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Background: The issues surrounding girls' lack of participation in physical activity are many and varied, but generally relate to the broader social context of adolescent health in which the social relations of gender play a significant part in a lack of engagement with sports; with a lack of physical skills and confidence for equitable participation; friendship considerations; body image issues and a concern about bullying and harassment.

Objectives: This paper reports on data collected as part of a larger project researching the impact of a non-traditional physical education and health intervention designed to build girls connectedness to each other, their school and their community by engaging them in a girls' only negotiated physical activity program that was supported by a targeted health education curricula.

Underlying values and principles: Grade 8 girls in the State of Victoria, Australia have the lowest school connectedness data than any other cohort. Using youth participation principles and underpinned by strong educational guidelines an integrated health and physical education program was developed by a high school in Australia in an attempt to improve connectedness. It facilitated the exploration of a number of different lifestyle physical activities such as belly dance, self-defense and yoga, to engage the girls with alternative physical activities that were potentially available in their community as well as discussion and activities on sexuality, body image and mental health.

Knowledge base/ Evidence base: Whilst evaluation of girls' only physical activity programs are not new, research into the impact of an integrated school-based health and physical education curricula are and have implications for future school based approaches.

Context of intervention/project/work: The project initially focused on adolescent girls at a small 7-12 Secondary College in an isolated community approximately 200 kilometres from the Capital city of Victoria. A grant was awarded to a consortium of local/regional agencies to implement and extend the program over three years. Overwhelmingly the program was conducted by regional and local agencies in conjunction with the local secondary school. It is a partnerships model built on the notion of increasing participation and access for young women whilst building a sustainable program run in partnership with the school and local agencies and services. In 2009 the program was also run in a metropolitan secondary school that had a similar socio-economic background. This paper draws on data from both schools.

Methods: This paper reports on qualitative data collected on young women's perceptions of the program, its contribution to their health and wellbeing and the impact of the program on understandings of health related issues of relevance to young women. The data is drawn from focus group data collected from two high schools in the state of Victoria, Australia in 2007, 2008 and 2009. Sixty five girls' in grade 7, 8, 9 and 10 participated in the pre and post program interviews.

Results and Conclusions: We argue that whilst the data indicates that a girls only program can have a positive impact on aspect of connectedness such as relationships with their peers, reducing bullying behaviour, the data raises some important questions around the adequacy of school-based health education, and the sustainability of approaches designed to be delivered by outside agencies rather than classroom teachers. We argue that whilst single sex health and physical education programs may be necessary for girls to participate and engage fully, the current approach has little impact on traditional notions of gender and body issues.

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