, or other ethnic and/or racialized minorities not listed. This project considered both immigrants and non-immigrants, as well as people with different migration statuses.

Inclusion

Inclusion is about creating an environment where all people, regardless of their differences, are respected and have access to the same opportunities.

Intersectionality

Intersectionality is an analytical tool for better understanding social inequalities. This perspective rejects the idea that systems of discrimination, such as racism or sexism, can be understood in isolation and independently of each other. They are interconnected and interdependent, and affect people’s lives in complex ways depending on their context (historical and geographical).

Mutualisation

Collaborative actions to pool and share resources and tasks within a group.

Non-binary (person)

A person who does not or does not exclusively identify with either the female or male gender. Transgender people may or may not identify as non-binary.

Non-mixed groups

French term referring to the act of creating spaces reserved for a group of people experiencing oppression or discrimination, especially to share common experiences. It is a practice often used by 2SLGBTQ+, feminist and/or racialized groups. As part of this research, a specifically gender-neutral space was created for people who are non-binary, agender, or who feel uncomfortable participating in a group that includes people who identify exclusively as female or male.

Queer

It encompasses all sexual orientations, gender expressions, and identities of the 2SLGBTQ+ community. In the past, the term was used as an insult to 2SLGBTQ+ people until it was re-appropriated by some of them.

Queer-friendly (or LGBTQ-friendly)

Refers to spaces that are welcoming, safe and respectful of 2SLGBTQ+ people.

Racialized person

A person who self-identifies as belonging to one of the groups that have been characterized as "other" and thus has undergone a process of racialization that fundamentally portrays the person as different. In this way, the term "racialized" emphasizes the socially constructed nature of difference. It emphasizes that race is neither objective nor biological, but a constructed idea that serves to represent, categorize, and exclude the "other".

Sociocultural

Refers to a vast influence of societal and cultural issues that impact , customs, values, behaviors, traditions, of a human group or culture.

Sport and physical activity (SPA)

Sport and physical activity refers to all forms of physical activity, whether recreational or competitive. It also includes active mobility, such as walking and cycling, and physical work, such as housework and construction.

Trans (or transgender)

A person is trans or transgender when their sex assigned at birth does not match their gender identity. Trans people may identify as non-binary, female, male, or cisgender.

Know How to Take Care +

Acknowledgements

We would like to thank the following organizations for their help in recruiting the community: Centre de pédiatrie sociale de Montréal-Nord, Parole d'excluEs, ICI-Montréal-Nord, La Maison des Parents de Bordeaux-Cartierville, Carrefour d'aide aux nouveaux arrivants (CANA), Carrefour populaire de Saint-Michel, Ville en Vert, Espaces de possibles, Centre Prisme, Nutri-Centre LaSalle, Bienvenue à l'immigrant (BAI), Centre communautaire LGBTQ+, Rézo Santé, Réseau des lesbiennes du Québec.

We would also like to thank the research participants for their commitment to data collection and discussion of the research findings.

This research and publication were made possible with the support of the Healthy Canadians and Communities Fund of the Public Health Agency of the Government of Canada, and the Canada Community Revitalization Fund of the Government of Canada.

Graphics and Layout

House9

