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Editorial

Regarding: "Examining the relationship between sport and health among USA women: An analysis of the Behavioral Risk Factor Surveillance System" by Pharr and Lough ☆

Sports participation is declining in many countries. The reasons for this decline may be associated, at least in part, with the ever-growing competition from online games and other entertainment systems that were not available when my generation was kids. Furthermore, in many contexts, sport has received a negative connotation. It is often associated with injuries, drug use by high-performance athletes, and salaries considered obscene by many for professional athletes. The question therefore may arise, is it worthwhile (for a country) to invest in sports participation? Needless to say, answering this question in all its complexity is difficult, and, depending on the background of the people answering this question, the conclusions may vastly differ.

In the issue in question of the *Journal of Sport and Health Science,* Pharr and Lough[1] attempted to make a small contribution to the answer by asking if sports participation is good for your health. The question was posed to women in the US in a survey including more than 180,000 participants. There is no inherent reason to believe that the results would vastly differ in other economically developed countries with chronic disease and obesity problems and values regarding organized sports similar to those in the US. Interestingly, Pharr and Lough[1] did not compare the health status of sports participants with that of sedentary individuals but compared it with individuals participating in conditioning exercises, household tasks, and recreational activities.

Pharr and Lough[1] found that women participating in sports (with sports participation defined as ". . . activity that required physical exertion and/or skill that by its nature and organization, is competitive . . .") had better health outcomes for all chronic diseases (high cholesterol, heart attack, cardiovascular diseases, chronic obstructive pulmonary disease, arthritis, and depression) than women who were active recreationally, in the household or with conditioning exercises. Interestingly, women who participated in sports, in general, did not spend as much time being active as women classified as "active" in the remaining 3 groups (conditioning exercise, recreation, and household tasks). It appears, therefore, that it is the intensity of sports participation, and not the duration of being active, that conveyed the increased health benefits to the sports participants.

Furthermore, these differences in health outcomes persisted when adjusting for demographic characteristics including age, income, education, and race/ethnicity. It was also found that sports participants, compared with the other active women, were more likely to be single, college graduates, 18–34 years old, and employed and to earn more than USD75,000 per year.

I conclude from these findings that sports participation is beneficial for health and for decreasing the risk of a variety of major chronic diseases compared with being physically active otherwise. Therefore, it might be good for countries to have strategic sports initiatives for children and a network of well-organized systems that allow for sports participation. An important aspect of such a strategy should be to make sports participation possible beyond young adulthood, make it available at no (low) cost so that it is affordable across economic groups, and make it accessible for women after they have started families. It is time to bring sports into the limelight, not only for the Olympic Games and professional sports but also for health providers and as a prevention strategy against chronic diseases across all ages and socioeconomic groups.

Reference

1. Pharr JR, Lough NL. Examining the relationship between sport and health among USA women: an analysis of the Behavioral Risk Factor Surveillance System. *J Sport Health Sci* 2016;**5**:403–9.

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